



Department
of Health &
Social Care

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

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HARTLEPOOL BOROUGH COUNCIL – ADULT SOCIAL CARE

30th June 2023

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.

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)

HBC Adult Social Care worked closely with all care providers and kept in regular (at least weekly) contact with all residential and domiciliary care providers – this was with an identified / regular contact officer from the commissioning team, so that the care home manager/contact was familiar with the HBC officer.

This contact including support, advice & guidance, as well as regular monitoring information of vacancies in care homes or relevant capacity within domiciliary agencies, as well soft information on any issues that the provider was experiencing, such as staff sickness or leave, staffing levels, shortages of specific role (e.g. nursing staff) etc.

Implemented weekend working payments scheme to care homes, i.e. financial payment for Saturday, Sunday or both days to care homes to ensure relevant staff were in place to assess patients coming out of hospital without the need to wait until Monday to complete an admission.

Implemented financial incentive for those working in independent care homes and domiciliary care agencies, i.e. financial payment direct to individual care workers if they remained in employment over the winter period, e.g. December 2022 to March 2023.

We also gave all older people care homes (and older peoples home care and extra care) an additional 2% premium payment funded from the market sustainability fund over the period October 2022 to March 2023.

We had utilised funding to support D2A on a spot basis over this period (where previously we had used a block contract for this).

Worked closely (via regular weekly meeting, and additional communications when required) with our health colleagues at North Tees and Hartlepool FT to ensure information was shared on pressures and flow and how this could be addressed, i.e. what services could be put in place or amended at short notice, as well discussing use of care support to resolve particular issues. This was based on an open, honest and supportive approach between health and social care which meant teams and workers were comfortable and confident working with each other.

An example of this was the flexible use of health's Home First service which was used to provide support to people leaving hospital alongside and complimenting Adult Social Care services – where availability of service in one area may have been used to supplement short term issues in another service, hence, providing the ability to discharge a patient when required.

Worked with our close neighbours, Stockton-on-Tees Borough Council ASC staff to share knowledge and learning throughout the winter period, as well as solutions to improving patient flow and problem resolution.

We utilised HBC's Direct Care & Support Service (internal homecare service) where necessary to help manage patient flow through the hospital where independent agencies could not pick cases immediately. This included keeping cases for a further period until the independent sector agencies could pick up the cases due to their pressures.

Where necessary, we utilised joint working between independent and internal home care services to ensure the client could move out of the hospital setting as quickly as possible.

Overall, this worked very well and hospital flow was maintained at acceptable levels through very challenging periods via this joint working approach between health, social care and independent sector agencies. This is backed up by the statistics on patient flow throughout the winter 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)

a) Long term nursing care

Hartlepool has no Local authority provision for nursing or residential care homes, all provided by the independent sector.

Historically, Hartlepool has had some challenges in relation to the number of nursing care places available within the borough, and did mean that use of Out of Borough placements was required at higher levels than we would have preferred.

This position had stabilised during 2021 and 2022, but then in March 2020, a Nursing care home closed in Hartlepool losing capacity of 34 beds. However, later in 2022 (August) a brand new 90 bed care home (with nursing care capacity) opened which would gradually release nursing and residential capacity from August 2022 onwards. This worked well and meant that the need for use of Out of Borough nursing care placements has reduced.

We have regular provider forums where HBC share information with nursing care homes and listen to and try to resolve any issues raised.

Hartlepool monitor the number of short and long term nursing care usage and track vacancies on a weekly basis.

There are approx. 143 nursing beds available (at a snapshot position, of which some are dual registered, so can be flexible) in Hartlepool. This has increased with the introduction of the new care home in August 2022. This equates to capacity to take approx. 140 people across the year, based on average duration as outlined in 2021-22 and 2022-23.

Care homes across Hartlepool are currently operating at approx. 92% capacity but this level is closely monitored with providers.

This capacity is expected to meet the needs across Hartlepool, but this situation is regular monitored with our health partners and independent care providers.

b) Long term residential

Hartlepool has a very stable residential care home base of 15 care homes, with a snapshot capacity of Approx. 490 beds for residential places (excluding those for nursing placements, and accepting some beds are dual registered and can be flexible). We work closely with care homes to ensure they are supported to help manage resources to maximum effect. This had remained fairly consistent, but

increased in August 2022 with the introduction of a new dual registered care home with 90 bed capacity.

Hartlepool monitor the number of short and long term residential care usage and track vacancies on a weekly basis through regular contact with all care homes.

We have regular provider forums where HBC share information with care homes and listen to and try to resolve any issues raised, as well as named contracts officers for each care home to contact about any issue with their home.

Overall, this equates to capacity to take approx. 540 people across the year (regardless of length of stay), based on average duration as outlined in 2021-22 and 2022-23.

