

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
PERSONAL HEALTH COMMISSIONING ANNUAL REPORT 2019/20

Date of the meeting	16/09/2020
Author	S McCarthy - Head of Continuous Improvement, Performance and Support - PHC
Purpose of Report	To advise the Governing Body on performance within Personal Health Commissioning for 2019 to 20.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	N/A
Previous GB/Committee/s Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SMC

1. Introduction

- 1.1 This report provides an overview on the performance for Personal Health Commissioning (PHC) during 2019/20. The service incorporates the funding streams for Adult Continuing Healthcare (CHC), Children and Young People's Continuing Care (CYPCC), Funded Nursing Care (FNC), interim funding (formerly funded out of hospital) and S117 / named patients.

2. Financial Position

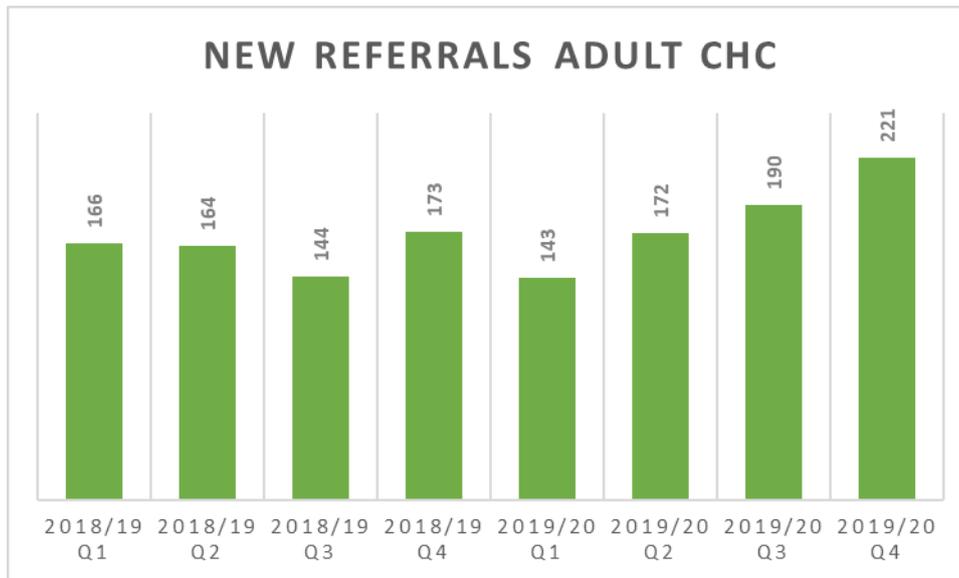
- 2.1 The finalised financial position for Personal Health Commissioning is shown in below:

Funder name	FOT £m	Budget £m	Overspend £m
Adult CHC	55.33	48.962	6.368
FNC	13.37	12.368	1.002
CYPCC	4.749	3.933	0.816
Interim Funding (formerly FoH)	1.396	0.57	0.826
S117/Named Patients	15.845	13.812	2.033
Complex Rehab	1.133	0.986	0.147
Total	91.823	80.631	11.192

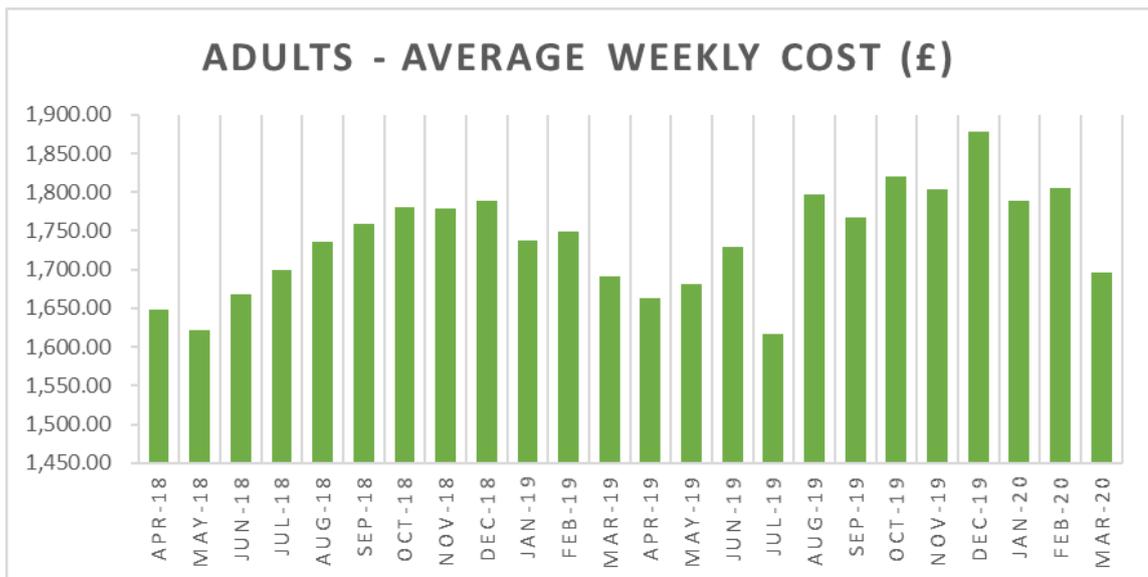
- 2.2 The £11.2m overspend is attributable to several factors including price increases, market influence and recruitment and retention issues. Demand has also risen within the period although not significantly.
- 2.3 A large-scale transformation programme took place during 2019/20. Processes have been redesigned and streamlined, Caretrack data has, and continues to be cleansed, allowing for more accurate reporting and improved financial forecasting.

