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Planning Objective 4Q

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HB agreed at Board 26.5.22: By October 2022, through a rapid expansion of community care, support more Hywel Dda residents to remain / return home with the objective of 120* fewer non elective patients in hospital beds on a daily basis (averaged across the week and compared to the weekly average for the period between January and March 2022).

Regional Partnership: Our objective is to grow the total homebased care workforce in the community on a sustainable basis. To develop a consistent and regional set of principles which can be owned and implemented as most appropriate in each County System. The focus of the teams will be to support independence, reablement or enablement and the Home First principles. We seek to do this in partnership recognising the impacts on the experience and outcomes for individuals and the wider population. We seek to share the responsibility and risk in the design, implementation and resourcing and will ensure senior consistent representation in a regional steering group and local Operational Delivery Groups.

National: New WG mandate around **Community Care Capacity Building**.

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Pilot Evaluation Recommendations 21-22

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Pilot Evaluation Report

- The challenge of homebased care capacity is predominantly one of **workforce**. Partnership work to solve the recruitment, training and retention is necessary and this can be co-ordinated through the Regional Workforce Group.

- Long term development of teams and services is essential to support recruitment and schemes which carefully select candidates and provide a significant level of induction, training and support are key, for example the apprenticeship programme.

- Quick recruitment and short term schemes are unlikely to yield significant benefit due to the time taken to on board and train staff new to the sector.

- Project management and analyst support is required for future pilots to enable sufficient data and evaluation to be undertaken.

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Homebased Care Challenge

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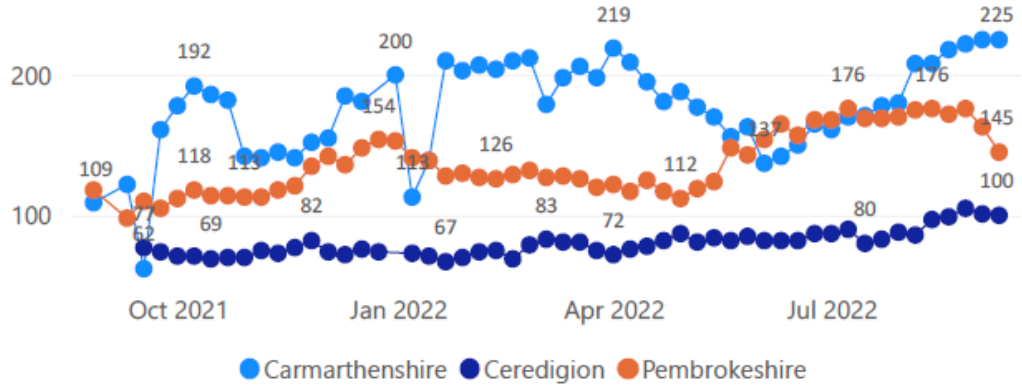
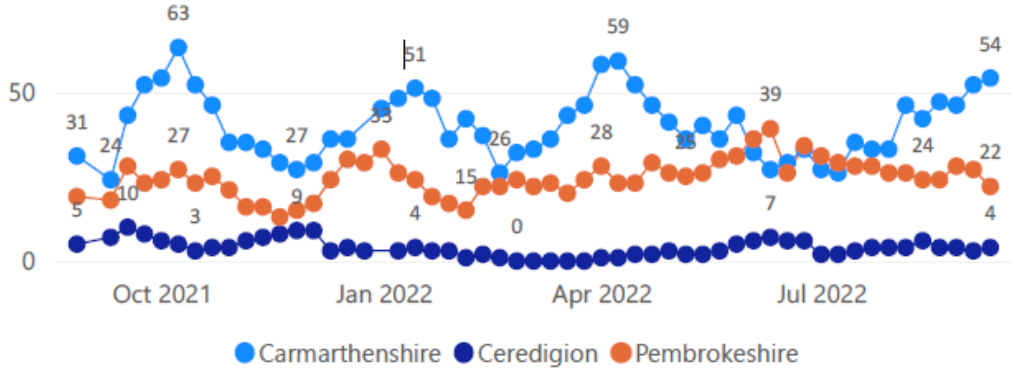
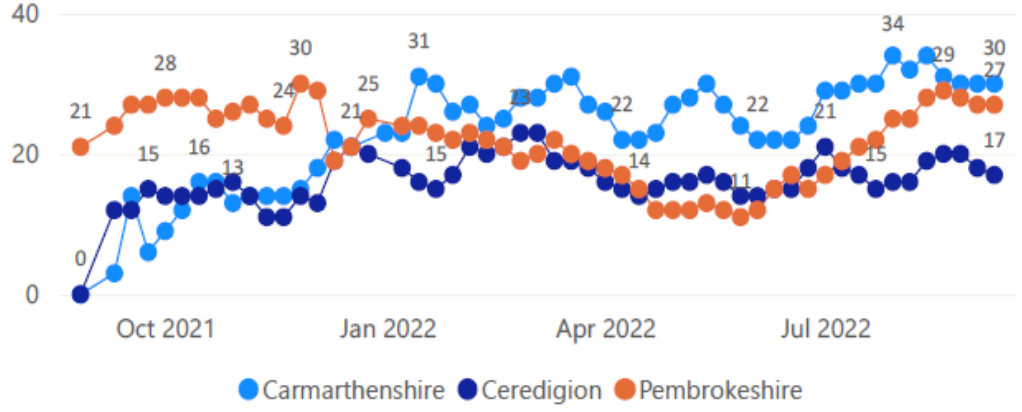
Total Dom Care & Reablement waiting



