

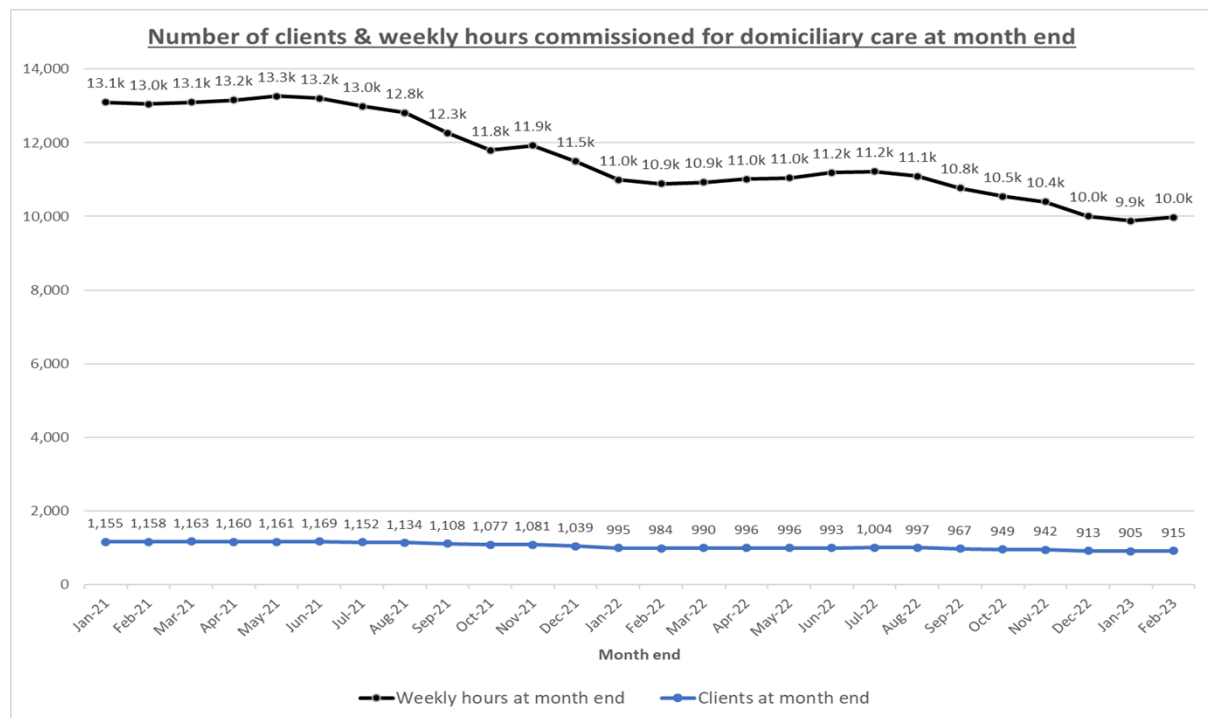
Domiciliary Care Performance Update

Introduction

At its meeting on 24th January 2023, the Committee considered the current position in relation to domiciliary care in the county and the ongoing challenges that the Council (similarly to all Local Authorities across both Wales and the UK) is facing with having sufficient capacity to meet demand. This is linked to the significant workforce challenges that the sector as a whole is facing, and the consequent difficulties in recruiting and retaining sufficient numbers of care workers. The Committee asked for a regular update on performance to provide assurance going forward.

It was consequently agreed that the key metrics would be reported into the Committee on a regular basis. All data is the latest available data captured on 27th March 2023.

