

2023/24 CHC Workstream Autumn 2023 Final Output Report

March 2024

Executive Overview findings and Conclusions

- The heat map (slide 5) shows Coventry & Warwickshire ICB and Lincolnshire ICB featuring as good in several of the workstreams while Shropshire and Staffordshire are the bottom 2
- Other ICBs have both good and poor qualities.
- D2A findings show a link between discharge and high CHC spending
- Market Engagement shows opportunities for both Health and LA joint working with the care sector as well as pan ICB work on market management
- A wide range of 1:1 care packages and costs
- Offering choice does not seem to impact on expenditure
- The Personal Health Budget workstream needs to finish as is currently incomplete
- The high cost packages analysis shows several ICBs are making a positive improvement in this area
- Eligibility and Fast Track analysis shows a link with poor quality and higher expenditure.

Region SRO plan:

- (a) Focussed performance meetings (monthly)
- (b) Agile support meetings (fortnightly)
- (c) Programmed development meetings (tbc)

Workstream and Leads

	CHC Workstream	Lead
1	Local Authority working relationship/Joint Fund uplifts	Tim Gallimore (Nottinghamshire)
2	D2A Pathway	Steve Perks and Rafael (NHSE)
3	Market Engagement Control and Support	Kam Dhaliwal (Birmingham and Solihull)
4	1-1 Cost Benefit Analysis <i>later expanded to include:</i> Local Authority engagement and Benchmarking	Beth Parkes (Herefordshire and Worcestershire) and: Colleagues from ADASS
5	Choice Policy for enhanced care including highest costed packages	Victoria Hundleby (Lincolnshire)
	Commissioning Support Unit set up <i>Subsequently decided to stand down</i>	Pam Rogers (Staffordshire and Stoke on Trent)
6	Personal Health Budgets <i>expanded to link with:</i> Regional NHSE team	Sandeep Lider (Coventry and Warwickshire)
7	Regional Benchmarking <i>subsequently merged with:</i> Data comparison of prices agreed and paid	Steve Perks and Rafael (NHSE) and: Stephanie Featherstone (Shropshire Telford and Wrekin)



Workstream Summary Outputs

Workstream Heat Map

Continuing Healthcare - Workstream Summaries

Organisation	Discharge to Assess	Care Home Rates	1:1 Care	Choice Policy	High Cost Cases	Spend per 50k population	Fast Track	Total CHC Eligible
Birmingham and Solihull ICS	5	10			4	9	9	8
Coventry and Warwickshire ICS	11	11			3	7	10	10
Derby & Derbyshire ICS	5	1	7	2	7	5	4	6
Herefordshire & Worcestershire ICS	5		5	4	2	4	8	4
Leicester, Leicestershire & Rutland ICS	5	9	5	5	1	8	11	11
Lincolnshire ICS	5	5	8	2	8	11	3	3
Northamptonshire ICS	5	2	3	1	9	6	6	9
Nottingham & Nottinghamshire ICS	2	4	5	1	6	3	5	5
Shropshire, Telford & Wrekin ICS	3		3	3	10	2	1	2
Staffordshire and Stoke-on-Trent ICS	1	3	2	1	11	1	7	1
The Black Country ICS	4				5	10	2	7

Workstream 1: LA Working Relationships and Joint Funding Uplifts

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Summary of findings from Nottinghamshire ICB :

Best Practice:

- Having Joint Funding principles in place - ideally signed up to by all partners.
- Clear expectations of partner's roles & responsibilities.
- Agreed methodology for deciding funding split based on unmet health needs.
- Open discussions about uplifts with partnership working where possible & communication about uplifts before they take place – no nasty surprises.

Conclusion:

- Regionally differing levels of joint funding, differing methodologies for deciding joint funding.
- All ICBs who returned data have Joint Funded principles in place, although not all are signed up to by all partners.
- Further exploration of best practice with specific examples to share with working group to inform future policy reviews.
- Disputes between partners still a challenge, lack of national joint funded guidance to fall back on.

November Update – contributing to the financial challenge

- Exploring options for closer joint working to deliver more effective and efficient services.
- Jointly challenge high-cost providers. – Working up a standard Template
- Nottingham & Nottinghamshire in early stages of setting up joint task and finish groups to develop:
 - Joint Commissioning / Joint Framework
 - Aligned fees and fee uplift methodology
 - 1 to 1 – mutual approach
 - Brokerage as a system function





WM-ADASS Analysis of trends in CHC data 2017 – 2023

Introduction

This analysis has been undertaken at the request of Jenny Wood to explore changes in NHS Continuing Health Care (CHC) data in light of continued pressure on access to CHC funding.

Jenny has been contacted by the DHSC CHC Policy Lead to ask if we have examples of areas who feel they are experiencing this issue and if so, what you are seeing in practice (e.g. delayed assessments, more refusals etc), to sit alongside the ‘data picture’. DASSs are asked if they are happy to share this analysis with the national CHC policy lead (who appear to be ‘listening’) as evidence of a shift of cases from the NHS to local authorities, representing an unfunded cost pressure for councils.

Summary

The charts below (slides 9-11) show trends across a number of key CHC metrics over the period from quarter 1 of 2017/18 to Q2 of 2023/24. This document presents data covering the whole West Midlands region (six ICSs).

The period reflects successive NHS restructurings and associated boundary changes, with “systems” having evolved through CCG, STP and ICB governance.

The period includes the whole of the covid pandemic period, with the data showing a short-term reduction in activity before recovery to pre-pandemic levels, usually within two quarters.

Summary of charts showing trend since 1Q 2017/18

1. CHC standard, fast track and Funded Nursing Care eligibility per 50,000 population – trend in ‘newly eligible’ cases per quarter
2. Population and CHC numbers – analysing the correlation between population growth and the number of people in receipt of CHC
3. CHC Referrals completed – trend in demand as measured by CHC referrals completed
4. CHC Assessments completed – trend in fulfilment as measured by number of Standard and Fast Track assessments completed
5. Standard CHC Assessment Conversion Rate – the proportion of Standard CHC assessments that are found to be eligible for CHC funding
6. Standard and Fast Track CHC Referral Conversion rate - the proportion of referrals made that are found to be eligible for CHC funding
7. Number no longer eligible for CQC per quarter – count of cases where eligibility has ceased in each quarter

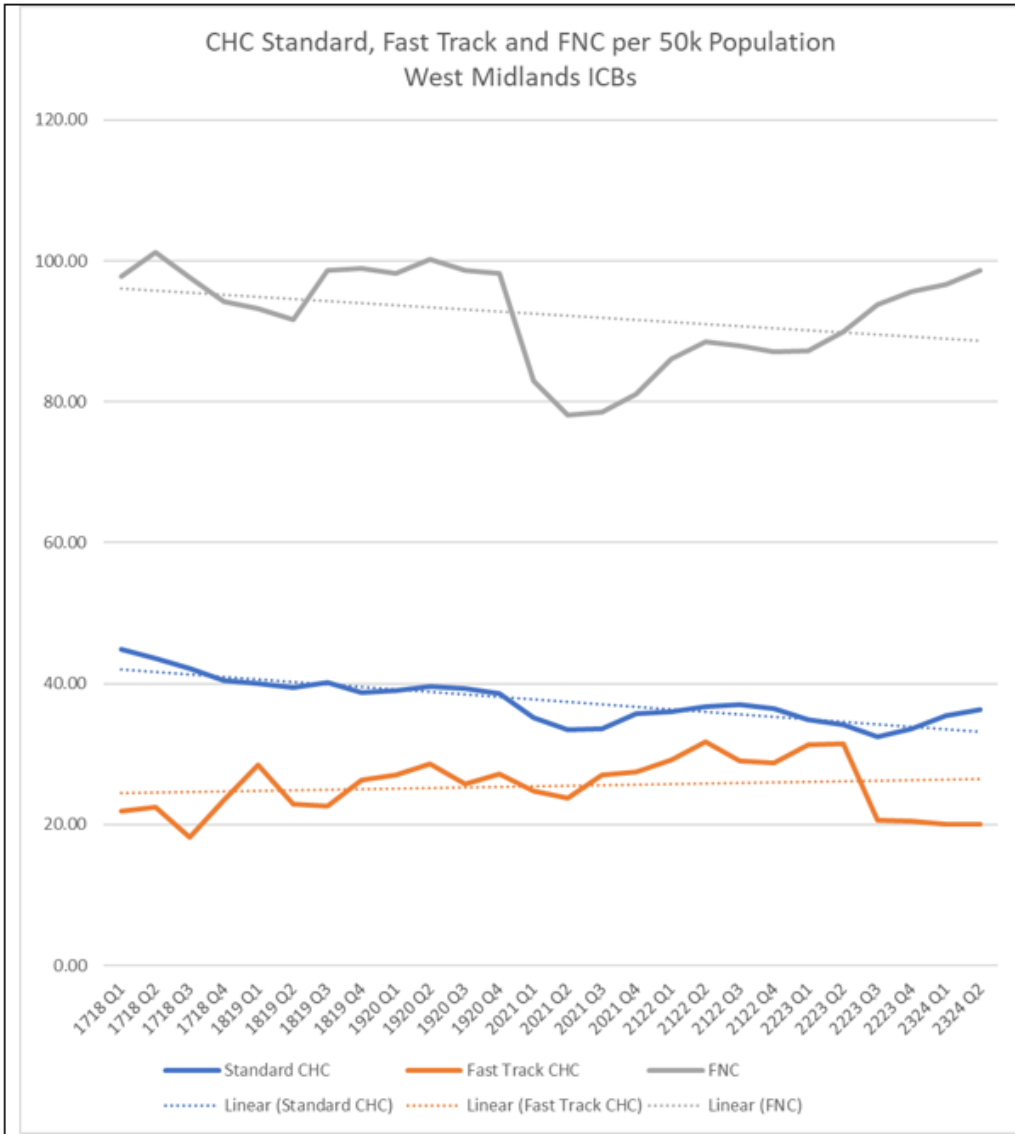
Each chart is accompanied by a short narrative analysis of the data, to give a general sense of change in cases where CHC and FNC funding is applied.