3. Adult Continuing Healthcare

- 3.1 New referrals for adult continuing healthcare in 2019/20 have risen by 12.2% compared to 2018/19 figures as shown in the graph below.



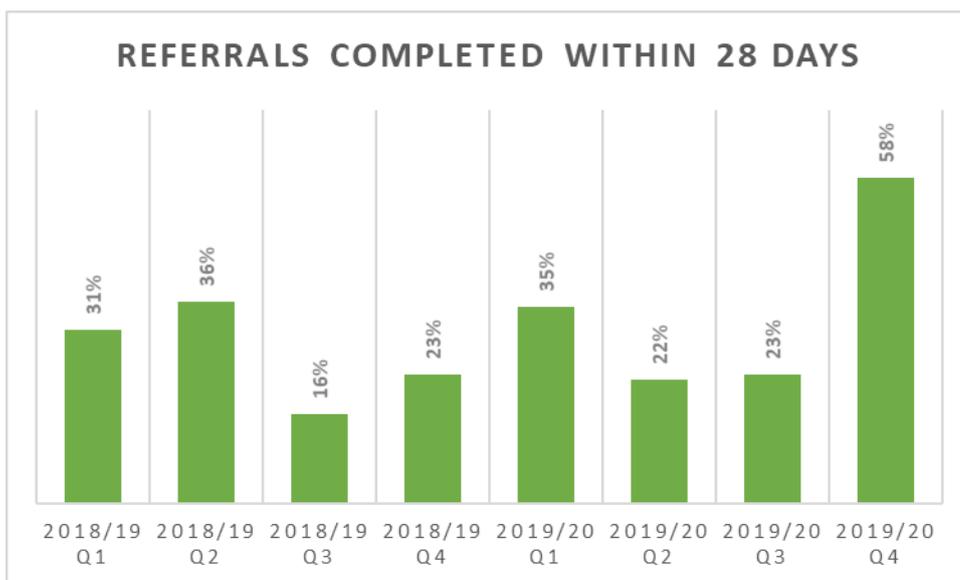
3.2 Average weekly costs of care have continued to rise over the last 12 months. Please note the below graph includes all adults' packages, at the end of 2019-20, the average package cost for adult CHC was £2,250 and for fast track application it was £644.



3.3 The service has historically not met the national 28-day target for referrals and carried a significant backlog. Investment has been made to address the backlog and this is now reducing as shown in the graph below.

