



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2023
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:	Penny Lamb, Senior Nurse Manager Long Term Care Elaine Kent, Senior Nurse Manager, Continuing Healthcare

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide assurance that Hywel Dda Health Board is complying with the National Framework for Continuing NHS Healthcare (CHC) 2021.

To provide assurance of the robust monitoring procedures in place.

Cefndir / Background

Between 2017 and 2021, Welsh Government (WG) reviewed the 2014 CHC Framework with Welsh Health and Social Care organisations and published it with the changes to be implemented from April 2022.

The framework sets out a process for the NHS to work in partnership with Local Authorities to assess health needs, determine eligibility for CHC and provide appropriate care where eligibility is confirmed for NHS Funded Continuing NHS health care.

Continuing NHS Health Care, and Funded Nursing Care (FNC) are but 2 mechanisms which form part of a range of services which Local Authorities and NHS bodies need to have in place to support people with complex health and social care needs which may arise as a result of disability, accident or illness.

The effective delivery of CHC is a key component of LHB business. Each LHB must identify a named Executive, at Director level, who is responsible for monitoring performance and maintaining strategic oversight.

The Welsh Government is yet to introduce a set of performance measures in relation to Continuing NHS Healthcare, although this remains a key feature of the CHC Framework, and this once in place is expected to be reported through the Health Board or an appropriate Board level Committee.

In the absence of any nationally agreed metrics the paper sets out the range of measures implemented at Health Board level in order to review and monitor performance.

Asesiad / Assessment

Appeals

The opportunity to challenge any decision made regarding a Health Board decision in relation to CHC is provided through the CHC Appeals process which the Health Board must have in place. This allows patients and / or their family members, carers, or representatives their right 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).

During quarter 4, 3 Appeals were received, all of which are in process.

Table 1 number of appeals March 2023

Appeals	(#)
Received within Q4	3
In progress	3
Resolved within month	0

Disputes

Disputes are formal challenges by other statutory organisations, i.e., Local Authorities (LAs), regarding recommendations made by the MDT, regarding eligibility for Continuing NHS Healthcare. No current disputes exist with any Local Authority.

Table 2 number of disputes March 2023

Disputes	(#)
Received within month	0
In progress	0
Resolved within month	3

Retrospective Reviews

A patient and / or their relative, carer or representative may request a retrospective review if they have contributed to the cost of their care and believe they may have been eligible for CHC at the time of the assessment and funding decision.

Table 3 Number of Retrospective Review cases

Case Status	
Pending	8
Active	13
Total Cases	21

Of the 13 activated the HB is awaiting the Care records for 8 cases in order to complete the review. In terms of the remaining, 5 cases, the Health Board has made recommendations regarding eligibility and is awaiting the remainder of the process (which can include e.g. Independent Chair ratification or waiting for claimants to accept recommendations made, or the outcome of an Independent review panel). A further 8 cases have been received which require legal authority to proceed.

Average days taken to review the case is 117 days with WG target being 182 days

Average cost of reimbursement currently £10,949

Number of individuals receiving care at home

Table 4 number of individuals and hours of care provision

County	Number of patients	Number of hours with agency	Number of Hours with Health Board Team	Average hours of care / person / week
Carmarthenshire	38	1468.71	438.25	50
Ceredigion	12	462	66.5	44
Pembrokeshire	19	1266.5	115.5	72
Hywel Dda Total	69	3197.21	620.25	55

The Health Board is currently commissioning packages of care for 69 individuals within their own home totalling 3817 hours of care each week of which 20% of the care is provided by the Health Board in house Care team with the remaining hours provided by private Care Agencies.

Average weekly hours provided per person is approx. 55hrs.

