

Corporate Resources Overview and Scrutiny Committee

Date of Meeting	Thursday, 9 December 2021
Report Subject	Joint Funded Care Packages
Cabinet Member	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Report Author	Chief Officer (Social Services) and Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

Health and Social Care work closely together to provide appropriate care and support packages to meet the needs of individuals in the community. These packages are funded either by Social Services (with or without a client contribution depending on the outcome of a financial assessment) or jointly between the Health Board and ourselves, or solely by the Health Board if an individual's needs meet the criteria for full Continuing Health Care (CHC) funding.

The process of funding is complex and close working relationships with Health Board colleagues have been established over a number of years to enable constructive partnership working so as to agree the most appropriate care for an individual which is funded accordingly.

This report provides information on the level of contributions received and income budget targets over the last three years for joint funded care packages and how this aligns to the monthly budget management process.

RECOMMENDATIONS

1	To assure Members of the robust and proactive budget management approach the Council takes on joint funded care packages.
2	To confirm the amount of annual contributions from Continuing Health Care (CHC) contributions from Health Boards.

REPORT DETAILS

1.00	EXPLAINING THE FINANCIAL PROCESSES SUPPORTING JOINT FUNDEED CARE PACKAGES
1.01	NHS Continuing Health Care (CHC) is a package of care and support for people who have complex care issues which are primarily health based. The NHS in Wales is responsible for the delivery of CHC, although the Local Authority also has a role.
1.02	Welsh Government created an implementation framework for NHS Continuing Health Care in Wales which was published in 2014 and which is currently under review. The framework sets out the arrangements for CHC in Wales and how eligibility is determined. It stipulates that Local Health Boards have the lead responsibility for CHC in their local area. They must, however, work with local authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.
1.03	Under the Social Services and Well-being (Wales) Act 2014, Social Services will provide/fund social care for adults who are assessed as having care and support needs. The local authority cannot fund or provide care to undertake health tasks. If health tasks are required to be undertaken in the community to support an individual to live at home or in a care home, the local health board (Betsi Cadwaladr University Health Board [BCUHB]) is responsible, through CHC, for the funding of these services. Some peoples' needs are clearly identified as all social care, or all health and, as such, each agency will fund 100% of the package.
1.04	As everyone has individual needs, some people will have needs that are clearly identified as 100% social care and will be funded either wholly by the local authority or through a client contribution and local authority funding (dependent of the outcome of a financial assessment). Other individuals who live in the community have needs which are 100% health needs, and all of their package of care will be funded by the health board through CHC.
1.05	However, many people have a blend of some social care needs and some health needs and their care packages are jointly funded by the health board and the local authority with the proportion of funding determined by the eligibility laid down in the Welsh Government CHC Framework referred to above. There are around 5,000 people in Wales receiving CHC at any point in time and this accounts for around £360m of the annual Wales NHS budget.
1.06	The CHC process is well-established but has current challenges as follows: <ul style="list-style-type: none">• As people become older, frailer, or their health deteriorates, their health needs increase. The social care package which used to meet their needs are now required to contain some health tasks. There is therefore a requirement on Social Services to gain engagement from the CHC team in

