



EDUCATION AND SOCIAL SERVICES SCRUTINY COMMITTEE - 3RD JUNE 2025

SUBJECT: DOMICILIARY CARE PACKAGES

REPORT BY: EXECUTIVE DIRECTOR FOR EDUCATION AND SOCIAL SERVICES

1. PURPOSE OF REPORT -

- 1.1 The purpose of the report is to provide elected members with information on domiciliary care packages provided to individuals of the county borough

2. SUMMARY

- 2.1 The report will outline the process for assessment and provision of domiciliary care services for individuals

3. RECOMMENDATIONS

- 3.1 Members note the information contained within the report

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 The report is for information only.

5. THE REPORT

- 5.1 Social Services undertake assessments in accordance with the Social Services and Well-Being Act 2014. The focus being on identifying individual outcomes that a person cannot meet themselves using their strengths and networks.
- 5.2 Individuals their family or professionals contact the Information Advice Assistance (IAA) team who have a 'what matters' conversation with the individual. Staff are trained in having collaborative conversations, if the

individuals' outcomes cannot be met by Information, advice or assistance then a further assessment will be required.

- 5.3 Adult services has introduced an assessment service which is part of the Community Resource Team (CRT). Individuals who are not in receipt of a care package are referred to the assessment service. The service then undertakes a functional assessment with the focus on promoting independence and enabling people to develop/ maintain skills to meet their outcomes and establishing what ongoing support (if any) is required
- 5.4 The assessment service consists of case managers and registered domiciliary care workers who have access to Occupational Therapists, Physiotherapists and Social workers to inform the assessment.
- 5.5 There is no fixed period for assessment, this can be as short as a one off visit, a few days or up to a few weeks if the assessment identifies a period of reablement would be beneficial.
- 5.6 The assessment service is not subject to the non-residential charging policy and therefore there is no charge.
- 5.7 The assessment service is also accessed by people in hospital as part of the discharge planning process which enables an ongoing assessment to be carried out at home and prevent unnecessary lengthy hospital stays
- 5.8 The assessment service has been very successful in promoting people's independence and preventing them becoming dependent on statutory in-house or commissioned services. The service provides a robust assessment of what an individual is able to do for themselves and what they need support with and in turn, ensures the right level of support is provided longer term. Also, by encouraging individuals to focus on their own strengths gives them a more positive outcome:
 - We are enabling individuals to remain independent for longer
 - We are commissioning smaller care packages, enabling the limited care provision available to go to those in most need
 - The mixed discipline of staff works well and eliminated the need to 'refer on'
 - Reduction in length of stay for those needing support as part of their discharge from hospital

As at the end of March 2025, 36% exited the service as independent and so not requiring ongoing formal support. Of those who do require ongoing support, we are seeing that the level of care is often small, such as one or two care calls a day. Approximately 12 referrals per day are received for the service, with an average waiting time of 5 days.

- 5.9 There are exceptions to the assessment service for example people on the end of life pathway, these individuals would either receive emergency care at home or a commissioned service.

- 5.10 Following a period of assessment should an individual require a long term care package this will be brokered to either the in-house Home Assistance Reablement Team (HART) or one of the 17 registered domiciliary services on the authority's framework.
- 5.11 Where a long-term care package is required the person will be transferred over and managed by the area Social Work team who will complete a care and support plan which will be subject to an annual review.
- 5.12 Where an individual is already in receipt of a care package, we accept feedback from the provider should the duration of the call need to increase or decrease to meet the outcome for that person.
- 5.13 Currently 9126.8 hours of domiciliary care are provided across the borough which includes extra care
- 5.14 At present we are currently unable to provide 66.5hrs for 7 people of which one is in hospital and 6 are in the community awaiting a new care package. However, it must be noted the position has improved considerably, and people are not waiting long for start dates of packages.

5.15 Conclusion

The position in terms of provision of domiciliary care has improved and there is a direct correlation to the introduction of the assessment service.

6. ASSUMPTIONS

- 6.1 No assumptions have been made as part of this report.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 Report is for information only so an IIA is not required.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no financial implications in relation to this report.

9. PERSONNEL IMPLICATIONS

- 9.1 There are no personal implications in relation to this report.

10. CONSULTATIONS

- 10.1 All comments have been included in this report.

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