

**CYFARFOD BWRDD PRIFYSGOL IECHYD**  
**STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	27 February 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Long Term Care Performance Report
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community & Long Term Care
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Julia McCarthy, Head of Long Term Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report provides an update on the Quarter 3 (Q3) activity and highlights areas of relevance to the performance management of Continuing NHS Funded Continuing Care (CHC) and Funded Nursing Care (FNC) within Long Term Care.

**Cefndir / Background**

The revised National Framework for Continuing Health Care (CHC) was implemented on 1 April 2022.

As part of the Framework, Boards are required to receive a quarterly report on CHC, and this paper fulfils that requirement. Its intention is to inform the Board of developments and current issues relevant to CHC, both nationally and locally.

**Asesiad / Assessment**

**Care Homes**

The table below outlines the Older Adults Care Home Sector across West Wales and bed capacity. There are currently 21 Nursing Homes providing a mix of General and Dementia nursing care and residential/residential dementia care. These Care Homes have a potential capacity of 1063 beds (nursing & residential beds combined). There are also four Specialist Nursing Homes across the region.

Carmarthenshire	Pembrokeshire	Ceredigion
Blaenos 38	Meadows 59	Plas Cwmcynfelin 53
Allt Y Mynydd 44	Fairfield 43	Brondesbury Lodge 32
Hafan y Coed 107	Ashdale 43	

Plas y Dderwen 69	Belmont Court 29	
Affalon 46	Brooklands 40	
Parc Wern 59	Park House Court 97	
Cartreff Annwyl Fan 70	Parc y Llyn 50	
Glasfryn 24	Rickeston Mill 28	
Ty Mair 74	Williamston 34	
	Woodfield 24	

(Hywel Dda University health Board (HDdUHB) is currently commissioning 545 residents in Nursing Homes. These residents are funded via CHC, FNC and Section 117 (S117).

Care Home Residents				
County	CHC	FNC	S117	Total
Carmarthenshire	70	139	33	<b>242</b>
Ceredigion	34	55	11	<b>100</b>
Pembrokeshire	73	93	37	<b>203</b>
<b>Total</b>	<b>177</b>	<b>287</b>	<b>81</b>	<b>545</b>

### Escalating Concerns

One nursing home within Hywel Dda came out of 'Performance Management' during Quarter 3. No homes were under Escalating Concerns.

### Sustainability in the Care Home Sector

Older adult Care Homes across the region remain at risk from a financial perspective. Care Home providers have expressed concerns to commissioners about the current cost of living crisis and the impact this is having upon their financial sustainability. Care Home fees have significantly increased over recent years in recognition of the increased costs of food, fuel and inflation; however, one provider remains unwilling to accept the Health Board fee rates.

The demand for high cost placements for individuals with complex behaviours/health needs is also increasing. Coupled with the increase in the ageing population, it is anticipated that there will be further demand for care and support services including a range of housing options. The complexity of need will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the Market delivering that at sufficient pace or scale.

Recruitment and retention of staff is a key challenge, and this is impacting upon both domiciliary and residential care.

The Sector remains fragile and the impact which rising costs has on sustainability of services is a national concern.

## **Recent Developments**

Further discussions are ongoing between Carmarthen Local Authority and Hywel Dda University Health Board regarding an 84 bed dementia nursing/residential home in Carmarthen with the aim to open in Spring 2025. This provider has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing/residential home during late 2025.

A 74 bedded Residential Care Home in Ammanford has recently re-registered as a nursing service, in order to provide dementia nursing care. The intention is for the Care Home to provide dementia residential and dementia nursing care and nursing upgrades for current residents is underway.

The Regional Partnership Board (RPB) continues to explore the possibility of a public sector Nursing Home based at Pentre Awel, Llanelli as well as a 60 bedded home (Plas Y Bryn) in Carmarthen, aiming to be operational by 2027/28.

## **Discharge to Assess (D2A) Pathway**

The Long Term Care D2A Pathway is for individuals with nursing needs, who would transfer into a Nursing Home, with the expectation that a CHC Assessment would be undertaken within 2 weeks. The D2A Pathway is not suitable for Individuals transferring into a Residential Home. There is also a Discharge to Recover and Assess Pathway (D2RA) process for individuals who do not require a Nursing Home placement and can transfer back to their own home but may require some domiciliary support. This is separate to the D2A Pathway.

The Pathway Team work across the hospital sites with the aim to support ward staff with the early identification of patients with nursing needs and to expedite patient flow.

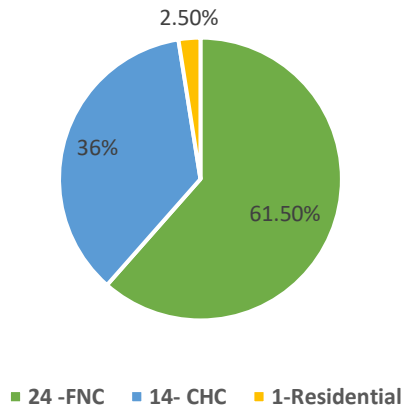
Data shared within a previous SDODC report indicated that the Health Board were fully funding individuals for a prolonged period of time, despite the agreement to fund for a maximum of 2 weeks. Between 1 October 2023 – 31 March 2024 the average number of weeks from discharge to CHC Assessment is 13 weeks in Pembroke, five weeks in Carmarthen and eight weeks in Ceredigion. The delay was predominantly due to a delay in awaiting social worker allocation, in order to complete the CHC Assessment. Furthermore, only 30% of patients discharged under the D2A Pathway were eligible for CHC and should be fully funded by the Health Board.

