CONTINUING HEALTHCARE AND FUNDED NURSING CARE ANNUAL REPORT 2021/2022

1. BACKGROUND

1.1 This annual report provides a summary of the principle activity for CHC / FNC and its associated processes in Cwm Taf Morgannwg.

1.2 NHS Continuing Health Care (CHC) is a package of ongoing care arranged and funded solely by the NHS through local Health Boards (LHBs), where an individual's primary need has been assessed as health-based.

1.3 CHC can be provided in any setting, including a person's own home, a care home, hospice or prison and is part of the continuum of care that an individual with complex needs may move in and out of.

1.4 Eligibility does not depend on diagnosis, nor who provides the care, but on the complexity and intensity of need as outlined in the primary health care need approach.

1.5 Once a Primary Healthcare Need has been determined, the Health Board are responsible for commissioning a person centred care package that meets the complexity and intensity of need, ensuring that the package is safe, sufficient and affordable, offering sustainable and good quality provision to the individual concerned. There is an element of unpredictability and complexity in commissioning care for these individuals, which is not just a local issue as it is experienced regionally and nationally.

1.6 The current operating model delegated the CHC operational responsibilities through Adult, Mental Health and Children services. The national CHC framework is only applicable to adults. Children under the age of 18 would be assessed using The Children & Young Persons Continuing Care Guidance (CC). This separate guidance has different criteria and considers those eligible to be those individuals whose complex needs cannot be met by universal or core services, and therefore may require a bespoke package of care as part of a multiagency care plan along with children's service and education provision.

1.7 NHS Funded Nursing Care (FNC) is the funding provided by the NHS to nursing homes to support the provision of nursing care in a care home provided by a registered nurse. The provision of FNC derives from Section 49 of the Health and Social Care Act 2001 (now replaced in relation to Wales, by Section 47(4) and (5) of the Social Services and Well-being (Wales) Act 2014), which excludes nursing care by a registered nurse from the services which can be provided by local authorities. The decision on eligibility for FNC should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

1.8 Section 117 Aftercare entitlement relates to the Mental Health Act and ensures those who have been detained under relevant sections of the Act receive appropriate health and social care services that are exempt from means testing to ensure their mental health is adequately managed post discharge. This is jointly provided by Local Authority's and Health Boards.

2. MATTERS FOR CONSIDERATION

2.1 Panel Process and Authorisation

Once an individual has been identified as meeting the CHC eligibility criteria by a Multi-disciplinary Team (MDT), and a suitable care package has been agreed, the CHC team will process the application and present the recommendation to the Clinical Service Group panel for consideration. The panels' role is to ensure that the recommendations from the MDT are supported by evidence, good documentation and information in order to ensure consistency and equity. There are virtual approvals agreed by email to expedite fast track applications and decision-making. This provides a stringent quality assurance process and sign off at a clinical level before being reviewed and considered at an Integrated Locality Group (ILG) panel that mirrors the financial Scheme of delegation (see Box 1), thus providing two levels of scrutiny in each ILG area per month.

Box 1: Current Scheme of Delegation

Individual Continuing Healthcare Placements /Packages	
Authorisation of individual placements/packages following recommendation from the CHC Panel : i. Annual value up to £50,000 ii. Annual value between £50,000 and £150,000 iii. Annual Value over £150,000 iv. Agreement of Changes to annual standard rates	i. Chair of CHC Panel ii. **Relevant Executive Director iii. Chief Executive and Director of Finance iv. Director of Nursing & Director of Finance

The current operational model saw the CHC budget devolved to ILG's, however this was not shared equally and the following box (Box 2) highlights the current budgetary split, which results in a layer of complexity in administrating the panels in line with the Financial Scheme of Delegation.

Box 2: Budgetary split of ILG's

Client group	Responsible ILG		
	Bridgend ILG	Rhondda/Taff ILG	Merthyr/Cynon ILG
Adult physical cases	Bridgend ILG hold budgetary responsibility for residents CTM wide, regardless of their home address		
Mental Health	Bridgend ILG for their own residents	Rhondda/Taff ILG for their own residents	Merthyr/Cynon for their own residents
Children	Bridgend ILG for Bridgend children	Merthyr/Cynon ILG responsible for all children residing in Rhondda/Taff ILG and Merthyr /Cynon ILG.	

2.2 Financial Information 2021/22

Table 1 below illustrates the numbers of individual CHC packages agreed for both 2020/2021 and 2021/22 providing a comparison.

The 2021/22 figures are highlighted, showing 1174 commissioned CHC packages of care at a cost of £45,224,000.00 throughout the year, with the independent sector.