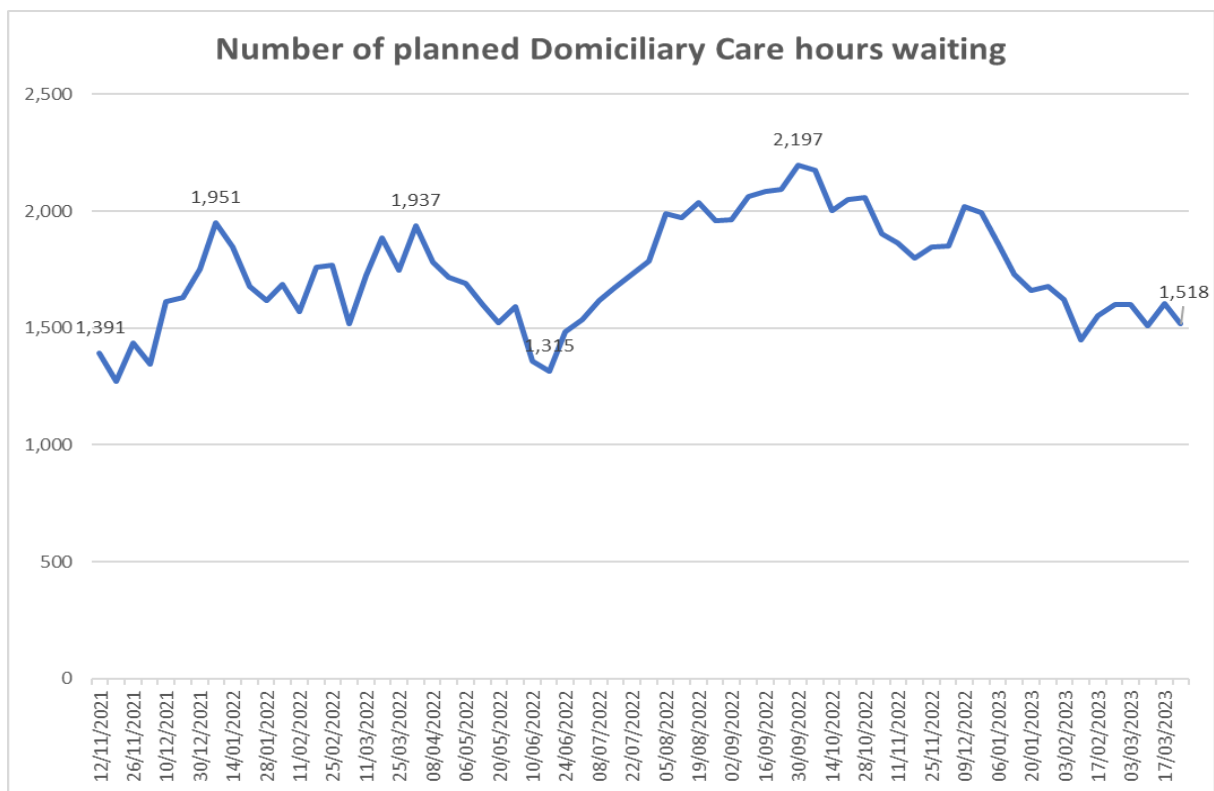
Number of hours commissioned for domiciliary care



The above data clearly shows the downward trend in terms of hours commissioned in relation to domiciliary care. Commissioned hours were at their peak in June 2021, and then sharply declined due to the ongoing workforce shortages in the sector. Whilst there have at times been periods where there has been slight recovery (November 2021, and July 2022), there has once again been a sharp decline since June 2022 with commissioned hours currently at 10K hours per week in February 2023 (please note that approximately 600 of these hours relate to care in extra care facilities, so only approximately 9.4K hours are available for people in their own independent homes).

