



**Staffordshire and
Stoke-on-Trent**
Integrated Care System



CHC - Financial Overview

Paul Brown - Chief Finance Officer (ICB)



Timeline

2021/2022 Outturn
Financial Balance

2022/2023 Outturn
Financial Balance

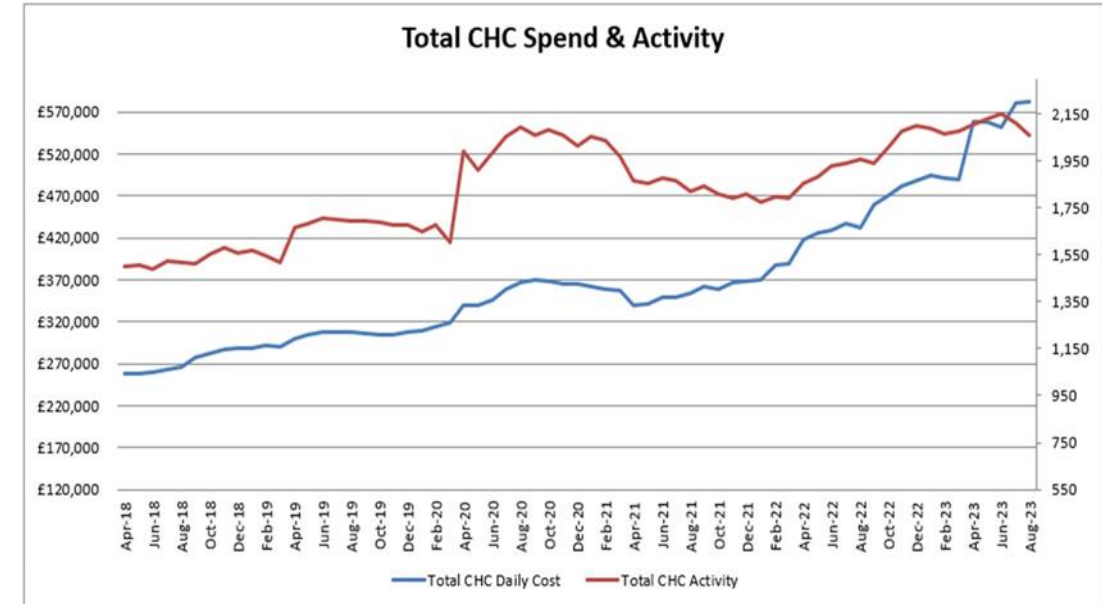
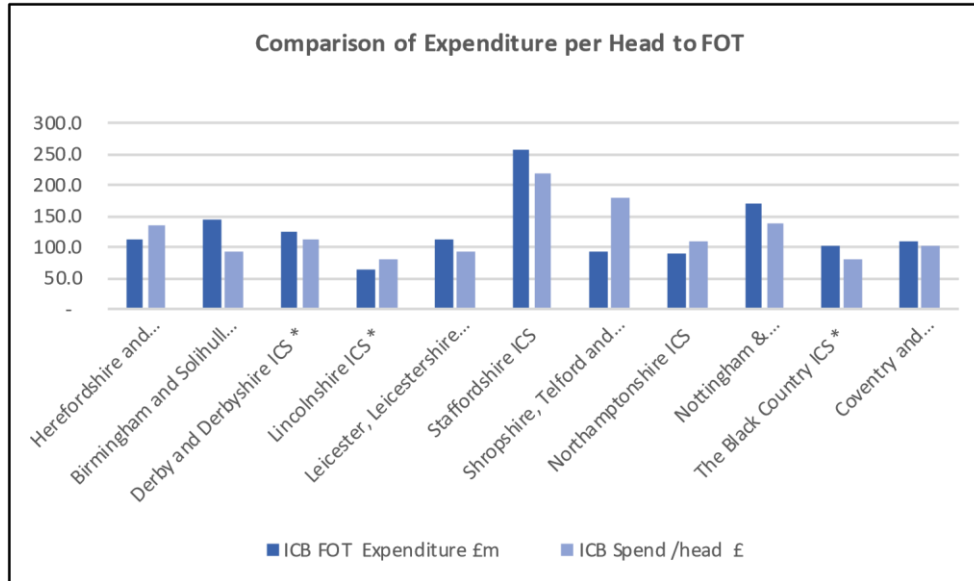
2023/2024 Plan
Financial Balance