Table 1. Continuing Health Care

	Total Patient Packages		**Total Spend £'000**	
Category	20/21	21/22	20/21	21/22
Children*	2	4	123	211
Adult	515	485	11,969	11,825
Mental Health**	650	685	31,394	33,188
Total	**1167**	**1174**	**43,486**	**45,224**

*Children – Figures only show external commissioning only as the complex community Children Team provide a core service and this is not included in the figures. **Section 117 - Figures are incorporated into Mental Health figures

CHC Panels throughout 20/21 approved 321 New Packages of Care which consisted of:

- 178 MH packages (103 AMH, 56 EMI, 19 LD)
- 140 Adult packages (106 GN, 61 PALLIATIVE, 33 COMMUNITY)

Additional to this there have been a high number of annual reviews, presented at panel, which gives confidence that CHC cases are receiving their annual review of their needs and their CHC eligibility. A further 153 packages were Discharged from CHC.

2.3 Out of the 685 CHC packages identified, there are a total of 16 packages considered as high cost package (£5000+ per week). 10 of these packages of care (POC) were agreed in the period 21/22, of which 5 packages were discharged in the same period 21/22 and a further 2 were reviewed with reduced costs, providing confidence in our robust review processes. With the cost of care increasing we have introduced an additional scrutiny process to manage those patients who are over this threshold where an SBAR is presented to Exec Directors for their approval.

Table 2, below, compares the number of residents, eligible for funded nursing care contributions by a registered nurse in care homes, across CTM.

Table 2. NHS Funded Nursing Care

	20/21	21/22
Occupied Bed Days	248,180	254,406

Spend £'000	6,351	6,699
Beds	680	697

2.4 Reviews

Both the CHC and FNC Frameworks recommend that all packages are reviewed within 3 months to ensure that the Provider is sufficiently meeting the needs of the individual and that care provision is appropriate to need. This review is also used as an opportunity to determine that eligibility for funding remains evident. Following this, reviews are carried out on at least and annual basis where both the needs of the individual and the service delivery are scrutinised.

The last two years have been exceptionally challenging especially for the independent sector. The COVID rules and regulations were stringent for care homes resulting in the CHC/FNC team having reduced visits / access to care homes in line with the protocols at each stage of the COVID management plan for care homes. This was coupled with the re-deployment of the Team to support the discharge practice in the hospital settings to improve flow, as well as supplementing and leading on both the Testing Programme and Vaccination /Booster Programme or care homes across CTM. Whilst reviews were reduced, the Vaccination Programme allowed essential visits to the care homes. Although the focus of these visits were to vaccinate and not undertake nursing assessments, it allowed the Health Board monitoring team to provide initial visits and identify any concerns. The team also provided frequent face-to-face, door stop visits to provide much needed welfare support to the care home staff and managers, who at times expressed professional and personal isolation.

2.5 Fast Tracks

Fast tracks are agreed when a person has a rapidly deteriorating health condition which is entering a terminal phase. Across the Health Board approximately 180 Fast Track applications were received during 2021/20; the true figure may be higher as some individuals deteriorate rapidly before applications are submitted. All Fast Track packages are case managed by the District Nursing Service who aim to provide at least one call a day, the remaining care is commissioned through Domiciliary Care Services or via the Health Board SLA with Marie Curie which is a CTMUHB wide service.

2.6 **Retrospective Claims**

In line with the CHC Framework, CTMUHB have a Retrospective Claim Process, managed by a small team who review and resolve retrospective claims. This process allows individuals / families to submit a request to consider a retrospective claim for a previously unassessed time period of a maximum of 1 year, allowing those meeting the eligibility criteria being appropriately reimbursed.

CTMUHB had 14 cases in 21/22, of which 2 were closed, 8 activated, 3 completed and 1 in progress. The 3 cases completed resulted in no pay out from the Health Board. There has been a slight rise in the number of requests received in 2021/22. However, these have still significantly reduced since the Ombudsman Report of 2003. Each individual case, once reviewed Health Boards recommendation are considered by an Independent Chair, appointed by Welsh Government, with a small number of cases being referred to a National Independent Panel for scrutiny.

2.7 **Appeals**

Individuals or their representative with legal authority can Appeal the CHC process and application of the eligibility. During 21/22, CTMUHB received 7 Appeals of which, 1 was upheld with a Primary Health Need agreed, 6 were not upheld as No Primary Health Need was identified. This provides reassurance that the decision making of the MDT is robust.

2.8 **Disputes**

A dispute arises when members of the MDT cannot reach agreement around the level of health care needs in relation to an individuals' eligibility for Continuing NHS Healthcare**.**

The Health Board managed 19 Disputes of which 14 were resolved informally, 5 progressed to formal level dispute of which 3 resulted in a Primary Health Need.

2.9 **Contracts**

The Health Board has traditionally worked in partnership with our local authorities and providers in developing a joint nursing home contract and service specification. This was extended to include Bridgend LA and Bridgend care homes following the boundary change.

However, whilst relevant local CHC/FNC cases these contracts are not appropriate for out of area placements. However support has been provided by procurement to develop appropriate contracts for this use. These have been recently finalised and are ready for implementation. The contract monitoring of all cases sits under the remit of the nurse assessors.

