Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol a Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General and Chief Executive, NHS Wales

Darren Millar AM
Chair of the Public Accounts Committee
National Assembly for Wales.

Our Ref: AG/SV

21 July 2015

Dear Darren

Implementation of the Framework for Continuing NHS Healthcare in Wales

Thank you for your letter of 9 July in which you requested further detail on some of the recommendations contained in the Public Accounts Committees follow-up report on the implementation of the National Framework for Continuing NHS Healthcare (CHC). I have provided an update in relation to the points you raise below. I have also attached a separate document, outlining a wider update on progress.

Recommendation 1 - Arrangement for annual audit sample.
I can confirm the annual audit samples will be undertaken by a central team. Those samples are due in September 2015 and on an annual basis thereafter. The audits are expected to take one month to complete.

Recommendation 3 - Transfer of retrospective claims to the National Project
Health Boards have moved the Phase 2 and 3 backlog to the Powys Project, with only a small remainder of Phase 2 cases already in progress remaining with each health board. This approach enables health boards to focus on getting it right first time, provide timely administration of the appeals process for current cases and a prompt assessment of new retrospective claims submitted under the Framework.

Recommendation 7 - Distribution of Public Information leaflets
A key aim of the review of the CHC Framework was to make the process more user-friendly and focused on the needs of the individual. We have developed and distributed a range of public information leaflets, which are also available in easy read formats. Additional copies of the public information leaflet are being sent to each health board for distribution to care homes, GP surgeries and frontline services (e.g. one stop shops) and social care professionals.

We will also be undertaking further work over the summer. This will include a poster on CHC to raise awareness of the service. We will also redevelop the Complex Care

Information and Support Site to provide more information for the public and make it more available. At the same time we will review the need to issue further information when there is a need to reprint further leaflets.

Recommendation 8 - Mandatory guidance on availability of information
We developed and are about to issue a Welsh Health Circular for health boards, setting out where such material should be distributed. It will be displayed on the Welsh Government and the NHS website as well as notified directly to health boards and social care providers. The guidance directs health boards to undertake best practice by distributing to an enclosed standard distribution list as a minimum. It places the onus on health boards to ensure the material is provided to individuals so it is widely available. This includes prior to admittance to a care home and how the Decision Support Tool is applied to individuals being assessed for CHC. We have also asked health boards to report back quarterly on numbers of publications placed.

To underpin our work we established clear governance and accountability mechanisms, providing us with greater assurance. Delivery of CHC is now monitored by the National Complex Care Board which in turn is advised by practitioners and experts from a National Stakeholder Reference Group and National Complex Care Performance and Operations Group. I have attached further details of these arrangements, together with an update of progress to date in the attached document.

Yours sincerely

Dr Andrew Goodall

Response to the Public Accounts Committee Report on Implementation of the National Framework for Continuing NHS Healthcare Update

Recommendation 1 – ***The Committee recommends that, to ensure confidence in the quality and consistency of decisions on continuing healthcare funding awards, the annual audit samples of all Health Boards should be undertaken independently, by the same team.***

1. The annual audit samples (due in September 2015 and on an annual basis thereafter) will be undertaken by a central team. The audits are expected to take one month to complete.

Recommendation 2 – ***The Welsh Government should provide the Committee with details of the outcomes and findings from the on-going review of cases with learning disabilities, which is concluding in March 2015.***

2. Although Welsh Government requested health boards scope their work to ascertain whether CHC had been appropriately considered, there were some limitations arising as a result of this exercise. The specialist nature of learning disability services means the expert pool of staff that could be identified to undertake this work is very limited. A full review of all cases would take several months to complete and would require an expert health and social care team. To do this in the short term would have meant diverting staff away from their current roles, potentially leading to risks to those in receipt of services.

3. To provide assurance primary health needs are considered both now and going forward, we will fully consider eligibility at the next planned review date. In the meantime, we commissioned health boards to undertake a dip sampling exercise of 50 – 100 cases reviewed to date. These focussed on joint-funded learning disability care and support arrangements but on a wider sample than that used in the 2014 audit and with learning disability expertise included as part of the audit. From the 920 known learning and disability CHC cases 103 dip samples showed 21 cases could potentially be affected.

4. In addition to the dip sample exercise, Aneurin Bevan University Health Board did, however, confirm from their systems the primary health need was appropriately considered in determining eligibility and therefore no changes were apparent. Hywel Dda University Health Board also proposed they jointly review their cases with those of ABMU to ensure an independent peer review model is in place and that work is underway. Our approach provides assurance and evidence that expert practitioners are considering eligibility appropriately, including in those cases where a package of care has been in place for some time and where, if the individual is relatively stable, reviews are undertaken less frequently.

