Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	14 November 2016
Officer	Paul Rennie, NHS Dorset Clinical Commissioning Group
Subject of Report	**Continuing Healthcare**
Executive Summary	'NHS continuing healthcare' (CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery. This report summarises the trends in activity with regard to CHC and sets out the work of the recently established CHC Steering Group.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group.
	Budget: The total budget for Continuing Healthcare for the Clinical Commissioning Group for 2016/17 is £62,045,442.

	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW
	Other Implications:
Recommendation	It is recommended that the Dorset Health Scrutiny Committee note and comment on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 NHS Dorset CCG: Continuing Healthcare Health Scrutiny Report, November 2016 2 Eligibility criteria – Flow chart 3 CHC Steering/Implementation Group Action Plan, August 2016 4 NHS Continuing Healthcare Benchmarking Analysis – CCGs 5 Q1 2013/14 – Historic data for comparison – taken from report to Dorset Health Scrutiny Committee, 19 November 2013
Background Papers	Report to Dorset Health Scrutiny Committee, 19 November 2013 (agenda item 8): Dorset Health Scrutiny Committee - Agenda papers 19 November 2016
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Appendix 1

NHS Dorset Clinical Commissioning Group

Continuing Healthcare

Health Scrutiny Report November 2016



Supporting people in Dorset to lead healthier lives

1. Introduction

1.1 'NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery.

1.2 Individuals who need ongoing care/support may require services arranged by Clinical Commissioning Groups (CCGs) and/or Local Authorities (Las). CCGs and LAs therefore have a responsibility to ensure that the assessment of eligibility for care/support and its provision takes place in a timely and consistent manner. If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly commissioning services or by part-funding the package of support.

1.3 Assessments of eligibility for NHS continuing healthcare should be organised so that the individual being assessed and their representative understand the process, and receive advice and information that will maximise their ability to participate in informed decision-making about their future care. Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike.

1.4 The National Framework (revised November 2012) sets out the principles and process for NHS continuing healthcare and NHS-funded nursing care. It reflects the new structures created by the Health and Social Care Act 2012 effective from 1 April 2013.The previous Primary Care Trusts' (PCTs') responsibilities and legal duties in relation to NHS continuing healthcare have, as of the 1 April 2013, transferred to CCGs and, in the case of serving members of the armed forces and their families, or prisoners, to the NHS Commissioning Board.

1.5 In addition the National Framework and supporting documents set out more detailed best practice on decision-making and related issues such as case management, reviews, commissioning and personalization. There are three national tools which all CCGs are required to use in making decisions on eligibility for NHS continuing healthcare.

1.6 These are:

- the Checklist (an initial screening tool);
- the Decision Support Tool (used to consider a person's needs across a set of "domains" to assist in reaching a recommendation on eligibility);
- the Fast Track Pathway Tool, used in situations where an individual requires immediate access to appropriately funded care because they have a rapidly deteriorating condition and may be entering a terminal phase. This tool, when used, replaces the need to use the Checklist and Decision Support Tool.

1.7 The process for consideration for Continuing Health care eligibility is identified in Appendix 2.

1.8 Patients found eligible for NHS continuing healthcare receive funding for health and personal care needs in full regardless of their financial situation either by means of a commissioned package of care or a Personal Health Budget (PHB). However, this does not exclude recipients from full access to mainstream healthcare services and certain elements of social care provision.

1.9 Due to the different funding regimes, in that NHS care is free at the point of delivery and social care is means tested, there are tensions in the system. NHS continuing healthcare can be a litigious area and frequently subject to challenge and appeals against decisions reached. This means that the application of the National Framework in a robust manner by both CCGs and LAs is vital not only to ensure consistency but also to demonstrate equitable application of the Framework across England, which is monitored by NHS England on a quarterly basis.

1.10 Children and Young People's Continuing Care relates to NHS funded care when a child or young person has complex needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. The process is in three phases; referral via a Checklist; a Decision Support Tool (with 10 domains) with recommendation and an Independent Panel to determine eligibility. This differs to adults CHC which has12 domains and an assessment to determine a primary health need. Decision is made by the CCG and not referred to an independent panel. The domains consider the development of the child and when assessing will consider for each care domain is over and above what would be expected for a child or young person of that age. The assessment is evidence based and consideration is given to the preferences of the child or young person's family; a holistic assessment of the needs, reports and risk assessments from the Multi-Disciplinary Team which includes representatives from Education and Social Workers as well as specialists such as Paediatricians and Community Children's nurses. In addition the health needs of other family members and the proposed environment of care is also considered. There is no assessment of a Primary Health need as in the case of Adults CHC.