Given the prolonged delays and the significant financial implications for the Health Board, a four month pilot commenced on 1 August 2024 during which time CHC Assessments were undertaken in hospital prior to discharge, for individuals with nursing needs as opposed to the situation described above where individuals were discharged and placed within a Nursing Home prior to any assessment for CHC.

The data below compares the referrals and outcomes for the same time period in 2023 when D2A was operational, and again in 2024 during the Pilot:

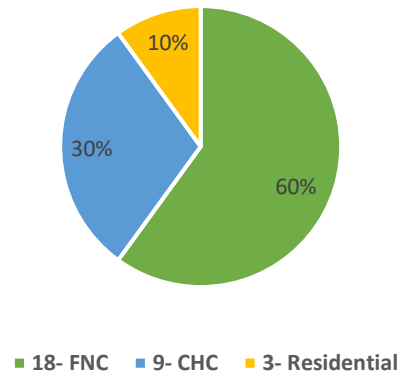
## **D2A**

**Outcomes of the 39 CHC Assessments carried out in  
Nursing Homes - Date range 01/08/2023 to 15/11/2023**



**PILOT**

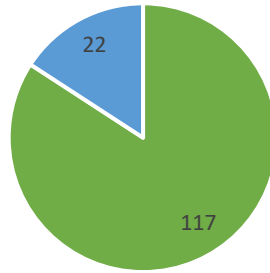
**Outcomes of the 30 CHC Assessments carried out in Hospital  
- Date range 01/08/2024 to 15/11/2024**



The data shows that during 2023, 39 CHC Assessments were undertaken in a nursing home and the outcomes were 24 FNC (61.5%), 14 CHC (36%) and one Residential (2.5%). Whilst in 2024, 30 CHC Assessments were undertaken in hospital during the Pilot and the outcomes were 18 FNC (60%), nine CHC (30%) and three Residential (10%).

The data therefore suggests that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment.

### Average number of Days



- Average number of days from Hospital discharge to CHC Assessment in a Nursing Home under D2A 2023
- Average number of days from referral to LTC to CHC Assessment in Hospital on DST process 2024

When considering the number of days waiting for the assessment to take place the above data shows that the average number of days from hospital discharge to CHC Assessment in a nursing home (D2A) in 2023, was 117 days, where delays occurred due to social worker availability to participate in the assessment process. This can be compared to the average number of days from referral to Long Term Care to CHC Assessment in hospital (Pilot) in 2024, which was 22 days and would suggest that there is a more timely focus on the assessment of individual patients as they remain a priority for ward staff and Social Care teams than there appears to be for individuals waiting for prolonged periods of time for assessment once they are moved out of the Acute setting. This should indeed support an improvement in the time from assessment to placement, but for the reasons listed below, and in particular, Home of Choice, the discharge was, in a number of cases delayed.

Despite the improvement in assessment timelines, and the confirmation of the fact that the change in process itself during the pilot stage has had no material impact upon the outcome of the assessment, feedback from the Acute sites regarding the Pilot suggested:

- There was an increase in the delayed transfers of care (prior to referring to LTC and awaiting Care Home of Choice)
- Increased work for ward staff in completing a nursing assessment
- Ward nurses lack confidence and competence to complete a nursing assessment
- Junior workforce who are unfamiliar with completing detailed assessments
- Lack of awareness of the new process at ward level

However, as the Pilot has shown, changing the point of assessment in the discharge process is not in itself the reason for delay, but other factors such as Home of Choice and family issues do appear to be leading to a delay and need to be addressed.

In December 2024, Welsh Government announced additional funding until 31 March 2025 to all Health Boards in Wales to support patient flow. This funding is non-recurrent and is part of the 50 Day Integrated Care Winter Challenge. The purpose of the 50 Day Challenge is to bring a collective and consistent approach across Wales to improve hospital discharge procedures and to build community capacity in order to ease winter pressures on the NHS and social care systems.

Therefore, this funding has enabled the D2A Pathway to re-commence with the aim to move assessments for individuals with complex needs/CHC out of hospital beds and into community settings, such as nursing homes. However, funding is only available for this financial year.

These assessment beds are monitored and reported to Welsh Government on a weekly basis. The data below shows the number of beds commissioned within nursing homes to date since re-commencing the D2A Pathway in mid-December 2024:

Reporting week commencing date (Monday)	Numbers of step-down beds admitted from hospital	Numbers of step-up beds admitted from the community	Number of bed days procured from 50 day funding per week
16/12/2024	2	0	12
23/12/2024	1	1	14
30/12/2024	1	1	34
06/01/2025	3	2	74
13/01/2025	4	0	88
20/01/2025	4	0	98
27/01/2025	4	1	103
Total LTC and ICB	19	5	103

Capacity within the nursing home sector remains a challenge, particularly over the Christmas period. However, since mid-December, 23 individuals have transferred into a nursing home for a CHC Assessment and out of these 23, six CHC Assessments have been undertaken and two were assessed as being eligible for CHC.