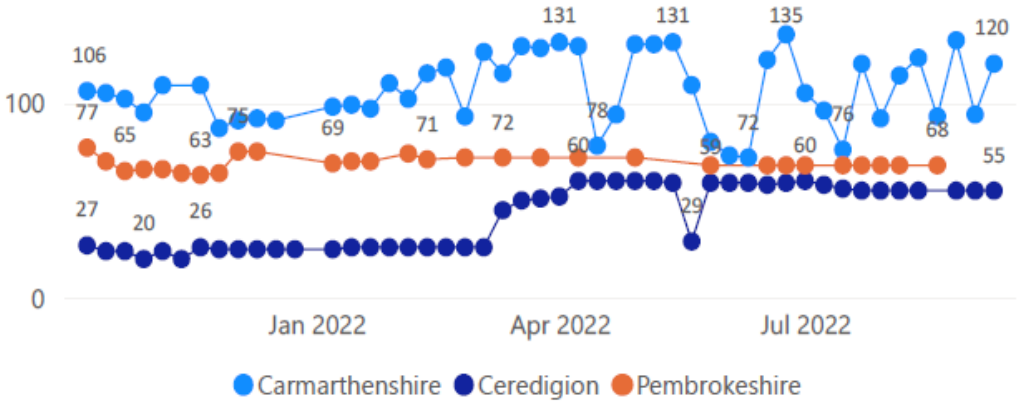
Dom care & Reablement waiting list: Hospital



Dom care waiting list: Interim care bed



No of staff vacancies (FTE)



