



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long Term Care Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community & 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 Quarter 1 (Q1) 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 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 and 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 548 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	71	142	34	247
Ceredigion	32	58	11	101
Pembrokeshire	72	91	37	200
Total	175	291	82	548

Escalating Concerns

There are no nursing homes within Hywel Dda University Health Board (HDdUHB) currently under Escalating Concerns. However, there is one Provider under Performance Management due to concerns regarding the management of the home and numerous safeguarding referrals being submitted. A voluntary suspension of placements remains in place, however, the home is closely supported and monitored, and positive progress is now evident.

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 which is impacting 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

Work continues on 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 expressed an interest in providing dementia nursing care, with the intention that the Care Home provides dementia residential and dementia nursing care. Further discussions are ongoing between Carmarthen Local Authority and HDdUHB to consider this application.

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 50 bedded home (Plas Y Bryn) in Carmarthen, likely to open in Autumn 2026.

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 two 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.

During the Covid pandemic, patients were discharged at pace and the D2A Pathway was revised. Ward staff identified individuals with potential nursing needs and referred them to the Long Term Care (LTC) Pathway team. The LTC Pathway team completed the nursing needs assessment remotely and would liaise with the nursing homes, enabling the individual to transfer to a nursing home which was fully funded by Health with the agreement that a CHC assessment would be undertaken within two weeks, requiring the allocation of a Social Worker to undertake the Social Services assessment.

Since October 2023 the Pathway team no longer work remotely, and instead work across 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 the previous Strategic Development and Operational Delivery Committee (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 two weeks. Between 1 October 2023 and 31 March 2024 the average number of weeks from discharge to CHC Assessment was 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 to the Health Board, we agreed to cease funding the D2A Pathway beds for a trial period of four months, commencing 1 August 2024. Alternatively, we have reverted to undertaking CHC Assessments in hospital, prior to discharge, for individuals with nursing needs. However, the Long Term Care Pathway Team continues to work across the hospital sites, supporting with CHC Assessments. This

helps to ensure timely, consistent assessments and will continue to support patient flow. It will also ensure the expertise of the LTC team remains close to the assessment process and the team will continue to support families through the process.

The data and findings will be captured and reported on. However, the limited data captured between 1 August 2024 and 30 September 2024 indicates the Long Term Care Pathway received 38 referrals.

Location	Referrals received
Amman Valley	2
Bryngolau	1
Glanwilli	11
Llandovery	1
Prince Phillip Hospital	11
St Nons	2
Tenby Cottage Ward	1
Withybush	9

Of the above numbers:

- Four were confirmed as eligible for Continuing NHS Healthcare
- Six were confirmed as eligible for Funded Nursing care.
- Three were confirmed as requiring residential care with Local Authority progressing discharge under residential care / package of care.
- Six referrals were closed to LTC following scrutiny of the Nursing Needs Assessment having found no triggers to indicate the requirement for the Decision Support Tool and no evidence to demonstrate the requirement for a Registered Nurse over the 24 hour period.
- Three individuals deceased prior to completion of DST.

Of the remaining 16 patients, those listed below are awaiting CHC assessment for the following reasons:

Bronglais Hospital (BGH)	<ul style="list-style-type: none"> • One patient currently receiving In-vitro (IV antibiotics, awaiting medical optimisation • One patient awaiting update from ward if DST is appropriate as previously declined all support in the community and wishes to go home
Glangwili Hospital (GGH)	<ul style="list-style-type: none"> • One DST confirmed for 11 October 2024 due to Social Worker availability. • One patient won't be allocated a social worker until medically optimised. • Two patients awaiting Social Worker allocation. • One patient deteriorated post referral, currently receiving IV antibiotics
Prince Philip Hospital (PPH)	<ul style="list-style-type: none"> • One DST held 2 October 2024 with outcome of FNC. • One DST arranged for 18 October 2024 – due to social worker availability. • One DST held 30 September 2024 however needs to reconvene due to Older Adult Community Mental Health Team recommendations not being implemented on ward. • One complex case requiring further information from Neuro rehab team. • One new referral - DST being arranged

Withybush Hospital (WGH)	<ul style="list-style-type: none"> • One DST being arranged. • One patient not medically fit • One patient requires further information from ward regarding ongoing rehab potential and dermatology referral. • One DST booked for 14 October 2024
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It is clear from the above data, that the delays to a CHC assessment include the following reasons:

- The individual is not medically fit following referral.
- Requirement for involvement of wider Multi-Disciplinary Team (MDT) such as Older Adults Mental Health (OAMH)
- Delays in Social Worker allocation
- Local Authority unwilling to allocate a Social Worker until the individual is medically fit.

