



Agenda Item

3.2

Joint Commissioning Committee

Continuing Healthcare Programme Update

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	Not Applicable
Awdur yr Adroddiad / Report Author	Shane Mills, Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
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Pwrpas yr Adroddiad / Report Purpose	For Approval Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
CHC Leadership Group	11/03/2025	Approved

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CHC	NHS Continuing Healthcare
JC	Joint Commissioning Committee
JCC	NHS Wales Joint Commissioning Committee
NWSSP	NHS Wales Shared Services Partnership
PtHB	Powys teaching Health Board
WG	Welsh Government

1. SITUATION / BACKGROUND

The purpose of this report is to update the Joint Commissioning Committee (JC) on the proposal to establish a NHS Wales Continuing Healthcare (CHC) Cooperation Programme.

NHS CHC is a package of care funded entirely by NHS Wales for individuals who have significant, ongoing healthcare needs. It is designed for people who are not in the hospital but require substantial care and support due to their health conditions

The NHS CHC spend in Wales has increased 51%, from £424m in 2019/20 to £643m in 2024/25, due to a combination of higher numbers of patients accessing services through CHC funding and higher costs of services providing care to eligible patients.

A Value and Sustainability Board, chaired by the Director General of Health and Social Services was established in 2024 and has a number of workstreams, including the CHC. To support the CHC workstream, a CHC Leadership Group chaired by the Chief Executive Officer (CEO) of Powys teaching Health Board (PtHB) was formed in 2024. Both the Value and Sustainability Board CHC workstream and CHC Leadership Group have requested and received support from the JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups.

CHC and its linked areas is multifaceted and the commissioning of the provision of high quality, effective, patient centred and value based care is costly and complex. Health Boards (HBs) have in place local schemes to improve the management, outcomes, experience and value of CHC funded provision. A working group which included staff from the JCC and from HBs identified a number of initiatives which that may result in better improvements within a programme of national cooperation.

These areas, in summary, are:

- Digital system,
- Assessors training & competency,
- Value through consistent pricing,
- Mental health & learning disability placements,
- Health & social care collaboration,
- Strategic planning,
- Reporting; and
- Direct payments.

On the 21 January 2025 the JC endorsed the proposal to establish a programme with the explicit caveat that a funding proposal be submitted to the March JC meeting.

2. THE PROGRAMME

A detailed programme development document is in the process of being developed which will describe the programme in detail.

The programme will be overseen by a Programme Oversight Board and it is proposed that it is chaired by a HB CEO and have membership consisting of the designated CHC executive leads from each HB. The Board should mirror the extant informal CHC Leadership Group. As this programme is NHS focused it is not envisaged that there are social care representatives as full members of each project unless required. The Welsh Government (WG) CHC policy leads should be members of the programme Board to ensure alignment with national policy and objectives.

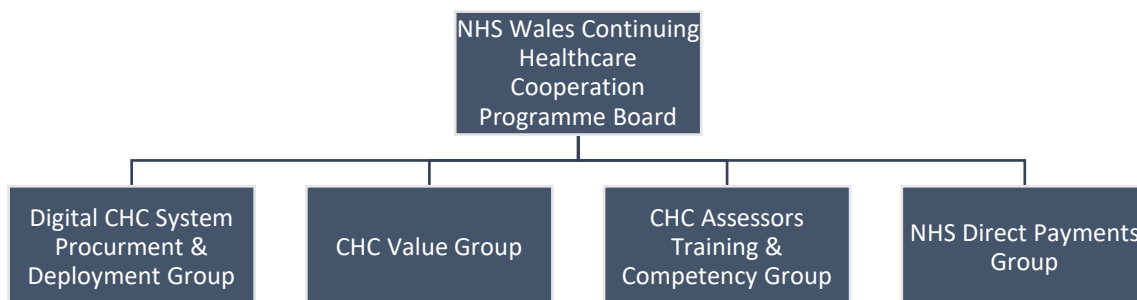
Given the breadth, value and complexity of the subject area there will be a requirement to support this programme by the appointment of a Senior Programme Manager, Project Manager and Project Support. The estimated programme staff costs are circa £185,000. The Board Programme Manager will report on progress, through the responsible JCC director to the JCC.

The programme will require procurement, contracting, and legal advice and the NHS Wales Shared Services Partnership (NWSSP) has provisionally agreed to provide such support if capacity permits.

WG will be approached to provide initial programme funding to enable rapid establishment and delivery.

The Programme Board will have several sub-groups focused on delivery in particular areas. Three sub-groups should be established immediately on establishment of the Board to focus on priority areas. A diagram of the proposed programme structure is shown in **Figure 1** below as are the details of each of the sub-groups.

Figure 1 – Proposes Programme Structure



2.1 Digital System Procurement & Deployment Sub-Group

This sub-group would be responsible for procuring a single digital CHC system for use across all HBs.

This sub-group will ensure that the digital system:

- Improves efficiency and accuracy of the referral, assessment & review process for CHC by utilising digital forms,
- Enables progress to be tracked in 'Live dashboards' across the CHC process from referral to review,
- Has the ability to benchmark providers both nationally and locally,
- Enables greater understanding of historical, current and future costs and cost pressures,
- Enables the identification of high use providers to enable cost reduction or consolidation opportunities at a national and local level,
- Presents an overview of types of providers used locally, regionally and nationally to enable HB and whole system planning,
- Enables internal and external monitoring of process compliance; and
- Provides a clear audit trail of decisions to ensure compliance with process and financial limits.

