



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 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:	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

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

To provide assurance of the robust monitoring procedures in place.

Cefndir / Background

Between 2017 and 2021, Welsh Government reviewed the 2014 Community Health Council (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 (LAs) 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 two 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 local Health Board (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.

AsesiadAssessment

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 MDT.

Table 1: Number of appeals in Quarter 2

County	Stage	Retro Review in Progress	First MDT Date	Date Appeal Notification Received
Carmarthenshire		No	30/06/2023	23/08/2023
Ceredigion		No	14/04/2023	24/07/2023
Pembrokeshire	Stage 1	No	28/06/2023	02/08/2023
Carmarthenshire		No	10/07/2023	03/08/2023

4 Appeals were submitted in Quarter 2

Disputes

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

Table 2: Number of disputes in Quarter 2

Disputes	
Received within quarter	0
In progress	0
Resolved within quarter	0

0 Disputes were submitted in Quarter 2

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 but believe they may have been eligible for CHC funding at the time of the assessment and funding decision.

Table 3: Number of Retrospective Review cases

Retrospective Claims	
Number received within quarter	8

8 Retrospective Reviews were submitted in Quarter 2

Number of individuals receiving care at home

Table 4: Number of individuals and hours of care provision

Q2 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	40	1471.71	470.75	48
Ceredigion	10	368	63	43
Pembrokeshire	24	1255.41	220.5	61
Hywel Dda Total	74	3095.12	754.25	50

HDdUHB is currently commissioning packages of care for 74 individuals within their own home totalling 3899 hours of care each week.

Average weekly hours provided per person is approximately 50hrs

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 (#)	Predicted Demand at Next Quarter End (#)
CHC 3-Months	-1	1	0	0	4	4
CHC 12-Months	8	-3	0	5	13	18
Total CHC	7	-2	0	5	17	22
H&SC 3-Months	0	2	0	2	0	2
H&SC 12-Months	5	-1	0	4	2	6
Total H&SC	5	1	0	6	2	8
S117 3-Months	0	0	0	0	0	0
S117 12-Months	0	0	0	0	0	0
Total S117	0	0	0	0	0	0
Total Reviews	12	-1	0	11	19	30
Average Rate of Reviews per Week	N/A	-0.08	0.00	N/A	1.46	N/A

The table above illustrates 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 long-term care (LTC) Team Leaders.

Care homes

HDdUHB is currently commissioning 547 residents in 26 Nursing Homes. These residents are funded via CHC, FNC and Section 117 (S117).

Table 6: Number of residents in Care Homes this is as month 6

Care Home Residents			
CHC	FNC	S117	Total
73	136	28	237
27	74	12	113
79	87	31	197
179	297	71	547

Total number of nursing beds available has remained at **1174**.

The number of nursing care home beds available to the Health Board has declined since July 2022. This is due to the closure of Nursing Homes across the Hywel Dda footprint. A total of four nursing homes across the three counties have closed since July 2022, for a number of reasons including poor standards, financial mismanagement and inability to recruit nurses, resulting in nursing beds being decommissioned.

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	5	0	4	1	1	-2
CHC 12-Months	-3	23	15	5	12	2
Total CHC	2	23	19	6	13	0
FNC 3-Months	11	2	8	5	14	11
FNC 12-Months	-4	21	13	4	13	4
Total FNC	7	23	21	9	27	15
S117 3-Months	-1	4	3	0	0	-3
S117 12-Months	3	0	0	3	5	8
Total S117	2	4	3	3	5	5
Total Reviews	11	50	43	18	45	20
Average Rate of Reviews per Week	N/A	3.85	3.31	N/A	3.46	N/A

Reviews of Nursing Home Residents are undertaken by Long Term Care Specialist Nurses in line with the CHC Framework. These are overall completed within the timelines advised.