In general this shows eligibility and case numbers to be down, against strong growth in population numbers. Referrals and assessments completed have been broadly consistent throughout the period but the rates of conversion to CHC funded care – particularly for Standard CHC cases – are sharply lower. The number of people previously in receipt of CHC funded care who no longer qualify for funding is increasing, particularly since the covid pandemic.

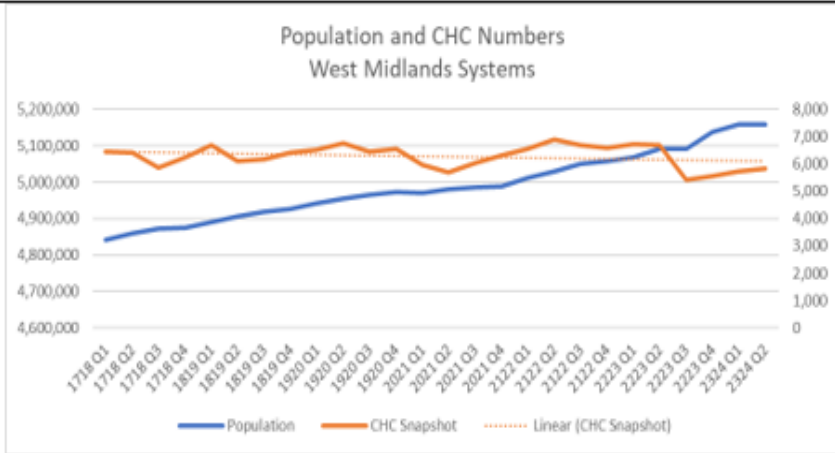
There will clearly be some variation against these measures across the region, with some systems having maintained the number of cases more in line with the rate of population growth.



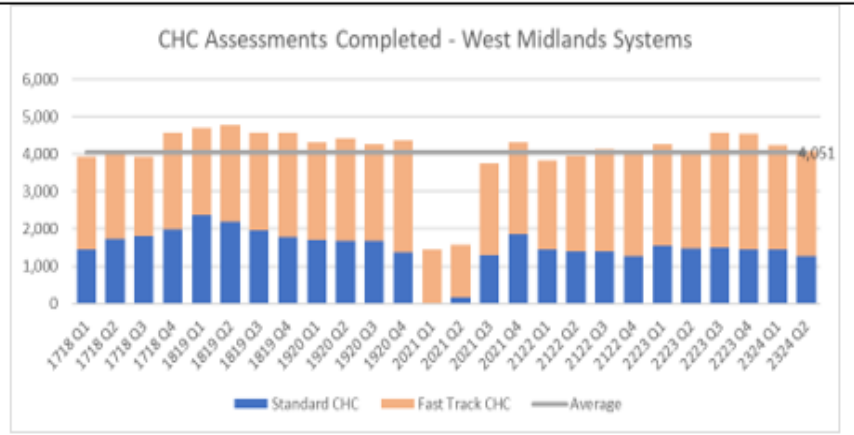
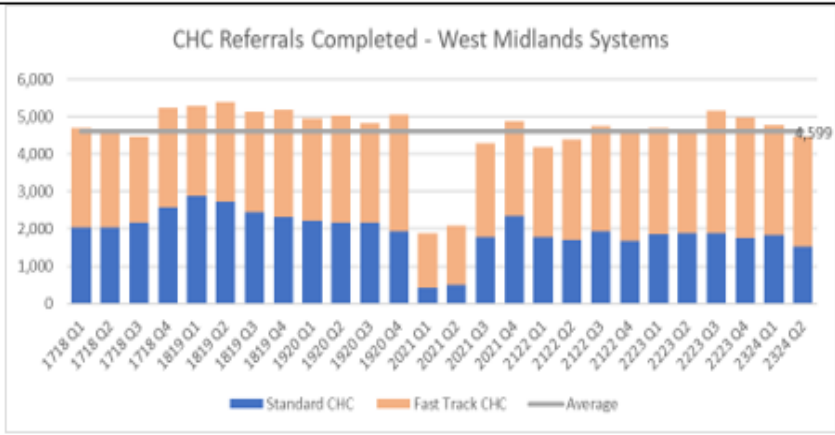
Section 1: Average for all West Midlands Systems



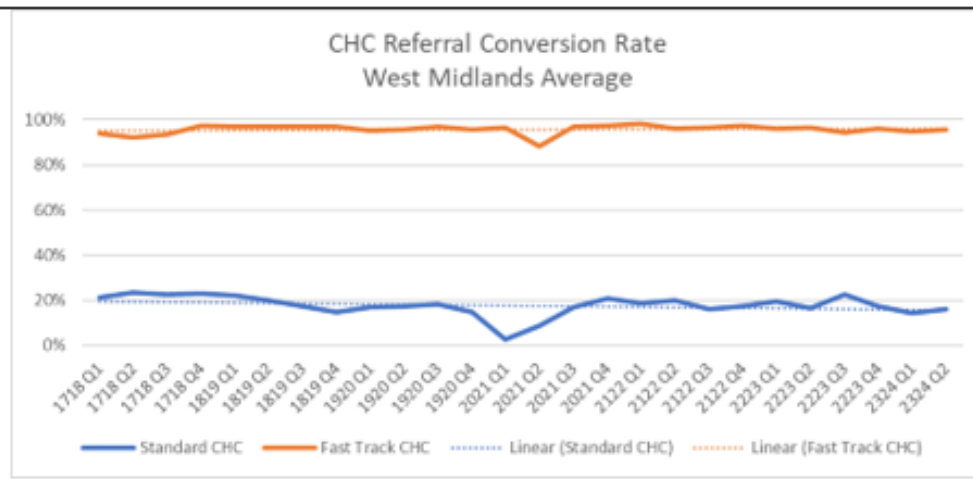
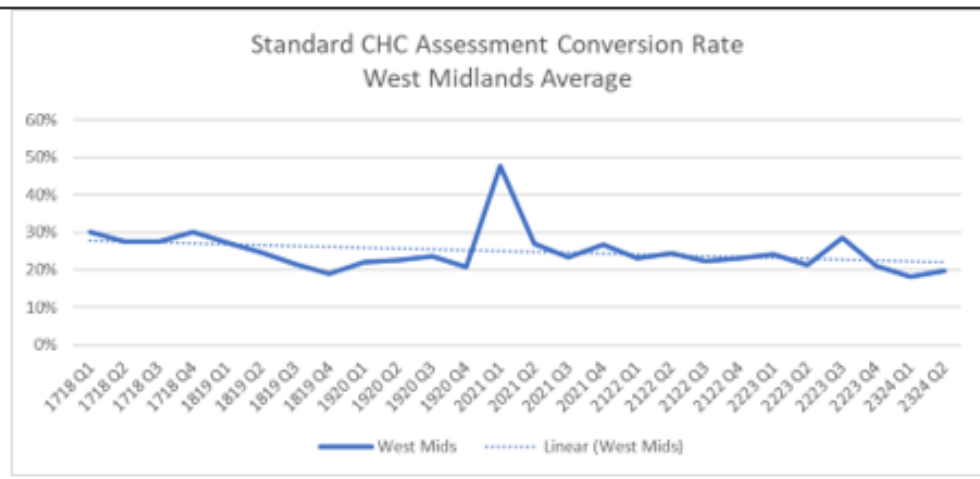
- Eligibility per 50,000 population for Standard (non fast-track) NHS Continuing Health Care (CHC) has been declining steadily and is down c.7.0 per 50k since 2017/18
- Eligibility for Fast Track CHC has increased by c. 1.5 per 50k in the same period
- Eligibility for Funded Nursing Care is on a downward trend, c.5.0 per 50k below the 2017/18 baseline. However, FNC eligibility has been rising since the 2nd quarter of 2020/21
- Eligibility for CHC and FNC is lower across the West Midlands in 2023/24 than in 2017/18
- Variation across the region is highlighted in the System Reports shown in Section 2 of this report.



