

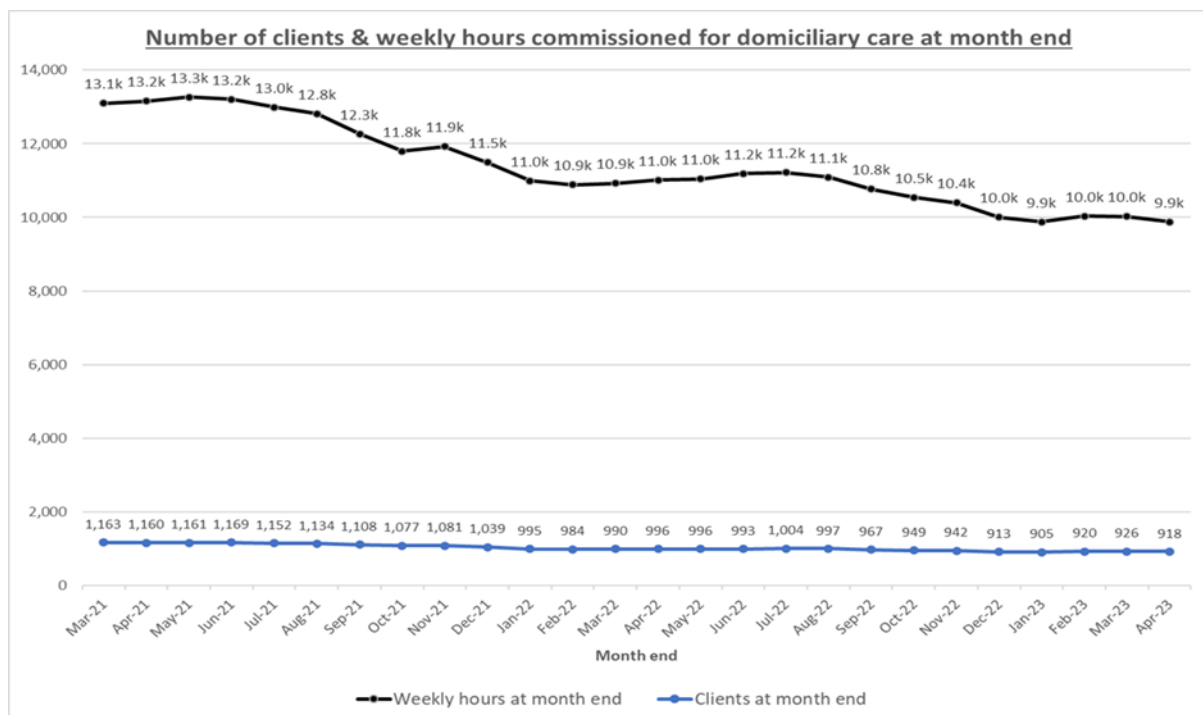
Domiciliary Care Performance Update

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. The first update was provided to the Committee on 17th April 2023. This report is the second update to the Committee and all data is the latest available data captured on 9th May 2023.