Community Reviews

Table 5 number of community statutory reviews activity /demand

	Review Type	Demand at Quarter Start (#)	Demand within Quarter (#)	Activity within Quarter (#)	Demand at Quarter End (#)	Predicted Demand within Next Quarter (#)
Total Community Reviews	CHC 3-Months	0	0	0	0	2
	CHC 12-Months	8	0	3	5	4
	Total CHC	8	0	3	5	6
	H&SC 3-Months	1	0	0	1	0
	H&SC 12-Months	2	4	0	6	0
	Total H&SC	3	4	0	7	0
	S117 3-Months	0	1	1	0	0

S117 12-Months	0	1	0	1	0
Total S117	0	2	1	1	0
Total Reviews	11	6	4	13	6
Average Rate of Reviews per Week	N/A	0.46	0.31	N/A	0.46

The table shows that, demand outweighs activity; however, this is being addressed with heads of community nursing and reviewed regularly during caseload scrutiny. These reviews are undertaken by the Community Nurses who are the Care Coordinators, albeit monitored by the LTC Team Leaders.

Number in care homes

The Health Board is currently commissioning 549 residents in 26 Nursing Homes. These residents are funded via CHC, FNC and Section 117 (S117), as well as Discharge 2 Assess(D2A) beds.

Table 6 number of residents in Care Homes

Care Home Residents				
County	CHC	FNC	S117	Total
Carmarthenshire	79	135	27	241
Ceredigion	30	68	11	109
Pembrokeshire	76	93	30	199
Total	185	296	68	549

The number of CHC Care Home Placements has decreased from 188 to 185 since the previous quarter, however FNC has increased from 285 to 296, with S117 remaining the same as quarter 3. Therefore, the overall number of commissioned Care Home Placements has increased from 545 to 549.

Care Home Reviews

Table 7 number of care home statutory reviews activity /demand

The table below shows that the statutory reviews are undertaken in a timely manner.

Review Type	Demand at Quarter Start (#)	Demand within Quarter (#)	Activity within Quarter (#)	Demand at Quarter End (#)	Predicted Demand within Next Quarter (#)	Predicted Demand at Next Quarter End (#)
CHC 3-Months	6	21	26	1	19	-6
CHC 12-Months	12	42	47	7	26	-14
Total CHC	18	63	73	8	45	-20

FNC 3-Months	9	48	43	14	37	8
FNC 12-Months	21	30	43	8	39	4
Total FNC	30	78	86	22	76	12
S117 3-Months	0	9	9	0	3	-6
S117 12-Months	3	-3	0	0	9	9
Total S117	3	6	9	0	12	3
Total Reviews	51	147	168	30	133	-5
Average Rate of Reviews per Week	N/A	11.31	12.92	N/A	10.23	N/A

Reviews of Nursing Home Residents are undertaken by LTC Specialist Nurses in line with the CHC Framework. These are on the whole completed within the timelines advised.

Court of Protection (CoP)

There is currently 4 ongoing Court of Protection cases all of which commenced prior to quarter 4.

Table 8 Number and time spent on CoP cases for quarter 4

Legal Work Quarter 4	
Court of Protection cases begun within month	0
Court of Protection cases in progress	4
Court of Protection cases concluded within month	0
Other legal work undertaken within the quarter (see below)	10
Approx. hours spent gathering information & Liaising	114
Approx. hours spent in meetings / legal proceedings	39

Legal challenges

1 current legal challenge ongoing.

Freedom of Information and Subject Access Requests

1 subject access request received for quarter 4 and responded to within timescale
2 Freedom of information requests received for quarter 4 and responded within timescale (both requests were for the same request via different means)

Complaints

Table 9 complaints / Ombudsman enquiries March 23

Complaints / Concerns	General (#)	Ombudsman (#)
Received within month	0	0
In progress	2	0
Resolved within month	0	0

The table above shows that there are 2 ongoing complaints as of the end of quarter 4, one of which has since closed, with no Ombudsman enquiries received.