5. The next stage will involve an examination of the financial and service implications for those people assessed as being eligible for CHC. Some people would argue that bringing people within CHC puts them inappropriately within a medical model. We want to ensure that no one has been put at a

financial disadvantage and they continue to exercise maximum control over their care and support arrangements.

Recommendation 3 - ***The Committee recommends that the Welsh Government continues to monitor Health Boards' progress in processing retrospective claims and if necessary, refer claims not processed within the prescribed deadline to the Powys Project and provides the Committee with an update before the summer recess.***

6. Welsh Government monitors monthly progress on retrospective claims. The National Complex Care Board (NCCB) is jointly chaired by the Director of Social Services and Integration, Welsh Government and the Chief Executive of Powys teaching health board. It actively monitors progress via regular reports at each meeting. Health boards are represented on the NCCB by the accountable executive director. Welsh Government directly engages with the lead directors, challenges progress and agrees additional actions to ensure compliance with the required processes and timescales.

7. Retrospective claims are complex in nature, and the nature of their management is determined by the date by which the claim refers. June figures show 2,091 outstanding claims undertaken by the National Project, down from 3,250 in January. These are broken down below and the estimated date for dealing with these claims is December 2016.
   - Phase 1 (2,454 claims covering 1 April 1996 - 15 August 2010).
     2,452 have been completed or closed. 2 have been reviewed and awaiting completion.

   - Phase 2 (936 claims covering 1 April 2003 - present).
     200 have been reviewed/closed, 736 have been activated and are being worked on (i.e. evidence requested, chronologies being built).

   - Phase 3 (2,698 Claims covering 1 April 2003 - 31 July 2013).
     1,345 have been closed. 1,353 to be reviewed. 160 have been activated and legal financial evidence requested.

8. Individual health boards have a smaller number of claims to manage, 465 in total.

   - Phase 2 355 claims remained with health boards. Of those 294 have been reviewed and closed, leaving 40 require to be reviewed. Of these 36 are activated.
   - Phase 3 110 claims received. Of these 8 have been reviewed and closed, leaving 96 to be reviewed. Of these 42 have been activated.

9. To speed up this process Health boards will receive further guidance on when and how they should fairly consider evidence of proof of payment from an individual regarding a claim. It complies with the Ombudsman's Principles of Good Public Administration claimant Welsh Government. This has been developed with the approval of the Public Services Ombudsman for Wales and the Wales Audit Office and will be issued over the next few weeks.

Recommendation 4 - ***The Committee recommends that the Welsh Government reports to the Committee before the summer recess on the expansion of the local and national recruitment programme and whether this has led to improvements in the time taken to process current and future claims.***

10. As stated at Committee in February, chief executives agreed a revised model to process phase 2 and phase 3 claims, moving resources from individual health boards to the National Project Team. The exceptions to this arrangement are those phase 2 claims currently active and under review by individual health boards. This process and necessary recruitment within the National Project Team, is underway. This will include clinical advisors (based on 12.2 wte), nursing reviewers (14 wte), special investigators (18.6 wte) and administrators (12 wte). These arrangements will ensure initial scrutiny and chronology stage of the process is conducted in a timely manner.

11. It is expected the National Projects will reach full recruitment capacity in November though it is making significant progress already. At present 6 special additional investigators have been appointed and 5 are already in post. A further 6 vacancies interviewed this week. Although only 3 administrators and two special investigators have been recruited, though already this has created some improvement in the number of cases going through. For example there has been an increase in the number of chronologies completed from 13 in June to 16 in the first 2 weeks of July. 4 Nurse Reviewer candidates were interviewed on 20 July. We will also monitor performance on a monthly basis to measure impact.

Recommendation 5 - ***The Committee recommends that the Welsh Government monitors Health Boards to ensure that the shorter processing deadline for more recent claims does not result in unintended consequences of longer resolution times for long-standing claims which are unresolved.***

12. As set out in recommendation 3, health boards have moved the majority of phase 2 and all of phase 3 claims to the Powys Project. The exception being those phase 2 claims health boards are currently reviewing. This approach allows health boards to ensure timely and accurate arrangements for current cases and new retrospective claims when they are received.

13. The 6 month timescale set out in the Framework is realistic. The arrangements above will also address the issue of performance management data, as all claims will be managed using their claims database, which meets the requirements recommended by WAO.