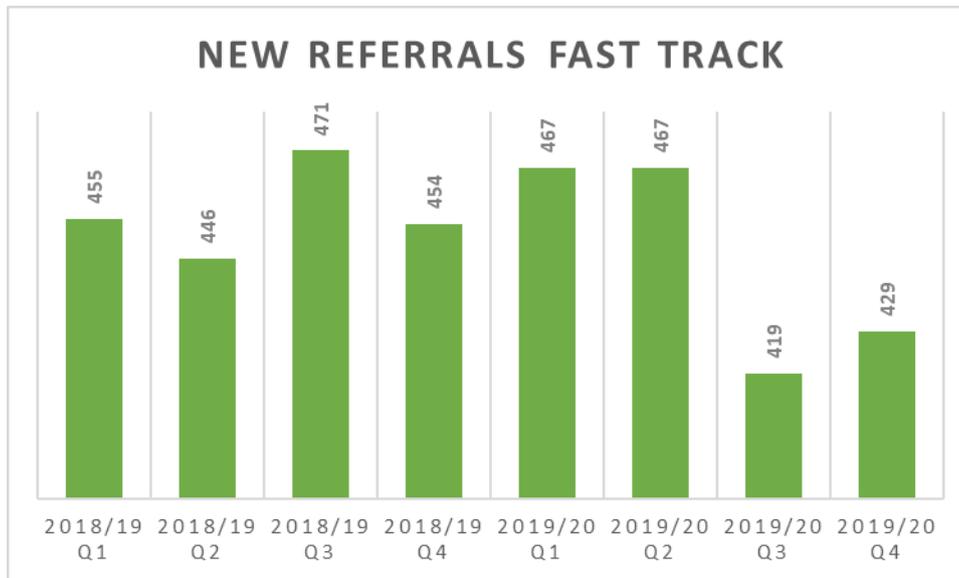


3.4 The investment allowed for a team to be constructed to complete assessments within 28 days. Whilst this showed great improvement, there are a high number of referrals exceeding 28 days. Reasons for this include availability of individual or their representative or local authority or other health partners to formulate a quorate Multi Disciplinary team as per the National Framework.



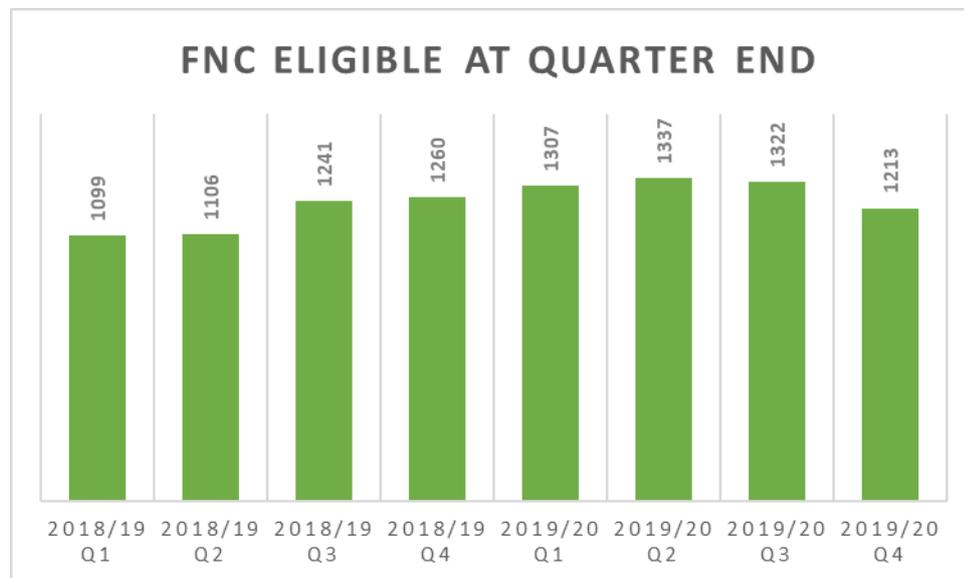
4 Fast Track

4.1 New referrals for fast track in 2019/20 reduced by 2.4% over the year as shown in the graph below. A training programme continued to be in place with monthly sessions being provided by PHC to community health professionals which may have contributed to the reduction in referrals.



5 Funded Nursing Care (FNC)

5.1 Funded nursing care has seen an increase in the cumulative number of eligible patients from 2,223 at the end of 2018/19 to 2,245 in 2019/20, an increase of less than 1%. The trend analysis in the graph below indicates a dip in the levels of eligible patients from Q4 2017/18 to Q2 2018/19, this has since risen again to similar levels to that of the initial quarters of 2017/18. It is likely this is attributable to the backlog of assessments which is being addressed.



