



<b>AGENDA ITEM</b>
5.3

<b>QUALITY &amp; SAFETY COMMITTEE</b>
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<b>CHC AND FNC MONITORING</b>
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<b>Date of meeting</b>	20/09/2022
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Ana Llewellyn, Nurse Director, Sian Lewis, Lead Nurse CHC & FNC, Mark Abraham, Head of Commissioning
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<b>Presented by</b>	Ana Llewellyn, Nurse Director
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<b>Approving Executive Sponsor</b>	Executive Director of Nursing
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS USED IN PAPER AND APPENDIX</b>	
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AMH	Adult Mental Health
CC	Children & Young Persons Continuing Care
CHC	Continuing Health Care



CIW	Care Inspectorate Wales
EMI	Elderly Mental Illness
FNC	Funded Nursing Care
GN	General Nursing
LA/s	Local Authority/Authorities
LD	Learning Disability
LHBs	Local Health boards
MDT	Multi-Disciplinary Team
MH	Mental Health
NCCD	National continuing care database
POC	Packages of care
POC	Package of Care
S117	S117 Aftercare responsibilities under the Mental Health Act 1983
SLA	Service Level Agreement

## 1. SITUATION/BACKGROUND

- 1.1 In February 2022 an internal audit found limited assurance in the reporting and monitoring of CHC and FNC.
- 1.2 The report recommended that a formalised reporting structure should be put in place that allows the monitoring and scrutiny of CHC data to take place at varying levels within the Health Board, and to facilitate management in being able to make informed decisions around the delivery of the service and care packages provided.

1.3 The response to the audit recommendations were as follows:

1.3.1 In light of the current review of the Health Board's operating model, it is agreed that CHC reporting and monitoring will be included as part of this review and will incorporate any reporting management tool identified by Welsh Government in the new framework.

1.3.2 Prior to the review of the operating model, CHC / FNC will be a standing agenda item on monthly Community Service Group performance meeting agendas. Reporting to Health Board Quality and Safety Committee and Planning, Performance and Finance Committee will commence.

1.4 This paper provides an update on those actions.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

### **2.1 Update on Operating Model:**

2.2 CHC and FNC for Adults is currently hosted by Bridgend ILG and is managed through the Community Clinical Service Group. The Mental Health CHC team is hosted by Merthyr Cynon ILG but the authorisation of packages of care is via the individual Mental Health Clinical Service Groups in each ILG.

2.3 The Nurse Director for Bridgend ILG currently has delegated responsibility from the Executive Director of Nursing for CHC through the Health Board financial scheme of delegation.

2.4 The Health Board is in the process of completing Phase 1 of the operating model review and CHC for both Adult and Mental Health will be managed by the Primary Care, Community and Mental Health Care Groups.

- 2.5 The Nurse Director for Bridgend ILG will transition to the Nurse Director role for the Primary Care, Community and Mental Health Care Groups and will retain the delegated responsibility for CHC and FNC, thus providing continuity.
- 2.6 Phase 2 of the Operating Model review will commence in September 2022 and will provide an opportunity to review the Community Service Group arrangements for both Adult and Mental Health CHC and FNC.
- 2.7 **Update on Reporting Arrangements:**
- 2.8 CHC and FNC have been standing agenda items at Clinical Service Group performance meetings for some time.
- 2.9 It is proposed that there are 6 monthly reports to Quality and Safety Committee. As an initial overview of key issues and to introduce CHC and FNC to committee members an annual report for 2021/22 has been compiled and this is attached in **Appendix 1**.
- 2.10 As part of the Health Board's Unified Change and Transformation Portfolio the Executive Director of Finance is leading on the development and delivery of a Value and Effectiveness Programme. The CHC and FNC commissioning will be considered as part of this programme of work.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Committee members are asked to consider the annual report and determine whether a 6 monthly report in this format would meet committee requirements.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The quality and safety of care for individuals receiving their health care from the independent sector, through both CHC and FNC
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	Yes (Include further detail below)  CHC can sometimes give rise to legal either from families or from local authorities. There are no specific examples in this report.  People receiving mental health provision outside of Wales are detained under the Mental Health Act. The Health Board monitors this through its commissioning of placements.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)  CHC and FNC are significant areas of expenditure for the Health Board. Prudent use of resources is a Health Board requirement.
<b>Link to Strategic Goals</b>	Sustaining Our Future

## 5. RECOMMENDATION

- 5.1 Members of the Committee are asked to consider the content of the annual report as the basis for future 6 monthly report to Committee.