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Bed Day Impact

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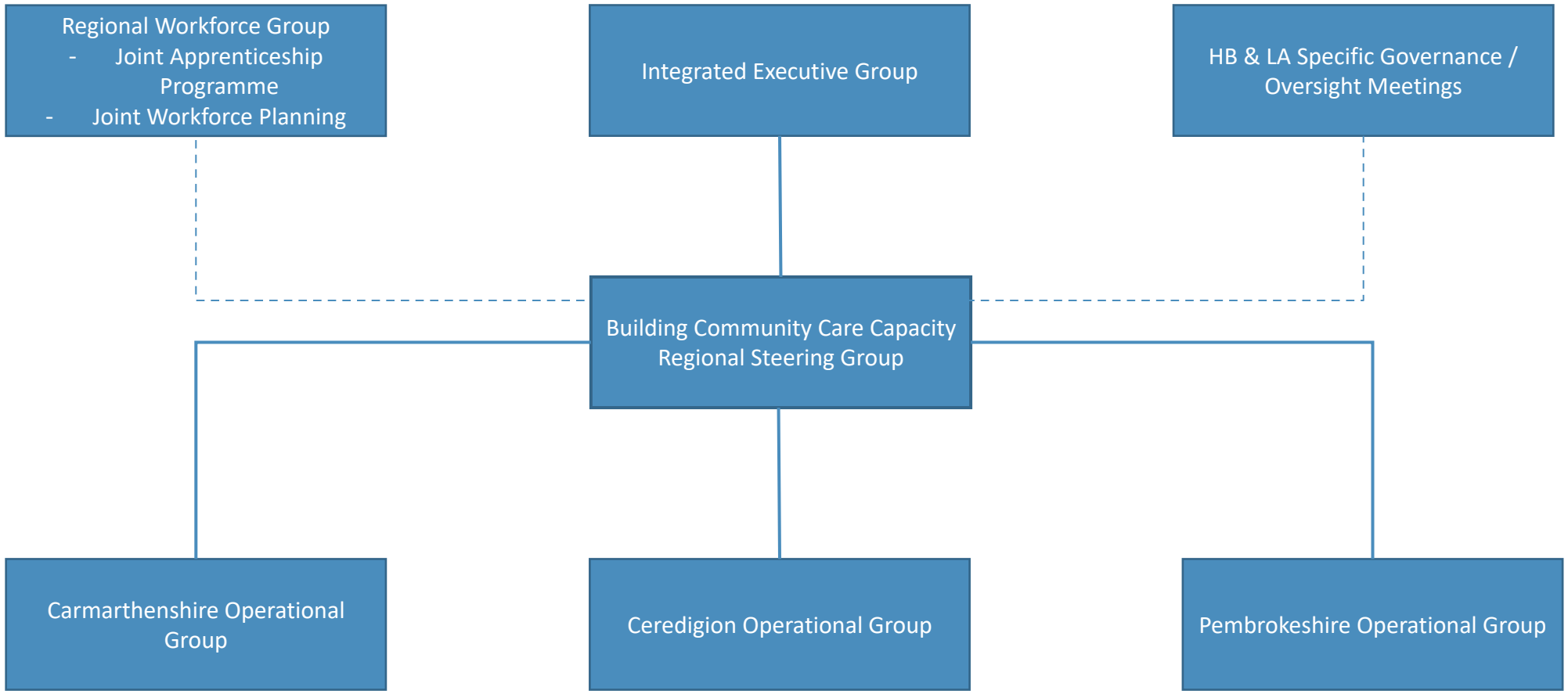
- The NUMBER of people MO or RTL does not tell the whole story
- Need to look at days lost and the change in the pathway
- MO – RTL is the single biggest change however the total numbers have increased by 54%

	BEFORE MO	MO – RTL	After RTL
November 2021 **99** people RTL	4088 days 41 average 52% total time	1009 10 average 13% total time	2772 28 average 35% total time
June 2022 **102** people RTL	4240 days 42 average 46% total time	1857 18 average 20% total time	3173 31 average 34% total time
Sept 2022 **152** people RTL	6685 days (+64%) 44 average (+7%) 47% total time (-10%)	3118 (+209%) 21 average (+110%) 22% total time (+69%)	4568 (+64%) 30 average (+7%) 31% total time (-11%)

Governance


Regional Workforce Group
- Joint Apprenticeship Programme
- Joint Workforce Planning
Integrated Executive Group
HB & LA Specific Governance / Oversight Meetings
Building Community Care Capacity Regional Steering Group
Carmarthenshire Operational Group
Ceredigion Operational Group
Pembrokeshire Operational Group

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Building Community Care Capacity Plan