Court of Protection (CoP)

Table 8: Number and time spent on CoP cases for quarter 2

Legal Work	
Court of Protection cases begun within quarter	1
Court of Protection cases in progress	3
Court of Protection cases concluded within quarter	1
Other legal work undertaken within quarter	0
Approximate hours spent gathering information	0
Approximate hours spent liaising with professionals	68
Approximate hours spent in meetings / legal proceedings	16

Senior Nurse Hours spent on legal work	Quarter 2
Approximate hours gathering information/liasing	68
Approximate hours spent in meetings/legal proceedings	16
Total hours	84

Freedom of Information and Subject Access Requests

0 subject access request received for Q2

Complaints

Table 9: Complaints / Ombudsman enquiries

Complaints / Concerns	General	Ombudsman
Received within quarter	5	1
In progress	2	1
Resolved within quarter	3	0

Deprivation of Liberty Safeguards (DoLS)

Table 10 DoLS activity and demand for quarter 2

Demand within Quarter		
New Referrals	Requests for Further Authorisations / Renewals	Total Demand
203	16	219

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
71	36	7	11	37	169	260

Work continues within the team to increase the rate of assessments undertaken and this has been given new impetus by the announcement that Liberty Protection Safeguards (LPS) have 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
63	11	74

Due to the DoLS process being reviewed and the team identifying new opportunities this has resulted in a decrease of referrals awaiting assessment.

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 static compared to previous quarters. Ineligible renewals and submissions are submitted by the wards but have to be read and documented by the team. The service will review how this could be improved.

Outcomes of Requests for Authorisations / Renewals						
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
SNM	13	4	5	13.00	2.00	2.50
SNM	23	2	6	23.00	1.00	3.00
Total	36	6	11	36.00	3.00	5.50

NHS Discharge to Assess Pathway (D2A)

Following a recent review of the D2A process, improvements have been implemented to support the patient's journey from hospital into Long Term Care. This was re-launched across the Health Board in early October.

The Long Term Care specialist nurses will now be more visible on the wards and will regularly attend board rounds with the aim of earlier identification of individuals suitable for this pathway. The initial nursing assessment will be completed on the ward which will reduce delays in gathering and pursuing information from ward staff.

Patient information leaflets have been developed, and the 'This is Me' document will be given to families for completion in readiness for transfer, to support the holistic needs of a person. Patients and families will be supported to access Dewis Cymru in regard to home of choice and bed availability.

Table 13: Number of assessments undertaken

Assessments	Carmarthenshire	Ceredigion	Pembrokeshire
NNAs completed	23	5	22
DSTs Completed (in hospital)	4	0	6
DSTs completed (in care homes/ own homes)	7	2	8
Total Assessments	34	7	36

Discharge to Assess and High-Cost Cases

Recent monitoring of patients on the Discharge to Assess pathway in July 2023 had highlighted that Pembrokeshire Local Authorities had 17 patients in nursing homes on a discharge to assess pathway who had not been allocated a social worker.

The report evidenced that the longest time a patient had been awaiting a social worker allocation was 25 weeks with subsequent patients ranging down from 24 weeks to two weeks.

This prompted a review of the costs incurred to the Health Board for patients waiting for a social worker, this cost equated to £168,381.60. This cost was in relation to the 17 patients' weekly cost of their nursing home placement after the initial two week fully funded element by the Health Board from being discharged from hospital; it also included the recent uplift fee from April 23.

The issue was escalated, and a robust monitoring system was put in place so that any delays can be highlighted as soon as possible.

Review of the high-cost cases across the three counties has also taken place, and will form part of the service reporting mechanisms on a monthly basis to ensure that all high cost cases are reviewed by the nursing teams every three months.

Continuing NHS Healthcare Training

With the implementation of the new CHC 2021 framework, the Long Term Care service facilitated the 'What's New' training to relevant health and social care colleagues, outlining the main differences between the 2014 and 2021 framework.

A foundation training session which is a participatory session and accessed via Training and Development is also available on a monthly basis. The LTC service continues to promote the training in meetings and via regular global announcements.

40 people have accessed the CHC foundation training between April - September. This included a range of staff from the Health Board and nursing homes.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** and review the performance reviews undertaken by the Long Term Care service within this report
- **RECEIVE ASSURANCE** that processes are being followed in line with the Welsh Government Frameworks
- **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:	Not Applicable
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	7a Population Health 7b Integrated Localities 6c Continuous engagement
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:	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.

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,' 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 Pwyllgor Datblygu
Strategol a Chyflenwi Gweithredol:

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	
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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.