1.11 A child is likely to have continuing care needs if assessed as having a severe or priority level of need in at least one domain of care, or a high level of need in three domains of care. The whole process should take no longer than 6 weeks. If found eligible a review is carried out at 3 months and then again annually in much the same way as Adults CHC.

1.12 There is also the ability to Fast Track a child who is rapidly deteriorating and may be entering a terminal phase. Commissioning of care will also consider the level of care provided by the family to ensure respite is provided where the family wish to largely provide care for the child or young person. This requires a social care assessment and agreement between the CCG and the Local Authority of the respective contribution towards that respite care.

2 Adults Continuing Healthcare

2.1 Table 1 below shows the financial position for both Adult and Children's continuing healthcare at end of month 5 2016-17 (the total annual budget for CHC is £62,045,442 – not including Funded Nursing Care, for which the budget is £7,960,277).

TABLE 1

	CHC	FNC	Children's CHC
Expenditure to date	£23 881 586	£5 958 142	£ 324 802
Forecast Outturn	£54 669 495	£12 736 857	£ 2 895 577
		£ 4.7 million overspend position due to 40% uplift	

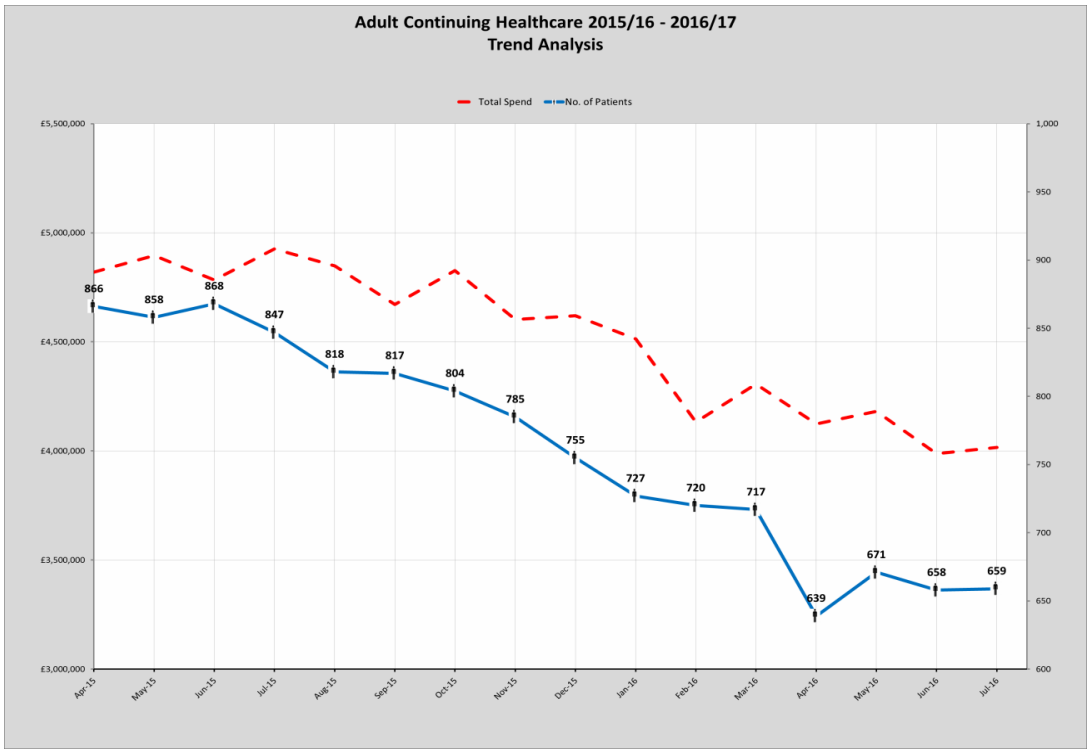
2.2 Table 2 tracks the activity and trend analysis for the previous 15 months. This table has been included to illustrate the work that has been undertaken by the continuing healthcare teams around both decision making and reviews.

2.3 The latest figures are broadly in line with NHS England benchmarking figures that show approxiamately1% of the population are in receipt of NHS funded Continuing Healthcare at any one time.

2.4 The impact of this work is also reflected in the latest benchmarking data released by NHS England, where Dorset CCG is ranked 109 for standard CHC activity, 108 for fast track activity with an overall ranking of 120. These rankings are out of a total of 209 clinical commissioning groups.