2023/2024 Risks in
Plan £140m

CHC contribution

- Forecast overspend at Month 2 of £55m (27%)
 - Mitigating actions implemented
 - System Wide Summit of Leaders July 2023
-

An Outlier for CHC



- The System was a high spender on CHC before COVID.
- During COVID costs increased but were covered by the Hospital Discharge Fund.
- Since COVID costs continued to rise faster than other Systems . For 2 reasons , the market is largely constrained in Stoke on Trent and the arms length nature of the CSU meant they had ‘ no skin in the game ‘
- Activity increasing by c9% costs increasing by c27%

High Level Timeline

CHC System Wide Engagement event June 223 CIP Target c£21m

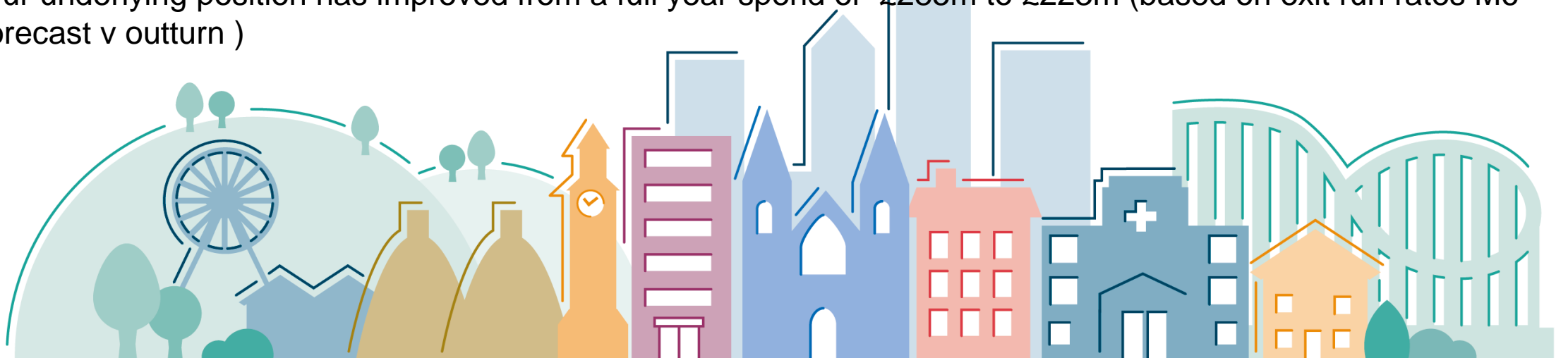
Initial Regional Benchmarking Event (to be expanded on by Steve)
June 2023

ICS Chief Officer Summit – July 223
Target Revised £109m over 3 years

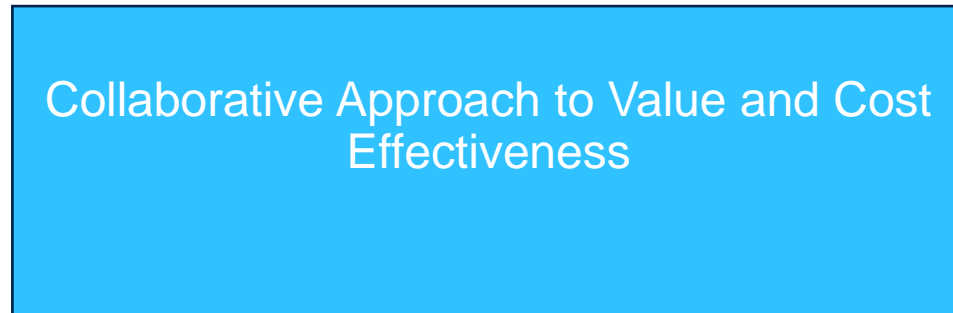
Provider Collaborative Created to work alongside ICB and CSU
October 2023

Executive Summary

- We started the financial year with a deteriorating financial position against Continuing Healthcare (CHC), and set a very ambitious improvement target within the financial plan
- The CHC recovery programme kick started in month 4
- We developed a clinically led multi-year transformation programme, to improve both patient care and the sustainability
- Our outturn shows an in-year improvement of £23m (over Month 2 forecast) with an outturn spend of £236m
- Our underlying position has improved from a full year spend of £285m to £223m (based on exit run rates M6 forecast v outturn)



