



Department  
of Health &  
Social Care

# Market Sustainability and Improvement Fund 2023 to 2024 - Capacity Plan Template

Published 2 June 2023

## Contents

Section 1: Capacity for winter 2022 to 2023.....	3
Section 2: Current capacity.....	4
Section 3: Future capacity.....	5

Please use this template to complete the capacity plan as part of the Market Sustainability and Improvement Fund.

Local authorities must complete all sections of this form.

Templates should be returned to [msifcorrespondence@dhsc.gov.uk](mailto:msifcorrespondence@dhsc.gov.uk).

Deadline for submission of capacity plans - 30 June 2023.

# Section 1: Capacity for winter 2022 to 2023

**Please detail what measures were put in place during winter 2022 to 2023 to ensure sufficient capacity across your social care markets, and an assessment of how successful these measures were. (500 words maximum)**

As can be seen from published plans, the Health and Social Care system in Thurrock utilised the BCF in winter of 2022/23 to increase capacity in our social care markets and ensure timely hospital discharges.

The change in discharge planning during the pandemic from people being medically 'fit' to 'optimised' has created an increase in both the complexity of those requiring services and the level of care that needs to be delivered to support people effectively.

This has had the largest impact on the delivery of domiciliary care. Nationally, the domiciliary care market has faced many well publicised challenges, which was only compounded by rising inflation. As detailed in our Market Sustainability Plan, locally, we have had the additional complication of a vibrant job market making it a competitive environment for recruitment.

To manage an environment of increased demand, we have supported the market financially through the Market Sustainability and Improvement Fund and Winter Discharge funding (our submitted return detailed the areas of funding). Additional spot providers were taken on board but only where quality could be rigorously assured.

Hospital discharge was supported with the funding of the Bridging Service (a hospital run service that 'bridges' the gap between hospital discharge and the start of a long-term care and support package). This combined with incentive payments to providers over the seasonal period allowed fluid and timely discharge in an otherwise challenging period due to staffing and capacity pressures. Our Council run care home continues to provide interim and reablement beds as a step up/step down provision to aid both hospital discharge and to stop avoidable admissions.

Although a waiting list was run at times for domiciliary care, the impact was minimised due to the above measures. Timely hospital discharges continued to be supported throughout the winter of 2022/23.

As stated in our Market Position Statement we have restricted the growth of the care home market as we have invested in supporting people to remain in the community. Capacity across all social care provision is formally reviewed at least once a week (this does flex depending on the situation) and during any peak periods the Council will block book residential and nursing beds if there is a concern about securing capacity. Except for some small periods of difficulty, we had sufficient capacity within our local area but have always had reciprocal agreements in place with other Essex authorities should there be an issue.

However, we are concerned that due to the greater need of those medically optimised being discharged from hospital that there will be a change in the presenting need for the winter of 2023/24 (see question 3).

We had sufficient capacity in all other parts of the market during this period.

## Section 2: Current capacity

**Please provide an assessment of any current capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care (split into Homecare, Extra Care and Supported Living). Please include details on what the required capacity is, the available capacity in the market, and the level of capacity that is currently affordable. (750 words maximum)**

As detailed in our Market Sustainability Plan we have consciously limited any growth in the care home market within Thurrock. We have been on a journey of transformation since 2011 - our early adoption of strengths and asset-based community development has meant that we have not experienced increase demand for residential care in that period and have consistently maintained a 5% void rate. Rather than growth, the focus in our care home market has instead been on quality and we have maintained a higher-than-average level of quality across all type of provision.

As such, we currently have sufficient capacity for long-term residential care standard placements. However, we are closely monitoring the demand for high needs placements as we encounter a possible change in the percentage of people requiring higher levels of support. At this point we are not experiencing an increase in overall demand but a change in the complexity of the people presenting.

We will change the shape of our existing care home market once we are able to establish if this is a continuing trend. We will not introduce additional provision as we are not experiencing an overall increase in demand, but will instead work with the market to reduce the number of standard residential care beds, whilst growing the percentage of beds that can meet higher needs.

Although the local authority has consistent levels of nursing home placements, there are increasing levels of placements by health colleagues. We will continue to monitor and will support health partners to re-shape the market if required.

We have sufficient capacity in other accommodation-based services. Although we are not experiencing capacity issues in either extra care or supported living provision, we are working to increase the diversity of providers (especially within the learning disability supported living sub-market) and to test different models of support for people with mental ill health.