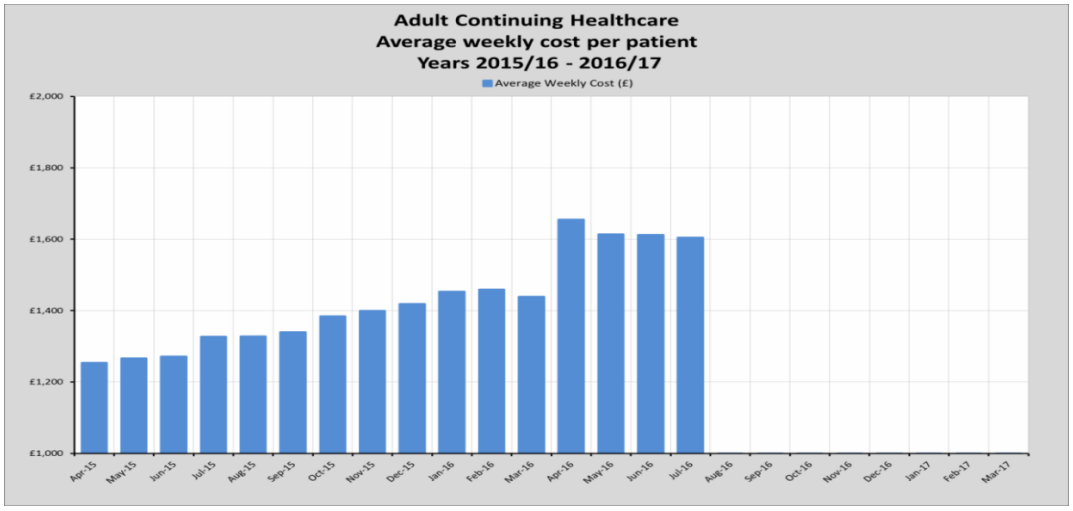
2.5 The data relating to total spend is tracking the number of patients as expected. By undertaking the scheduled reviews of those patients in receipt of funding in a timely manner, the team has been able to identify those patients who are no longer eligible.

TABLE 2



2.6 Table 3 below relates to the average weekly cost per patient. The table illustrates the point that those patients who continue to be funded by continuing healthcare are those with more complex clinical needs, and who require higher levels of input to meet those needs.

TABLE 3



2.7 The Previous Un-assessed Periods of Care (PUPO) project is coming to a close, and all but five cases had their initial review by September 30, in line with NHS England target. All of these cases assessed will now have to have a decision on eligibility before the end of December 2016. NHS England have yet to make the announcement of the next closedown with associated timescales. The proposed closedown was due before ministers; however the rolling programme of closures for PUPOCS was not included, leading to a further 6 week consultation prior to any announcement. Dorset CCG is currently ranked 71 of the 209 CCG's on this measure, showing that Dorset CCG is in the top half of performance against this indicator, relating to decisions made.

2.8 Work has commenced with the 3 local authorities relating to the introduction of the NHS Standard contract for 2017-18, and the impact this will have on patient placements. Joint working with Dorset County Council on market engagement and management will begin October 2016. Internal processes within the CHC team will need to be adapted in order to ensure maximum benefit is achieved when the contract comes into place, and a series of meetings are taking place to ensure the CCG remains fit for purpose to deliver these benefits.

2.9 Dorset CCG is currently one of two CCG's in the South West currently using the Continuing Healthcare Assurance Tool (CHAT) in order to record NHS England Key Lines of Enquiries (KLOE) relating to continuing healthcare, and the Head of Service was asked to feedback at the NHS England event on September 9 on the Dorset experience to date. The tool can be accessed by NHS England in order for them review performance and ensure that continuing healthcare assurances are met.

2.10 Current performance indicates that Dorset CCG is meeting all KLOE's either fully or partially, and an action plan is in place in order to address those areas requiring further work

3. Personal Health Budgets

3.1 The personal health budget agreement has been revised by Beachcroft solicitors in order to incorporate changes to reflect redundancy payments that may be required when there is no longer a need for the personal assistants that are employed. This new agreement will replace those currently in use when the budget holder is next reviewed.

3.2 There are currently 96 adult budget holders with a year to date expenditure of £3.4 million, an underspend position of £445 thousand against the annual budget. This can be explained by patients found no longer eligible, passing away or amendments to the originally set budget due to changes in clinical need. At present there remains 1 unsigned agreement; however a date is to be arranged to rectify this position, dependent on the budget holder's availability.