14. The revised governance arrangements will ensure there is additional scrutiny of performance. Chief executives or executive leads for CHC are responsible for signing off the provision of monthly data on retrospectives and will ensure they are sighted on the latest position and ensure appropriate action is taken. Welsh government monitors progress on a monthly basis, including cases closed and where payment has been made, to ensure this work is ongoing.

15. In addition, the NCCB receives regular reports at each meeting and monitor compliance.

Recommendation 6 - ***The Committee recommends that the Welsh Government ensures that governance arrangements are clear and well understood in relation to complex care. This will include monitoring the effectiveness of such arrangements and the engagement of members of the National Complex Care Board and any task and finish groups which support its work.***

16. The Governance and Accountability Framework was approved by each health board and is now operational. It provides more formal systems where lead executives and or chief executives of local health boards can receive expert advice and briefing.

17. The National Stakeholder Reference Group (NSRG) is chaired by the Director of Social Services and Integration. In acknowledging issues surrounding CHC cannot be isolated from those of complex care, this group provides both Welsh Government officials and the NCCB (below) with access to wider expertise. Dates for future meetings are being realigned so the NSRG meets approximately 2 weeks before the NCCB. Memberships of both groups are at doc 1.

18. The NCCB was established and has met on two occasions and will next meet on 6 September. It provides Welsh Government with an assurance and monitoring mechanism and is jointly chaired between the Chief Executive, Powys (teaching) Health Board and the Director of Social Services and Integration, Welsh Government. Advice on implementation and operational issues is provided by a National Complex Care Performance and Operations Group. Broader strategic advice is made available through the NSRG, whose membership includes the lead executive director in each health board. The NSRG is developing a detailed programme of work for its next meeting. This ensuring health board executive directors are responsible for:

    - ongoing monitoring of the 2014 CHC National Framework implementation,
    - driving implementation of both the WAO and PAC recommendations,
    - strategic oversight of retrospective claims, and
    - strategic oversight of CHC related performance data.

19. Those components will be reviewed in six months to consider progress and potential capacity to accommodate additional more proactive pieces of work. The terms of reference for the NCCB have been approved, subject to further review.

Recommendation 7 - ***In addition to the current leaflets that are designed to be accessed once an individual is 'in the system'; the Committee recommends that the Welsh Government publishes a general public information leaflet on***

continuing health care. These leaflets should be shared with health and social care professionals and distributed widely, including being made available in doctors' surgeries.

20. Additional copies of the public information leaflet are being sent to each local health board for distribution to local care homes, G.P. surgeries, frontline services (e.g. one stop shops) and social care professionals. We developed and will issue a Welsh Health Circular in the next few weeks for health boards This guides and instructs them on where to distribute this leaflet and other CHC material and publicity (see recommendation 8, below). Electronic copies of the leaflets have also been issued to the various care homes registered with the Care and Social Services Inspectorate (Wales) (CSSIW) as well as social care professionals. This leaflet, guidance and other publicity and information material is also available on the Welsh Government web page and the jointly owned NHS and Welsh Government Complex Care and Information Support Site (CCISS).

21. We will be undertaking further work on the website to develop more information for the public over the summer. We will also review the need to issue further information when there is a need to reprint further leaflets. Care homes and voluntary organisations have already received electronic copies of this leaflet from Welsh Government to ensure there are no gaps in coverage.

22. Welsh Government is presently developing posters and will ask local health boards to distribute them signposting to the Welsh Government website, where the leaflet and information is available. We ensure this work is also placed on the Complex Care Information and Support site (CCISS).

Recommendation 8 - ***The Committee recommends that mandatory guidance is issued to Health Boards and social care providers on where information in relation to continuing health care should be made available. This should include the provision of information to individuals (and/or their family members) who are in, or prior to admission into a care home, including details of how the Decision Support Tool is applied to individuals being assessed for Continuing Healthcare.***

23. Welsh Government provided health boards and social care providers with a minimum standard distribution list to ensure the leaflets are widely available. As stated in recommendation 7, we have developed mandatory guidance for health boards through a separate Welsh Health Circular on the issuing of CHC information. This will shortly be made available on the Welsh Government and NHS (HOWIS) website and notified directly to health boards and social care providers. It reflects the wishes of the Committee that additional copies of the public information leaflet will be sent to each local health board for distribution to local care homes. This guidance provides a minimum standard distribution list to ensure the local health boards issued leaflets in a manner that they are widely available, including G.P. surgeries.

24. The guidance also provides links to electronic versions of the public information leaflet and both the Welsh Government and CCISS websites. The guidance directs health boards to undertake best practice when disseminating

information. It specifically requires health boards to consider the provision of other information to those individuals (and/or their family members) in or prior to care home admission. It also requests the provision of other information which may be of benefit, such as how the Decision Support Tool is applied to individuals being assessed for CHC.