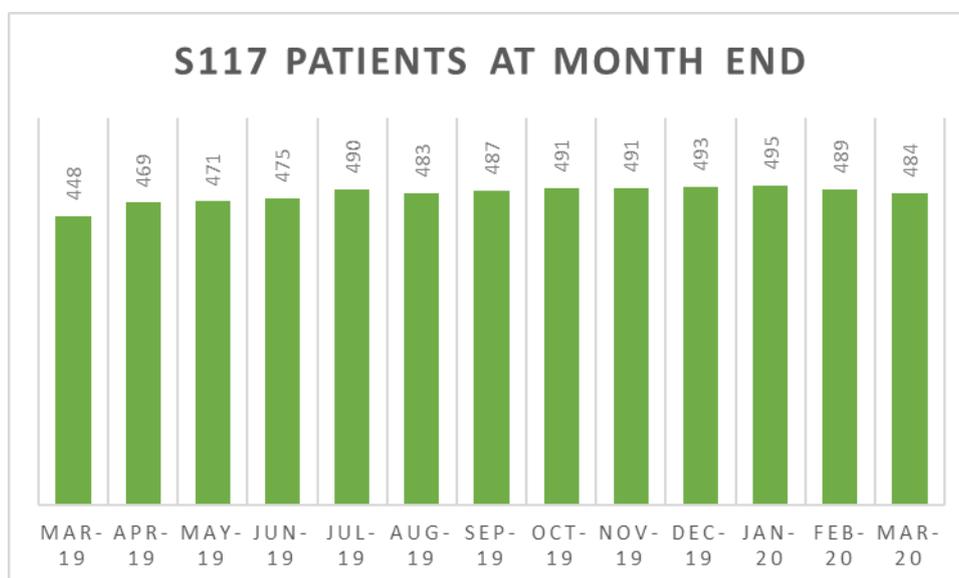
6 Children's and Young People Continuing Care (CYPCC)

6.1 There are currently 95 children on the CYPCC pathway, this is consistent with the previous year although there has been movement with children coming off the pathway and new children starting on it. A rise in overall referrals and complexity has led to a backlog of overdue reviews but this is being addressed

and has seen a significant reduction in number. A key issue within CYPCC has been the ability to recruit and retain suitably qualified staff.

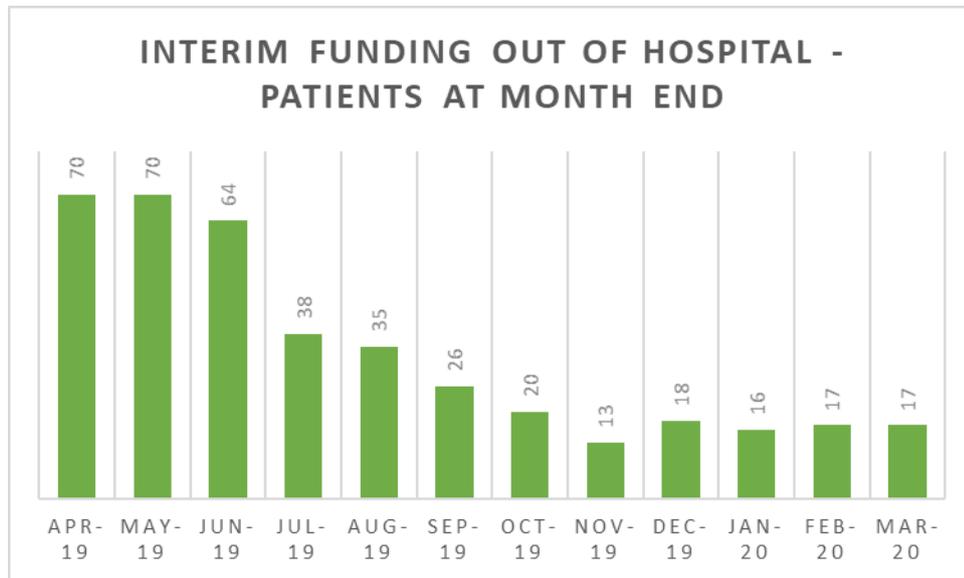
7 S117

- 7.1 The number of jointly funded Section 117 (Mental Health Act 1983) cases increased by 8% during 2019/20, although the total remained relatively stable from July 2019. Joint work with Local Authorities on reviews of packages of support released £106k QIPP savings and led to £70k recovery of payments. In addition, a review of S117 cases where there was also FNC payments has reduced cost further by £80k. There has been a small increase in the number of individuals with dementia detained under Section 3 of the MHA and therefore eligible for S117 aftercare. The local S117 policy which incorporates the funding agreement is being reviewed. This provides opportunities for further savings through reviews of individual packages and of ongoing S117 eligibility but may provide challenges in terms of the current generic funding shares agreed between health and social care.