3.3 A proposal to introduce personal health budgets for fast track cases to ensure patients identified at the end of their lives are discharged in a timely manner has been agreed. This will be piloted and reviewed after 10 cases have been approved, and will commence in October 2016. Interest in this initiative has been shown by a number of other CCG's and the Head of Service attended a regional event on 9 September hosted by NHS England to discuss this.

4. Children's Continuing Healthcare

4.1 Currently there are 59 children in receipt of continuing healthcare funding. Of this number, 33 are in receipt of a personal health budget.

4.2 The budget position for children's CHC is reporting an underspend of £1.47 million with a forecast outturn position of a £895 000 underspend.

4.3 There have been some challenges within the staffing of the children's team, however these have now been resolved and the end to end function is being mapped in order to ensure it remains fit for purpose.

5. Funded Nursing Care (FNC)

5.1 The FNC rate has been increased nationally by 40%, backdated to April 2016 which is an additional £250 000 a month spend on FNC, equating to a £3 million for the year cost pressure. Over 1300+ FNC patients will have FNC at £156.25 per week backdated to April 2016.

6. CHC STEERING GROUP

6.1 The first CHC joint steering and implementation group took place in April 2016 and has met now on three occasions. The work of the group is centred on an action plan. The most recent version of this plan is attached with this report (appendix 3) and outlines the current areas of work.

6.2 The main areas of challenge for the steering group are:

- To develop a process for capturing levels of funded activity across health and social care. This information is important for a number of workstreams as it is expected that this will identify the level of opportunity for efficiency across the various policies/processes that are under development within the plan. The information is currently available from CHC and this is provided at each steering group;

- To develop hospital in reach service to ensure quality of applications improves and therefore reduces time from initial checklist to discharge, at the same time refining the funding in / funding out arrangements and to promote eligibility applications being made outside of hospital;

- As indicated within the plan some of the workstreams within the action plan are interdependent upon the Cost of Care work programme which reports to Joint Commissioning Officers Group.

6.3 The CHC steering group is developing clear programmes of work. The group members are committed to working together and demonstrate a desire to progress the areas identified within the plan.

6.4 Attendance at the steering group is monitored to ensure that there is representation from each of the four organisations.