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Locality Footprint	Workstream Detail	Category	Bed/bed equivalent capacity	Estimated additional cost 22/23 PYE (£m)	Funding source	RAG Rating	Comments
All	Improving LOS by 1 day for all patients	Efficiency Capacity Release	80		NHS Funding	Red	This relates to the whole system impact on hospital beds of the UEC programme which the projects below will support. It does not contribute to the community bed capacity and therefore should not be reported on through this work programme. The remaining projects still exceed the target number of beds sought.
Carmarthen	Short term intermediate care function	Increase in Community Capacity (Dom Care, Reablement, etc.)	52	£0.172	Joint Funding	Amber	Adverts live. 40 applications received to date however 28 rejected due to immigraion status. 10 invited to interview 29.9, 6 interviews confirmed. Further recruitment to commence 7.10.22. Costs are part year.
Ceredigion	Development of the Health and Social Care Support Worker roles	Increase in Community Capacity (Dom Care, Reablement, etc.)	21	£0.102	RIF	Amber	Following the trial in 2021/2022. Development workshop held last week so still work to complete to develop the service rapidly. Amber due to the number of unrealised risks (recruitment etc). Trajectory shows start of resource by January to be cautious. Costs are part year. CIW/HIW discussions to be prioritised.
Ceredigion	Increase in intermediate care bed capacity	SD2R Beds in Hospital or Care Home	6	£0.250	LA Core Funding	Amber	Only amber due to 'not live yet' and not all details developed yet. Attempting very rapid turn around of service and expect to be fully operational by end of November as planned. Costs are part year.
Pembrokeshire	Joint development of posts for long term dom care	Increase in Community Capacity (Dom Care, Reablement, etc.)	38	£0.157	Joint Funding	Amber	Two rounds of recruitment completed. 11 offers made with 5.48WTE offered substantive contracts, 5 offered bank contracts (their preference). 6 of these now unconditional offers and start dates pending with 5 further completing their emplyment checks. 2 people recruited to joint apprenticeship programme. B3 admin support recruitmeted, need to readvertise for B5 (closing date 2nd Oct). Once legal agreement and onboarding of first cohort has been completed futher recruitment will be undertaken. Costs are part year.
Pembrokeshire	Havenhurst and Hillside Residential Care SD2R	SD2R Beds in Hospital or Care Home	9	£0.313	RIF	Amber	9 beds not fully open and operational due to fire regs and staffing. Costs are full year.
Carmarthen	Ty Pili Pala Reablement Beds	SD2R Beds in Hospital or Care Home	14	£0.632	Joint Funding	Green	14 beds fully open and operational. Funding from RIF, LA & HB - costs are full year

Bed proxy = 1.9 beds per 1WTE employed in Pembs, 1.6 in Carms due to greater reablement focus

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Building Community Care Capacity Reporting

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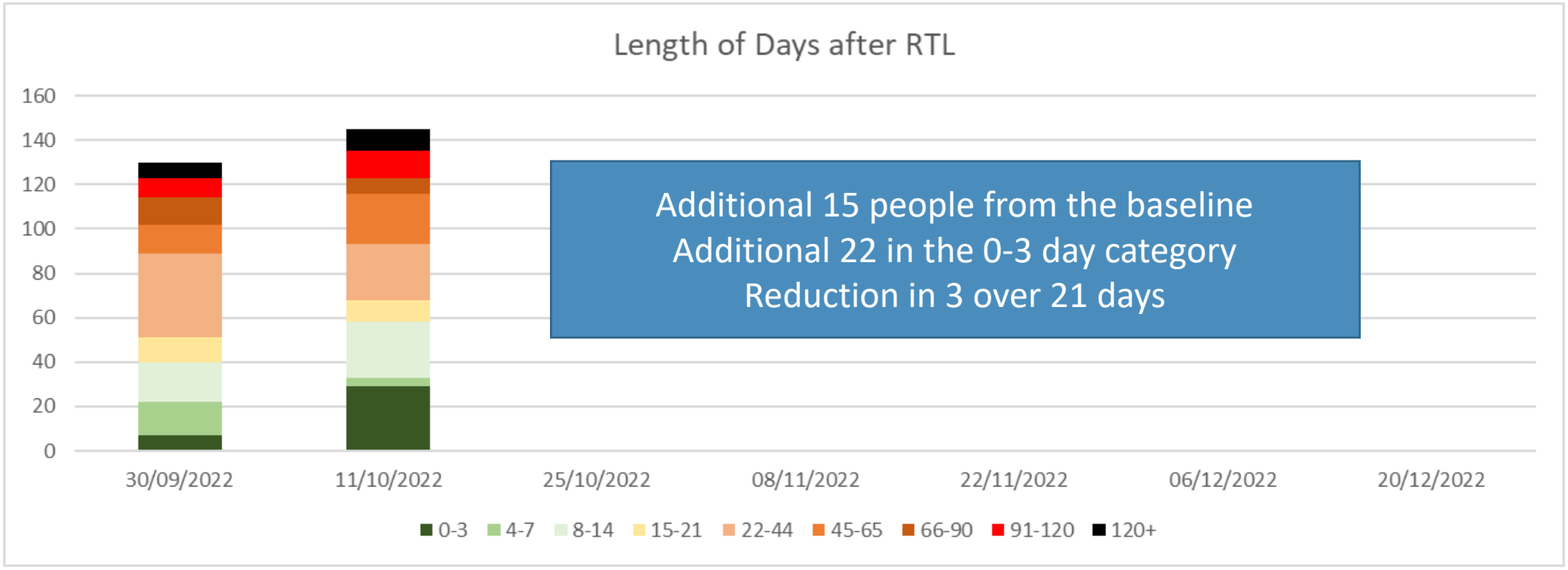