8 Interim Funding

- 8.1 The interim funded pathway has shown a decrease in patients throughout the year as shown in the graph below:

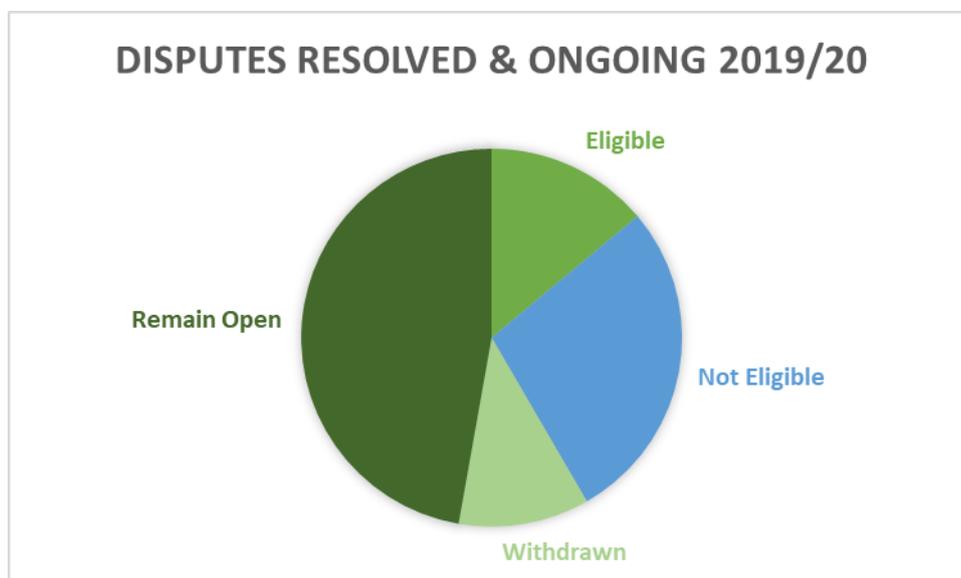


8.2 The pathway was reviewed, and revised processes agreed with local authorities and implemented with effect from 1st July 2019 to ensure the right patients were referred to the pathway for support.

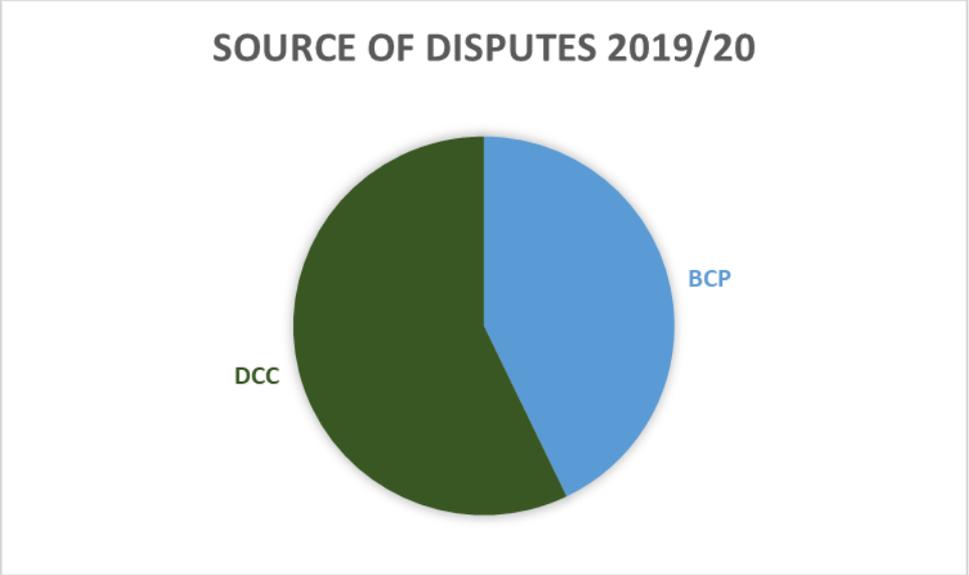
9 Disputes

9.1 There was a total of 35 disputes raised across 2019/20. Of these, 5 were found to be eligible, 10 not eligible and 4 were withdrawn.

17 disputes remained open at the end of the financial year: this includes 1 outstanding dispute from Q4 2018/19.