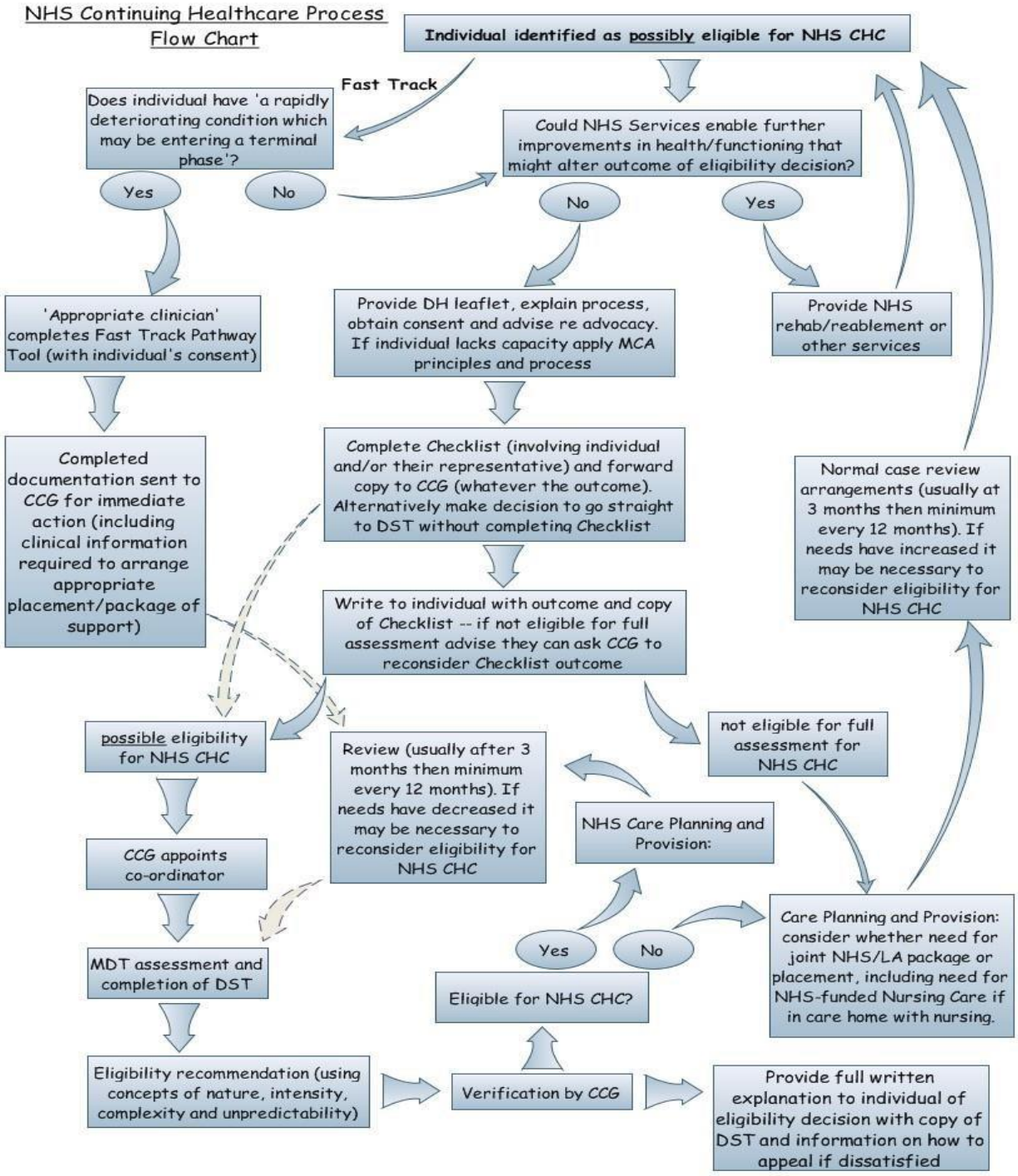
7. Conclusion

7.1 Although the position within NHS funded Continuing Healthcare and Funded Nursing Care remains challenging, the work that is being undertaken is ensuring that these challenges are managed.

The Committee is asked to **note and comment on** this report.

Appendix 2

Eligibility Consideration



APPENDIX 3 - CONTINUING HEALTH CARE STEERING/IMPLEMENTATION GROUP ACTION PLAN
VERSION 4 – 25 August 2016

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
1.0	Joint Funding				
1.1	Joint Funding Policy	Policy to be finalised and published	Tim Branson	30/09/16	The draft policy requires some refinement particularly in relation to when the policy should apply. Although policy is being finalised some principles of joint funding are already being applied. The details of the policy will be crucial to identify the likely number of people to whom this may apply.
1.2	Policy implementation	The policy to be published and any relevant training made available	Tim Branson	01/09/16 (Policy) 31/12/16 (Training)	To be agreed once policy finalised.
1.3	Policy Monitoring	To be added to monitoring dashboard	Paul Rennie	30 June 2016	Complete
2.0	Joint Assessment and Care Planning				
2.1	Identify cohort of people to pilot joint assessment and care planning	Increase in number of people with joint assessment and plans, to include reference to 1:1, 2:1 policy and personal health budgets	Betty Butlin and David Palmer	August 2016	17/06/2016 this will be piloted at Birds Hill. To commence 1 July 2016. Pilot will run for three months. Steering Group will receive evaluation October 2016. In addition Dorset County Council are going to review a cohort of high intensity packages, linking with CHC and Dorset HealthCare. The review will run over next 2 months.
3.0	Disputes				

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
3.1	Disputes Policy	Policy to be finalised and published	Betty Butlin	TBC by policy lead	Policy in development
3.2	Policy implementation	The policy to be published and any relevant training made available	Betty Butlin	As above	
3.3	Policy monitoring	To be added to monitoring dashboard	Paul Rennie	31 July 2016	Complete
4.0	Transfers of care				
4.1	Checklist: To progress the principle of different approaches to checklist to ensure consideration is recorded when outcome of eligibility is not clear. If clearly eligible prior to checklist, proceed to DST, if outcome is clearly not eligible checklist not required.	Clear local guidance issued that is National Framework compliant as to the application of the Checklist, i.e. when and in what circumstances a Checklist must be completed and when and in what circumstances consideration of CHC can be evidenced without the need for a Checklist	Paul Rennie	Ongoing programme of training	In reach staff and training for RBH to commence shortly, with emphasis on which patients should be subject to checklist. Currently work also underway at Yeovil hospital to assist (30% DCC hospital discharges are from YDH) All hospitals have been sent framework guidance (Para.68) as to who should be assessed. PR and operational managers, together with staff have attended Acute hospitals to discuss issues with discharge teams. Proactive management of CHC identified patients is on-going, and FOH pathway has been extended to YDH to facilitate discharge as necessary.
4.2.	Decision support tool	% hospital discharge DSTs completed out of hospital	Paul Rennie	On-going programme	Getting it Right training focussing on appropriateness of completing DST in hospital,