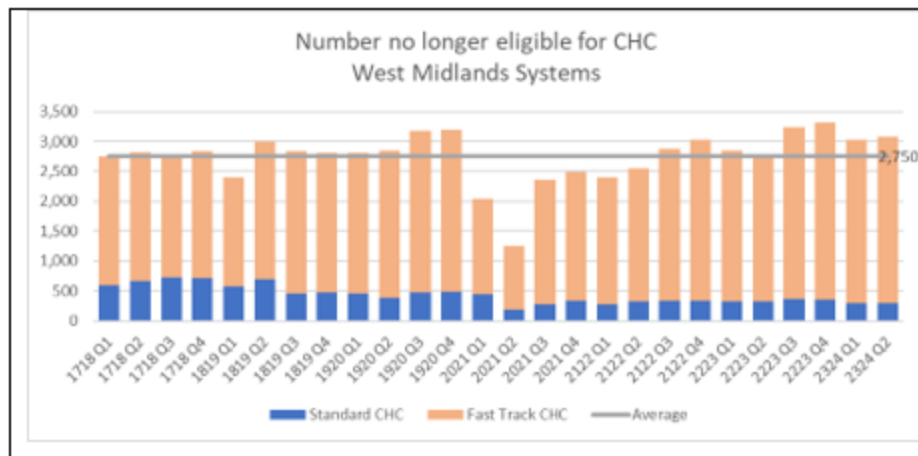
- The West Midlands population has grown steadily from 4.84m in 1Q 17/18, to 5.2m in 2Q23/24
- CHC numbers in the West Midlands (based on quarterly snapshot) are on a slight downward trend.
- There were 648 (10%) fewer CHC cases in the region in 2Q23/24 than in 1Q17/18



- Completed CHC referrals have been fairly consistent, hovering around the 4,599 per quarter average throughout the period
- An average of 4,051 assessments per quarter have been completed in the region – suggesting c.550 referrals per quarter do not progress to assessment.
- The early pandemic period (Q1 – Q2 2020/21) saw completed referrals and assessments fall dramatically. However, numbers had recovered by Q3 2020/21 and have remained around the regional averages since then
- The charts show that more fast-track than standard referrals and assessments are completed, with standard cases showing a marginal downward trend.



- Assessment conversion rate indicates the proportion of assessments that are found to be eligible for CHC.
- Conversion rate for Fast Track cases is consistently at 100% across the region, and is not shown in the Assessment Conversion Rate chart
- Conversion rate for standard assessments is on a downward trend – in 2Q 23/24 the rate was 10% (one third) below the rate in 1Q 17/18
- Referral conversion rate shows the proportion of referrals that are found to be eligible for CHC.
- Referral conversion rate for fast-track cases has been consistently around the average of 96% throughout the period
- Referral conversion rate for standard CHC cases is on a downward trend. In 2Q23/24 the rate was 5% below the baseline.



- The average number of people no longer eligible for CHC in the region is 2,750 per quarter.
- The numbers no longer eligible have exceeded the regional average in each of the last eight quarters.
- There is a slight upward trend in the number of people no longer eligible for CHC, particularly since 2Q 20/21.
- In 2Q 23/24 the number was 326 (12%) above the level seen in 1Q 17/18.

Workstream 2: D2A Pathway - rafael.cicci@nhs.net

- A review was undertaken to determine whether it is the same ICBs with the highest CHC activity measures, financial overspend and numbers discharged against pathway 3.
- Pathway 3 is used for those patients likely to require 24 hour bedded care on an ongoing basis following an assessment of their long-term needs. For some this will include an assessment of CHC, however currently this specific dataset is not collected.
- The ICBs with the highest % of pathway 3 discharges YTD are Staffordshire & Stoke on Trent ICB, Derby and Derbyshire ICB, Shropshire & Telford and Wrekin ICB and the Black Country ICB.
- As of December 2023 (month 9) the Midlands forecast CHC (including children's continuing care) overspend is £80m. Standard CHC is forecast to overspend by £98m. Only two of the eleven Midlands ICBs are forecasting an underspend; Birmingham & Solihull ICB and Coventry & Warwickshire ICB.
- Comparison of the CHC various data indicators did identify some of the same ICBs appearing in the top 4 for the different measures. These are summarised in the table below:

Rank Order	D2A (YTD)	Year end Projected Overspend	Standard CHC assessment Conversion rate	No eligible at the end of the quarter for standard CHC (per 50k population)	No of new referrals for standard CHC (per 50k population)
1	Staffordshire and Stoke on Trent ICB	Staffordshire and Stoke on Trent ICB	Leicester, Leicestershire and Rutland ICB	Staffordshire and Stoke on Trent ICB	Shropshire, Telford and Wrekin ICB
2	Derby and Derbyshire ICB	Nottingham and Nottinghamshire ICB	Staffordshire and Stoke on Trent ICB	Herefordshire and Worcestershire ICB	Nottingham and Nottinghamshire ICB
3	Shropshire, Telford and Wrekin ICB	Shropshire, Telford and Wrekin ICB	Black Country ICB	Nottingham and Nottinghamshire ICB	Staffordshire and Stoke on Trent ICB
4	Black Country ICB	Northamptonshire ICB	Nottingham and Nottinghamshire ICB	Lincolnshire ICB	Birmingham and Solihull ICB

- Out of the top 4 in D2A, only SST ICB is also in the top 4 for the other 4 variables analysed.
- Nottingham and Nottinghamshire ICB is in the top 4 for all 4 variables analysed, however, it is not in the top for D2A.
- There is something in this analysis, however, it is not conclusive as there are limitations to data due to the variances in demographics.

Workstream 2: D2A Pathway



Limitations of data

- There are limitations in analysing the data and being able to draw conclusions. The funded care report is a quarterly CHC data set of aggregate data. It does not drill down into granular data such as source of referral, care packages. In order to do this the patient level data (PDLS) needs to be fully operational.
- The PDLS will cover all aspects of CHC and will collect data from checklist through to assessment, commissioning the package of care and any requests for local resolutions.
- At the moment there are data quality issues with the data submitted quarterly not reconciling with the monthly PLDS returns. Once these are resolved, it will yield a more meaningful data source to analyse at a granular level.

Conclusion

- In conclusion although some of the same ICBs appeared top in D2A P3, financial overspend and CHC indicators, there are limitations with the data and further investigations are recommended before concluding.

Recommendations:

- ICBs to ensure the consistent data quality of the monthly patient level data set. This includes reconciliation with the funded care quarterly reports.
- ICBs to share best practice and knowledge around discharge to assess and interaction with CHC services.