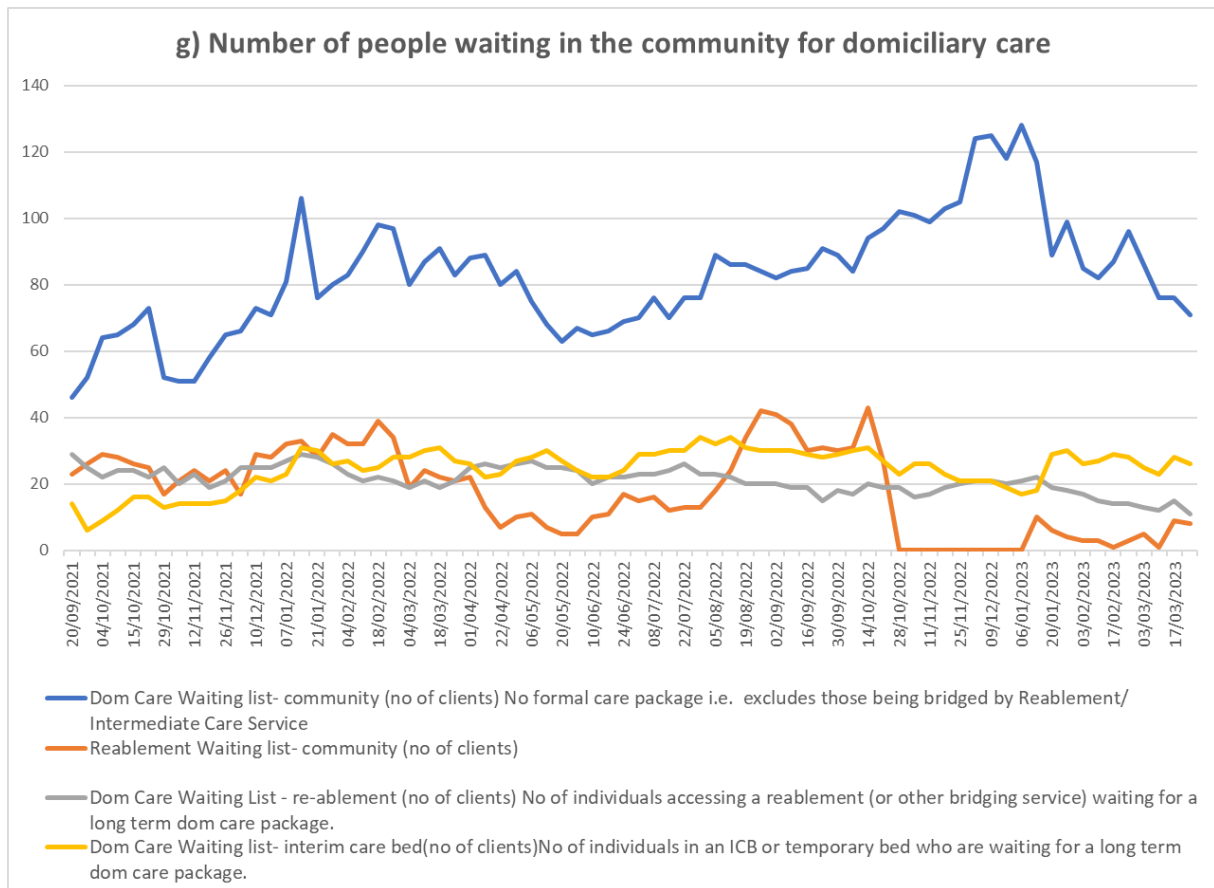
This would suggest that despite best efforts, the recruitment and retention work is not having the intended impact on increasing the care hours available although it is fair to say that without it the position would be worse. It is interesting to note in this context however that the number of those waiting has decreased since September 2022, as well as the number of hours currently undelivered (see below). There has been an increase in those waiting social work assessment, but not enough to explain this decrease. This would therefore suggest that social work practice is changing and assessments are taking account of what is realistic to achieve within the confines of what care is available, with professionals and families finding creative solutions as an alternative to domiciliary care.

Number of hours waiting for domiciliary care



Due to ongoing recruitment and retention issues, demand for domiciliary care continues to exceed supply. The above data combined with the overall commissioned hours' data would suggest that overall demand has to some extent decreased with less people waiting for care and the number of hours waiting to be commissioned significantly decreasing from the peak in September 2022. However, it should be noted that during the same timeframe those waiting for social work assessment in the community has also increased, which may to an extent be suppressing the demand. Whilst it is positive that there are less people waiting for care, and the number of hours needed has decreased, there is still a significant amount of unmet need that continues to need to be monitored to ensure that people remain safe whilst they continue to wait for care.