2023/24 Gains and 2024/25 Approach





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CHC Operational Financial Summaries

Pamela Rodgers – Head of Programme Finance MH & CHC



The Focus

Right Patient Care in
the Right Place

Least restrictive and
Safest Model of Care



Engaging with the
market

Sustainability

CHC Actions and Workstreams

Low inflationary
Award (4%) –
Saving £1.4m

1:1 review

1:1Expansion

Revised Pricing
Structure

Post Reviews to
realign with revised
pricing

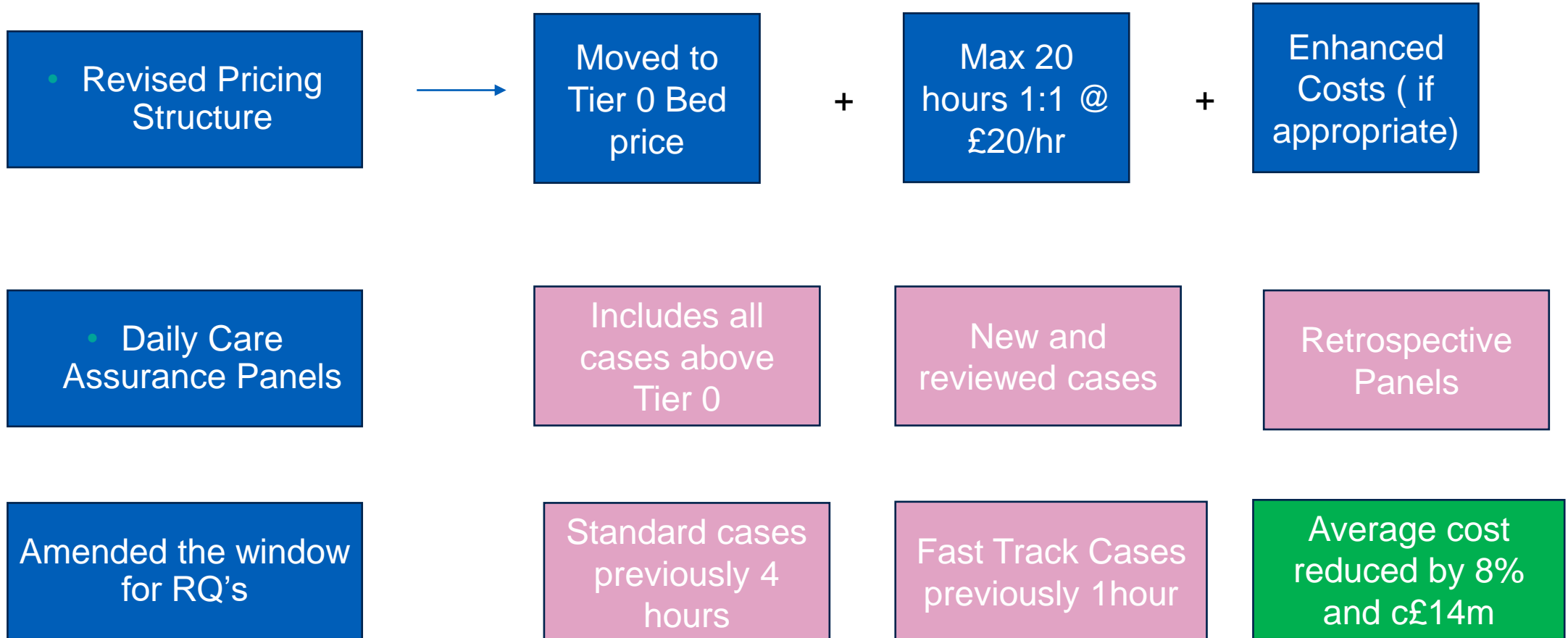
Fast Track Pathway

External Support
(Liaison)

Eligibility Panels

Market Management

Care Assurance and Pricing restructure



Workstreams continued

- Clinical reviews – small cohort

Eligibility Panels
(Part of the Framework)

