

## HAVE YOUR SAY...

### Review of Domiciliary Care for Older People

#### Introduction

This consultation is about how domiciliary care for older people should be provided in the future. We understand that domiciliary care services are important for many older people and their families. Swansea has approximately 47,000 older residents aged 65 and over and some will already receive domiciliary care or require the use of domiciliary care services in the future.

This consultation document sets out background information about domiciliary care services provided at present and factors which influence proposals for future services.

This document tells you about the options for improving domiciliary care services that the Council is considering. The consultation seeks to hear everyone's views, including people who have used domiciliary care services or people who may need to do so in the future, their carers and families, and the many organisations that work with older people or that represent the views of older people.

We believe your views are important and we are very keen to hear them. They will be taken into account because we think they will help us strengthen the domiciliary care services provided in the years ahead, so please take part.

#### What is meant by Domiciliary Care?

Domiciliary care, also known as home care, is the delivery of a range of care and support services to individuals in their own homes.

Domiciliary care services in Swansea include:-

- A short term community Reablement Service (for up to 6 weeks) to help individuals to re-establish their independence and regain their confidence for example following a fall or stay in hospital.
- A Respite at Home/Sitting Service so that a carer can have a break (respite) from caring for a friend/relative.
- A Maintenance Service for individuals with ongoing non-complex care and support needs. This includes the provision of personal care and practical support e.g. supporting them to get in/out of bed, bathing, toileting, meal preparation and administration of medication, while encouraging individuals to do as much for themselves as possible and motivating them to socialise to avoid isolation.
- A Complex Care Service aimed at those individuals with the most complex care and support needs. This may include individuals who experience multiple unpredictable hospital admissions; where multiple services are regularly involved and a multi-disciplinary approach is required; individuals who require

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multiple complex medications; individuals assessed as eligible for Continuing Healthcare; or individuals receiving end of life care.

### **Scope and range of domiciliary care covered by this consultation**

This consultation covers domiciliary care services provided to older persons by:-

- Integrated Care Teams (Local Authority and NHS employees)
- 15 external organisations contracted on behalf of the City & County of Swansea

It does not include the care and support provided in Extra Care schemes or by providers of care to different client groups.

### **What is the future of Domiciliary Care for older people in Swansea?**

Our current approach to meeting the needs of older people emphasises early help to prevent deterioration in health and wellbeing, and the promotion of choice so that people have options that help them to live as independently as possible for as long as possible.

However, as with all other services we provide, domiciliary care services must adapt to ensure services keep pace with changing circumstances (such as increased demand for care, greater numbers of older people with more complex care needs and rising costs) and deliver a quality and timely service to people with assessed need (irrespective of where those people live).

The options which we would like your views on have been developed to help us address these priorities.

### **What are the options for domiciliary care for older people in Swansea?**

Options for consultation have been developed in the following 4 categories:

1. Proposals to develop the Short Term Reablement Service.
2. Proposals to develop the Long Term Service.
3. Proposals relating to who provides domiciliary care services on behalf of the City & County of Swansea.
4. Proposals relating to how domiciliary care services are organised in the City & County of Swansea.

### **Category 1: Short Term Reablement Service**

Option A) No Change

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Option B) Redesign the Short Term Reablement Service so it is as effective as possible and allows people to become as independent as possible

We believe that further work can be done in developing a strong therapy-led service, with good links to community equipment services (grab rails etc.), which would help more people to regain their independence. This would involve ensuring that the therapy-led support provided was effectively targeted to maximise independence.

In the future we would like to focus the service on those individuals who show short term reablement potential. Regular review and assessment throughout the reablement period will enable us to target resources more effectively.

This will also mean fewer people needing long term domiciliary care services, and address the financial pressures that the Council faces.

Our preferred option is Option B.

### Category 2: Long Term Domiciliary Care Services

This category concerns the Respite At Home/Sitting Service, Maintenance and Complex Care Services.

Option A) No Change

Option B) Redesign the Long Term Domiciliary Care Services

Whilst we will continue to provide the same overall categories of long term care, we need to prepare for the projected increase in individuals living with dementia.

We also need to develop services that prevent unnecessary hospital admissions.