Workstream 2: D2A Pathway Data

- In April 2022 the recording of discharges by Pathway commenced, this data had not been collected prior to this date
- The time series in the table to the right shows that between April 2022 to December 2023 this collection has captured a total of 1.142bn hospital discharges.
- The assumption is that pathways 0 to 2 do not require complex post discharge care. Pathway 3 would require complex post hospital discharge. However there are many examples of complex / high-cost care being delivered in a homecare setting
- Pathway 3 numbers in 2022/23 totalled 19,625. At month 9 of the current year there were 15,374 pathway 3 patients which is a 638 (4%) increase compared to 2022/23 month 9 YTD position. With the largest growth of 9% within P3b - care home existing resident discharged back.
- Conclusion** : Total Pathway 3 discharge numbers are increasing although they are reporting the smallest % growth level. Total CHC eligible case numbers are increasing significantly at 11% YTD.
- There are however data quality issues that need to be addressed to ensure the reported position is

Daily Discharge SitRep Monthly Data: April 2022 - December 2023	Number of Patients Discharged by Pathway					% Split across Pathways			
MIDLANDS SYSTEM TOTAL	P0 Total	P1 Total	P2 Total	P3 Total	Total Discharged	P0 %	P1 %	P2 %	P3 %
	No	No	No	No	No	%	%	%	%
Apr-22	42,525	4,795	1,627	1,469	50,416	84.3%	9.5%	3.2%	2.9%
May-22	43,352	4,672	1,565	1,583	51,172	84.7%	9.1%	3.1%	3.1%
Jun-22	44,763	4,960	1,554	1,679	52,956	84.5%	9.4%	2.9%	3.2%
Jul-22	44,745	5,627	1,637	1,649	53,658	83.4%	10.5%	3.1%	3.1%
Aug-22	44,312	4,766	1,644	1,638	52,360	84.6%	9.1%	3.1%	3.1%
Sep-22	42,874	4,351	1,530	1,668	50,423	85.0%	8.6%	3.0%	3.3%
Oct-22	42,624	4,395	1,685	1,759	50,463	84.5%	8.7%	3.3%	3.5%
Nov-22	46,354	4,484	1,675	1,653	54,166	85.6%	8.3%	3.1%	3.1%
Dec-22	44,355	4,258	1,707	1,638	51,958	85.4%	8.2%	3.3%	3.2%
Jan-23	43,375	5,214	1,979	1,728	52,296	82.9%	10.0%	3.8%	3.3%
Feb-23	41,660	4,628	1,620	1,500	49,408	84.3%	9.4%	3.3%	3.0%
Mar-23	46,558	5,257	1,783	1,661	55,259	84.3%	9.5%	3.2%	3.0%
2022/23 Total	527,497	57,407	20,006	19,625	624,535	84.5%	9.2%	3.2%	3.1%
Apr-23	43,914	4,856	1,603	1,509	51,882	84.6%	9.4%	3.1%	2.9%
May-23	47,037	4,854	1,598	1,596	55,085	85.4%	8.8%	2.9%	2.9%
Jun-23	48,887	5,174	1,712	1,749	57,522	85.0%	9.0%	3.0%	3.0%
Jul-23	49,138	5,263	1,705	1,683	57,789	85.0%	9.1%	3.0%	2.9%
Aug-23	48,441	5,759	1,855	1,846	57,901	83.7%	9.9%	3.2%	3.2%
Sep-23	48,646	5,691	1,901	1,626	57,864	84.1%	9.8%	3.3%	2.8%
Oct-23	50,637	5,801	1,982	1,739	60,159	84.2%	9.6%	3.3%	2.9%
Nov-23	50,135	5,926	2,037	1,781	59,879	83.7%	9.9%	3.4%	3.0%
Dec-23	49,982	5,882	2,102	1,845	59,811	83.6%	9.8%	3.5%	3.1%
2023/24 YTD Total	436,817	49,206	16,495	15,374	517,892	84.3%	9.5%	3.2%	3.0%
2022/23 M1-9 Total	395,904	42,308	14,624	14,736	467,572				
Growth: YTD 2023/24 vs YTD 2022/23 No	(40,913)	(6,898)	(1,871)	(638)	(50,320)				
Growth: YTD 2023/24 vs YTD 2022/23 %	(10%)	(16%)	(13%)	(4%)	(11%)				

Red = year on year growth

Workstream 2: D2A Pathway Data

Discharge Pathway 3: Detailed breakdown

- Pathway three is made up of three categories which includes patients who are potential new care home admissions as well as patients who are existing care home residents. The latter (P3b) make up the majority of this category as can be identified in the table to the right.
- The table below further breaks down the December 2023 data by individual system and it can be identified that Derby and Staffordshire have higher number of patients discharged back to existing care home residences.
- Some systems such as Black country and Shropshire Telford and Wrekin in particular, report more discharges that are new admissions to a care home.

Dec-23	Total number of patients discharged		
MIDLANDS SYSTEM TOTAL	P3a - Care Home (new admission, likely permanent)	P3b - Care Home (existing resident discharged back)	P3c - Designated Setting (isolation before moving to care home as new admission)
Herefordshire and Worcestershire	84	0	16
Birmingham and Solihull	8	0	0
Derby and Derbyshire	63	369	0
Lincolnshire	69	0	20
Leicester, Leicestershire and Rutland	48	156	4
Staffordshire and Stoke on Trent	6	299	0
Shropshire, Telford and Wrekin	119	43	2
Northamptonshire	44	7	0
Nottingham and Nottinghamshire	47	73	0
Black Country	164	45	8
Coventry and Warwickshire	41	110	0
MIDLANDS	693	1,102	50

Daily Discharge SitRep Monthly Data: April 2022 - December 2023	Total number of patients discharged		
MIDLANDS SYSTEM TOTAL	P3a - Care Home (new admission, likely permanent)	P3b - Care Home (existing resident discharged back)	P3c - Designated Setting (isolation before moving to care home as new admission)
	No	No	No
Apr-22	536	879	54
May-22	578	874	131
Jun-22	579	998	102
Jul-22	576	937	136
Aug-22	582	918	138
Sep-22	526	1,046	96
Oct-22	551	1,165	43
Nov-22	568	1,049	36
Dec-22	540	1,059	39
Jan-23	639	1,043	46
Feb-23	526	898	76
Mar-23	563	1,024	74
2022/23 Total	6,764	11,890	971

Apr-23	455	1,013	41
May-23	525	1,049	22
Jun-23	574	1,136	39
Jul-23	512	1,116	55
Aug-23	596	1,198	52
Sep-23	510	1,074	42
Oct-23	616	1,044	79
Nov-23	666	1,038	77
Dec-23	693	1,102	50
2023/24 YTD Total	5,147	9,770	457

2022/23 M1-9 Total	5,036	8,925	775
Growth: YTD 2023/24 vs YTD 2022/23 No	(111)	(845)	318
Growth: YTD 2023/24 vs YTD 2022/23 %	(2%)	(9%)	41%

Red = year on year growth

% Split across P3 Pathway		
P3a - Care Home (new admission, likely permanent)	P3b - Care Home (existing resident discharged back)	P3c - Designated Setting (isolation before moving to care home as new admission)
%	%	%
36.5%	59.8%	3.7%
36.5%	55.2%	8.3%
34.5%	59.4%	6.1%
34.9%	56.8%	8.2%
35.5%	56.0%	8.4%
31.5%	62.7%	5.8%
31.3%	66.2%	2.4%
34.4%	63.5%	2.2%
33.0%	64.7%	2.4%
37.0%	60.4%	2.7%
35.1%	59.9%	5.1%
33.9%	61.6%	4.5%
34.5%	60.6%	4.9%

30.2%	67.1%	2.7%
32.9%	65.7%	1.4%
32.8%	65.0%	2.2%
30.4%	66.3%	3.3%
32.3%	64.9%	2.8%
31.4%	66.1%	2.6%
35.4%	60.0%	4.5%
37.4%	58.3%	4.3%
37.6%	59.7%	2.7%
33.5%	63.5%	3.0%

Workstream 2: D2A Pathway System Data

- System reported position, as at December 2023.
- There appear to be data quality issues within the discharge data set i.e. Birmingham and Solihull are reporting the lowest number of discharges in the Midlands, therefore indicating the systems reported number of discharges is significantly understated.
- Derbyshire's activity includes transfers to and from Care Homes for Non CHC conditions so is misleading.
- The overall rankings below are based on all the data reviewed in this section and are not purely based on P3 discharge rates.