Reporting will be fortnightly to end of 22-23 year.

Hoping for alignment with the new Care Pathways reporting asap to mitigate the current duplication.

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Criteria

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Acceptance Criteria :

- Adults, over 65 years of age, frail with an assessed need and requiring support to transfer home to expedite discharge or to avoid admission
- People who the MDT agree is **Medically Optimised** and can go home with some wrap-around care for their assessment period which places a focus on growing independence
- People who have completed the assessments they need to have in an acute setting and are now **Ready to Leave** but require short-term support to 're-able', 'enable' or 'bridge' position until their long term assessed care and support is available which places a focus on independence
- Resident of the named Integrated Locality/County
- People who have consented to the service being delivered in the community

Exceptions :

- People who need care to be provided by the team overnight
- People with low level needs which can be met by community or third sector groups
- People whose assessment needs to happen in a bedded facility
- People who require ongoing complex medical intervention

Definition, Principles and Standards

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Integrated Enhanced Homebased Care provides additional capacity to bolster the provision of home care and support in the short to medium term where other forms of care are not available within a timescale that is deemed reasonable relative to the risk in the system. It enhances the community workforce which will integrate and enhance health and social care provision in partnerships between the Health Board and the Local Authorities.
Care may be provided :

- for those individuals at home to prevent or reduce the risk of an urgent admission to hospital
- for those individuals in an acute or community hospital bed who require care to enable them to transfer home for their assessments
- for those individuals in an acute or community hospital bed who require care to enable them to transfer home whilst waiting for their assessed long term care provision

Access Process: Each County ODG will enable a simple referral/access process through a single point of contact which will be clearly defined. The referrer should be able to make the referral electronically or by phone and the referral form should be added as an attachment to the Complex to Discharge SharePoint system.

Proactive Identification & Promotion of the Service : Clear information will be made available to the wards and discharge support teams to enable appropriate people to be identified and “pulled” through Board Rounds and local MDT or escalation meetings.

Joint Training: The workforce undertake the **Joint Induction Framework** to enable the delivery of health and social care to consistent and agreed standards. This will support later handover of care. This training will also include “Releasing Time to Care” principles.

Independence & Ability: Focus on the functional independence and wellbeing of the individual in order to right-size long term care needs. This will include managing the expectations with families and other professionals around “prescribed” levels of care.

Local Co-ordination: Packages will be co-ordinated at a County level to enable the piecing together of a safe package between partner providers. Consideration should be given to merging domiciliary intermediate care provision into a single entity or through single entity co-ordination to maximise shared resource and avoid handoffs and duplication.

Local Support & Supervision: Each Integrated Locality ODG will define the alignment of this workforce to local teams to provide consistent support, supervision and advice for the workforce with the appropriate registration for the care offered. The local team needs to be constituted with appropriate staff to support the competency and development of the community workforce. A local base within each place-based footprint will be established where each Support Worker can meet with peers, collect supplies and receive supervision.