Therefore, a service redesign would include the provision of:-

- **Rapid Response** services which may include an out-of-hours community nursing service, rapid allocation of community equipment and “crisis intervention” domiciliary care service together with practical problem solving and rapid access to carers’ respite services.
- **Specialist Dementia Care services** which will have staff who will be trained to support the physical and psychological needs that are associated with dementia. In particular, the behaviours that cause concerns for carers and expose the sufferer to risks such as wandering, disorientation, reduction in appetite, and ability to undertake everyday tasks etc.

Our preferred option is Option B. However, we acknowledge that a potential risk of redesigning the service is increased demand resulting in a need for a larger domiciliary care workforce and some skills development in the existing care workforce.

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This option will result in improved health and wellbeing and maximise opportunities for individuals' independence through a greater choice of services. It will enable people to remain living at home for as long as it is feasible and, by reducing demand for more expensive residential forms of care, we believe that it will contribute to savings across other areas of Adult Service provision.

### **Category 3: Who provides domiciliary care services on behalf of the City & County of Swansea?**

- Option A) No Change – Mixed provider model with certain organisations providing specific services
- Option B) Mixed provider model with all providers responsible for delivering all services
- Option C) Local Authority delivers all domiciliary care services
- Option D) External organisations deliver all services

Almost a quarter of Local Authority-funded domiciliary care is provided by the Integrated Care Teams (Local Authority and NHS employees) with the balance being provided by external commercial and not-for-profit organisations.

Currently, the Short Term Reablement and Complex Care Services are delivered by the Integrated Care Teams (Local Authority & NHS employees) whilst the external providers deliver the Respite At Home/Sitting and Maintenance Services.

Option A permits the Local Authority to re-balance the mix of provision and revisit who does what, to ensure that individuals continue to receive high quality services that also deliver value for money.

Option B would see all services being delivered by all providers. This would remove the need for an individual to transfer from one provider to another as their needs change. However, different skills are required for the different services, resulting in workforce training needs, and the possibility that the amount paid by the Local Authority for care increases. This option would therefore not necessarily allow for optimum efficiency in terms of the training and deployment of resources across Swansea.

Option C would see a restriction of choice and increased costs to the Local Authority, as services delivered by the Integrated Care Teams cost significantly more than those provided by external organisations.

Option D may cost less. However, it would increase the risk to the Local Authority of clients being left without care, in the event of a provider going out of business.

Our preferred option is Option A, as we believe that this gives clients the most choice in respect of who they wish to receive services from. It helps to reduce risks

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associated with relying exclusively on the external sector, and draws upon the skills and expertise that are available from working in an integrated way with our health colleagues.

### **Category 4: How domiciliary care services in Swansea should be organised**

- Option A) No Change – County-wide contracts for all domiciliary care services
- Option B) Contract geographically for all domiciliary care services
- Option C) Mixed - Contract geographically for Respite At Home/Sitting and Long Term Maintenance Services and county-wide for Short Term Reablement and Complex Care Services

Currently, providers are contracted to deliver domiciliary care on behalf of the Local Authority across the whole county.

Option A can mean care staff travelling significant distances between care calls which reduces the amount of time they have available to deliver care. Providers may choose to work in areas where there are more clients. This option makes it difficult for the Local Authority to attract providers to deliver care in the more rural areas of Swansea, including Gower and Mawr, leading to delays for individuals resident in those areas.

Option B would see the selection of one or more providers for defined geographic areas within the county. This would guarantee coverage and should result in reduced waiting times for care in some areas.

Furthermore, we believe that this approach would enable providers to build stronger relationships with the communities in which the people they care for live, and with other professionals (including social care and health staff).

Travelling time for care staff should reduce, resulting in fewer late or missed calls, releasing additional capacity and promoting a more positive workforce.

Given that a minority of individuals require a long-term complex care service, and the different skills needed for dealing with complex care and reablement clients, we believe that efficiencies can be made by organising the delivery of these services county-wide, without jeopardising coverage and reduced waiting times for the majority of domiciliary care clients who require Long Term Maintenance Service support.

Option C would allow us to combine the positive aspects of both approaches to provide a responsive service in all areas of the County.

Our preferred option is Option C.