The Pathway team also process Fast Track referrals from hospital settings. There have been 39 Fast Track patients between 1 August 2024 and 30 September 2024.

Hospital	Number
Amman Valley (AVH)	1
GGH	10
PPH	2
BGH	10
WGH	15
Llandoverly	0
South Pembrokeshire (SPH)	0
Tenby Cottage Ward (TCW)	1

Number of individuals receiving care at home

Q1 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	59	15,503.75	5230.11	27.03
Ceredigion	24	9602.5	822.5	33.41
Pembrokeshire	55	14,234.33	3696	25.08
Hywel Dda Total	138	39,340.58	9748.61	27.4

Hywel Dda University Health Board is currently commissioning packages of care for 138 individuals within their own home in Q1. This is an increase in individuals from Q4 which was 116. Agency hours have had a slight decrease in Q1 of around 1000hrs. Health Board hours however have increased by around 1300hrs. The average hours of care per week is 27.4 hours, compared to last quarter of 33.3 hours.

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 1.

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 1.

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.

Five Retrospective Reviews were submitted in Quarter 1. 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 continues to support an increasing number of Court of Protection cases, which can take a significant amount of time due to the complexity of such cases. This is a national concern, shared amongst all Health Boards.

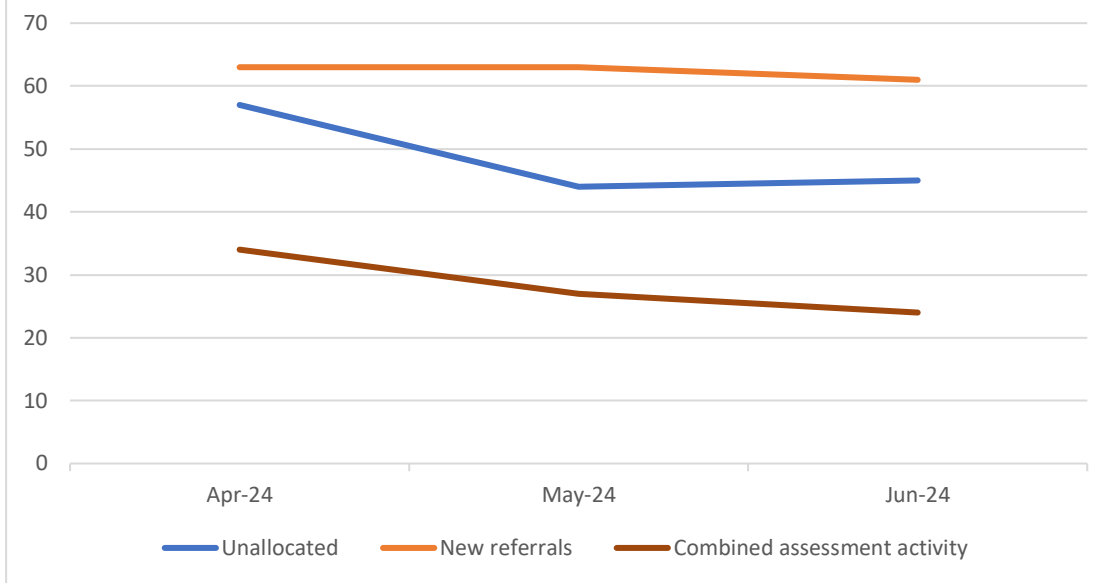
Deprivation of Liberty Safeguards (DoLS)

The data is taken from a snapshot at the end of each month.

In the period April to June 2024 the number of new referrals was relatively steady, consistent with long term referral rates.

The number of unallocated assessments, ie those referred but not yet allocated to an assessor, has continued to fall, following a long term trend. This currently stands at 47 cases waiting to be allocated with an historic high of over 100 in February 2023.

Fig 1: DoLS activity April to June



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)	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: 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:	Not applicable
Rhestr Termiau: 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 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)</p>

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

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