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
4.2 a 4.2 b	To progress completing DST out of hospital, Ensure clarity in information required and consider adapting burden of evidence	% of MDT recommendations overturned through lack of supporting evidence Guidance issued on types of evidence required based on experience of good and bad DSTs		of training and support, from both staff attending acute hospitals and remotely	revised DST capturing this information for reporting purposes Current case studies relating to each acute hospital are being utilised in order to inform training. Incidents are also being logged in order to inform
4.3	Funding in – funding out To finalise the funding in funding out principles with CCG and Local Authorities	MoU or agreement produced regarding funding responsibilities for people discharged from hospital requiring DST/eligibility decision.	Paul Rennie	15 October 2017	The policy for funding out is to be reviewed. Current arrangements are that funding is protected for 5 to 7 days, however may be removed sooner if prognosis indicates longer lengths of stay. Exceptions are that high intensity packages are kept for longer as harder to re-start. All to keep in place for minimum of 48 hours following admission
4.4	CHC Staff support to Acute Hospitals	In addition to training packages for hospital and community staff, CHC staff to explore options for providing in reach services to Acute Hospitals (including Yeovil and Salisbury) and community hospitals	Paul Rennie	Ongoing programme of training and support, from both staff attending acute hospitals and remotely	PR and operational managers, together with staff have attended Acute hospitals to discuss issues with discharge teams. Proactive management of CHC identified patients is ongoing, and FOH pathway has been extended to YDH to facilitate discharge as necessary. Together with this the ongoing programme of Getting It Right training continues, together with a bespoke training programme for RBH focussing on fast track applications.

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
5.0	One to one and two to one				
5.1	Policy		Betty Butlin and Angie Smith		Complete
5.2	Letter to providers from Dorset County Council		Harry Capron		Complete
6.0	Direct Payments and Personal Health Budgets				
6.1	Refine processes and particularly around transition between agencies		Betty Butlin and Angie Smith	31/10/2016	Draft PID and PID Action Plan signed off at CHC Steering Group 25/08/2016. Agreed to extend to include children's direct payments/personal health budgets but this would be at a later stage in the project.
6.2	PHB for fast-track pilot	PHB Fast track process agreed and implemented.	Angie Smith	30/09/2016	Solicitors have requested an updated procedure which outlines how the process would work as key issues is to ensure that PHB funding can be release quickly enough, currently takes 7 days.
7.0	Brokerage				
7.1	PID being developed by Jacqui Elena subsequent actions to be	Agreement on future brokerage services to support three local authorities and CCG	Angie Smith		PID has been circulated. Agreed to carry out follow up meetings with Poole and Bournemouth to review current SLA and subsequent funding arrangements. Principles agreed that unlikely to go to single brokerage but would try as far as possible to pick

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
	developed once received				up standardisation in approach across Dorset and this may include exploring electronic system to manage brokerage. One key issues that has an interdependency with this work stream is the Cost of care review which reports directly to JCOG
8.0 Children's CHC					
8.1	Transition, SEND and link to joint funding and care planning	Panel Terms of Reference and attendees to be reviewed and revised as necessary Burden of evidence to be reviewed and definitive set of children's framework compliant paperwork to be agreed	Paul Rennie	1 August 2016 1 August 2016	Revised Terms of Reference, including the information data set to be provided to panel for a decision, to be circulated to panel members by 31 August for agreement at September 14 panel
9.0 Training					
9.1	Training plan to be developed to include subject specific training and regular updates for staff in CCG, LA and provider organisations	Training plan developed and will be monitored through the CHC steering group meeting.	David Palmer	30/09/16	DNP meeting with Maggie Blackmore and Kathy Moore on 9 June 2016 to draft training plan 09/06/2016 Update – Agreed Training Plan for 2015/16:

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
10.0	Cost of Care Review				
10.1	Reporting to JCOG	Updates to be provided to CHC steering group on regular basis	Paul Rennie	TBC.	There has been only one cost of care meeting reviewing the care home arrangements, the findings of this were presented at the CHC summit. There are no further meetings planned. Cost of care at home meetings have been terminated with immediate effect by Poole LA. In light of these facts, it would appear that the brokerage project currently being undertaken will need to progress without input from this forum.
11.00	Management and Finance Reports				
11.1	CHC Management and Finance reports to be provided to each meeting.	Provided at each meeting	Paul Rennie	Quarterly	The management information report is available for each meeting. Complete.
11.2	LA Performance Data	The 3 Local Authorities are requested to submit their activity information in relation to funded care	Angie Smith Tim Branson, Betty Butlin Sue Evans	30/09/16	Each lead to explore within their own organisation what is available. Angie Smith to lead this work linking with the relevant LA Finance and commissioning leads.
12.0	NHS Contracts				
12.1	Joint discussions to review existing contract	Introduction of NHS standard contract into care homes with nursing f*or* financial year 2017-18 and beyond	Paul Rennie	01/04/17	Initial meeting to discuss held with 3 LAs 14 6 2016, final discussion planned for next Cost of Care review meeting, date to be agreed. As the cost of care meetings appear to have concluded, the

No.	Area for action	Vision Evidence/Outcome measure	Lead Person Responsible	Timescale for completion	Progress
	arrangements				implementation of this contract will take place in 2017-18 financial year. Provider meetings together with DCC to commence September 2016 to discuss with providers.

Membership of Steering Group/Implementation Group:

Name	Job Title	Organisation
Vanessa Read (Chairperson)	Deputy Director of Nursing and Quality	NHS Dorset Clinical Commissioning Group
Paul Rennie	Head of Continuing Healthcare	NHS Dorset Clinical Commissioning Group
Harry Capron	Head of Adult Care	Dorset County Council
David Vitty	Head of Adult Social Care	Borough of Poole
Tim Branson	Service Manager	Bournemouth Borough Council
Betty Butlin	Service Manager	Borough of Poole
Andy Sharp	Service Director, Adult Social Care	Bournemouth Borough Council
Sue Evans	Service Manager	Dorset County Council
Angie Smith	Senior CHC Support Services Manager	NHS Dorset Clinical Commissioning Group
David Palmer	Senior CHC Operations Manager	NHS Dorset Clinical Commissioning Group

Appendix 4

NHS Continuing Healthcare Benchmarking Analysis - CCGs

Q1 2016/17

NHS Continuing Healthcare, fast track CHC - people eligible on the last day of the quarter (snapshot) | **Rank – out of 209**

			People Eligible at Quarter End						per 50,000 Population						
Organisation	Organisation Type		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		**Quarter 1 Rank**
Wessex	**Regional Team**		**608**	**531**	**589**	**547**	**593**		**13.38**	**11.67**	**12.86**	**11.92**	**12.90**		
Isle of Wight	CCG		10	17	17	8	15		4.28	7.25	7.24	3.40	6.37		**185**
Fareham & Gosport	CCG		62	63	78	58	59		19.17	19.43	23.98	17.81	18.12		**87**
North East Hampshire & Farnham	CCG		39	33	37	49	47		11.20	9.45	10.54	13.95	13.35		**135**
North Hampshire	CCG		28	30	34	34	35		8.10	8.63	9.75	9.73	9.99		**165**
Portsmouth	CCG		31	27	36	32	28		8.82	7.70	10.12	8.94	7.81		**178**
Southampton	CCG		10	16	14	15	21		2.29	3.67	3.15	3.35	4.70		**194**
South Eastern Hampshire	CCG		58	50	61	56	65		17.12	14.71	17.90	16.42	19.04		**81**
West Hampshire	CCG		150	120	149	155	156		17.02	13.58	16.77	17.44	17.52		**93**
Dorset	CCG		220	175	163	140	167		17.15	13.63	12.63	10.82	12.89		**139**