Fast Track

1:1 review expansion

- Non Clinical reviews – RIP's, Hospital Stays, Duplicate Payments etc

Meet Daily reduced from c30% to 21%

Ave LOS 36 Weeks

1st Cohort underway £2.7m 2023/24

Total gain c£2m - also identified system error

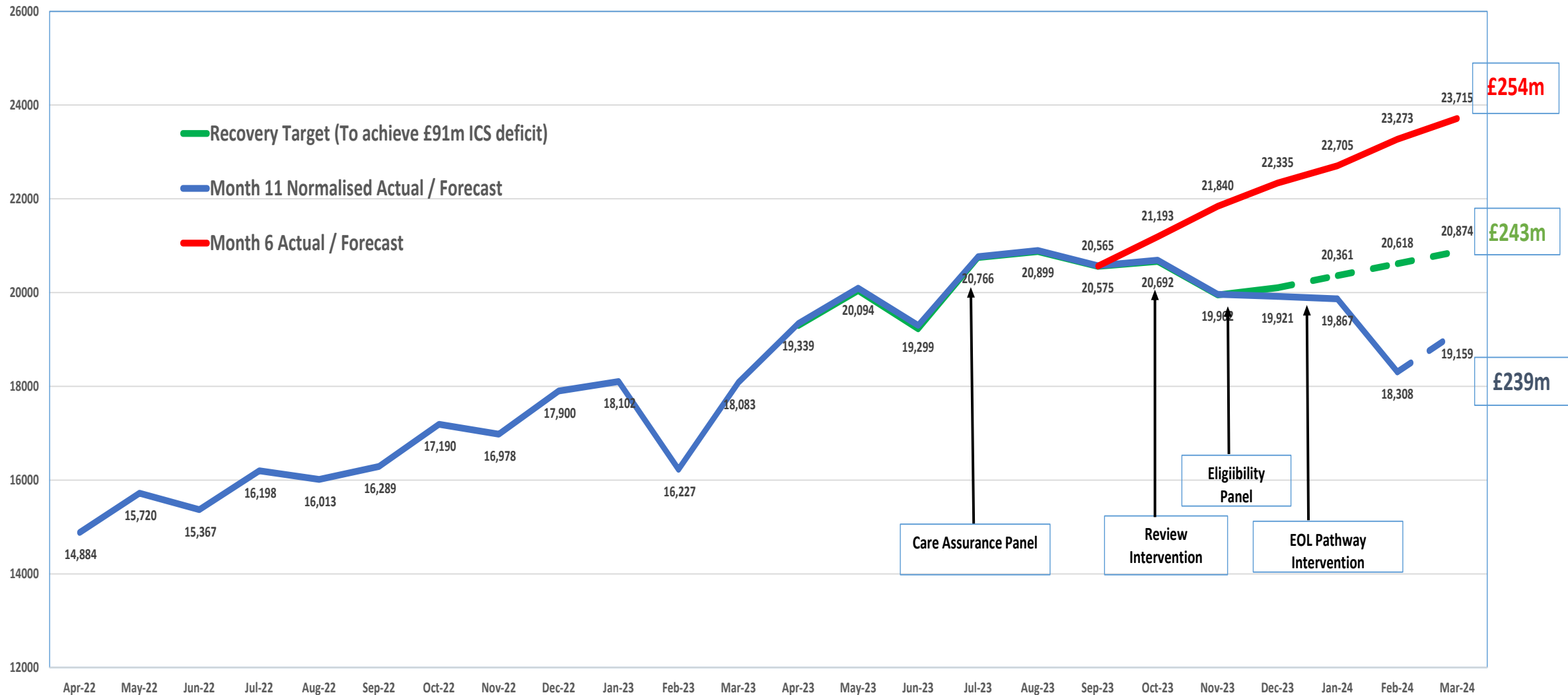
Potential LA impact as well as self funders