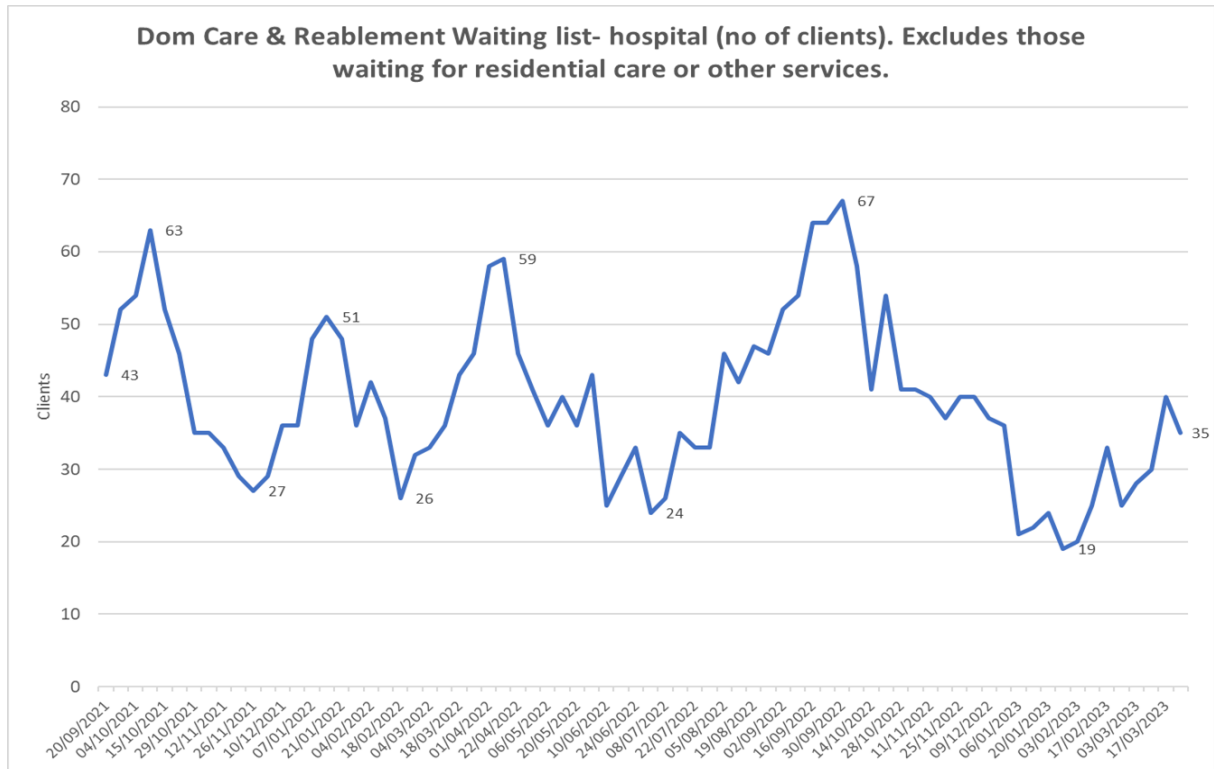
Number of people waiting in the community for domiciliary care



The data above shows those waiting for care unsupported in the community, as well as those in some form of bridging service (reablement pending long-term care, or an interim care bed).

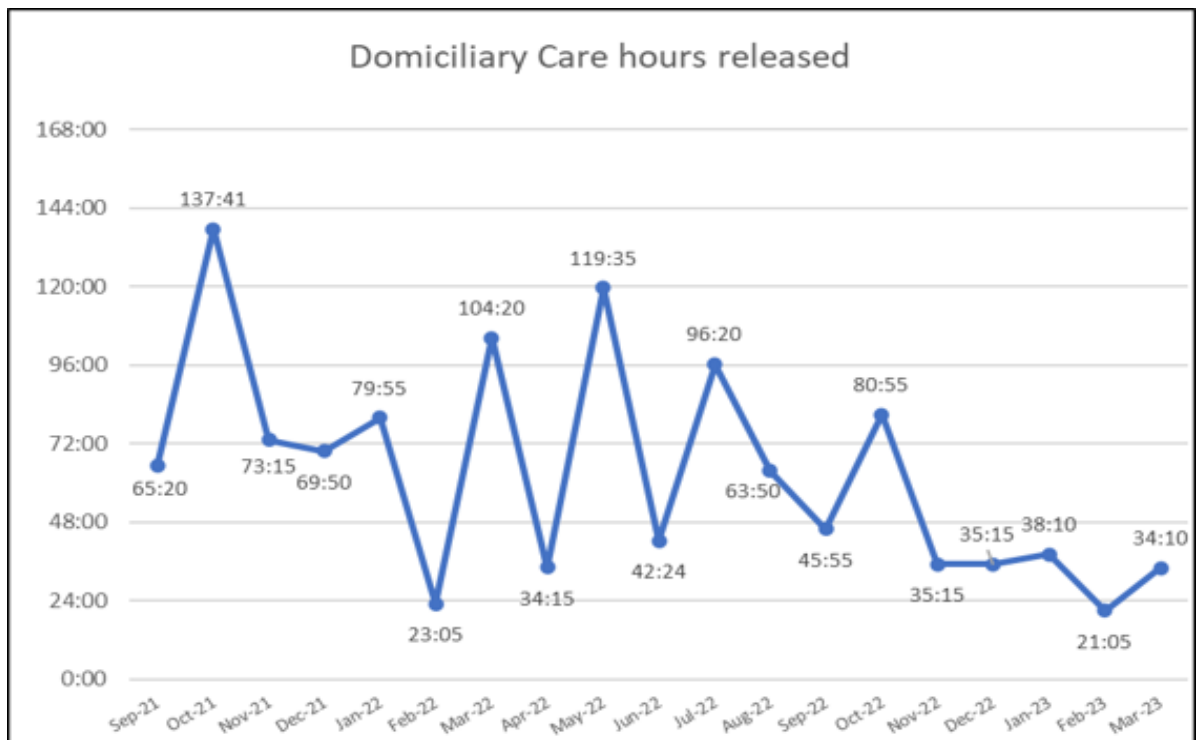
The data shows that those waiting for care unsupported peaked in November 2022, but there has since been a decrease which mirrors the overall reduction of those waiting for care. The numbers waiting for reablement have been very low since October 2022. This will be in part due to the embedding of the service alongside the Home First team which focusses on quicker discharge from hospital, as well as the service becoming slightly more resilient in terms of staffing capacity. Those waiting in interim beds has stayed fairly consistent. Those in some form of bridging service has decreased slightly. It remains a challenge to move people on from interim/bridging services, as inevitably those unsupported in the community or those needing to leave hospital become a higher priority in order to ensure that they are safe and capacity is released for others.

