

Domiciliary Care Strategy Update

Introduction:

The Committee has requested a report surrounding the current pressure on domiciliary care and the impact that this is having on Carmarthenshire residents and hospitals.

This was prompted by a letter on the 30th December 2022 from the Chief Nursing Officer and National Clinical Director for NHS Wales who provided advice to support hospital discharges. In this letter they wrote:

We recognise that day to day clinical decision making must adapt to these exceptional pressures, to ensure the NHS resource is being used for the greatest benefit. Our hospital capacity must be preserved for those at greatest risk with greatest chance of benefit. This will require us to make every effort to keep people at home, not to admit people to hospital unless necessary and to return those in hospital to their homes or alternative place of safety as quickly as is possible.

We are writing to offer our support and understanding, as this necessary adjustment in the clinical risk threshold for hospital care may be concerning for some professionals. The NHS will serve our population best if as many people as possible either remain at home or return home from hospital care as quickly as is possible. There will be a need for everyone to consider discharge arrangements that may not be perfect, a care package may not yet be in place and social care assessments may need to happen at home rather than in hospital.

The Committee has sought assurance that patients are being safely supported to leave hospital with the right care arrangements in place if needed despite the challenges. This report seeks to outline the pressures and how Carmarthenshire County Council is responding to those pressures, in partnership with its Hywel Dda University Health Board. There may be future opportunities for the committee to consider some of the clinical adjustments and compromises clinicians are inevitably making however these questions are best presented by the Health board.

Background:

Similar to the rest of UK, Carmarthenshire is experiencing extreme pressure on the availability of domiciliary care capacity. The root cause of this is a lack of workforce capacity available to work in the sector, which means less hours of support delivered in people's homes than has been historically. This, added to the increase in demand and complexity of need from those approaching our services since the pandemic, has led to a perfect storm where demand is by far outstripping supply.

To illustrate the point, in June 2021, when the number of domiciliary care hours were at its peak, Carmarthenshire was able to commission just over 12,400 hours a week of care. By contrast, we are currently able to commission approximately 9,600 hours of care. This is an overall reduction of just under 23% of capacity. As of 9th January 2023, Carmarthenshire had 187 people waiting for care either at home, in hospital or in a short-term residential bed. This equated to 1,895.25 hours of care currently

outstanding. In addition to those waiting for care, there were 378 people waiting for an assessment, many of whom may require domiciliary care at home.

There is significant work ongoing to increase the number of home carers both in our in-house service and the external market. This includes:

- Ensuring that the real living wage is paid for all commissioned and in house care
- Increasing the flexibility of contracts
- Ensuring that our in house carers are paid on a par with health service staff
- Designing joint posts in our Home-First team with the Health board to pool recruitment capacity. Top of the scale for in house Homecare care workers is now £27,422 PA (£14.22 an hour) and their role is one of the few roles in the public sector where pay has exceeded the cost of living in the last 10 years. I am confident that we are amongst the best payers in the UK for this vital and skilled role.
- Developing microenterprises to reach areas of the county where recruitment is difficult
- The creation of a care academy and better career structure in care to enable new entrants to see it as a career.

To date these efforts are purely allowing us to maintain the status quo rather than increase care hours available due to the challenges of retaining staff.

Hospital pressures:

The pressures on our hospitals have been well articulated via the media, and this has been exacerbated by the Industrial Action across the NHS and WAST that commenced in December and has gone into January.

The media coverage centres on those people 'blocking' a hospital bed as the key cause of the issue, and regularly cites social care capacity as the key cause of the delays. Bed blocking is an outdated descriptor that is inaccurate and misleading. Beds are not 'blocked' however patients medically ready for discharge can be delayed for a range of reasons across health, social care and through family decision making.

In Carmarthenshire, there are a total of approximately 524 hospital/ nursing supervised beds (located across the 2 general hospitals and the 2 community hospitals; this does vary from week to week depending on staffing availability). Of these beds, 146 are for planned care whilst the remainder are for unscheduled care although 56 are assessment beds at the front door of the hospitals.