Registration: Where staff are deployed under Local Authority in-house teams and registered managers, the staff must be able to meet the registration requirements of the provider.

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So What…

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Operational Measures

- Number of people being provided care by the employed team
- Number of hours of care delivered
- % non-contact time by the employed team
- Cost per hour of care delivered by the employed team
- Average patient time on caseload
- Total face to face contacts
- Number of referrals
- Waiting time for care - referral to first visit
- Quality / safety measures - eg medication errors, other potential harms
- Staff turnover / vacancy rates
- Sickness, training, compliance rates

System Outcome Measures

- Number of ED lodgers at 8.30am
- Number of surge beds at 8.30am
- Number of people in hospital, medically optimised (not RTL) on D2RA Pathway 2
- Number of days since MO of people in hospital, medically optimised (not RTL) on D2RA Pathway 2
- Number of people in hospital, ready to leave, waiting a package of care or reablement
- Number of days since RTL of people in hospital, ready to leave, waiting a package of care or reablement
- Number of people waiting a LTPOC on the LA brokerage list – in community, supported by other teams and in hospital

Balancing Measures

- Number patients re-admitted within 28 days of discharge
- Reduced interest in domiciliary care adverts
- Number of applications received for HCSW who are working within social care sector (either independent or Local Authority)
- Number of applications received for HCSW who are working within our (or other Health Boards') acute hospital
- Total number of carer staff working for the HB and LA in house home based care teams

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Workforce Plan & Implementation

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- **Carmarthenshire** (ambition 32WTE & supervision & admin)
  - 43 applicants – 32 overseas
  - 3 booked in for interview (4 withdrawn, 1 rejected, 2 did not schedule)
  - Re-advertising jointly with LA
  - Trajectory to complete induction and impact capacity December / January
- **Pembrokeshire** (ambition 20WTE & supervision & admin)
  - 22 people interviewed (51 EOI)
  - 5.48 WTE (7 people) offered PLUS 5 bank staff
  - 3 have started, 2 will begin in November, 2 awaiting start dates & 3 awaiting checks to be completed.
  - B3 admin recruited – not yet successful in recruiting to B5 RN
  - Trajectory to complete induction and impact capacity November / December
  - DBS delays – agreed a risk management approach to onboarding
- **Pembrokeshire Joint Apprentices** (ambition 15)
  - 11 WTE, 7 awaiting pre-employment checks & 4 completed checks
  - Supernumerary for most of Year 1
- **Ceredigion** – actively watching & learning

Successful recruitment, onboarding and retention is our biggest risk to delivery and impact

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Financial Summary –update 13.10.22

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Current year only
Assumptions :
Pembs staff onboarding from 1.10.22
Carms staff onboarding from 1.11.22
Additional phased recruitment both Counties
Travel & IT on costs included in headcount cost

		2022-23			2023-24		
	Additional Workforce Sought :	**Carms**	**Pembs**	**Total**	**Carms**	**Pembs**	**Total**
1	Band 2 HCSW/generic role – Target 20 WTE (Pembs) – 7 days 7am – 10pm 5.48 onboarding from October - additional 5 from March '23 & 4 from June '23		131,524	**131,524**		573,525	**573,525**
2	Band 3 HCSW/generic role - Target 32 WTE (Carms) – 7 days 7am – 10pm 4 onboarding from November - additional 4 from March and 4 from June	140,776		**140,776**	674,152		**674,152**
3	Band 5 Supervisors – 4 WTE (2 Carms, 2 Pembs) - Monday – Friday only normal hours Onboarding from Jan '23	20,628	18,347	**38,975**	82,512	73,390	**155,902**
4	Band 3 - 2 WTE (1 Carms, 1 Pembs) Monday - Friday only normal hours Onboarding from Oct '23	8,436	17,737	**26,173**	25,308	40,168	**65,476**
	Total	**169,840**	**167,608**	**337,448**	**781,972**	**687,083**	**1,469,055**
	Share paid for by HDda	**84,920**	**83,804**	**168,724**	**390,986**	**343,541**	**734,527**
		Year 1 costs Oct '22 - Oct '23			**Year 2 costs Oct '23+**		
5	Band 2 Apprentices - 11WTE (Pembs) - 7 days 7am - 10pm		17,379	**17,379**		347,566	**131,524**