### **Rationale for Preferred Options**

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In addition to the relative advantages and disadvantages already mentioned, the preferred options were evaluated on the basis of the following:

- **Fit with outcomes:**  
The options were assessed against the following outcomes; how well they would promote health and wellbeing, greater independence, choice and control, reduce demand for services, improve performance and user experience.
- **Fit with priorities:**  
The options were assessed against the following priorities; compliance with the Social Services and Wellbeing Act, the fit with the Adult Services Model that has been developed alongside the review of services, the fit with corporate priorities particularly safeguarding vulnerable people and building sustainable communities, and how they add to the work that we are doing both in partnerships and with our neighbouring Local Authorities and partners in Western Bay.
- **Financial impact:**  
The financial impact of the options was assessed, in particular whether they would achieve savings in relation to staffing and buildings and whether savings might be achieved elsewhere as a consequence of the options.
- **Sustainability/viability:**  
The options were assessed against whether they helped to develop a positive workforce, external care market and whether there was evidence that the proposed approaches had worked elsewhere.
- **Deliverability:**  
We evaluated whether the options allowed us to fulfil our legal duties, were fundamentally safe, providing the outcomes that our stakeholders and the public wanted and the change required was manageable.

The detailed options appraisal is available on request.

## **Summary of Preferred Options for Domiciliary Care Services for Older People**

### **Category 1: Short Term Reablement Service**

- Option B is preferred - Redesign the Short Term Reablement Service so it is as effective as possible and allows people to become as independent as possible

### **Category 2: Long Term Service**

- Option B is preferred – Redesign Long Term Service

### **Category 3: Who provides domiciliary care services on behalf of the City & County of Swansea?**

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- Option A is preferred - Mixed provider model with certain organisations providing specific services

**Category 4: How domiciliary care services are organised in the City & County of Swansea**

- Option C is preferred - Contract geographically for Respite At Home/Sitting and Long Term Maintenance Services and county-wide for Short Term Reablement and Complex Care Services

**We want to emphasise that no decisions have been reached on the future of any of the Domiciliary Care services. This consultation will inform the recommendations made to City and County of Swansea's Council Cabinet, which is responsible for making decisions.**

## **Appendix 1: Glossary**

### **Commissioning**

Commissioning is a complex process through which we design, develop and deliver services to meet identified needs. The commissioning process involves many different stages.

These include:

- engagement with service users, carers and service providers, identifying the needs to be met and the desired outcomes
- conducting needs assessments
- prioritising
- developing options for shaping services, planning how best to meet needs and achieve better outcomes
- securing political approval
- procuring high quality and cost effective services
- monitoring or evaluation, to ensure outcomes are being achieved
- reviewing
- responding to information from reviews

### **Commissioning Review**

A commissioning review is a way of ensuring that the services we provide to citizens of Swansea are fit for purpose, sustainable and compatible with changing priorities. For Adult Services, this means we need to have an appropriate range of good quality services which are able to meet the requirements of the new Social Services and Wellbeing Act, and also the changing patterns of demand which will arise as our population grows older.

### **Assessment / Assessed for need**

Social Services must offer an assessment if we know or think someone needs care and support, or a carer needs support. An assessment can help to see if a person has care and support needs, and to work out if they are eligible for help from Social Services.

When carrying out an assessment, we will talk to you and your family about what matters most in improving your life and your well-being. As well as talking about the difficulties you're experiencing, it's important that we find out about your strengths and capabilities and what is working well in your life.

We can then help you to work out what outcome you are hoping to achieve from our help, and then to agree what care and support that can best meet your well-being needs.

### **Outcomes**

Outcomes means that it is important to focus on a particular population, client group or individual and the *outcomes* they want to achieve in life. We can then assist to



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plan and assist to procure services which assist the person to achieve the outcomes they want.

### **Independence**

Independence means different things to different people but includes being able to make choices and exercise control over how a person lives their life. This is not the same as being able to do everything without help. Indeed, accepting help in some areas of their lives allows many older people to remain independent in others.

Independence brings with it dignity, control, self-esteem and fulfilment and is key to ensuring happiness and quality of life. In contrast, loss of independence may lead to reduced capabilities, causing deterioration in health and mental ability.

### **Reablement**

Reablement is relatively a short-term service which enables people who have a physical impairment to live more independently. The aim is to enable people to find new ways of doing things that they are finding difficult, and to look for practical solutions to encourage greater independence.

### **Domiciliary care**

Domiciliary Care is a service which provides personal care for someone in their own home to help someone keep their independence. Personal care can include help with getting up and going to bed, bathing, dressing, meals and medication.

### **Carer**

A person who, without payment, provides regular help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people under 18 who care for another family member. It excludes paid care workers and volunteers from voluntary organisations. This help may be in the form of personal support, practical support or emotional support and keeping them safe from harm.