Given the temporary funding from Welsh Government and the current financial climate, a revised agreement is required that is financially sustainable to all organisations and ensures that the patient remains central to our decision making. Therefore, the ongoing funding of the D2A Assessment beds for individuals with nursing needs requiring long term placement from 1 April 2025 needs to be agreed and this will be discussed further at Integrated Executive Group (IEG).

The pathway team also process Fast Track referrals from the hospital settings. There were 81 Fast Track patients during Quarter 3

Hospital	Number
AVH	0
GGH	16
PPH	14
BGH	9
WGH	33
Llandovery	1
SPH	4
TCW	2

Plus 2 Fast Tracks were approved from Morryston and Singleton.

### Number of individuals receiving care at home

**Q3 2024/2025**

County	Total Number of Patients during period	Total Number of hours this period with agency	Total Number of hours this period with Health Board Team	Average hours of care/person/week
Carmarthenshire	62	14,682.41	4536.5	23.84
Ceredigion	21	4403.5	812	19.10
Pembrokeshire	53	19,004.29	4585	34.24
<b>Hywel Dda Total</b>	136	38,090.20	9933.5	27.2

Hywel Dda University Health Board commissioned packages of care for 136 individuals within their own home in Q3.

### Appeals

The opportunity to challenge a CHC assessment is via the Appeals process. This enables individuals and/or their family members, or representatives to challenge decisions made by the Eligibility Panel. Such challenges may be based on either:

- The procedure followed by the Panel when making their decision on the patient's eligibility for CHC, or
- The application of the Primary Health Need (PHN) consideration by the Multi-Disciplinary Team (MDT).

There were two appeals submitted in Quarter 3

### Disputes

Disputes are formal challenges by other statutory organisations, i.e., Local Authorities, regarding eligibility for Continuing NHS Healthcare.

One Dispute was submitted in Quarter 3

### Retrospective Reviews

The retrospective claims process for the organisation is managed through the Long Term Care Team. The process enables individuals to claim for retrospective CHC funding should they believe they were eligible for CHC funding for past care needs.

Eight Retrospective Reviews were submitted in Quarter 3. All activated retrospective claims are completed within the six month timescale and no Ombudsman enquiries/complaints relating to retrospective claims were received in this Quarter.

### Court of Protection

The Long Term Care Team continue to support an increasing number of Court of Protection cases, these can take a significant amount of time due to the complexity of such cases. This is a national concern, shared amongst all Health Boards.

### Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the content of this report
- **RECEIVE ASSURANCE** from the information provided.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	<b>Continuing NHS Healthcare (CHC)</b> A complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. Continuing NHS healthcare can be provided in any setting. In a person's own home, it means that the NHS funds all the care that is required to meet their

assessed health social care needs to the extent that this is considered appropriate as part of the health service. This does not include the cost of accommodation, food or general household support. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation as well as their care.

### **Decision Support Tool**

The Decision Support Tool (DST) is designed to support the decision-making process. The tool must only be used following a comprehensive assessment of an individual's care needs. It is not an assessment in itself and it does not replace professional judgement in determining eligibility. It is simply a means of recording the rationale and facilitating logical and consistent decision-making. The DST is designed to ensure that the full range of factors that have a bearing on an individual's eligibility are taken into account in reaching the decision, irrespective of client group or diagnosis. It provides practitioners with a method of bringing together and recording the various needs in 12 'care domains' (see below), or generic areas of need. Each domain is broken down into a number of levels of severity.

### **Deprivation of Liberty Safeguards (DoLS)**

The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and where care arrangements amount to a deprivation of their liberty

### **NHS Funded Nursing Care (FNC)**

The provision of NHS Funded Nursing Care 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. NHS Funded Nursing Care applies to all those persons currently assessed as requiring care by a registered nurse in care homes. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

### **Primary Health Need**

An individual is deemed to be eligible for CHC when their primary need is a health need: 'the primary health need approach'. This is determined by consideration of the four key characteristics of need: nature, intensity, complexity and unpredictability.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Risk of financial implications should reviews not be undertaken in the timeframe allowed
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No impact
<b>Gweithlu:</b> <b>Workforce:</b>	No workforce issues identified
<b>Risg:</b> <b>Risk:</b>	Risk of challenge from the Ombudsman for non-compliance with framework
<b>Cyfreithiol:</b> <b>Legal:</b>	The Health Board could be put at risk of legal challenge from patients, their family members, and Social Care colleagues (among others) if the processes are not followed
<b>Enw Da:</b> <b>Reputational:</b>	The Health Board could be put at risk of reputational damage if the Health Board does not follow processes
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No privacy issues identified

**Cydraddoldeb:  
Equality:**

No equality issues identified