Number of people waiting in hospital for domiciliary care



The trend mirrors the issues that we have had with availability of domiciliary care capacity, and the downward trend of those waiting since September 2022 mirrors the overall reduction of those waiting for domiciliary care. Post Christmas, the overall number waiting in hospital significantly reduced as more care hours became available across the sector and the numbers waiting from that point onwards has remained fairly static between 20 and 25 on average. However, there does appear to have been a recent increase over the last few weeks which will need to be carefully monitored.

Number of hours released from reviews



The data shows that the team have been consistently able to reduce hours through reviews of existing packages of care. The varying trend is down to capacity available in any given month to carry out reviews. The review team has a multi-faceted function in supporting statutory reviews as well as supporting urgent reviews in times of provider failure. The relatively lower than usual number of hours released since November 2022 is consequently due to the provider failures that we have had to manage and this work has taken precedence. It should also be noted that the review team gives regular training to colleagues about how to support single handed care; since this training has been in place there has been a significant reduction in new packages of care being requested needing 2 carers.

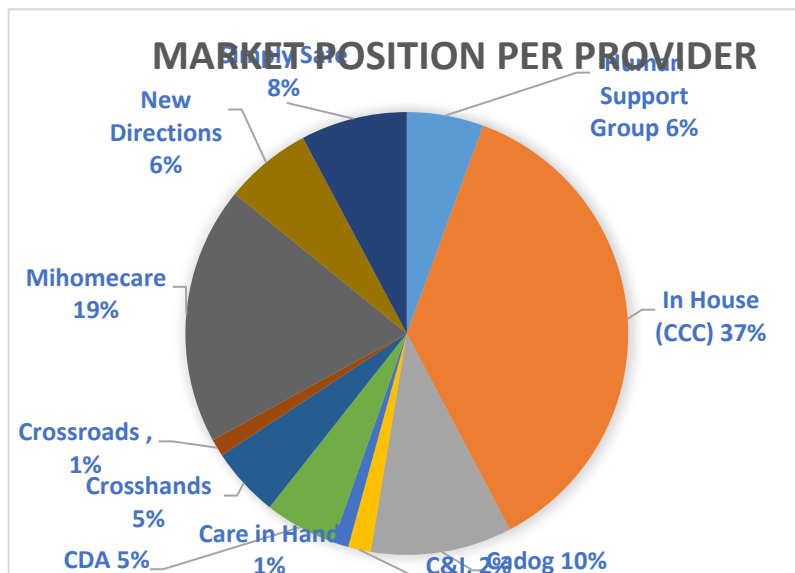
Future Developments

Expansion of the In-House Service

Currently the in house home care service provides approximately 37% of the overall domiciliary care market in Carmarthenshire. The service is focussing on strategies that promote expansion, but recruitment and retention challenges in the care sector has impacted on this objective. Our aspiration going forward, is to grow the in house service to provide 50% of the market over the next year which will include supporting those with more complex needs.

External commissioning developments

A significant proportion of domiciliary care is provided by the independent/not for profit sectors, which currently equates to 63% of the market. The split between providers is shown below.



In June 2021, the Council undertook a recommissioning exercise which focussed on developing more of a solution-based approach that promotes and maximises people's independence, with the offer of an assessment pathway to find the right solutions for individuals accessing commissioned services. It also aims to develop a sustainable market county wide that promotes a range of services to meet individuals needs and enabling and promoting access to universal community amenities.

Following a procurement exercise in November 2021, a new domiciliary support framework agreement commenced in January 2022. The specification groups together care and support services for older adults, younger adults with physical and/or sensory disabilities; adults with dementia, acquired brain injury or cognitive impairment and adults with long term health conditions.

