



Department
of Health &
Social Care

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

Published 3 May 2024

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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)

To mitigate the expected spike in demand for reablement in the community (Pathway 1) over the Winter 23/24 period additional Allied Health Professional and social work practitioners were recruited for a specific period in line with demand and capacity planning. There was also communication with Discharge 2 Assess (D2A) provision across the Borough to ensure that they accepted admissions over the weekend period and within certain time parameters. There continued to be sufficient capacity across reablement provision and D2A in line with initial demand and capacity planning activity.

The intermediate care service continued to pilot a responsive approach for individuals with low level care and support needs i.e. a prompt intervention by Allied Health Professionals (therapists) and reablement officers to return the individual to their pre-admission baseline quickly. Initial evaluation of this exercise indicated an 81.8% reduction in care/support needs upon discharge from Pathway 1 with an average length of episode (LoE) of 10 days (28 days LoE being the general rule of thumb).

Table 1: Reablement pilot – responsive service (Winter 2023-24)

54 patients through pathway	On admission to Pathway 1 – 99 care calls required	On discharge from Pathway 1 – 18 care calls required	Reduction of 81 care calls following the intervention	Average LoE on pathway – 10 days	5 people re-admitted to Hospital
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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)

In terms of demand for bed-based capacity, the number of residential clients 65+ as at the end of March 2024 is 450 and nursing as at is 282. The number of residential clients 65+ as at the end of April 2024 is 446 and nursing as at is 280. The number of residential clients 18 -64 as at the end of March 2024 is 102 and nursing as at is 44. The number of residential clients 18 -64 as at the end of April 2024 is 99 and nursing as at is 45. The overall demand for 18-64 and 65+ so far this year has increased on the position at the equivalent point in 2023 but has slightly decreased from the 2023/24-year end position. Given our capacity and supply position, there is available bed-based capacity overall to meet albeit there is not always the right capacity to meet specific needs.

In terms of suitable, quality capacity, many homes in the Borough are old and not suitable for upgrading to meet modern care standards, restricting their capacity to meet needs, particularly more complex needs. They are small, local business owned rather than national enterprises where the likelihood of investment in improving stock may be greater. Of the bed-based providers on Walsall's Framework, CQC ratings are as follow: 37 are rated 'Outstanding' or 'Good' and 18 'Require Improvement' (approx. 26% RI).

In terms of levels of bed-based care capacity that is affordable to the LA, the table below shows that extent of supply commissioned above published rate. Hence if affordable is considered within rate. This is caveated by these numbers being existing residents in existing beds.

Non-complex (excludes LD and MH PSRs)		
Care type	Published rate (£) 23/24	Above published rate
Residential	534.33	61.58%
Residential EMI	603.34	52.33%
Nursing	626.34	70.32%
Nursing EMI	704.77	80.99%
Complex (LD and MH PSRs)		

Care type	Published rate (£) 23/24	Above published rate
Residential	534.33	95.76%
Residential EMI	603.34	50.00%
Nursing	626.34	83.12%
Nursing EMI	704.77	86.67%

Homecare

As at 31/03/2024, Homecare comprised 41.82% of all long-term ASC commissioned services (1398 citizens). In terms of demand for homecare, as at 31/03/2024, 1398 individuals were in receipt of domiciliary care support, a 9.3% increase on the equivalent point in 2023. This increased further to 1414 at the end of April 2023. We have seen a generally increasing trend in service user numbers as at each month end since April 2022.

Overall commissioners judge that, given the uplifted rate of £19.30/hr there is enough affordable capacity currently to meet current demand for homecare in the Borough. Supply is therefore exceeding demand currently. Additionally, some providers have large contingency of international recruits which if they lost their licences could impact on capacity.

Supported Living

There are currently 305 citizens in receipt of directly commissioned Supported Living in Walsall. There are circa 90 providers of Supported Living on Walsall's Framework across 7 LOTs. Walsall has purchased Care Cube and has started to use it in 23/24 to better manage the inputs of Supported Living packages and costs. Pricing strategy will be part of Walsall's re-commissioning of Supported Living in 2026. Commissioners judge that overall, there is enough supply with 90 providers on the Walsall Framework.

Commissioners assess that there is not enough quality supply of progressive supported living in the Borough that is focused on outcomes and with move on options for younger adults. There is a gap in provision for providers who can support people coming from secure units who are step down from hospital into residential/community settings.

Extra Care Housing (ECH)

Analysis of Walsall's ECH capacity shows it is a small part of Walsall's supply. Walsall has one block contract for ECH and several other ECH providers used as

part of the community-based services contract. The table below shows current capacity.

Extra Care – Capacity

Walsall Providers	Total Extra care beds/flats.	Vacancies
Extra care	421	9

In the Borough, there is a lack of support for younger individuals who have dementia as ECH is for those aged 55 and above. From our block contract perspective there is excellent usage of available care. Demand could, however, be better shaped and managed through swifter, better matched referrals (unmet need). There needs to be a growth in ECH commissioned capacity as an alternative to bed based care.

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)

Bed - based care.

There is not considered to be a capacity gap for long -term residential care for over 65s in the Borough. This is because supply exceeds demand. The commissioning intention is to reduce the bed base for standard residential in favour of community-based alternatives such as community reablement and homecare. For under 65s in residential and nursing care, there is capacity (potentially over capacity) in the market for this care, but this capacity needs to be better specified by commissioners moving forward to address the specific gaps in supply aforementioned – complex nursing, step down from in-patient mental health and closer examination of the bed-based offer for under 65 and over 65s.

In terms of long-term community care, for homecare, the current situation is also one of supply that matches / exceeds demand, but this gap will close as Walsall continues to commission more homecare as an alternative to bed based care. There has been an increase over time of the number of clients using

homecare and hours commissioned and this trajectory is expected to continue with 1398 clients currently accessing homecare. For ECH, supply is tighter as there are restricted units in the Borough. For Supported Living will be a growth area as we reduce bed-based placements for younger adults and a re-commissioning process will support this.

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.