Dec-23	Number of Patients Discharged by Pathway					% Split across Pathways				P3 Total No Discharged per 50k Population	Overall D2A Ranking
MIDLANDS SYSTEM TOTAL	P0 Total	P1 Total	P2 Total	P3 Total	Total Discharged	P0 %	P1 %	P2 %	P3 %		
Herefordshire and Worcestershire	4,997	385	133	100	5,615	89.0%	6.9%	2.4%	1.8%	7.5	5
Birmingham and Solihull	1,447	520	223	8	2,198	65.8%	23.7%	10.1%	0.4%	0.3	5
Derby and Derbyshire	6,817	331	229	432	7,809	87.3%	4.2%	2.9%	5.5%	23.8	5
Lincolnshire	3,059	433	57	89	3,638	84.1%	11.9%	1.6%	2.4%	6.7	5
Leicester, Leicestershire and Rutland	6,655	420	361	208	7,644	87.1%	5.5%	4.7%	2.7%	10.8	5
Staffordshire and Stoke on Trent	3,377	908	153	305	4,743	71.2%	19.1%	3.2%	6.4%	16.0	1
Shropshire, Telford and Wrekin	2,707	234	194	164	3,299	82.1%	7.1%	5.9%	5.0%	19.3	3
Northamptonshire	3,553	159	112	51	3,875	91.7%	4.1%	2.9%	1.3%	3.9	5
Nottingham and Nottinghamshire	7,140	965	254	120	8,479	84.2%	11.4%	3.0%	1.4%	5.9	2
Black Country	5,205	851	156	217	6,429	81.0%	13.2%	2.4%	3.4%	10.7	4
Coventry and Warwickshire	5,025	676	157	151	6,009	83.6%	11.2%	2.6%	2.5%	8.7	11
MIDLANDS	49,982	5,882	2,029	1,845	59,738	83.7%	9.8%	3.4%	3.1%		

Workstream 3: Market Engagement. Control and Support kam.dhaliwal@nhs.net

Weekly rates or otherwise stated		CARE HOME			RESIDENTIAL			DOM / HOME CARE			Ranking
		Standard	Enhanced	Complex	Standard	Enhanced	Complex	Standard	Enhanced	Complex	
Birmingham and Solihull ICB					£628.40	£704.75	£857.45				10
Derby and Derbyshire ICB	On AQP Framework	£1,115.07						£19.85 ph	£22.82 ph		1
	Off AQP Framework	Spot purchase through CSU brokerage									
Lincolnshire ICB	On AQP Framework	£1,042.02	£1,072.55 Fast Track	Calculated and brokered as required	£865.20	£894.29 Fast Track	Calculated and brokered as required				5
	Off AQP Framework	£932.95	£772.68 Fast Track	Calculated and brokered as required	£772.68	£799.21 Fast Track					
	Other							£22.18ph urban; £23.73ph rural; £26.62ph isolated			
Leicester, Leicestershire and Rutland ICB		Band A £785	Band B £942	Band C1 - C3 £862 - £1,038	Band A £627	Band B £765	Band C1 - C3 £705 - £887	City Zone £18.67ph County Zone £19.22ph Rutland Zone £20.50ph		City Zone £19.57ph County Zone £20.14ph Rutland Zone £20.50ph	9
Staffordshire and Stoke on Trent ICB		£1,095.12	Standard plus 1:1 can be provided at £20/hour for a maximum of 20 hours as 4 hours is included in the bed rate	Enhanced care at £20/hour - worth noting that all cases over the tier zero bed rate are brought to one of the daily Care Assurance panels.				Core CHC home care rate will be £21.80ph; in line with rates implemented by both Staffs CC and SoT CC.	There will be an enhanced rate of £22.46ph for packages in rural/hard to reach locations	End of life/ fast track/ complex CHC packages set at £22.46ph. A nurse-led/ TDDI agency package will be set at a rate of £25.00ph	3
Northamptonshire ICB	On AQP Framework	£1,108.00	£1,274.00	£1,773.00							2
Nottingham and Nottinghamshire ICB	Contracted Homes	£1,008 Band A; £1,100 Band B; £1,303 Band C		Negotiated individually with contracted homes as Band D				£18.75 ph plus additional payment (£1.50 - £3.00 ph) for rurality		£21.56 ph plus additional payment (£1.50 - £3.00 ph) for rurality	4
	Non Contracted Homes			Spot purchased; majority £1k-£2.5k pw base fee (can cost							
	Additional 1:1 care	Maximum of £15.54 ph; hrs commissioned pw range between 12-225 with an average of 84									
	Notts County Council LA Rates	Excluding Dementia Quality by Care Home Band: Band 2 £717 pw; Band 3 £754 pw; Band 4 £771 pw; Band 5 £794 pw			Excluding Dementia Quality by Care Home Band: Band 2 £640 pw; Band 3 £680 pw; Band 4 £695 pw; Band 5 £716 pw						
	Notts City Council LA Rates	Including Dementia Quality by Care Home Band:			Including Dementia Quality by Care Home Band:			£653.81 Standard Rate			
Coventry and Warwickshire		£368.77	£796.95	£1,249.76	£368.77						11

Market Engagement shows opportunities for both Health and LA joint working with the care sector as well as pan ICB work on market management

Workstream 4: 1:1 Care Analysis- bethany.parkes@nhs.net

Cost benefit data summary, as at 2023/24 month 4.

Organisation	Number of Open 1-1 Packages	Forecast Spend (£'000s)	Financial Impact of Changes (£'000s)	Average cost per package per week	Number of Providers	Hourly Rate (average)	Policy in Place	How is package agreed	Are Rota's time sheets needed for payment	Rank of Average Cost per package per week	Number of Open 1-1 Packages per 50k population	Rank: Number of Open 1-1 Packages per 50k population	Overall Rank
Birmingham and Solihull ICS													
Coventry and Warwickshire ICS													
Derby & Derbyshire ICS	52	£5,007	Changes actioned	£1,365	44	£21	Yes	Clinical Justification	Only for continuation of 1:1	6	2.9	7	7
Herefordshire & Worcestershire ICS	69	£4,784	£962	£1,481	66	£21	Draft	Clinical Justification	Not unless concerns	5	5.1	4	5
Leicester, Leicestershire & Rutland ICS	90	£6,276		£1,700	42	£16	Yes	Clinical Decision	Yes	4	4.7	6	5
Lincolnshire ICS	21	£1,335		£1,337	18	£17	In progress	Clinical Need	If necessary to evidence	7	1.6	8	8
Northamptonshire ICS	68	£1,243		£1,951	17	£18	No	Assessment	Yes	3	5.2	3	3
Nottingham & Nottinghamshire ICS	170	£8,005	£1,000 FOT QIPP	£1,097	70	£16	Yes	Clinical Need	In Policy to be made available on request	8	8.4	2	5
Shropshire, Telford & Wrekin ICS	43	£5,319		£2,675	39	£20	No	Clinical Justification	Not unless concerns	1	5.1	5	3
Staffordshire and Stoke-on-Trent ICS	339	£32,253		£2,665	73	£21				2	17.8	1	2
The Black Country ICS													
Overall Average	106.5	£8,028		1,784	46.125	£19							
Range	21-339	£1,243k - £32,253k	£962k- £1000k	£1,097- £2,675	17-73	£16-£21							

Have asked each ICB for their level of authorisation – they seem to have panels in place to decide CHC requests - do we need NHSE Regional team to agree high cost packages

WS4 1:1 Care Analysis-Overview



Best Practice

Regular package of care reviews

1:1 evidence kept by providers & Audits

Only agreeing 1:1 in line with policy

Separate contract agreements for 1:1s with start and end date

Exploring use of Assistive Tech and OT support

Agree short term, only extend on evidence based reasoning

Work with providers and discharge teams to minimise need on discharge

Challenges

No joined up ICB/LA Policy

Variance in hourly rate charged to providers

Providers refusal to take packages without 1:1 even if no clinical need

Enhanced packages unclear of 1:1 element, difficult to review separately

Poor quality of care notes

Providers serving notice if 1:1s not agreed/reduced or withdrawn

Charged rates higher than agreed

Resources required to review care notes and reviews

Providers continuing to provide when not authorised

Workstream 5: Choice Policy- amy.spick@nhs.net



Summary of findings:

Data was collected from the majority of Midlands systems, and it was identified that:

- Average £800k-£1m per package per annum for the Highest Cost Package for each ICB.
- The Top Ten Costed packages average equates to a total cost of circa £57m for the Midlands Region.