The early key deliverables for this sub-group will be:

- Agree the distal system market engagement document already developed,
- Engage and learn from the experiences staff from BCUHB as the only HB to already use a procured digital system,
- Undertake pre-procurement engagement with potential providers with HB representatives,
- Develop the procurement specification and complete the procurement,
- Develop and oversee a CHC Case digital system HB deployment project,
- Develop and oversee an extant CHC Case digitalisation project; and
- Develop and oversee a CHC digital system training project.

This sub-group will require support from NWSSP to procure the system. The system and roll out costs will be circa £550,000 in the first year. This group will require a skilled and experienced digital system Project Manager at a cost of circa £90,000. This sub-group should be chaired by a representative from the Programme Board.

2.2 CHC Value Group

This sub-group would be responsible for monitoring that CHC contracts present value to HBs.

This sub-group will ensure a consistent value-based pricing approach is in place for CHC services and will eliminate variation where HBs contract with the same provider for the same service.

The early key deliverables for this sub-group will be:

- To ensure a process is in place for HBs to share information on extant pricing and price uplift methodologies,
- To ensure that pricing is based on evidence-based funding models, cost benchmarks, and market analysis,
- To develop a standardised pricing framework,
- To consider the benefits and risks of a common tariff structure for CHC services,
- To ensure uniformity in provider contracts and service specifications,
- To consider the benefits and risks use of collaborative frameworks or Dynamic Purchasing Systems to maintain transparency,
- To ensure a system is in place to monitor inflation, wage changes, and cost pressures to adjust pricing fairly,
- To ensure funding aligns with the level of care required; and
- To ensure provider communication and engagement.

This sub-group will require support from the NWSSP to provide legal, procurement and contracting advice. This group will require a skilled and experienced senior finance professional at a cost of circa £90,000. This sub-group should be chaired by a financial representative from the Programme Board.

2.3 CHC Assessors Training & Competency Sub-Group

This sub-group would be responsible for developing and deploying a CHC Assessors competency framework and training scheme. The sub-group should ensure systems are in place for CHC assessors to have the skills, knowledge, and behaviours required to conduct fair, consistent, and legally compliant CHC assessments and reviews.

The early key deliverables for this sub-group will be:

- To review and assess extant CHC training programmes in place in HBs,
- To develop a CHC assessors competency framework across Agenda for Change Bands. This Competency Framework should, amongst other areas, describe in detail:
 - The level of understanding required of the National Framework for NHS Continuing Healthcare, Mental Capacity Act 2005 and other relevant national policies, guidance or regulations,
 - The levels of understanding required of long-term conditions, disabilities, and complex care needs,
 - The skills required to complete and teach others to complete a Decision Support Tools and CHC checklists,
 - How to gather, interpret, and document evidence from individuals, families, health and social care professionals,
 - The skills required to engage individuals, families, and carers with sensitivity and to consider the individual's preferences and best interests,
 - How to ensure respect for cultural, emotional, and social considerations; and

- How to ensure assessments are non-discriminatory and meet Equality Act requirements and how to identify and challenge unconscious bias in decision-making.

The training programme will align with the Competency Framework and detail the method of training to achieve the required competency. The training programme may include regular updates to ensure CHC assessors have contemporaneous knowledge of regulatory frameworks and the latest case law.

The sub-group will be required to develop or acquire an efficient methodology to develop and cascade the required training. Preliminary explorations have established that procurement of external training will cost circa £200,000. This sub-group should be chaired by a representative from the Programme Board. This sub-group should include representation from Health Education and Improvement Wales (HEIW) as experts in competency development and training.

2.4 NHS Direct Payment Sub-Group

This sub-group would be responsible for coordinating the deployment of the upcoming requirements for direct payment in healthcare.

The early key deliverables for this sub-group will be to ensure:

- Improved awareness and access to direct payments for eligible individuals,
- Adequate publicity for direct payments in healthcare with NHS staff,
- Develops guidance for providers on working within a direct payment system and that systems are in place for potential provider engagement,
- A coordinating hub for direct payments in healthcare is established. The hub will provide training, resources, and advocacy to help service users manage budgets and support the development of personal assistants and care providers within the direct payments model,
- Systems are in place to address barriers to access, particularly for those with complex needs or limited capacity,
- The promotion of fair and transparent contracting arrangements; and
- Systems are in place to collect outcome measures, experience measures and performance metrics to measure the impact of direct payments.

This sub-group should be chaired by a representative from the Programme Board. This sub-group should include representation from the Direct Payments in Healthcare policy team. All costs for this sub-group will be met by WG with prior agreement.

3. KEY RISKS

There will be a requirement to fund the NHS Wales CHC Cooperation Programme and its deliverables as outlined in **Table 1** below. There are various methodologies for funding which will be explored by the JCC Directors.

Table 1 - NHS Wales CHC Cooperation Programme Resource Requirements

Resource	Funding Required
Programme staff costs	£185,000
Digital system and digitisation	£550,000
Digital Programme Manager	£90,000
Training package	£200,000
Finance Programme Manager	£90,000
Total	£1,115,000

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Effective

<p><i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i></p>	<p>If more than one applies please list below:</p>	
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</p>	<p>No - Not Applicable</p>	
	<p>If more than one applies please list below:</p>	
<p>Impact Assessment</p>		
<p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>If no, please include rationale below: Update report to the JCC</p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>If no, please include rationale below: Update report to the JCC</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
	<p>However, many of the areas within MH, LD and VG have specific areas of interest and have additional public scrutiny</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the report; and
- **Approve** the establishment of a NHS Wales Continuing Healthcare Cooperation Programme if funding is secured.

6. NEXT STEPS

- Development of a detailed programme initiation plan by April 2025,
- Development of a Terms of Reference by April 2025; and
- Establish the Programme Board and initial sub-groups by May 2025.