The new model of support has 4 different service types and is designed to enable a more flexible approach to care and support provision. The expectation is that providers respond to fluctuating need, have autonomy to right size the care package and be creative in sourcing other means of support (such as sign posting to 3rd sector), all of which will ensure that the person's independence is maximised.

Other important factors were to:

- Assure supply of services across the County.
- Support sustainability in the market and in the workforce.
- Enhance quality and focus on the outcome's individuals want to achieve.
- Ensure value for money by establishing longer-term relationships with our providers.

Within its commissioning and contractual arrangements, CCC is committed to ensuring that care staff are provided with fair employment terms that offer financial stability for example to enable providers to pay the Real Living Wage, offer contracted hours and pay HMRC mileage rates. We have established a unit cost model which allows transparency and understanding of cost pressures.

We have also supported the sector in recruitment and retention initiatives. Additional funding was allocated to local domiciliary care providers to lead on a recruitment and retention plan. The intentions being for local providers to work together to agree targeted initiatives that will raise the profile of care and to also develop/stimulate the market.

A project board was set up by providers to manage the allocation of monies and to agree priority areas. The project focused on the following areas:

- Social Care Champions; Each provider nominated a staff member to represent the role of a carer, visiting schools, colleges and attending events.
- Marketing; The group set up a web-based platform to post encouraging information to raise the profile of a career in care. This was not used to advertise jobs for care providers but had links to We Care Wales.
- Carmarthenshire Carers Awards; The group arranged a Carers Awards evening in the Stradey Park Hotel to recognise and promote the excellent work of care staff. Providers worked together to plan the event, which was a great success and which had a positive impact on staff morale.

The group continue to work on the project and are currently developing a care apprenticeship pathway for 16 to 18 year olds.

We are also building on the developments in Pembrokeshire and now extending the development of micro enterprises into Carmarthenshire. We have recruited a local Catalyst which is hosted by PLANED and will work closely with CAVS and other partners.

Development of an Integrated Reablement Pathway and Home First

Carmarthenshire has implemented a single point of access for all hospital referrals for people who require support on discharge in addition to supporting a crisis response in the community to prevent individuals who can safely be managed at home, to remain at home. Outcomes to date demonstrate that 65% of individuals who are supported through the Home First pathway do not require formal statutory care and support at the point of discharge. This is having a significant impact on helping us to manage demand and protect our finite social care resource for those who really need it.

Furthermore, during 2022/23, we have been able to develop our Intermediate Care Unit, Ty Pili Pala, based at Llys y Bryn Care Home, Llanelli into a step up and step down unit that focusses on a reablement approach. Individuals who enter the unit are supported by a professional multi-disciplinary team and work to achieve their own personal goals in order to increase confidence and regain or improve independence to return home. 87% of individuals who leave Ty Pili Pala do not require statutory care and support on discharge.

A recent addition to our Home First offer has been Integrated Reablement Support Workers who are jointly funded by Carmarthenshire County Council and Hywel Dda University Health Board. The focus of this team is two thirds admission avoidance, stepping in once a medical crisis is alleviated to provide a period of assessment. The other arm of the service will be to support individuals home from hospital on a discharge to assess basis. To date, we have commenced 5 staff into the team on a variety of flexible contracts. A further 6 staff are in the process of going through their pre-employment checks.

To date, this small team has supported 16 individuals. 11 have completed their assessment process and 90% have left with no requirement for ongoing statutory care and support.

The focus for 2023/24 is to roll out the Home First pathway to primary and community services to deliver a true single point of access into urgent and emergency care for the County.

Mitigating the risk

Whilst all of these developments are positive, there is still a need for us to manage the risk to those waiting for care. We are therefore continuing to review those waiting for care, to ensure that needs have not changed and people remain safe through regularly keeping in touch calls by dedicated Care and Support Coordinators.

We are also continuing to use the releasing time to care methodology to actively reduce care packages where appropriate and release hours to support others. As part of the budget savings proposals, it was agreed that we would look to increase the capacity within the review team on an invest to save basis. This will allow us to increase the pace at which we can do reviews, and consequently release more care hours to support others.

A fortnightly meeting now takes place to review long hospital waits. This allows us to challenge and review, and ensure that all options have been considered. This has had a considerable impact on reducing those with a long wait in hospital. In addition, there are twice weekly hospital escalation panels where all difficult cases are escalated.