Number of hours commissioned for domiciliary care

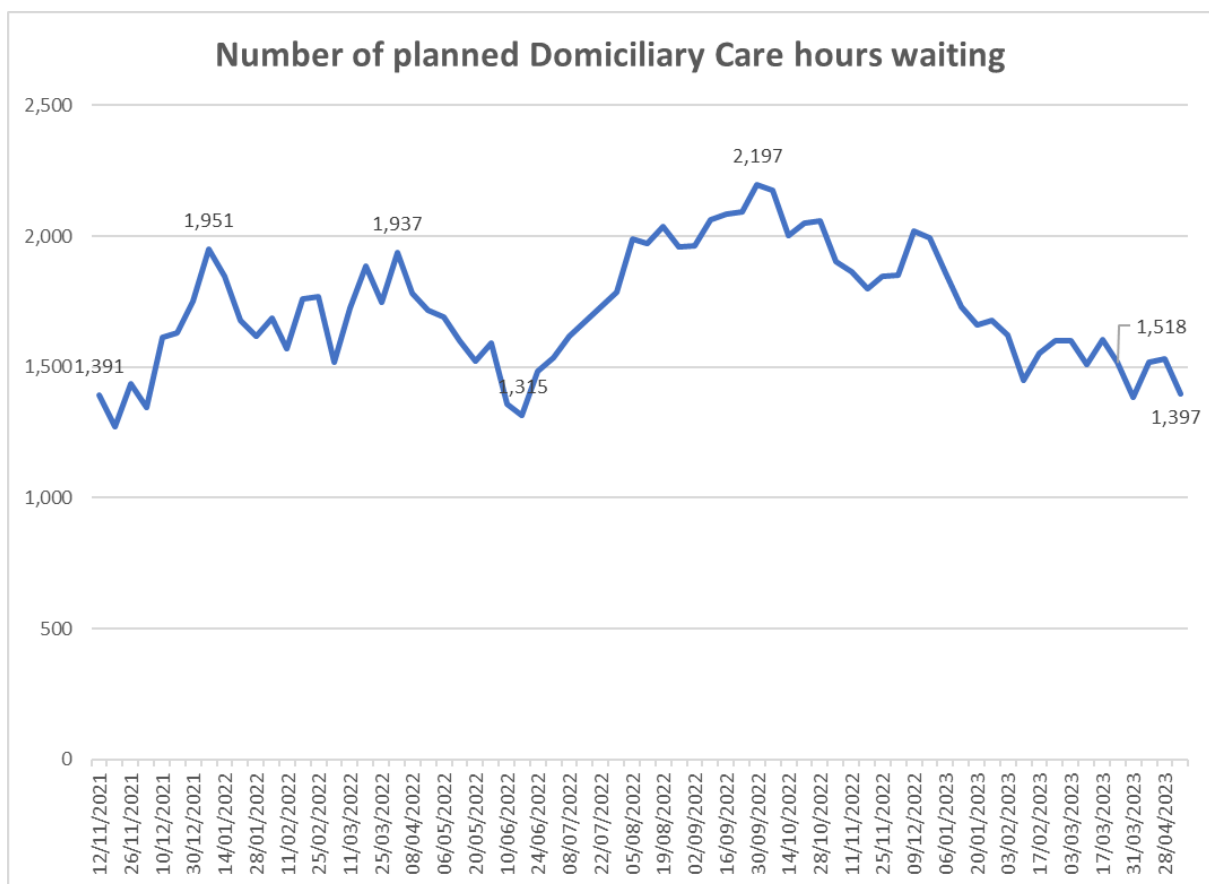


The above data clearly provides a really positive early indication of a levelling off of the number of hours commissioned in relation to domiciliary care. This trend should however be treated with caution, and should be monitored in the coming months to see if this trend continues. Commissioned hours 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 been a sharp decline since June 2022 with commissioned hours 9.9K hours per week in April 2023 (please note that

approximately 600 of these hours relate to care in extra care facilities, so only approximately 9.3K hours are available for people in their own independent homes).

Whilst the slight levelling off is definitely positive, overall the trend 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