Transferred to PCC Dec– EOL Ave LOS 7 days

Saved c£2.9m in 2023/24- potential £8.5m FYE

Financial Trajectory 2022/23 & 2023/24

CHC Expenditure Run-Rate Trajectory 2022/23 to 2023/24



Savings 2023/24 – Plan 2024/25

Opportunity Theme	Original Target	Workstreams	Key Metrics / Indicators of Success	Comments	Latest Projections	
					2023/24	2024/25
	£'000				£'000	£'000
Future Growth Avoided	20,000	Inflation Avoided	Price awards to market less than planned	<p>Funded at 5.3% -4% allocated to the market. Pushback from small number of providers, plus Staffs LA allocated higher rates. Risk for 2024/25 (see Market Management below)</p> <p>Impact of the Care Assurance panel - average cost reduction of c8%</p> <p>1:1's complete, admin work due for completion by Q3 - awaiting confirmation from CSU all in position</p> <p>CSU annual reviews, undertaken since new tier structure introduced. Not added to ADAM or communicated with Providers. CSU wants brought to panel. May need further review</p>	1,406	1,406
		New care packages avoided	AVG weekly unit cost reduces		14,934	27,129
		Liaison Invoice Validation	AVG weekly unit cost reduces		1,912	770
		Post Review	AVG weekly unit cost reduces		990	1,442
					19,242	30,747
One to One Packages	14,000	1:1 Top Ten Care Homes	AVG weekly unit cost reduces	<p>222 reviews undertaken - October 2023 to Feb 2024</p> <p>63 Expansion in remaining reviews - March 2024</p> <p>Awaiting profiling of remaining review population & delivery plan</p>	2,929	8,555
		Remainder of 1:1 Care Home Reviews	AVG weekly unit cost reduces		51	2,434
		Other 1:1 reviews	AVG weekly unit cost reduces		TBC	TBC
					2,980	10,989
Fast Track	6,000	Fast Track - EOL Pathway	AVG weekly unit cost in this co-hort reduces / Reduced LoS on EOL Pathway / Reduced care weeks	Business case drafted to enhance EOL pathway - reduce care weeks through active case management and re-provision to alternative care more appropriate to changing needs. Requires investment of 8wte and hospice provision to improve discharge flow and prevent EOL in hospital setting whilst awaiting care bed.	152	284
Review Expansion Programme	44,000	High Cost Patients - Review Programme	AVG weekly unit cost in this co-hort reduces	Awaiting profiling of remaining review population & delivery plan. More complex than 1:1 reviews.	TBC	TBC
Number of CHC Patients	25,000	Eligibility	Eligibility conversion rate reduces / New admissions reduces / care weeks reduce	Savings based upon 25% reduction in current eligibility rate of new referrals (22.5% from 30%). Equates to re-provision of around 25% of care weeks currently provided per annum on the pathway at 28% per week less cost. Ambitious with demography and market forces	420	2,525
	109,000				22,794	44,545

Underlying position - Change in Average Weekly Cost/Cohort

CHC Activity & Unit Cost								
	Activity				Avg Weekly Cost £			
	Jun-23	Feb-24	Change	%	Jun-23	Feb-24	Change	%
Learning Disability	602	628	26	4%	826	968	142	17%
Mental Health	440	446	6	1%	3,269	3,169	(100)	-3%
Fast Track & EOL	541	627	86	16%	1,124	1,126	2	0%
Physical Disability	464	504	40	9%	2,510	2,502	(8)	0%
Children	46	59	13	28%	2,931	2,427	(504)	-17%
Total	2,093	2,264	171	8%	1,793	1,841	48	3%

86% of the 2023/24 savings were delivered by ICB led schemes. This underlines the potential impact for the Provider Collaborative to make future savings as the workstreams expand.

2024/25 schemes & Developments

- Expand 1:1 cohorts

- High Cost Patient Reviews

- PHB Policy - Equality and Clawbacks

- Market Management - Continue working with Providers & move to aligning inflationary and pricing structure

Use of Power BI for data sharing

Service Specification redesign / allocation

Learning, Culture and moving forward

- Understand the Data
- Data Sharing (DPIA/ DPAC)
- Clear lines of reporting
- Share Knowledge
- Increased scrutiny - detailed reporting still developing
- One version of the truth
- Benchmarking data is inconsistent but highlighted potential



Culture

- Be clear about the Why
- Strong leadership- empowerment
- Engagement
- Consistent
- Be Curious
- Accept the backwards steps for longer term gains
- Assume nothing

Gains

- Increased financial Grip and Control (eg Provider Query log, improved costings)
- Improved Governance
- Less volatility (retro claims and accruals)
- Collaborative teams (Clinical and Finance)
- Still more opportunity

Patient Story

Claire Underwood
Director of Nursing





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I would like you to think of the most important person to you in the world.

Now imagine that the care and story I describe regarding Mr S is about your loved one.