NHS Dorset CCG: Continuing Healthcare

NHS Continuing Healthcare, standard NHS Continuing Healthcare (non fast track) people eligible on the last day of the quarter (snapshot)														
			People Eligible at Quarter End						per 50,000 Population					
Organisation	Organisation Type		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		**Quarter 1 Rank**
Wessex	**Regional Team**		**2,291**	**2,260**	**2,031**	**1,934**	**1,947**		**50.43**	**49.67**	**44.36**	**42.14**	**42.36**		**Rank**
Isle of Wight	CCG		169	178	178	169	185		72.39	75.94	75.77	71.84	78.54		**16**
Fareham & Gosport	CCG		141	132	129	128	132		43.59	40.71	39.65	39.31	40.53		**115**
North East Hampshire & Farnham	CCG		137	138	115	132	127		39.34	39.50	32.76	37.59	36.07		**139**
North Hampshire	CCG		130	127	115	115	118		37.59	36.55	32.97	32.90	33.68		**151**
Portsmouth	CCG		195	222	222	209	210		55.50	63.29	62.41	58.40	58.59		**53**
Southampton	CCG		153	155	144	142	146		35.02	35.53	32.44	31.76	32.66		**154**
South Eastern Hampshire	CCG		150	151	113	111	131		44.28	44.44	33.16	32.56	38.37		**124**
West Hampshire	CCG		465	434	327	320	342		52.76	49.10	36.81	36.01	38.40		**123**
Dorset	CCG		751	723	688	608	556		58.53	56.30	53.32	47.00	42.91		**108**

NHS Continuing Healthcare, total number of people eligible on the last day of the quarter (snapshot) (fast track and non fast track CHC)															
			People Eligible at Quarter End						per 50,000 Population						
Organisation	Organisation Type		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		Quarter 1, 2015/16	Quarter 2, 2015/16	Quarter 3, 2015/16	Quarter 4, 2015/16	Quarter 1, 2016/17		**Quarter 1 Rank**
Wessex	**Regional Team**		**2,899**	**2,791**	**2,620**	**2,481**	**2,540**		**63.82**	**61.34**	**57.22**	**54.06**	**55.26**		**Rank**
Isle of Wight	CCG		179	195	195	177	200		76.67	83.19	83.01	75.24	84.91		**34**
Fareham & Gosport	CCG		203	195	207	186	191		62.76	60.14	63.63	57.13	58.64		**125**
North East Hampshire & Farnham	CCG		176	171	152	181	174		50.54	48.94	43.30	51.55	49.42		**158**
North Hampshire	CCG		158	157	149	149	153		45.68	45.18	42.72	42.63	43.67		**177**
Portsmouth	CCG		226	249	258	241	238		64.32	70.99	72.52	67.34	66.40		**89**
Southampton	CCG		163	171	158	157	167		37.31	39.19	35.60	35.11	37.36		**189**
South Eastern Hampshire	CCG		208	201	174	167	196		61.40	59.15	51.07	48.98	57.41		**126**
West Hampshire	CCG		615	554	476	475	498		69.78	62.68	53.59	53.46	55.92		**132**
Dorset	CCG		971	898	851	748	723		75.68	69.93	65.95	57.83	55.80		**133**

Appendix 5

Q1 2013/14 – Historic data for comparison – taken from report to Dorset Health Scrutiny Committee, 19 November 2013

SHA Benchmarking — Highest — Outlier

Quarter 1 2013/14 — Lowest — 4% is correct

CHC	Weighted Population	CHC YTD Activity	Cases per 10,000 weighted pop	Local Rank	National rank	South Rank	CHC YTD Costs £'000's	Costs £'000's per 10,000 weighted pop	Local Rank	National rank	South Rank	CHC Conversion rate	FT Conversion rate	Referrals exceeding 28 days
Dorset	**849,490**	**1,397**	**16**	**4**	**44**	**9**	**£10,666**	**£126**	**4**	**58**	**15**	**53%**	**98%**	**6**
Isle of Wight	146,666	190	13	8	103	23	£1,854	£126	4	56	13	62%	92%	8
North Somerset	222,189	303	14	6	86	20	£2,006	£90	8	119	33	34%	70%	36
North, East, West Devon	915,360	1,878	21	2	16	5	£16,001	£175	1	15	4	60%	99%	28
Portsmouth	211,612	303	14	6	78	16	£1,869	£88	9	128	39	43%	100%	20
Somerset	571,376	1,262	22	1	10	2	£6,442	£113	7	78	24	46%	100%	60
South Devon & Torbay	302,141	513	17	3	40	7	£3,981	£132	3	48	11	41%	100%	42
Southampton	235,830	214	9	9	167	37	£3,442	£146	2	33	6	33%	100%	3
West Hampshire	528,726	800	15	5	63	13	£6,036	£114	6	75	23	4%	100%	0
Wiltshire	459,011	300	7	10	202	45	£3,614	£79	10	152	44	14%	96%	35
										Regional Average		33%	92%	16

NB – The data in this table is not directly comparable to the more recent data from Q1 2-16/17, however it does illustrate the relative position of Dorset in 2013/14 and the level of activity by the end of Quarter 1.