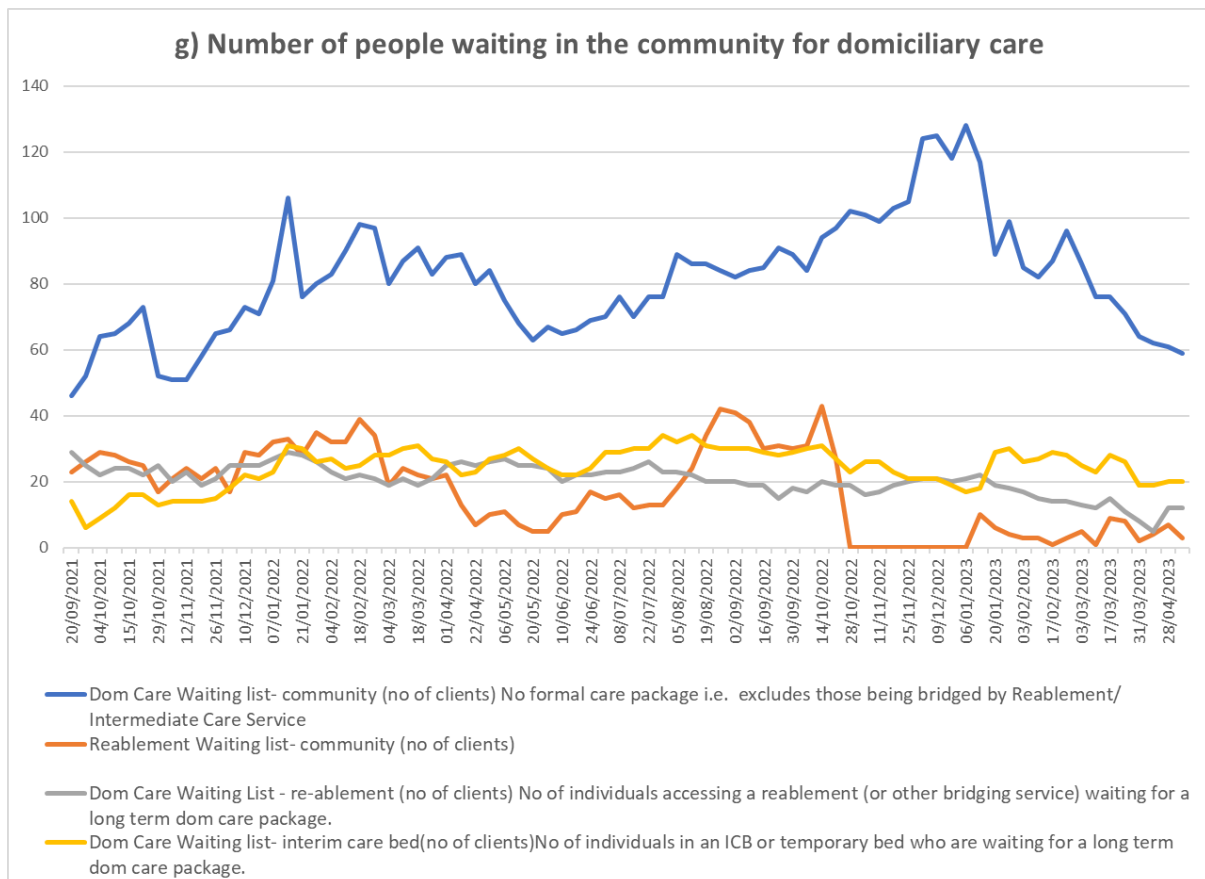
Due to ongoing recruitment and retention issues, demand for domiciliary care continues to exceed supply. The above data combined with the overall commissioned hours' data would suggest that overall demand has to some extent decreased with the number of hours waiting to be commissioned significantly decreasing from the peak in September 2022 and back to the levels we saw at their lowest in November 2021 and June 2022.

Whilst at the last update, we noted that during the same timeframe those waiting for social work assessment in the community had also increased, which may have been to an extent suppressing the demand, the numbers waiting for social work assessment have now significantly decreased following the launch of our Home First pilot just over 12 weeks ago. This pilot involves triage of all referrals at a County wide level and the impact of this has been to reduce those waiting for social work assessment by over 150. Our waiting lists for assessment are now at the level they were at in July 2022, which provides assurance that there is not hidden demand within those waiting for assessment.

We are also making best use of the hours that we have available through our systematic review of existing packages of care. This is helping overall to reduce the number of hours that are waiting for care, and enabling us to support more people more quickly.

Whilst it is hugely 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. However, it is important to note that the trends are going in the right direction.