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I would like you to think of the most important person to you in the world.

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Patient Story Mr S

- 74-year-old man, his wife has mental health issues and detained under section 3 of the mental health act. Prior to his hospital admission in Feb 2023, lived in his own home, independent with activities of daily living but evidence to indicate self-neglect. He was supported by LA 4 care calls daily. Community care workers contacted social care frequently as Mr S expressed he wished to end his life.
- Mr S has a diagnosis of dementia with behavioural and psychological symptoms. Past medical history of anxiety, depression and alcohol excess. Admitted to Royal Stoke University Hospital (RSUH), via 999, due to fall with possible head injury and self-neglect. Mr S presented confused and was unable to recall how he had fell, he denied any headache, chest pain, abdominal and any other symptoms. A CT head scan was undertaken which did not indicate any acute pathology. He was admitted to an acute ward.
- A mental health liaison team referral was made due to physical and mental health decline. The MHLT discussed Mr S's presentation, identified the risk of him returning home, and agreed he would benefit from a period of assessment in a discharge to assess bed.
- During D2A stay ambulance called due to shortness of breath and cough. Administered nebulisers, which improved oxygen saturations, taken to Emergency Department. Admitted to Royal Stoke University Hospital (RSUH), commenced on intra venous antibiotics to treat ? community acquired pneumonia. During admission presented with aggressive behaviours and was wandering the hospital ward. Referral was made to the mental health liaison team (MHLT). However, referral was closed as he had been previously seen by service on the 20.01.2023.
- Discharged to a new D2A provider for assessment of his ongoing care needs. Care home initiated 2:1, 24 hour care due to challenging and unpredictable behaviours.



Events Mr S

- **Clinical psychologist March 2023**

“The key to reducing the risk of harm is looking out for early warning signs, potential triggers and using redirection will help with this. Equally, understanding who Mr S is as a person, ‘how he ticks’ and using this to help keep him calmer and to engage him positively will also help. It is vital to consider this when helping S in the future.

A challenging behaviour unit would likely be best placed to manage S’s presentation and best support him, a low stimulus environment with a more ‘open’ feel would best suit S and would reduce the impact of the environment on his presentation. He has often talked about feeling ‘unsafe’ and like he is ‘locked up’, so environments that create this feeling in him (confined, dark, narrow) are likely to be triggering for him. Where possible helpful to avoid these”

- **CHC checklist (14.3.23 4 weeks after 2nd admission)**

A capacity assessment was undertaken prior to completion of the checklist assessment, which concluded that Mr S lacks capacity to consent and participate in discussions regarding his ongoing care needs, discharge planning and discharge destination. DST completed with recommendation of eligibility of Continuing Healthcare (CHC).

Funding then flipped to CHC in D2A bed – (£10k per week)

- **Face to Face Review 14/08/23**

Environment: Patient sat in small lounge area, very busy, numerous patients receiving 1-1 care, corridors tight and limited space to mobilise/pace. No personal comforts in room and chaotic.

Clinical presentation: Described as needing 2:1 as requires a male and a female

Limited evidence of escalation of behaviours requiring 2-1.

Limited evidence of use of medication if behaviour escalates.

No apparent medical review. Concern re least restrictive care and proportionate approach. Concern re advocacy.

Patient Story Mr S

- Mid August 2023 Mr S moved to a new care home initially on 2-1 care, within 1 week this was stepped down to 1-1 and within 1 month this was reduced to 12 hours 1-1. By 10 weeks the 1-1 care was removed with only a level of enhanced care that supports concern or escalation as indicated. This has been maintained since.
- Mr S is now able to walk around the home unaided, he has gained weight, he smiles more and interacts and engages in activities in his home.



To	From	No of days	No of Weeks	Weekly Rate £	Total Cost £
14/03/2023	12/08/2023	152	22	9,790	212,593
13/08/2023	19/11/2023	99	14	7,255	102,606
20/11/2023	27/11/2023	8	1	3,500	4,000
Total from admission to date		259			319,200
If Mr S had been on the correct level of care from the DST					
14/03/2023	27/11/2023	259	37	3,500	129,500
Net difference in financial cost					189,700

**Would the care and treatment of Mr
S have been good enough
for your loved one?**

**Did we make best use of tax payers
money?**

