



Agenda Item

3.3

Joint Commissioning Committee

Continuing Health Care (CHC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Shane Mills, Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
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Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Endorse for Committee Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
CHC Leadership Group	14/01/2025	Approved

Acronyms / Glossary of Terms	
CEO	Chief executive Officer
CHC	Continuing Healthcare
HB	Health Board
JCC	NHS Wales Joint Commissioning Committee
MHLD&VG	Mental Health, Learning Disabilities and Vulnerable Groups
PtHB	Powys teaching Health Board

1. SITUATION

The purpose of this report is to request that the Joint Commissioning Committee (JCC) members endorse the establishment of a NHS Wales Continuing Healthcare (CHC) Cooperation Programme.

2. BACKGROUND

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 a hospital but require substantial care and support due to their health conditions. 'CHC', as a work area in Health Boards (HBs), is also intrinsically linked to other areas of commissioned care such as:

- Funding of placements through Section 117 of the Mental Health Act,
- Tripartite, health, social care, and education funding for children and young people requiring specialised care; and
- Hospital Transfers, mainly for those with mental illness or learning disabilities, to care outside of NHS Wales facilities.

2.2 SITUATION

CHC expenditure in Wales has increased by 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, one of which is 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 (MHL&VG).

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. HBs have in place local schemes to improve the management, outcomes, experience and value of CHC funded provision. The JCC Director of Commissioning for MHL&VG, with a small working group identified a number of initiatives which that may result in better improvements within a programme of national cooperation.

These areas, in summary are outlined below.

2.2.1 CHC Digital System

This area would entail procuring a single digital CHC system for use across all HBs with the support of procurement services. A digital CHC system would

support local teams in CHC process, management and planning, specifically a digital system would:

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

This area is seen as a key enabler to delivery on all the subsequent areas, one HB is already using a digital system and other HBs have explored adopting a similar system.

2.2.2 CHC Assessors Training and Competency

This area would entail developing and deploying a CHC Assessors competency framework and training scheme.

CHC assessors and reviewers use their clinical knowledge and skills to assess the impact that a person's health or disability has on their day to day life. They often work within a multidisciplinary team of health and social care professionals to conduct a comprehensive assessment of an individual's care needs. They use a person-centred approach with the active participation of the individual wherever possible. CHC assessors and reviewers make recommendations which help to determine whether a person is eligible for CHC funding following national guidance which can be significant in cost and in some cases last for decades.

Undertaking reviews of placements currently falls within the remit of a wide variety of staff posts such as Nurse Assessors, care-coordinators, and Allied Health Professionals. Whilst HBs may have internal induction and training programmes there is no national system to ensure a consistent approach to training and systemise learning to ensure a competent workforce in this vital area. Due to the nature of CHC there is also a requirement for CHC assessors and reviewers to have up-to-date knowledge of regulatory frameworks and the latest case law.

2.2.3 Value Through Consistent Pricing

This area would entail developing a consistent value-based pricing approach and agreeing standard approaches to costing and fee setting.

Pricing across Wales for CHC placements is determined by HBs resulting in differential pricing of the same care package from the same provider. Co-operation in this area will also allow a clearer understanding of provider national cost drivers and how this may transact to a local level and permit the exploration of national or regional agreements.

2.2.4 Mental Health and Learning Disabilities Placements

This area would entail co-operating on commissioning CHC placements for those with mental health conditions or with learning disabilities.

Placements for persons with these conditions tend to be with fewer providers, further from home, for a longer term and at a higher cost than those with long term conditions. Building on work undertaken by the JCC in 2024 there is further work to consider how cooperation in this area can deliver value and patient outcome benefits.

2.2.5 Health and Social Care Collaboration

This area would entail co-operating at a national level with social care personnel and programmes in the area of CHC.

Many individuals eligible for CHC have complex needs that span both clinical and social domains and collaboration between health and social care ensures these needs are addressed comprehensively. Cooperation also enables clarity around responsibilities and accountability and reduces delays in decision-making.

There are a number of policy areas and programmes led by social care that link to CHC that require HB engagement that may benefit from coordination.

2.2.6 Strategic Planning

This area would entail HBs planning at a national and regional level to ensure quality services are available to meet the needs of local or specific populations and cooperating to maximise the use of available or possible future NHS resources.

There are areas of Wales which have high levels of provision for certain services and other areas where there is little or no providers of particular services. Providers often open new services with little regard of local, regional or national demand or need and with minimal engagement with commissioners. Strategic cooperation will enable long term forecasting, provider engagement, national planning and market shaping. Cooperation will support and enable opportunities to optimise NHS Capacity in equivalent NHS services and to consider the potential for comparable NHS provision.

2.2.7 Reporting

This area would entail HBs agreeing and reporting data and information to enable cross-organisational learning, benchmarking and national reporting.

2.2.8 Direct Payments

This area would entail coordinating the deployment of the upcoming requirements for direct payment in healthcare.

Direct payments in healthcare can benefit patients in several ways by giving them more control and flexibility, and potentially reducing costs. While direct payments for healthcare has benefits, they are also accompanied by certain obligations on HBs for publicity, explanation, financial literacy, potential provider engagement and approval, and carer coaching and training. As the number of patients that are estimated to take up the opportunity to enact direct payment may be small there will be benefits in having a single coordinating approach.

The members of the CHC Leadership Group from HBs have supported the development of these priorities and have linked to their respective HBs to agree in principle to co-operate in these areas.

The Value and Sustainability Board and CHC Leadership Group consider the JCC to be a possible vehicle for formal cooperation to deliver on these areas.

3. KEY RISKS

There will be a requirement to fund the NHS Wales Continuing Healthcare Cooperation Programme and its deliverables, especially the key enablers such as the digital system and competency framework. There are various methodologies for funding which are being explored by the JCC Director of Commissioning for MHL&VG and the interim Chief Commissioner.

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>	Whole-systems Perspective
	If more than one applies please list below:

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

5. RECOMMENDATIONS

The JCC is asked to:

- **Note** the report; and
- **Endorse** the establishment of a NHS Wales Continuing Healthcare Cooperation Programme.

6. NEXT STEPS

- Development of a detailed programme and support plan for a NHS Wales Continuing Healthcare Cooperation Programme by March 2025; and
- Identify the funding requirements and possible funding sources for a NHS Wales Continuing Healthcare Cooperation Programme and its deliverables by March 2025.