1. 2022/23 costs are calculated on the assumption that we will not recruit many more before Jan/March – a phased and ongoing recruitment plan to be implemented.
2. 23% antisocial on costs have been included for Health, the LA has a different model for T&Cs
3. Apprentices are separate but included for information
4. Travel costs included in pay costs for staff
5. Existing significant funding for Intermediate Care Teams through RIF which needs to be considered for the future.

Current unfunded staff in community services				
Gap in budgeted estab v current staff in post	68.7	**2,541,160**	**2,541,160**	**2,541,160**

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Pembrokeshire Example

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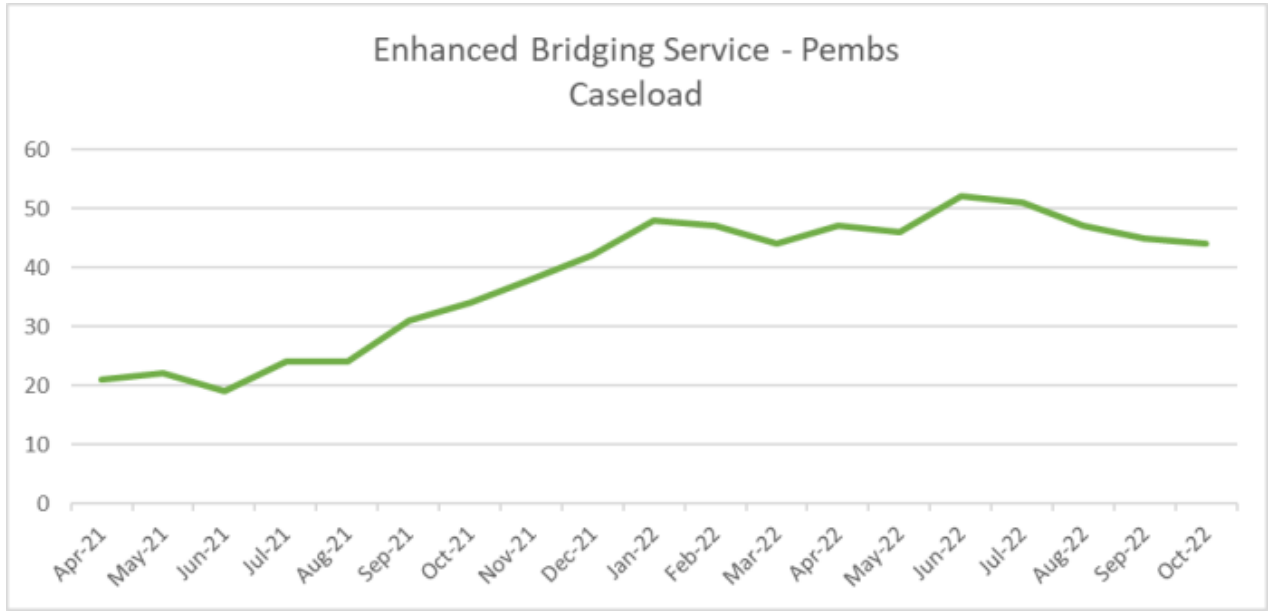
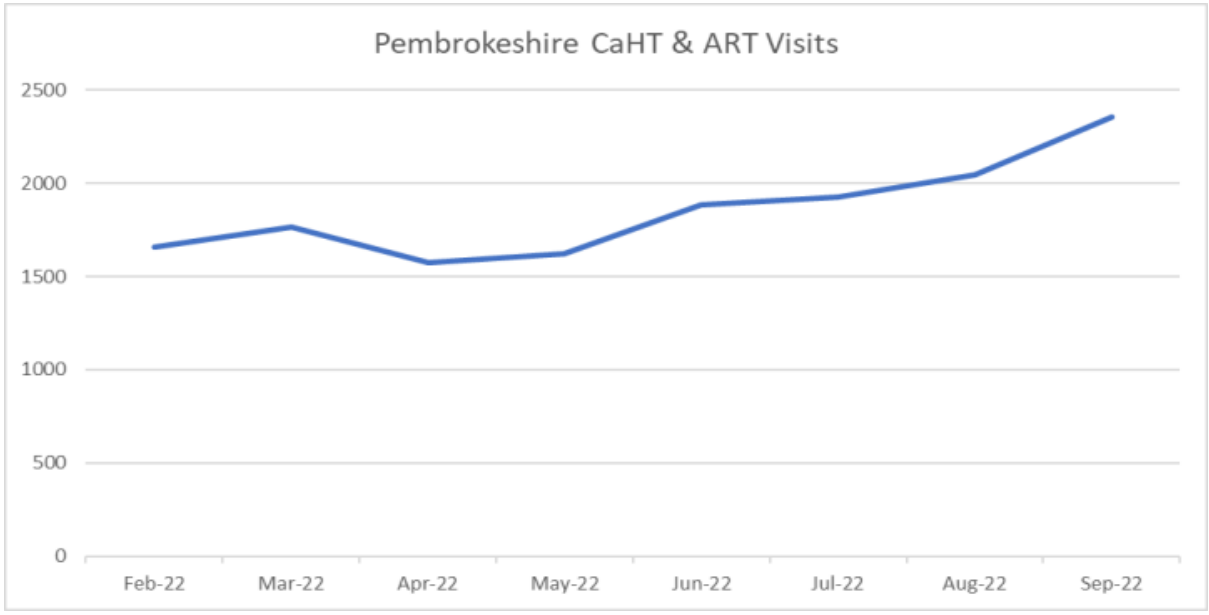
- 2021-22 pilot saw an increase in the Intermediate Care Nursing Response (ART and Care at Home Team). They undertake a variety of support but have been increasing their bridging care.
- Team includes : 15.45 WTE Band 2, 34.72 Band 3 and 8.6 WTE Band 5
- ART works 24/7, CaHT works 7am – 10pm 7 days