Extraordinary efforts have been made by the county's community teams to ensure the health crisis is alleviated as much as our resources allow. However, with approximately 75% of hospital beds filled with the frail and elderly and average stays well over 50 days even with optimum performance of the social care system in Carmarthenshire it will only have a relatively small impact on addressing the current deficits in hospital capacity.

As of 12th January 2023, there were 15 individuals waiting in a hospital bed for domiciliary care (Glangwili General Hospital, Prince Phillip Hospital, Llandovery Cottage Hospital or Amman Valley Hospital). In addition, there were 15 people waiting for some form of residential bed, although some of those were the same people waiting for domiciliary care as they had agreed to go into a short-term bed whilst they waited for care and support at home to be arranged. Thus a maximum of 30 Carmarthenshire residents were ready to leave our hospitals as of 12th January. This equates to just under 6% of all Health Board beds in Carmarthenshire. This is below pre pandemic levels of delay. In practice some packages of care will always take some time to arrange. So even functioning at absolute optimum level it is likely that it would only release up to 3% additional beds for the health board. Whilst this is a relatively good and improved position it should be noted that over the last 6 months average delays have fluctuated and the position has been much more difficult in recent weeks.

It is also worth highlighting that those waiting for care at home in hospital are relatively low when you compare it to the overall number waiting for care in the community. The risk and unmet need for Carmarthenshire residents linked to social care capacity is consequently much greater for those waiting in the community than those in hospital and the emphasis on hospital discharge carries risk with it as with finite capacity prioritising these in the whole system management of risk then inevitably results in longer community waits.

Our Carmarthenshire response:

We have been experiencing this capacity challenge since the summer of 2021, so we have well embedded approaches in terms of how we are supporting our residents and managing the risk of delay in care both in hospital and the community. Our approach can be broken into a range of approaches:

1. *Managing the risk for those waiting for assessment and for those who have been assessed as needing care and support at home:*

a) *Risk assessing all new referrals into our teams:*

All new referrals are risk assessed when they are received by the teams and given a rating of Red (high risk), Amber (medium risk) and Green (low risk). All Reds are prioritised for social work allocation, followed by the Ambers and Greens. Regular review is undertaken of those waiting for assessment to ensure that the level of risk has not changed and consequently the priority for assessment has not changed. It should also be noted that there is constant flow through the teams. Whilst there were 378 cases waiting to be allocated as of 9th January 2023, this included 297 new referrals which and been received in the preceding 2 weeks.

b) *Risk assessing all those waiting for domiciliary care:*

A similar approach is being followed to risk assess all those waiting for domiciliary care, so care hours can be prioritised when they become available. Again, regular keeping in touch calls take place with those waiting for care to check whether needs and circumstances have changed and whether they need to be considered as a higher priority. Those waiting for care at home are also offered Delta Connect to provide reassurance that help can be got quickly if needed.

c) *Exploring alternative options:*

Social work teams explore with those waiting for care all other options that could be considered as an alternative/interim measure. These include that all those waiting in hospital for care and support at home are offered a short-term bed in a residential home whilst they are waiting care. Those waiting for care either at home or in hospital are also offered lower level packages of care if they become available and the social work teams consider with individuals and families whether this might be feasible in the short-term with some family support. Families are also asked to consider whether they might be able to help provide care for their loved one at home on a short-term basis until care becomes available, and this can be financially supported via a form of direct payment. Whilst all options are considered, clearly some individuals and families will feel that they are not feasible/appropriate. People will therefore remain in hospital if alternative options aren't available/suitable and within this context Carmarthenshire County Council would not support an approach whereby patients are discharged from hospital without care arrangements being in place if they need them as this would be fundamentally unsafe.

2. *Our Home First approach:*

Our Home First approach is an integrated initiative between Hywel Dda University Health Board and Carmarthenshire County Council as well as a range of third sector partners. It entails a single point of access allowing effective triage of the person and an integrated community health and social care approach to deliver a period of assessment. The aim of the team is to facilitate discharge to assess pathways from hospital as well as support admission avoidance and management of crisis in the community. The team is made up of a range of professionals including social workers, therapists, our acute nursing response team, advanced paramedic practitioners, dieticians, intermediate care GPs, our in-house integrated reablement service as well as a range of third sector partners including Delta Wellbeing.