	<p>BCUHB to ensure that they contribute to the cost of care packages. This has been at times a challenge for Social Services.</p> <ul style="list-style-type: none"> • Flintshire and Wrexham have the highest number of CHC packages across North Wales. This is likely due to the population size and is an indicator that officers have acted promptly and diligently to pursue CHC claims where appropriate. • BCUHB employ a team of specialist CHC reviewers and have a management structure to solely undertake this work which affords them resource and capacity. Social Services staff however, undertake this role as part of their varied and demanding work. • During a recent Internal Audit review of CHC processes, it was identified that to assist with the reconciliation of claims (both 'agreed' and 'in-dispute'), as well as the close monitoring of disputed CHC claims, a business case be put forward to appoint a Continuing Health Care Co-ordinator to sit within the Financial Assessment and Charging Team of Social Services. The cost of this post would be met from the Investment in Organisational Change reserve.
1.07	<p>When working with Children's Health the CHC framework is less prescriptive than the current Adult framework. This can make it a challenge to secure consistent decisions on funding. For information, there are very few children who receive 100% CHC funding, and this can be attributed to how the system operates and is not directly linked to the complexity of need. Often when a child supported through CHC becomes an adult, the contribution from Adult Health BCUHB increases.</p>
1.08	<p>The challenge for a local authority is twofold. Firstly, it is to ensure that those individuals who meet the eligibility criteria for CHC receive wholly or jointly funded packages of support. BCUHB have informed partners that they pay the highest amount of CHC payments in Wales and that Flintshire receives the highest amount of CHC payments in the region.</p>
1.09	<p>Secondly, it is to ensure that all agreed package costs are paid in a timely manner, and the resolution and payment of disputed packages are likewise paid in a timely manner by BCUHB.</p> <p>In response to this challenge, Social Services have the following processes in place:</p> <ul style="list-style-type: none"> • The finance team meet regularly with BCUHB to ensure payments claimed for are accurate and outstanding debts paid. • Debt levels are monitored monthly and a report is produced by the Revenue Service for the Chief Officer. This report is discussed at the Social Services Directorate Management Team meeting and outstanding debt levels escalated with BCUHB Senior Managers • Any issues are further escalated through the Flintshire and BCUHB Strategic Partnership meetings held quarterly between the Chair, Chief Executive and Area Director of BCUHB and the Leader, Deputy Leader, Cabinet Member, Chief Executive and Chief Officer for the Council.
1.10	<p>CHC Contributions are built into the budget monitoring position for Social Services each month and the projected outturn is based on the anticipated level of contributions at that point in time. These cover the following service areas:-</p>

	<ul style="list-style-type: none"> • Disability Services attracting the largest proportion of funding of around 75% (includes Learning Disabilities and Physical Disability Sensory Impairment) • Out of County Placements (for residential placements for children with disabilities) • Children's Services (Children's Integrated Disability Services) • Transition to Adulthood • Mental Health • Older People <p>There have been instances when a projected contribution has been built into the outturn monitoring position as part of the monthly report brought to this committee, only for that contribution to have come under further review and be reduced, thus affecting the overall financial position and level of income recoverable in that financial year.</p> <p>At the point of inclusion within the monitoring report, any care package which is expected to receive a CHC contribution requires an estimate to be included and frequently at this stage the contribution has not yet been agreed, although full costs of care are being incurred.</p>						
1.11	<p>Not all CHC funding is invoiced to BCUHB so the totals shown in 1.12 below do include CHC invoiced to other health boards based on Out of County service users in England (i.e. Cheshire & Wirral Partnership NHS Foundation Trust and Trafford Healthcare NHS Trust).</p> <p>This normally accounts for 1-2% of total CHC income per annum.</p>						
1.12	<p>Total actual CHC Joint Funded Contributions 2018/19 to 2020/21:-</p> <table> <tr> <td>2018/19</td> <td>£3,328,943</td> </tr> <tr> <td>2019/20</td> <td>£3,225,255</td> </tr> <tr> <td>2020/21</td> <td>£3,628,115</td> </tr> </table>	2018/19	£3,328,943	2019/20	£3,225,255	2020/21	£3,628,115
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1.13	<p>The repayment of these contributions is managed through the debt recovery process and escalation followed up accordingly.</p>						
1.14	<p>The level of CHC Joint Funded Contributions has exceeded the Council's budgeted income in each of these financial years.</p> <p>The total income budget in each of the years across all services is as follows:-</p> <table> <tr> <td>2018/19</td> <td>£2,967,861</td> </tr> <tr> <td>2019/20</td> <td>£2,877,577</td> </tr> <tr> <td>2020/21</td> <td>£3,252,711</td> </tr> </table>	2018/19	£2,967,861	2019/20	£2,877,577	2020/21	£3,252,711
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2.00	RESOURCE IMPLICATIONS
2.01	As this report is the provision of financial information only, there are no resource implications.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Debt levels are monitored monthly and an escalation route has been established.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None required at this stage.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Monthly Budget Monitoring Reports

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Dave Ledsham – Strategic Finance Manager and Jane Davies – Senior Manager Safeguarding and Commissioning Telephone: 01352 704503 and 01352 702503 E-mail: dave.ledsham@flintshire.gov.uk and jane.m.davies@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	(1) Social Services and Wellbeing (Wales) Act 2014: The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.