Risks and Issues

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Title	Risk	Mitigation
Recruiting sufficient staff	Lack of potential recruits to satisfy the demand Challenge recruiting RNs as clinical supervisors	over last 3 months 1100 applications for HCSW roles in the HB – there will be a range of capabilities but will be an initial target audience. Positive recruitment processes – testing Carms vs Pembs approach
Delays in processing PECs	Current breeches by NWSSP who undertake this for the HB due to volumes – apprentices PECs	HB teams undertaking PECS
Varying Job Descriptions	Each County currently proceeding with slightly different models which could cause discrepancies in the whole system model	Reviewed all JDs and entry-points / qualifications.
Transport/ Cost of living	for community based staff, driving is a key job requirement. For low grade staff the cost of learning to drive and owning a car is high	scoping the options of supporting with additional pool cars and subsidised driving lessons. Mileage allowance increase continuing in HB, different T&Cs with LA
Induction & training backlog	As we are targeting people with no community care experience initial induction is pivotal and therefore this will be required by all recruits in a timely fashion. Manual handling also has a backlog and may generate delays in the initial induction of staff.	Initial additional training space created – this is a challenge for those who need a later induction – under review
Registration of staff	where staff are delivering social care, they will need to register with CIW (£35 each for 3 years) – this may be a disincentive for applicants – staff will need to do this whether on LA or HB contract.	All Wales meeting of HBs with CIW to review challenges and ensure appropriate deliver of services. Asked for joint HIW and CIW meeting.
Registered Manager	if the staff are delivering social care or reablement they will need to be supervised by a Registered Manager	Will require clear governance structures and a partnership agreement / MOU and possibly a pooled fund to enable delivery Where broader intermediate services delivered this can be supported within health under the supervision of an RN
Setting change but no additional capacity	with new roles and different rates of pay, there is a risk that staff already employed will move employer resulting in no additional capacity but higher overall costs	Monitoring overall capacity in the region