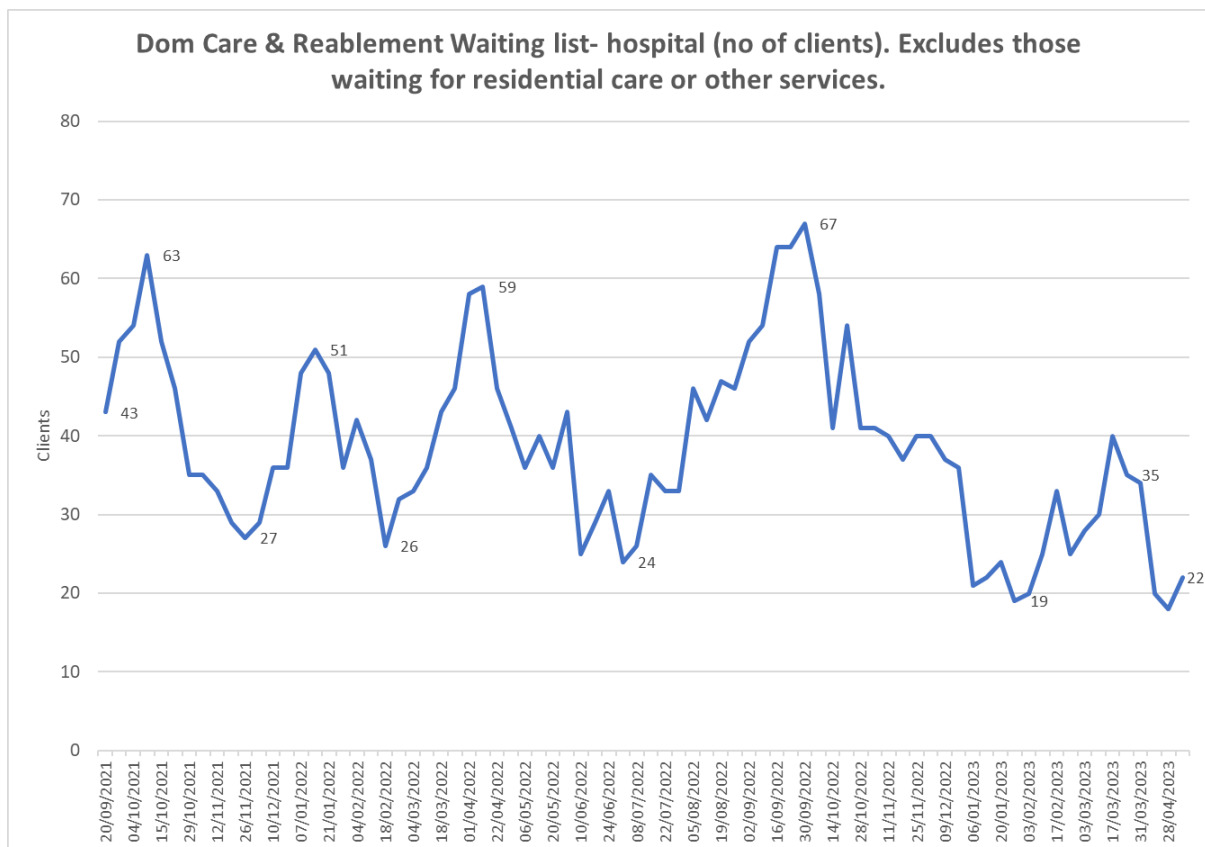
Number of people waiting in the community for domiciliary care



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 Intermediate Care Multi-Disciplinary 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. However, now that the overall numbers of people waiting for care are reducing (see below), there may be some opportunities to try and prioritise these individuals.

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

fluctuated between 18 and 40. However, the increase that we had noted in the previous report does appear to have stabilised again with the last reported number being 22 patients in hospital waiting for a package of care to go home. This provides further evidence that our Home First approach is having the positive impact that we need to support people at home.

Future Developments

In the last update, an update was provided on the current developments that we are progressing to help address the deficit that we currently see in relation to demand against capacity. Those developments were as follows:

- Ongoing expansion of the In-House Service.
- External commissioning developments including the development of the new domiciliary support framework agreement commenced in January 2022, and the development of micro-enterprises.
- Development of an Integrated Reablement Pathway and Home First.

These developments continue, and further updates will be provided in due course.

Mitigating the risk

As things develop, 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 had 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.

All of the above is helping us to manage the risk. We are cautiously optimistic that the latest set of data is demonstrating that our new approaches are having the impact that we need to ensure that residents in Carmarthenshire who need it are supported at home in as timely a way as possible.