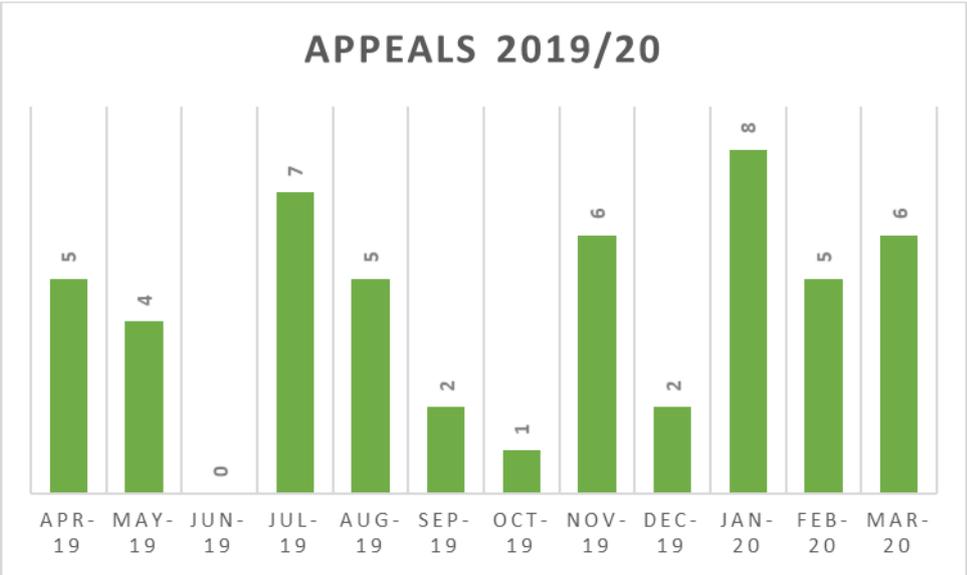


9.2 There was a significant difference in the levels of disputes raised across the local authorities as shown in the graph below:



10 Appeals

10.1 The number of appeals received has risen slightly through the year as shown in the graph below:



10.2 The number of outstanding appeals reduced from 127 to 105 over the period with a significant proportion of these remaining as outstanding independent review panel (IRP) cases, accounting for 71% of all outstanding appeals. 69 cases are currently awaiting IRP dates. IRPs are undertaken by NHSE, conversations have been undertaken with NHSE representatives regarding the addressing of this backlog. It is anticipated that the introduction of a virtual IRP process by NHSE during the Covid-19 period will assist in reducing waiting times for IRP's and lead to a reduction in the backlog

11 Priorities for 2020/21

- 11.1 Priorities for 2020/21 have been impacted by the COVID19 pandemic. All CHC was suspended in line with the instructions from NHS England on 19/03/2020, with staff redeployed to support the response to the Pandemic. NHSE has now mandated that the restart of CHC which will commence on 01/09/2020. This cessation of CHC has caused a backlog of work which will need to be completed along with moving towards virtual assessments by video to support the reintroduction of CHC in light of COVID19. Face to face assessments will be completed if required, taking into consideration the social distancing and PPE requirements now needed.
- 11.2 To continue with the Implementation of the online CHC referral portal to automate the completion of checklists, electronic upload of GP case notes and the ability to share evidence for DSTs virtually. This will support the introduction of virtual assessments by video and streamline processes further.
- 11.3 To work with our ICS partners to support the introduction of the mandated Hospital Discharge Service: Policy and Operating Model published on 19 March 2020. This moves all CHC assessments out of hospital with assessments being completed in the community within 6 weeks of discharge. This will also include the review of End of Life pathways to ensure patients are discharged home quickly and how CHC fast track can support this.
- 11.4 To ensure our Workforce is supported in light of the impact of COVID19 which not only includes staff are sufficiently rested and reoriented into their roles following deployment, but also the management of staff morale and retention in light of the backlog of work that the cessation of CHC has created.
- 11.5 Amendments to the Mental Capacity Act will take effect from 1st October 2020. Work will commence with both statutory and independent providers together with the local authorities to ensure compliance with the revised legislative requirements.
- 11.6 Review of existing contract, commissioning and partnership arrangements to maximise and where necessary stimulate the market to gain best value in the commissioning of care while ensuring minimisation of risk to care provided and consistent patient satisfaction levels.

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