Quick wins:

- Replicate an existing Choice policy from another ICB. Adapt for own ICB
- High cost panel to be in place in each ICB.
- Review of Top Ten packages including multiple teams.

Further work to resolve:

- Agree a Regional Choice Policy for all ICBs supported by NHS England
- Choice or Commissioning Policy to specify the limit the ICB can agree for each package type.
- Understand the trends of both types of patients and providers which appear in the Top Ten for each ICB, e.g., Children, Homecare packages.
- Strategic view of commissioning the high complex packages differently.
- Plan to avoid High Cost providers.

Risks to success

- Exceptions which are agreed.
- Market availability.
- Co-ordinating the approach across multiple teams.

WS5 Choice Policy: Data collection

Organisation	Highest Cost Package per annum £k	Top Ten Costed patients Minimum cost per annum £k	Total Cost of Top Ten Costed packages £k	Type of Package in Top Ten	Choice Policy exists already and date of last review	Choice Policy exists and includes a cost limit for packages	Providers not used due to cost - informally	Providers not used due to cost - formally using a policy	Best Practice Example	Other challenges	Highest cost package rank 1-High	Total Cost of Top Ten Rank 1-High	M9 CHC YTD Spend per 50K Population Rank 1-High	Overall Rank	Choice Policy in Place?
BIRMINGHAM AND SOLIHULL ICS															
COVENTRY AND WARWICKSHIRE ICS															
HEREFORDSHIRE AND WORCESTERSHIRE ICS	892	All over £300k per annum	4,284	Majority Learning Disability - supported living and complex physical disability (historic)	No	Choice and Resource Policy. Maximum 10% allowance for care to be provided with the patients own home over the cost of a registered care setting	ICB has responsibility to meet assessed needs-tend not to use Thornbury save in exceptional circumstances and for short term options only.	We do not currently have a framework and so all providers are spot purchased	1:1 review team 6 week FR triage Embedding finance and CHC contracting Complex Case Panel to agree high cost packages based on exceptionality	Change years of custom and practice (S75 agreements, joint funding panels) historic decisions, demography (older age adults). Lack of specialist LD providers. Rural areas make it difficult for providers to recruit and retain staff.	3	5	4	12	No
DERBY AND DERBYSHIRE ICS	501	All over £300k per annum	4,023	Majority are younger adults fully funded and PHB Care in own home	Whilst we do not have choice policy Choice is reflected in our Continuing Healthcare for adults Commissioning Policy which is available on our website - due for review in Nov 23	Policy does include guidance on cost consideration if cost of choice of place of care or provision exceeds a specific % above what it would cost to provide care in an alternative setting/way.	Thornbury	No	We have a panel where high risk/high cost care packages/placement are considered using the policy to support decision making. The ICB has an AQP framework for both Nursing Homes and Home Care - these are our preferred providers with costs agreed as part of joining the framework		8	7	5	20	No (but included in commissioning policy)
LEICESTER, LEICESTERSHIRE AND RUTLAND ICS	854	All over £400k per annum	5,286	Majority DOM care (LD) packages	Yes	Max 25% allowance for case to be provided in SU's own home	No	No	High Cost Panel to agree packages over £75k / year Ensuring all reviews are up to date.		4	4	7	15	Yes
LINCOLNSHIRE ICS	621	All over £300k per annum	4,200	Majority home care or Children	No	N/A	Try to avoid using Thornbury	N/A			6	6	8	20	No
NORTHAMPTONSHIRE ICS	527	All over £340k per annum	3,904	Learning disability	Yes reviewed in Jan 2023	No cost limit	yes use framework where possible	No			7	8	6	21	Yes
NOTTINGHAM AND NOTTINGHAMSHIRE ICS	1,300	All over £478k per annum	7,100	4 LD, 3 Children, 3 Physical Disability	We have a commissioning policy	this is what our policy says: The ICB does not routinely fund cases where the provision of care at home is significantly more expensive than the cost for care that meets assessed needs for that individual in a care home setting	Try to avoid using Thornbury and Med-Gen	N/A			1	1	3	5	No (but reference commissioning policy)
SHROPSHIRE, TELFORD AND WREKIN ICS	821	All over £250k per annum	6,050	Majority home care packages and childrens	Not currently but we are looking at this as part of our financial recovery plan.	We have an unofficial discrepancy of about 25% again to be reviewed as part of the recovery plan.	Try to avoid using Thornbury and Pulse	N/A		Market stability	5	3	2	10	No
STAFFORDSHIRE AND STOKE-ON-TRENT ICS	911	All over £530k per annum	6,327	All either CHC adult, PHB Adult or Childrens	Yes policy going live from 2nd October 2023	no cost limit	No - although we try to avoid Thornbury and Pulse	None	Care Assurance Panel for all cases requiring 1:1 or enhanced levels of need.		2	2	1	5	Yes
THE BLACK COUNTRY ICS															
MIDLANDS TOTAL	6,427		41,174						High Cost Panels Commissioning or Choice Policy	Exceptions which are agreed Markey availability					
Midlands Average Cost per Package	803		5,147												

Conclusion: Having a Choice Policy in place does not appear to have a direct correlation with spending more money.

Workstream 6: Personal Health Budgets jenny.murphy1@nhs.net

- A template to support data collection was developed and sent out to Systems for completion. The example template is reflected below:

Area	Cumulative Number of PHB Cases 1/4/2023 to 30/09/2023	Open Cases as at 30/09/2023	Highest, Lowest and Average Weekly Cost of PHB	Do you use prepayment Cards	Monitoring of PHB Balances	Managed Account Providers Used	Third Party Providers Used	Training Providers Used	Decision Making	PHB Policy & date last reviewed	How do you ensure PHB represents value for money against a traditionally sourced package	Do you use average PA rates, if so what are they? How do you ensure PHB rates are competitive	Has any work been completed re savings from PHB. does it cost less than sourcing non PHB POC	Challenges
Coventry & Warwickshire	Total Cases = 377 of which 122 are DP/MA, 26 are Third Party and 231 are notionals	Total = 244 Notional 121 DP/MA 108 Third party 13	Highest £9,577.34p/w Lowest £70p/w and average £1,327.66	Yes, for all new direct payment PHB's this is the default option. Cards are managed via Prepaid Financial Services. We are also in the process of transferring existing direct payment PHB's to prepayment cards	Undertaken quarterly, surplus of more than 8 weeks PHB monies are recovered.	Rowan Organisation, Penderels Trust, Client appointed Solicitor	Solo Support, Salvare	Heron & Gull, Neil Lee, Online Training Company	PHB panel held weekly. Cases above £1,400 are signed off here. Panel consists of PHB nurse, Clinical Lead, Finance Lead and Contracts Manager	PHB Policy 1/7/2022 Next Review 1/4/2024	Comparison is completed against a traditionally sourced package of care on our frame work and declined of it costs more	Calculate budget using the average of our framework rates & the PHB holder can then determine the rates they wish to pay from this total envelope.	This is not formally recorded at present, although it has been identified as an addition to the PHB process.	Length of time taken for DBS and Training can delay start dates. Missing bank statemnts for monitoring. Lack of choice of third party providers. Some of the requests from family for what the PHB can/cannot be used for. Holidays/flights etc. especially in cases which transfer from social care
Herefordshire & Worcestershire	1112: 67 = DP 13 = TP 1032 = Notional	570: 67 = DP 11 = TP 505 = Notional (13 patients have a combination of DP and NB)	Highest = £14,320.48pw Lowest = £18.72pw Average = £1,970.61pw	Yes	Annual Audits	Rowan, Penderels and Barry Book Keeping	Solo and Home Care Direct	Acute Trust	PHB Clinical Lead, PHB Manager and PHB Nurse panel convene to ensure PHB process has been followed and all documentation is policy compliant. Finances and care plans follow departmental process (e.g. CHC)	Due for review Feb 2024	Comparison is completed against a traditionally sourced package of care to determine indicative budget at the first stage.	All PA rates are calculated using NHS AfC, the tasks required are banded by Clinical Team Leaders to determine which band the PA would be "employed" at within the NHS	Paying PA's using the NHS AfC framework has proven cost effective in some cases.	Length of time taken for DBS and Training can delay start dates. Missing bank statemnts for monitoring. Lack of choice of third party providers. Some of the requests from family for what the PHB can/cannot be used for. Holidays/flights etc. especially in cases which transfer from social care Use of self-employed carers which our ICB doesn't support is also an issue, especially as our LA actively encourages it.