Recommendation 9 - ***The Committee remains concerned about the awareness, quality and level of provision of advocacy services provided by different Local Health Boards and is supportive of patients and carers understanding their options and the decision-making process as well as healthcare professionals. The Committee recommends the Welsh Government reports to the Committee before the summer recess, on how it intends to improve the consistency, quality and awareness of advocacy services.***

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25. Whilst the 2010 Framework required that individuals be provided with access to independent advocacy when required, this has been strengthened in the 2014 Framework. Welsh Government asked health boards for the position on advocacy and will ask for an update on the approach to be taken for the next meeting of the Complex Care Board.

26. The role of the advocate has been clarified in the Practitioners' Frequently Asked Questions Booklet. Care co-ordinators are expected to support access to effective advocacy by:

    - Publicising the availability of local providers
    - Giving the advocate reasonable notice of meetings / support required. Arrange for them to meet the individual concerned to build trust, obtain their views and be in possession of the relevant facts.
    - Where practicable, and with the individual's informed consent, providing assessment reports prior to the multi-disciplinary team meeting so that the advocate can talk their client through them and help them.

27. The choice as to whether an individual with capacity wishes to access independent advocacy lies with them. In weighing up whether they wish to pursue this option, the individual may find it helpful to talk to an independent advocate who can explain what support they could provide. A family member or friend may also wish to access an independent advocacy service to support them and should be provided with the same information.

28. Officials are working with the Wales Audit Office to ensure routine advocacy can be identified through data collected by the self-assessment toolkit. This will be used by health boards by the end of September.

29. The requirements to provide Advocacy and Safeguarding services are enshrined within the Social Services and Wellbeing (Wales) Act 2014. The code of practice in relation to Advocacy (Part 10) sets out the requirements for access to advocacy services and support. These do not include advocacy specifically in relation to continuing health care but in responding to the population assessment (Part 2) required by the Act, regional partnership

boards will need to ensure they are able to respond to advocacy requirements for all individuals. The engagement of the WCVA will be important as a valuable source of information and advice. The WCVA has previously shared information on provision.

30. We want to encourage an integrated approach to securing appropriate advocacy provision. An integrated approach based upon evidence in terms of demand and activity is likely to provide more stable funding for advocacy services and enable them to plan more effectively.

31. As part of the proposed Tranche 1 of regulations within the Inspection and Regulation Bill, advocacy will become a regulated and inspected service.

32. Welsh Government sponsored and facilitated a national training workshop for advocates on 6 November last year. Officials have also presented at one national and two regional advocacy network meetings. We anticipate that with additional resources for the delivery of training in relation to CHC that we will be able to provide greater support for advocacy services with regard to information about CHC.

DOC 1

MEMBERSHIPS OF NATIONAL COMPLEX CARE BOARD AND NATIONAL STAKEHOLDER REFERENCE GROUP

a) Memberships of National Complex Care Board

Albert Heaney (Joint Chair)	Welsh Government
Carol Shillabeer (Joint Chair)	Powys (teaching) Health Board
Reena Cartmell	Betsi Cadwaladr UHB
Alice Casey	Cardiff & Vale UHB
Ceri Davies	Welsh Government
Kathryn Davies	Hywel Dda UHB
Lisa Dunsford	Welsh Government
Kath Gallagher	Retrospective Claims National Project
Alex Howells	Abertawe Bro Morgannwg UHB
Rhiannon Jones	Powys (t)HB
Jamie Marchant	Aneurin Bevan UHB
Jill Paterson	Chair of the National Implementation Group
Gaynor Williams	NHS Wales
Lynda Williams	Cwm Taf UHB

b) <u>National Stakeholder Reference Group</u>

Albert Heaney	Welsh Government
Lisa Dunsford	Welsh Government
Tracey Williams	Welsh Government
Dave Street	Association of Directors of Social Services Cymru
Mario Kreft	Care Forum Wales
Paul Gilchrist	Aneurin Bevan University Health Board
Daisy Cole	Older People’s Commissioner for Wales
Gareth Haven	Welsh Government
Steve Vaughan	Welsh Government
Steve Ashcroft	Wales Audit Office
Geraint Jones	Public Service Ombudsman for Wales
Bob Hudson	Powys (teaching) Health Board
Colin Jones	Independent Chair
Sarah Powney	Welsh Government
Jim Crowe	Learning Disability Advisory Group
Sue Willis	Children’s CHC Advisory Group
Sarah Watkins	Mental Health Advisory Group