Care homes across Hartlepool are currently operating at approx. 92% capacity.

Financial monitoring around spend in care homes, along with activity is closely monitored to ensure spend is within pre-determined expected levels.

Occasionally, specialist requirements will mean that placements are sought from Out of Borough.

This capacity is expected to meet the needs across Hartlepool, but this situation is regular monitored with our health partners and independent care providers.

c) Long term community care (split into Homecare, Extra Care and Supported Living)

Hartlepool have 2 main domiciliary care providers in place – one for the North of the town, the other for the South. All care at home requests are initially directed to one of these 2 agencies, e.g. following hospital discharge.

Following a tender process at the end of 2022, in May 2023 a new domiciliary agency was appointed in the North of Hartlepool. This already experienced company (although new to Hartlepool) has worked closely with HBC to transfer the service and all clients from the existing provider. This has been very successful and the new provider has ‘hit the ground running’ in terms of a confident hand over, as well as proving to be very good at recruiting staff which is giving HBC very positive signs for the coming years (5 year contract in place). This new provider has already provided much better performance information than their predecessor and we fully expect to work successfully with this company in the coming years.

Currently, unlike other areas in the NE, we do not have a significant waiting list for people to access domiciliary care.

In addition to the standard 2 companies there are a range of other companies who can provide additional at home support, that Hartlepool can draw on when needed. This has worked well in the past, giving much needed increased capacity at times of highest challenge.

In terms of specialist care at home for working age adults, Hartlepool are part of Tees wide framework with Redcar, Stockton, Darlington and Middlesbrough councils to access a range of providers who can provide specialist support.

There are 5 Extra Care schemes (with with 2 care providers) in place across Hartlepool, giving capacity of approx. 480 units. This has been in place for a number of years and has worked very well, with positive outcomes for all schemes, including the flagship scheme 'Hartfields' in partnership with the Joseph Rowntree Trust.

Alongside this, Hartlepool have implemented a new assistive technology solution to support people to stay safe at home, often alongside other services such as domiciliary care. This followed a tender process toward the end of 2022, with implementation in April 2023. This has proven to a very positive move with an experienced, innovative and confident provider, which HBC will work with over the coming months to develop this solution further.

We currently operate a 'Shared Lives' scheme and are aiming to develop this further over the next 12 months to increase the number of people accessing this.

We work closely with a range of well-respected and experienced Supported Living providers to meet the needs of individuals, and have good relationships with all of these providers, to engage around needs of current and future clients.

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.

Hartlepool use a predictive Power Bi dashboard to understand the longer term trends of service demand (Affinity Landscape tool). This has helped HBC understand the short and longer term implications around demand by using a detailed automatic analysis of current and historic service information.

Additional to this, we work very closely with our providers (across all service areas) to understand their short to medium issues that may affect service delivery and capacity, e.g. staffing levels, recruitment issues etc.

We have the ability to analyse the usage of service and the trends (for example, over the winter 2022-23 period) to show where demand increased, decreased or remained consistent.

In terms of funding to all of our care homes, Hartlepool provided a 13.6% increase on fees for 2023-24 which was one of the highest in the North East region, showing our commitment to support care homes to be sustainable and continue to offer high quality care. Furthermore, we will be maintaining the 2022-23 2% premium which equates to an additional £13 per bed per week to all older peoples care homes.

a) Long term nursing care

Based on our current information around usage, we expect our existing capacity in nursing care to meet the needs of Hartlepool people over the next year.

However, we are aware that there are regional issues around nursing care (both in terms of nursing de-registering and availability of nurses) which have not yet been an issue in Hartlepool, but we are aware of the potential knock-on effect from the surrounding councils. We are closely monitoring this, including by being an active member of the North East commissioning network (which includes all 12 NE councils).

b) Long term residential

Based on our current information around usage, we expect our existing capacity in residential care to meet the needs of Hartlepool people over the next year.

We closely monitor performance and issues around the region (which could have knock-on effects to Hartlepool) by being an active member of the North East commissioning network (which includes all 12 NE councils).

c) Long term community care

Our aim over 2023-24 is to reduce the use/reliance on long and short term residential care (including D2A placements) and move more towards the use of care at home services to support people from leaving hospital.

As part of this, we are exploring the option of an overnight domiciliary service that would support clients for planned care. We already have a service (via assistive technology) that supports clients who may have experienced an unexpected event, e.g. a fall. This new service will be progressed over the summer of 2023, with introduction in autumn.

Collaboration with the NHS is vital to service delivery and specifically around schemes such as Virtual Ward, Urgent Community Response (UCR), Hospital at home and Home First – this will ensure we support people to live in the community with the possible support.