Workstream 6: Personal Health Budgets jenny.murphy1@nhs.net

- A template to support data collection was developed and sent out to Systems for completion. The example template is reflected below:

Area	Cumulative Number of PHB Cases 1/4/2023 to 30/09/2023	Open Cases as at 30/09/2023	Highest, Lowest and Average Weekly Cost of PHB	Do you use prepayment Cards	Monitoring of PHB Balances	Managed Account Providers Used	Third Party Providers Used	Training Providers Used	Decision Making	PHB Policy & date last reviewed	How do you ensure PHB represents value for money against a traditionally sourced package	Do you use average PA rates, if so what are they? How do you ensure PHB rates are competitive	Has any work been completed re savings from PHB. does it cost less than sourcing non PHB POC	Challenges
Lincolnshire	Total Cases = 252 of which 4 are 3rd Party, 117 are DP/MA and 131 are Notionals	Total = 208 of which 1 is 3rd Party, 109 are DP/MA, and 98 are Notionals	Highest = £13,416.48 p/w Lowest = £51.86 p/w	No	Budgets are reviewed at each annual review meeting or as required if needs change. Financial audits are completed based on a risk matrix, at either 9,12 or 18 months. Any surplus in the account of more than 8 weeks is recovered back into the ICB.	PeoplePlus - directly commissioned Penderels via Local Authority	Barchester, Presious Healthcare, Bluebird Care	Skills for Health. Any training that requires a delegated professional to complete sign off will be sourced on an adhoc basis.	Weekly PHB Panel	PHB Policy updated in August 2023 and tabled for approval at October CHC Board	The Indicative budget is calculated against the traditionally sourced package of care. The savings calculated in comparison to the traditional package are detailed in the proforma, this is then signed off by directors.	Pay budgets were reviewed in 2022 and are aligned with the NHS AFC pay scales. An on cost percentage is added to this to allow for national insurance, pension contributions etc. This allows the employer the flexibility to determine what they pay their PA's.	Savings identify where costs are reduced but care requirements are maintained. For savings of a PHB package compared to non-PHB POC, see column L.	Monitoring the PA training, and ensuring delegated responsibilities have been signed off accordingly. Individuals who have previously had local authority funding, when they transfer to health funding there is disparity on how a direct payment can be used. At present we do not allow individuals to use their previous sourced provider, this however is currently under review.
Staffordshire	304	Total = 284 DP/MA PHB = 116 3rd Party PHB = 47 Notional PHB = 121	Highest £12,901.53 Lowest £47.66 Average £3,139.68	No	Quarterly financial reviews, Full annual Audit at the end of quarter 4	Health your Way, The Rowan Organisation, Client appointed Solicitors	Solo, Salvere, LSC, HomeCare Direct	Inovue, LSC, High Class Care	CHC & ICB panel held daily/weekly	01.10.2021 currently under review with the ICB	We use an indicative budget which is calculated based on the service users assessed care needs. We have set pay rates divided into levels of complexity, i.e. non-complex, complex rate 1 and complex rate 2. The indicative budget calculator includes the PA hourly rates and all the associated-on costs with employing their own PA's. Some of the PHB Direct payments/Third parties have a hybrid approach to care where there is a provider and PA's included, and the ICB have introduced a tier payment schedule for homecare providers to promote equity. All final costs go to the ICB for sign off and approval.	PA rates are set by the ICB and are loosely based around NHS band 2 to band 4 however there are no enhancements, B/H are time and a Half, we pay Statutory sick pay and Statutory Mat pay and not enhanced. LA on occasions do have higher rates then health and these have to be honoured on transfer.	This is not formally recorded at present, this has been identified to be an additional to the PHB process.	Lack of engagement of some PHB holders with the Audit process. Inappropriate spends from the PHB monies. Employers knowing and understanding their roles and responsibilities, Lack of Nurse/Clinical oversight providers.

Workstream 7: Regional Benchmarking Steve.perks1@nhs.net

Our most powerful analysis to date.

This has been updated for most systems to December '23 or January '24 to see impact of reviews.

ICB CHC Weekly Case Cost Summary		Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction	
		No of Cases	No of Cases	No of Cases	No	%
Weekly Cost per Case Category:						
< £200		11,286	2,335	2,695		
£201 to £500		2,723	13,698	14,074		
£501 to £1,000		5,050	3,729	3,644		
£1,001 to £2,000		4,159	5,951	5,870		
£2,001 to £3,000		1,164	1,354	1,407	(53)	(3.9%)
£3,001 to £5,000	£250k per year	814	1,159	1,190	(30)	(2.6%)
£5,001 to £10,000	400k per year	264	567	499	68	12.0%
£10,001 to £20,000	£750k per year	16	60	41	19	31.7%
>£20,000	£1m per year	1	7	4	3	42.9%
Midlands Region Total		25,476	28,861	29,423	7	0.0%

The table above shows that, across the 10 ICBs that responded to the data request, progress is being made in terms of reducing the number of high-cost packages over £5k per week. The majority of this reduction is attributable to Staffordshire and Stoke on Trent ICB.

Workstream 7: Regional Benchmarking

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,856	85	272	
£201 to £500	231	2,153	2196	
£501 to £1,000	632	459	402	
£1,001 to £2,000	482	644	680	
£2,001 to £3,000	160	209	219	(10)
£3,001 to £5,000	210	275	279	(4)
£5,001 to £10,000	47	205	145	60
£10,001 to £20,000	4	26	5	21
>£20,000	1	2	0	2
Staffordshire and Stoke on Trent ICS Total	3,623	4,058	4,198	69

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,315	154	146	
£201 to £500	183	1,364	1,453	
£501 to £1,000	295	186	167	
£1,001 to £2,000	462	460	404	
£2,001 to £3,000	85	82	77	5
£3,001 to £5,000	54	71	59	12
£5,001 to £10,000	23	36	32	4
£10,001 to £20,000	2	7	7	0
>£20,000	0	0	0	0
Shropshire and Telford and Wrekin ICS Total	2,419	2,360	2,345	21

Staffordshire & Stoke on Trent ICB has seen the number of high-cost packages, costing over £5k per week, reduce by 83 between July 2023 and December 2023. This is the largest reduction reported by a Midlands system. The gross average full-year cost of these 83 packages would be c£42m. The reduction was however partially offset by increases in lower weekly cost cases.

Shropshire, Telford & Wrekin ICB has seen the number of packages costing over £3k per week reduce by 16 between July 2023 and December 2023.

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	900	128	134	
£201 to £500	187	1,126	1,181	
£501 to £1,000	224	201	179	
£1,001 to £2,000	291	408	422	
£2,001 to £3,000	90	111	116	(5)
£3,001 to £5,000	45	95	95	0
£5,001 to £10,000	24	39	37	2
£10,001 to £20,000	1	2	2	0
>£20,000	0	0	0	0
Northamptonshire ICS Total	1,762	2,110	2,166	(3)

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,287	555	635	
£201 to £500	179	966	1,021	
£501 to £1,000	753	387	410	
£1,001 to £2,000	253	532	533	
£2,001 to £3,000	42	66	70	(4)
£3,001 to £5,000	30	41	48	(7)
£5,001 to £10,000	10	15	14	1
£10,001 to £20,000	1	3	3	0
>£20,000	0	0	0	0
Lincolnshire ICS Total	2,555	2,565	2,734	(10)

Northamptonshire ICB has seen an overall increase in cases between July 2023 and December 2023, although these are within the lower rates. The number of packages between £5k - £10k has reduced by 2 over the same period.

Lincolnshire ICB has seen the number of packages increase by 169 between July 2023 and December 2023, with most of these costing up to £1k per week. The number of packages between £5k - £10k reduced by 1 over the same period.