We are currently running a waiting list for homecare, and this will continue to be our most pressing area of concern. As detailed in our Market Position Statement, as our reliance on residential care has declined due to our commitment to support people in the community, we have seen a significant increase in the amount of home care we deliver.

Difficult national and local conditions coupled with the increasing complexity of service users due to being discharged as medically 'optimised' rather than 'fit' has resulted in us introducing a waiting list of approximately 164 hours per week between April and June 2023 (however, please note this has fluctuated significantly through

the period). We have also continued to fund other services detailed in our response to question 1 to aid hospital discharge.

At the time of submission, we currently commission 8,900 hours of homecare. In 2013, we provided 5,100 hours – this is an increase of over 70% in a decade. The growth in hours is not linked to a similar growth in the number of people accessing home care but instead is due to the complexity of those we now support. Although some of the cost of this provision has been offset by minimal growth in residential care, the complexity of people presenting, and the trajectory of demand has significantly impacted on social care and wider council budgets.

Without improved terms and conditions for staff making care an attractive and viable career we will have increasing difficulty in securing support for vulnerable people. In addition to other funding, we ensured that the Market Sustainability and Improvement grant was utilised to improve fee rates for all providers, however this was given at a time of significant inflation and rise in the living wage.

If we were to increase fees to the level that would maintain current supply whilst expanding our current level of provision to meet demand, it would be unaffordable. As such, we are considering several ways to manage demand more effectively – long term this is via an investment in preventative service. In the short term we continue to consider other more direct actions.

Our internal financial modelling is based on demand remaining relatively stable to 2022/23. The 'best estimate data' contained within this return supports that assumption. As such, we can maintain current levels of service capacity but only if demand is maintained at the 2022/23 level.

We will continue to support the market with any funding that comes available to us and will use the effective mitigation detailed in question 1 and in our BCF, Winter Pressures and Market Sustainability and Improvement Fund returns to manage the market during this period.

As stated in our MSP, we are testing alternative delivery models for home care as we try to take a long-term view on addressing workforce and other issues within the market.

## Section 3: Future capacity

Please provide an assessment of any future capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care with a focus on winter 2023 to 2024, as well as a detailed plan on how these capacity gaps will be addressed.

As stated in the previous commentary, there are currently two gaps in capacity within Thurrock's care market. It is expected that current capacity issues will continue into winter 2023/24;

### 1. High Needs Care Home Placements

Although we have sufficient supply of residential care provision, there is an emerging picture that although the number of people requiring residential is not significantly increasing, that the percentage of those presenting with higher needs is. Early suggestions are that this is the result of growing complexity due to people leaving hospital 'optimised' rather than 'fit', however this needs further analysis before we can confirm that position.

Demand for services is not always linear. This coupled with our excellent working relationships with our providers means we have the ability to flex and adapt provision to meet needs. As such, we will continue to monitor the situation before permanently altering our care home profile.

As stated in previous questions, management review capacity across all social care provision on at least a weekly basis. We also attend system review meetings with health colleagues where utilisation of care capacity in the wider system is discussed so we are confident that this issue is under constant scrutiny.

Should it appear that this trend for high needs care home placements is to continue and that we do not have sufficient supply, we will work with our existing high-quality providers to reshape the market to meet need, thereby minimising any risk.

Although local authority funded nursing care placements has remained static, there is an increase in the number of people requiring nursing care who are commissioned by health. We will continue to monitor the increase in health placed/commissioned nursing beds and will support our partner to change the profile of the market should there be an imbalance in the supply and demand of this provision.

### 2. Home Care

The demand for care (greater complexity of each package of care rather than a significant increase in the number of people requiring care) is growing at a time of rising costs due to inflationary levels. Locally, we have a very competitive labour market making recruitment and retention difficult.

As such, in terms of capacity (but not quality) home care remains our biggest area of risk. We are fortunate to work with an established group of home care providers in the area who are assessed as providing high quality care.

We have encouraged new entrants to the market through the use of spot contracting and will continue to do so, but only where quality can be assured. We have continued to fund the bridging service and the voluntary sector run home from hospital service (called By Your Side) in partnership with health to bolster capacity. We have also worked regionally to support providers with overseas recruitment. This will help support the timely discharge and ongoing support of service users during winter 2022/23

As stated in our response to question 2 – our long-term strategy is the development of preventative and integrated services to improve service user experience and manage demand across the system. Our strategic vision '[Better Care for Thurrock – The Case for Further Change](#)' details our plans in testing and developing new models of care to support demand, capacity and the long term sustainability of Thurrock's care and support market. Our recent BCF submission also details our agreed priorities requiring system wide funding.