In its initial phase, the Home First Multi-Disciplinary Team (MDT) is focussing on hospital discharges and flow out of acute and community hospital settings. This will offer an opportunity to 'test' process and procedure before the MDT opens out to the wider community and Primary Care. The Home First Pathway aims to provide a 72-hour response from referral to the service being in place in a person's home/intermediate care bedded facility, as well as a 2 hour response to a patient in crisis in the community. The service to date is demonstrating very positive outcomes and this was recently recognised through the awarding of the NHS Wales Award for Delivery Person Centred Services and the Overall Winner through its Outstanding Contribution to Transforming Health and Social Care.

The team also has access to capacity to support people out of hospital/avoid admissions to hospital including 14 beds in Llys Y Bryn care home (Ty Pili Pala) which are dedicated reablement beds, support via the Hywel Dda Acute Response Team and the Carmarthenshire In-House Reablement Team. As part of this approach, we are developing an integrated arm of the reablement service which will further increase our capacity to support.

3. Maximising the capacity, we have available:

There are two principle ways we can maximise the capacity we have available. Firstly, by ensuring that everyone new into our services has a period of assessment prior to long-term care arrangements being determined. Secondly, by reviewing all existing care arrangements to ensure the level of care is right and there are not opportunities to reduce care hours by for example the effective use of equipment which might allow us to reduce a care package from 2 carers to 1 carer for each call.

In terms of the former, as part of our new Community Services Framework (our commissioning arrangements for domiciliary care), we have developed our Community Assessment Service. This sits alongside the in-house reablement service and the intention is that as many as people as possible who have potential needs to be supported at home will receive this short-term service first and undergo a period of assessment. This service has a reablement focus and is intended to support people back to the level they were at before they had a functional decline. This service usually lasts about 6 weeks at which point the person will be assessed for long-term needs. Many will leave the service with no care needs or significantly reduced care needs, which allows us to ensure that our limited long-term care capacity is used to best effect and prioritised on those that really need it. The Community Assessment Service is in its infancy, but will have a significant impact on our ability to ensure that we maximise the hours available for those who need it.

In relation to the latter, we have a comprehensive programme in place where we review all high level packages of care (26 hours a week and over) and those receiving double handed care (care calls provided by 2 carers on each visit). These reviews allow us to ensure that the care is provided to the right level and that equipment is used effectively to minimise the care interventions that are needed. This approach has benefit to the individual as it allows them to be as independent as possible, but also to the Council and other Carmarthenshire residents as it releases care hours to support others. As part of the budget saving proposals, we are proposing to increase the workforce capacity within the review team to allow us to upscale our approach to reviews and reduce care hours according.

Managing the risk of suboptimal discharges:

Despite collective best endeavours, patients can on occasions be discharged from hospital without optimum levels of support. This is set out in a new approach to discharge where there is an aim to better manage total system risks as the health service is so over stretched. On rare occasions these can be termed an 'unsafe discharge'. We have joint arrangements in place with the Health Board to review suboptimal discharges on a fortnightly basis to ensure that any lessons are learnt going forward. If an individual contacts our community teams following a discharge from hospital without the right level of support being in place, we arrange for a same day visit to assess and ensure that they are appropriately supported. As a result of the implementation of Welsh Government guidance we have seen an immediate rise in urgent support needed in the community as families struggle to sustain frail and elderly relatives discharged from hospital. Whilst this can be difficult it is critical to note that clinicians and social work teams carefully balance risks and benefits for patients of

swift discharges from hospital even without an optimum package of support can often be the best decision for a frail and elderly person where long stays in hospital can lead to rapid deterioration in functioning.

Summary:

This report provides a summary of the key challenges facing domiciliary care capacity in Carmarthenshire and seeks to provide assurance that all risk is being appropriately managed. Overall performance at the date of writing this report is good and the impact on hospitals of delay in social care is at a relatively low level. However, demand is increasing and the whole system, whilst managed well is under significant stress because of a lack of workforce and bed capacity.