Workstream 7: Regional Benchmarking

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,664	316	321	
£201 to £500	364	1,580	1,637	
£501 to £1,000	735	411	426	
£1,001 to £2,000	310	662	660	
£2,001 to £3,000	63	84	84	0
£3,001 to £5,000	30	51	50	2
£5,001 to £10,000	5	11	10	1
£10,001 to £20,000			2	(2)
>£20,000			1	(1)
Derby and Derbyshire ICS Total	3,170	3,116	3,190	0

ICB CHC Weekly Case Cost Summary	Apr-21	Mar-22	Dec-23	Mar-22 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,454	1,386	84	
£201 to £500	468	513	2,075	
£501 to £1,000	388	387	314	
£1,001 to £2,000	225	221	286	
£2,001 to £3,000	99	91	88	3
£3,001 to £5,000	83	78	88	(10)
£5,001 to £10,000	31	29	49	(20)
£10,001 to £20,000	1	1	3	(2)
>£20,000	0	0	0	0
Black Country ICS Total	2,749	2,706	2,987	(29)

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	1,404	183	160	
£201 to £500	617	1,636	1,659	
£501 to £1,000	822	520	585	
£1,001 to £2,000	546	1,094	1,074	
£2,001 to £3,000	124	160	151	9
£3,001 to £5,000	63	141	152	(11)
£5,001 to £10,000	18	40	43	(3)
£10,001 to £20,000	2	6	6	0
>£20,000				0
Nottingham and Nottinghamshire ICS Total	3,596	3,780	3,830	(5)

Derby and Derbyshire ICB reported 2 new cases between July 2023 and December 2023, at a weekly rate of £10k-£20k and one package over £20k per week.

Nottingham and Nottinghamshire ICB reported cases costing between £3k-£10k per week increased by 14 between July 2023 and December 2023.

Black Country ICB only provided the breakdown of packages for April 2021, March 2022 and December 2023, which may in part explain the growth in packages between March 2022 and December 2023 compared to other Midlands ICBs. Packages between £5k-£10k and £10k-£20k increased by 20 and 2 respectively.

Workstream 7: Regional Benchmarking

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	58	54	146	
£201 to £500	107	98	111	
£501 to £1,000	373	309	264	
£1,001 to £2,000	510	569	549	
£2,001 to £3,000	130	177	221	(44)
£3,001 to £5,000	56	114	116	(2)
£5,001 to £10,000	17	44	39	5
£10,001 to £20,000	0	5	4	1
>£20,000	0	0	0	0
Birmingham and Solihull ICS Total	1,251	1,370	1,450	(40)

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	74	74	72	
£201 to £500	121	121	114	
£501 to £1,000	283	283	240	
£1,001 to £2,000	372	345	286	
£2,001 to £3,000	110	97	92	5
£3,001 to £5,000	60	95	94	1
£5,001 to £10,000	14	38	36	2
£10,001 to £20,000	0	1	0	1
>£20,000	0	0	1	(1)
Coventry and Warwickshire ICS Total	1,034	1,054	935	8

Birmingham and Solihull ICB saw cases over £5k per week reduce by 6 between July 2023 and December 2023. However, cases between £2k-£3k increased by 44.

Coventry and Warwickshire total number of packages over £2k reduced by 8 over the same period.

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	292	233	260	
£201 to £500	155	1,860	1,936	
£501 to £1,000	271	286	275	
£1,001 to £2,000	451	650	615	
£2,001 to £3,000	87	133	131	2
£3,001 to £5,000	70	74	76	(2)
£5,001 to £10,000	18	26	26	0
£10,001 to £20,000	1	5	4	1
>£20,000	0	2	2	0
Herefordshire and Worcestershire ICS Total	1,345	3,269	3,325	1

ICB CHC Weekly Case Cost Summary	Apr-21	Jul-23	Dec-23	Jul-23 - Dec-23 (Growth) / Reduction in High-Cost Packages
	No of Cases	No of Cases	No of Cases	No of Cases
Weekly Cost per Case Category:				
< £200	982	469	465	
£201 to £500	111	719	691	
£501 to £1,000	274	373	382	
£1,001 to £2,000	257	301	361	
£2,001 to £3,000	174	147	158	(11)
£3,001 to £5,000	113	114	133	(19)
£5,001 to £10,000	57	64	68	(4)
£10,001 to £20,000	4	2	5	(3)
>£20,000	0	3	0	3
Leicester, Leicestershire and Rutland ICS To	1,972	2,192	2,263	(34)

Herefordshire and Worcestershire report the number of high cost cases has remained more or less static between July and December. The April 2021 case data excludes Fee Nursing care.

LLR ICB have a 34 case increase in CHC high-cost care packages between December and July 2023. The positive movement is the removal of all three cases that were previously costing over £20k per week.

Workstream 7: Regional Benchmarking

- A review of comparable YTD spend per 50k population has identified that four Midlands systems have spend levels within the top ten nationally with Staffordshire and Stoke on Trent (£9.4m per 50k population) reporting the highest spend nationally and Shropshire, Telford and Wrekin (£8.6m per £50k population) the second highest.
- Conversely Lincolnshire ICB have the lowest YTD CHC YTD spend nationally at just £3.5m per 50k of population.
- Staffordshire and Stoke on Trent are in the top ten nationally in terms of the numbers eligible at the end of the quarter for total CHC per 50k population however so are Lincolnshire who are reporting the lowest YTD spend nationally per 50k population.

Midlands: ICB CHC Expenditure and Activity National Ranking	FINANCE DATA: YTD				ACTIVITY DATA									
	YTD Actual Expenditure	YTD Expenditure per 50k of population	National Rank - YTD Expenditure per 50k of population	(Above) / Below National Average YTD Expenditure per 50k population	Number eligible at the end of the quarter for Standard CHC (Snapshot) - per 50k	Standard CHC Eligible at end of Quarter-National Rank	Number of new referrals for Standard CHC - per 50k	Number of new referrals - National Rank	Number eligible at the end of the quarter for Fast Track (Snapshot) - per 50k	Fast Track Eligible at end of Quarter-National Rank	Number eligible at the end of the quarter for NHS-funded Nursing Care (FNC)	FNC Eligible at end of Quarter-National Rank	Number eligible at the end of the quarter for total CHC (Snapshot) - per 50k	Total CHC Eligible at end of Quarter-National Rank
	£m	£m	1=High	£m	No	1=High	No	1=High	No	1=High	No	1=High	No	1=High
2023/24: Month 9, Activity Data-Q2														
Herefordshire and Worcestershire	83.8	6.2	7	(1.0)	54.5	4	18.5	16	12.8	29	128.1	5	67.3	7
Birmingham and Solihull	105.5	4.2	35	1.0	37.0	14	19.1	12	10.0	34	83.3	17	47.0	24
Derby and Derbyshire	95.1	5.2	20	0.0	34.0	17	19.1	11	20.9	12	74.4	21	55.0	14
Lincolnshire	46.6	3.5	42	1.7	42.5	7	18.0	19	27.7	4	50.3	31	70.2	6
Leicester, Leicestershire and Rutland	85.1	4.4	32	0.8	29.1	25	12.2	32	9.0	37	28.1	41	38.1	35
Staffordshire and Stoke on Trent	181.2	9.4	1	(4.2)	55.6	3	19.7	10	15.6	24	100.1	13	71.2	4
Shropshire, Telford and Wrekin	73.7	8.6	2	(3.4)	25.7	29	28.5	2	45.1	1	125.3	6	70.7	5
Northamptonshire	66.3	5.0	22	0.2	27.1	27	18.3	17	16.9	21	74.2	22	44.1	27
Nottingham and Nottinghamshire	130.2	6.4	6	(1.2)	44.1	6	21.0	7	19.0	15	66.9	28	63.0	10
Black Country	76.5	3.7	40	1.5	14.9	41	15.2	24	39.8	3	110.1	8	54.7	16
Coventry and Warwickshire	80.9	4.6	29	0.6	30.6	22	14.9	26	9.4	36	69.4	25	40.0	33
MIDLANDS ICB AVERAGE	93.2	5.4		(0.2)	36.0		18.1		19.2		80.4		55.2	
National Average	126	5.2			34.4		16.5		19.0		76.6		53.4	