Deprivation of Liberty Safeguards (DoLS)

Table 10 DoLS activity and demand for quarter 4

Demand within Quarter		
New Referrals (#)	Requests for Further Authorisations / Renewals (#)	Total Demand (#)
239	26	265

This is an increase from last year's quarter of 80 referrals.

Activity within Quarter						
Allocations for Assessments (#)	Assessments Completed (resulting in new authorisations) (#)	Assessments Completed (resulting in renewals) (#)	Assessments Completed (deemed ineligible for authorisation / renewal) (#)	Assessments Started, but not Completed (#)	Referrals not Allocated (withdrawn, discharged or deceased) (#)	Total Movement (#)
69	31	11	1	30	133	206

28% of all new referrals for DoLS were allocated for assessment during this period, consistent with long term performance. Work continues within the team to increase the rate of assessments undertaken and this has been given new impetus by the announcement that LPS has been indefinitely postponed.

Table 11 DoLS outstanding demand

Outstanding Demand at Quarter End		
Unallocated Referrals Awaiting Assessment (#)	Allocated Referrals with Assessments in Progress (#)	Total Referrals Awaiting Assessment (#)
96	17	113

There is a slight increase of referrals awaiting assessment, and a review of the entire DoLS process is now being undertaken to identify opportunities to increase the number of assessments undertaken.

Table 12 DoLS authorisation activity

The table below shows the number of initial authorisations and renewals by the supervisory body. The numbers of authorisations and hours spent on these remain fairly static compared to previous quarters.

Outcomes of Requests for Authorisations / Renewals
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Name	Authorisations Approved (#)	Renewals Approved (#)	Authorisations / Renewals Deemed Ineligible (#)	Approx. Hours Spent on Approved Authorisations	Approx. Hours Spent on Approved Renewals	Approx. Hours Spent on Ineligible Authorisations / Renewals
Head of NHS Long term Care	1	0	0	1.00	0.00	0.00
Senior Nurse Manager	14	7	1	14.00	2.50	0.50
Senior Nurse manager	16	4	0	16.00	1.00	0.00
Total	31	11	1	31.00	3.50	0.50

NHS Discharge to Assess Pathway (D2A)

Table 13 number of assessments undertaken in March 23.

Assessments	Counties		
	Carmarthenshire	Ceredigion	Pembrokeshire
NNAs Completed	20	1	12
DSTs Completed (in Hospitals)	3	0	1
DSTs Completed (in Own Homes / Care Homes)	8	1	2
Total Assessments Completed	31	2	15

48 assessments were undertaken in March 2023. An increase of 9 Nursing needs assessments completed compared to previous month and 9 CHC assessments (DST's).

18 discharges via the NHS LTC pathway took place in March 2023, maintaining the average for previous months.

Continuing NHS Healthcare Training

With the implementation of the new CHC 2021 framework the LTC service rolled out 'whats new' training relevant health and social care colleagues outlining the main differences between the 2014 and 2021 framework. A foundation training session which is participatory training accessed via training and development is now available on a monthly basis. Uptake has been minimal despite promoting the training in meetings and regular global announcements.

Table 14 training figures since implementation of new framework

Whats New' Training				
Date	Number of HB Attendees	Number of LA Attendees	Other	
May-22	5			
Jun-22	3	4		

Jul-22	4			
Aug-22	1			
Sep-22	0	0	0	
Oct-22	0	0	0	
Nov-22	0	0	0	
TOTAL	13	4	0	17
Foundation Training				
Feb-23	5		0	
Mar-23	6	2	0	
TOTAL	11	2	0	13

Argymhelliad / Recommendation

The Committee is asked to note and review the performance reviews undertaken by the Long Term Care service outlined within this report, in order to provide assurance that processes are being followed in line with the Welsh Government Frameworks and to consider the implications in the absence of any national performance monitoring system.

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:	Risk Ref 695 Sustainability of Care Home Sector affecting whole Health Board. Risk Score 12 High
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Framework for Continuing NHS Healthcare (CHC)
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 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>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	N/A

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