2.10 **Escalating Concerns Policy**

21/22 saw a total of 6 Care Homes managed under the Escalation Concerns Policy across CTM, this Policy provides national guidance to LAs and LHBs regarding their responsibilities when managing concerns in registered settings and Care Home closures. There is a well-established multi-agency policy implemented across CTMUHB involving Local Authority, CIW, Health Board and Safeguarding, where Health Board leads meet monthly to review escalating concerns of Independent Providers, including both Domiciliary Care and Care Homes within the CTM footprint.

The 6 Care Homes highlighted through this process were closely monitored and performance managed through a Corrective Action Plan and a Joint Interagency Panel, with increased and frequent monitoring of the home and the residents by the CTMUHB Nurse Assessors. Only 3 resulted in an imposed embargo which was successfully managed and are all now fully operational, with no permanent home closures or loss of beds.

2.11 **Specialist Mental Health commissioned placements**

These are managed through the National collaborative Commissioning Unit and sit outside the escalating concerns process but are managed in a similar way though the Quality Assurance Improvement Service. During this period 1 Independent Hospital closed their adult mental health beds in CTM, this has had minimal impact.

2.12 **Safeguarding**

Sadly in many health care settings, safeguarding referral issues are raised, these are investigated through the All Wales Safeguarding Policy for Wales. The local authorities safeguarding teams take the lead, regardless of funding, for those identified in community settings, in line with the national policy. The Health Board have a close working relationship with the Safeguarding Team, and regularly attend strategy meetings, Nurse Assessors often lead the investigation, dependent on individual circumstances. This is a well-established embedded process across CTMUHB which reports to the

Adult Safeguarding Board as well as feeding into the Escalating Concerns Process.

2.13 Children & Young Person's Continuing Care Guidance

As previously mentioned, the Children's & Young Persons Continuing Care Guidance is very different to the CHC national framework for adults, with the focus on the child requiring universal and core services. The policy was launched in January 2021, and encourages a tripartite arrangement where each organization provide or fund their own element of the package. In the last 12 months, many LA in Wales have raised concerns regarding implementation and collaborative working relationships with Health Boards. Welsh Government have responded by writing to each Health Board to emphasise roles and responsibilities under the new guidance.

Locally through the Regional Partnership Boards, Institute of Public Care, Oxford Brookes University has been commissioned to facilitate this work, with some joint working on the implementation of the new guidance. The Health Board lead for this work is the Head of Nursing for Children.

3. CHALLENGES AND OPPORTUNITIES

3.1 Key Challenges

There continues to be recruitment and capacity issues within the independent sector. This provides a risk for the health board in being able to discharge their responsibilities to provide sufficient and sustainable care packages resulting in unmet need, as well as having an impact on patient flow across all sites.

The sector is looking for significant financial uplifts for 22/23 in line with inflation, national wage, energy costs and travelling costs resulting in some providers threatening notice on service for individuals.

Maintaining quality and strong leadership in the independent sector is essential to ensure high standards of care, improved patient outcomes and experience as well as guaranteeing value for money. This remains an ongoing challenge.

The CHC/FNC Teams are relatively small in view of the large number of individuals meeting the criteria for the various funding streams and

requiring case management, regular reviews and contract monitoring of providers.

Introduction of elements of the new CHC framework, particularly improving voice and control via an ability to access the proposed Independent User Trusts for individuals to set up their care delivery. This will require careful consideration to ensure that the Health Board have robust financial/governance processes, in place to deliver this aspect of the policy from both a financial and care delivery aspect. Health Boards are awaiting further guidance from Welsh Government on this matter.

Data and information systems, Welsh Government insist that Health Boards in Wales use the All Wales National Complex Care Database (NCCD), however, this is limited in its ability to forecast and provide flexible and detailed reports. As a result, separate systems are being maintained for use by different departments, including the financial database which provides more detailed information than the NCCD.

3.2 **Opportunities for Development**

The new CHC Framework was published at the end of February 2022 with an incremental timetable for implementation from April 2022. The CHC & FNC team have been working hard to ensure that all Health Board processes are reviewed and refreshed to ensure compliance with the new framework as well as ensuring these practices are staff friendly. There are two areas that require additional guidelines from Welsh Government in relation to direct payments and performance management.

CTMUHB has a small, mature and dedicated CHC/ FNC team that works across agencies and geographical boundaries to implement the National Framework for CHC and FNC and associated policies. They work closely with independent providers, health and social care staff.

The new operating model will bring Adult and Mental Health into the same Care Groups and will help to align the process. The team will meet to review and reflect on the current panel process and amend in line with the changes ahead.

Further consideration will be required to consider how the management and approval of the Children's Continuing Care packages work in order to ensure there is consistency, as well as provide a consistent message to all 3 LA's to ensure that relationships are enhanced and that children, despite their needs are at the central of the decision making.

Opportunities to improve process and practice as identified in our recent audit report. Much of this work is underway including the development of an updated spreadsheet to provide formalised reporting to allow monitoring and scrutiny of CHC data across the Health Board.