Department of Health & Social Care

Market Sustainability and Improvement Fund 2024 to 2025 - Qualitative Capacity Plan Template

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Contents

Use this template to complete the qualitative aspect of the capacity plan as part of the Market Sustainability and Improvement Fund (MSIF) in 2024 to 2025.

Note: local authorities are not required to publish their own MSIF capacity plan return for 2024 to 2025, as set out in the MSIF guidance for 2024 to 2025. DHSC intends to publish a report, including the data provided by local authorities, following submission and analysis of returns.

Local authorities must complete sections 1, 2 and 3. Completion of section 4 is optional.

Templates should be returned to msifcorrespondence@dhsc.gov.uk.

Deadline for submission: 11:59pm on 10 June 2024

Section 1: Capacity in winter 2023 to 2024

Give details of what measures were put in place during winter 2023 to 2024 to ensure sufficient capacity across your social care markets, and an assessment of how successful these measures were. You may wish to include information from last year's document which states what actions you planned to take in winter 2023 to 2024, with an update on how successful each was. (500 words maximum)

In the previous year document we detailed two areas of concern regarding capacity. These were high needs care home placement and home care.

1. <u>High Needs Care Home Placements</u>

We thought that we would continue to have a sufficient supply of residential care provision overall, but that there may not be sufficient high needs placements available i.e. we were not expecting a significant increase in the number of people overall requiring residential care but that the percentage of people with higher needs/greater complexity was increasing.

We continued to monitor any imbalance of supply and demand in the market during the year. However, our concern was not realised. As such, we have maintained our current split of high needs/complex to standard residential care beds.

Overall, we had sufficient supply during the winter of residential care beds and rarely experienced a prolonged period of significant difficulty/reduced choice in placement availability.

2<u>. Home Care and Home from Hospital Service</u>

Due to mechanisms put in place to bolster capacity such as staff retention mechanisms (bonus scheme, reduced cost of fuel cards for home care workers), continuation of Bridging (hospital run care service that bridges the gap between discharge until start of long term care package), reablement (community based) and intermediate care beds (building based reablement) and the By Your Side service (low level home from hospital service run by the voluntary sector) we had sufficient capacity in winter 2023/24 to meet need.

The winter of 2023/24 was well managed by the system with very few periods of insufficient supply.

Please note that our outturn for 2023/24 may not show a clear relationship between the previous year spend plus the Market Sustainability and Workforce fund i.e. it does not reflect the increase in income and is less than these two figures combined.

All monies received via this fund were spent on capacity initiatives including improved fee rates for providers. However, we also had more people meet the cost of their care (we have historically had very low levels of self-funders due to the high levels of deprivation in the area) and more significantly had a dedicated debt recovery project which proved to be successful. Both of these things reduced our 'bottom line' at year end.

Section 2: Current capacity

Give 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 (with a particular focus on home support and supported living). 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)

Enter your response here.

We plan to continue with the successful strategies utilised during the winter of 2023/24 and expand some of these activities. As such, we do not foresee any capacity gaps.

We have sufficient capacity for residential care. As detailed in our Market Position Statement we have consciously limited any growth in the care home market within Thurrock and consistently maintain a 5% void rate (this is helpful to local providers as they do not have to absorb large levels of voids and the associated costs). Although we do not focus on growth, we do focus on the quality and continue to maintain a higher-than-average level of quality than regional and national averages.

We have sufficient capacity in other accommodation-based services. Our work in this area during the year has largely focussed on testing new/different models of support for people with dual diagnosis (mental health and substance misuse) and high levels of complexity. The early results are very promising, and we are sharing our learning widely.

Home care remains our biggest area of risk (especially in relation to workforce with a high use of zero-hour contracts, one third of those working in this market sector due to retire in the next decade and few young entrants).

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.

We are currently procuring our home care contracts. We have advertised a 10-year contract opportunity to give stability to the home care market and providers. We expect that the security of contracts will in turn lead to a greater security of employment for home care workers thus improving retention. We are also testing blended roles – if successful this may give workers improved status and renumeration resulting in attracting more people to care as a career. The new 10-year contract should go live in April 2025.

In terms of day-to-day demand in home care, due to the additional capacity detailed in the previous answer that this funding and the winter pressures monies have afforded us, we managed to reduce waiting times for the service during the year. As such, we are currently assessing ourselves as having improved/sufficient capacity.

Our internal financial modelling is based on demand remaining relatively stable to 2023/24. As such, we can maintain current levels of service capacity but only if demand is maintained at the 2023/24 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.

Section 3: Future capacity

Give 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 2024 to 2025. Include a detailed plan on how these capacity gaps will be addressed. (750 words maximum)

Enter your response here.

The demand for care is growing (greater complexity in care rather than a significant increase in the number of people requiring care) yet we potentially have a shrinking workforce. In Thurrock, it is this risk to the overall market that will produce a gap between demand and supply/capacity.

Due to the workforce issues in Thurrock (one third of workers due to retire in the next 10 years, high use of zero-hour contracts, few younger entrants to care and a competitive labour market) we are taking a long-term view to manage the market and attract people to care as a career. This includes longer contract terms (detailed in the previous answer/s) to increase stability within the market. We will also be considering other contract mechanisms to support providers and improve the and conditions of public facing staff.

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.

At a more granular level we plan to replicate the mechanisms we put in place during the winter of 2023/24 detailed in question 1. These proved to be successful in securing and adding capacity to the wider system and aiding discharge.

In advance of winter, we are considering the expansion of the voluntary sector run home from hospital service (called By Your Side) to operate 7 days a week and to support the system with hospital avoidance in addition to discharge.

Section 4 (optional): Methods of commissioning

Give any additional information or context regarding the proportion of care commissioned using different methods that you provided banding for in question 6 of the quantitative return. (300 words maximum)

Enter your response here.

<u>Accommodation Based Services</u>

Our residential care and supported living contracts are largely spot purchase. This reflects the individual's right to choose where they live.

<u>Community Based Services (inc. Home Care)</u>

We recognise that we have an over reliance on spot contracts for home care (63% of all external home care spend in 2023/24 was via a spot contract). This was one of the drivers in the tender for new longer term home care contracts detailed in our response to question 2.

Our community based services (personal assistants, individual and group day services/activities etc) for people with a learning disability are mostly commissioned via Individual Service Funds or Direct Payments and as such are not accounted for in the commissioning methods/this return.