



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long Term Care Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	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 Q4 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 report 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 1093 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	

HDdUHB is currently commissioning 538 residents in Nursing Homes. These residents are funded via CHC, Funded Nursing Care (FNC) and Section 117 (S117).

Care Home Residents				
County	CHC	FNC	S117	Total
Carmarthenshire	69	142	31	242
Ceredigion	26	64	9	99
Pembrokeshire	78	86	33	197
Total	173	292	73	538

Escalating Concerns

In January 2024 a Nursing Home in Ceredigion entered the Escalating Concerns process and a Formal Suspension of placements was implemented. The Long-Term Care Team alongside Ceredigion Local Authority closely monitored and supported the Home.

Although a corrective action plan was implemented the Home failed to make sufficient improvements over a period of months to provide assurance that the safety and welfare of the residents was being met. Consequently, a decision was jointly made by both Ceredigion Local Authority and Hywel Dda University Health Board to terminate their respective contracts with the Care Home, on the 25 March 2024. All residents were transferred to alternative placements by 4 April 2024. The Teams have since visited all residents who transferred to alternative Care Homes and have received positive and reassuring feedback from all residents.

This Home closure has resulted in a loss of 30 care home beds within Ceredigion.

An event is scheduled in June with the Local Authority and Health Board to identify any lessons learned from this process.

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 both domiciliary and residential care.

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

Recent Developments

Work continues on an 84 bed dementia Nursing/Residential Home in Llwynhendy, Llanelli under construction by Padda Care, with the aim to open in November 2024. Padda Care has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing/residential home during late 2025.

The Regional Partnership Board continues to explore the possibility of a public sector Nursing Home based at Pentre Awel, Llanelli as well as a 50 bedded home (Plas Y Bryn) in Carmarthen, likely to open in Autumn 2026.

Discharge to Assess (D2A) Pathway

The aim of the D2A Pathway is to enable:

- The expertise of the Long-Term Care Team to be closer to patients and clinical staff. By attending Board Rounds the Long Term Care Pathway Team are based at various hospital sites. This promotes consistent decision making within the organisation, as well as supporting patient flow.
- Support the patient and their relatives to identify appropriate Nursing Homes and ensure a caring and compassionate transition to their next place of residence.
- A seamless, patient focussed transition from hospital to a Nursing Home following a hospital admission.
- All patients are fully funded by the Health Board for the two week assessment period.
- CHC assessments undertaken in the Nursing Home within two weeks of admission.

However, a recent review of the D2A data between 1 October 2023 to 31 March 2024 is detailed below:

PEMBROKE		01/10/2023-31/03/2024
Number of D2A's		21
D2A to FNC following Multi-Disciplinary Team (MDT)		5
D2A to CHC following MDT		9
D2A to res following MDT		2
Deceased before MDT		4
Awaiting MDT		1
DST undertaken in Hospital		7
Average number of weeks D2A Discharge - MDT		13
Average cost D2A Discharge to MDT (post 2 weeks D2A funding by Health Board)		£9,864.67
CARMARTHEN		01/10/2023-31/03/2024
Number of D2A's		23
D2A to FNC following MDT		7
D2A to CHC following MDT		6
D2A to res following MDT		2
Deceased before MDT		5
Awaiting MDT		3
DST undertaken in Hospital		7
Average number of weeks D2A Discharge - MDT		5
Average cost D2A Discharge to MDT (post 2 weeks D2A funding by Health Board)		£7,411.33
CEREDIGION		01/10/2023-31/03/2024
Number of D2A's		6
D2A to FNC following MDT		4
D2A to CHC following MDT		0
D2A to res following MDT		0
Deceased before MDT		1
Awaiting MDT		1
DST undertaken in Hospital		1
Average number of weeks D2A Discharge - MDT		8
Average cost D2A Discharge to MDT (post 2 weeks D2A funding by Health Board)		£9,576.17
<p>The above data informs us that the Health Board is fully funding individuals for a prolonged period of time, despite the agreement to fund for a maximum of two weeks. The average number of weeks from discharge to CHC Assessment is 13 weeks in Pembrokeshire, 5 weeks in Carmarthenshire and eight weeks in Ceredigion. The delay is predominantly due to a delay in awaiting Social Worker allocation, in order to complete the CHC Assessment. The above data also indicates that only 30% of patients discharged under the D2A Pathway are eligible for CHC and should be fully funded by the Health Board.</p> <p>Given the prolonged delays and the significant financial implications to the Health Board, an SBAR has been submitted proposing that the Health Board ceases to fund the D2A Pathway beds with a return to undertaking CHC Assessments in hospital, prior to discharge. However, the Long-Term Care Pathway Team would continue to work across the hospital sites, supporting with the CHC Assessments. This would ensure timely, consistent Assessments and will continue to support patient flow.</p>		
Number of individuals receiving care at home		

Q4 2023/24				
County	Number of Patients	Number of hours per week with agency	Number of hours per week with Health Board Team	Average hours of care/person/ week
Carmarthenshire	42	1184.99	516.09	40.50
Ceredigion	15	866.25	70	62.42
Pembrokeshire	39	1104.15	560	42.69
Hywel Dda Total	96	3156.15	1146.09	45

Hywel Dda University Health Board is currently commissioning packages of care for 96 individuals within their own home totalling 3156 hours of care each week. Which is a drop in hours compared with the last quarter figures of 3853 hours of care each week. Average weekly hours provided per person are approx. 45hrs compared to 67hrs last quarter.

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 MDT.

There have been two appeals submitted in Quarter 4.

Disputes

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

0 Disputes were submitted in Quarter 4

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.

Six Retrospective Reviews were submitted in Quarter 4. 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.

Deprivation of Liberty Safeguards (DoLS)

DoLS activity and demand for Quarter 4

Demand within Quarter		
New Referrals	Requests for Further Authorisations / Renewals	Total Demand
207	11	218

DoLS outstanding demand for Quarter 4

Outstanding Demand at Quarter End		
Unallocated Referrals Awaiting Assessment	Allocated Referrals with Assessments in Progress	Total Referrals Awaiting Assessment
68	10	78

The total number of assessments pending allocation has remained steady with the last quarter (66) and this quarter 68.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd:	

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	<p>Continuing NHS Healthcare (CHC) 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.</p> <p>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</p>

	<p>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.</p> <p>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</p> <p>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.</p> <p>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.</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Not applicable</p>

<p>Effaith: (rhaid cwblhau) Impact: (must be completed)</p>	
<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p>Risk of financial implications should reviews not be undertaken in the timeframe allowed.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>No impact</p>
<p>Gweithlu: Workforce:</p>	<p>No workforce issues identified</p>

Risg: Risk:	Risk of challenge from the Ombudsman for non compliance with framework
Cyfreithiol: Legal:	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
Enw Da: Reputational:	The Health Board could be put at risk of reputational damage if the Health Board does not follow processes
Gyfrinachedd: Privacy:	No privacy issues identified
Cydraddoldeb: Equality:	No equality issues identified