



FINAL Annex C: Darlington Borough Council- Market Sustainability Plan

<p>Section 1: Assessment of the current sustainability of local care markets</p> <p>a) Assessment of current sustainability of the 65+ care home market</p> <p>The Vision and Strategic Direction of Travel</p> <p>Darlington’s Council Plan - Delivering Success for Darlington sets out the vision that “Darlington is a place where people want to live and businesses want to locate, where the economy continues to grow, where people are happy and proud of the borough and where everyone has the opportunity to maximise their potential”. Within this our priorities include supporting the most vulnerable in the borough by:</p> <ul style="list-style-type: none"> • Providing care and support where needed • Working with people to build on their strengths to maximise their potential • Working with partners <p>Specifically, within Adult Social Care: “We aim to work together with residents, partners, and communities to ensure we enable the citizens of Darlington to have the support and assistance they require to maximise their independence, their wellbeing, to have care and support when they need it and to empower them to contribute to and feel valued in their communities”.</p> <p>Our direction of travel for older person’s services is to have a strengths based, preventative model of assessment, with “Home First” and supporting people to remain independent within their own homes being the approach taken to meeting the needs of our residents. To achieve this, we have commissioned a wide range of support options within our small borough and wherever possible we aim to support individuals close to home.</p> <p>There are 20 residential/ homes available within the Borough of Darlington. 19 of these homes are commissioned under a Framework Agreement and beds are spot purchased as required. The remaining care homes chose not to be part of this agreement as they were not able to agree to some of the contractual terms.</p> <p>The Council has an excellent working relationship with the care home providers, with a well-attended Older Persons Residential and Nursing Care Provider Forum held each quarter. The Council ensures that there is a whole system approach to the Forum, with colleagues from Hospital Discharge, NHS Community Services, Infection Prevention and Control, Medicine Optimisation, Primary Care Network, County Durham and Darlington Foundation Trust and the ICB all being regular attendees and contribution to agenda to ensure that all information and discussion is relevant and valuable to the care home providers.</p> <p>The links established by this Forum were especially valuable during the Covid 19 period, with providers telling us that the support from the council team in facilitating the meetings being much appreciated for being accessible and informative in a time efficient manner.</p>

As an already well-established means of communication with providers the Older Persons Residential and Nursing Care Provider Forum was considered to be an ideal and key vehicle for engaging with providers in respect of the Fair Cost of Care exercise, with regular briefings and presentations being provided. In addition, we offered to assist them in completing their costings onto the Care Cubed system and then once costings were submitted, we offered held meetings with each provider individually to gain a clearer understanding of how the costings had been calculated. These established links resulted in a 90% response rate to the Care Cubed Questionnaires. Following completion of the analysis, further follow up sessions were also offered to providers in advance of the publication of the Annex B's on the Council's website.

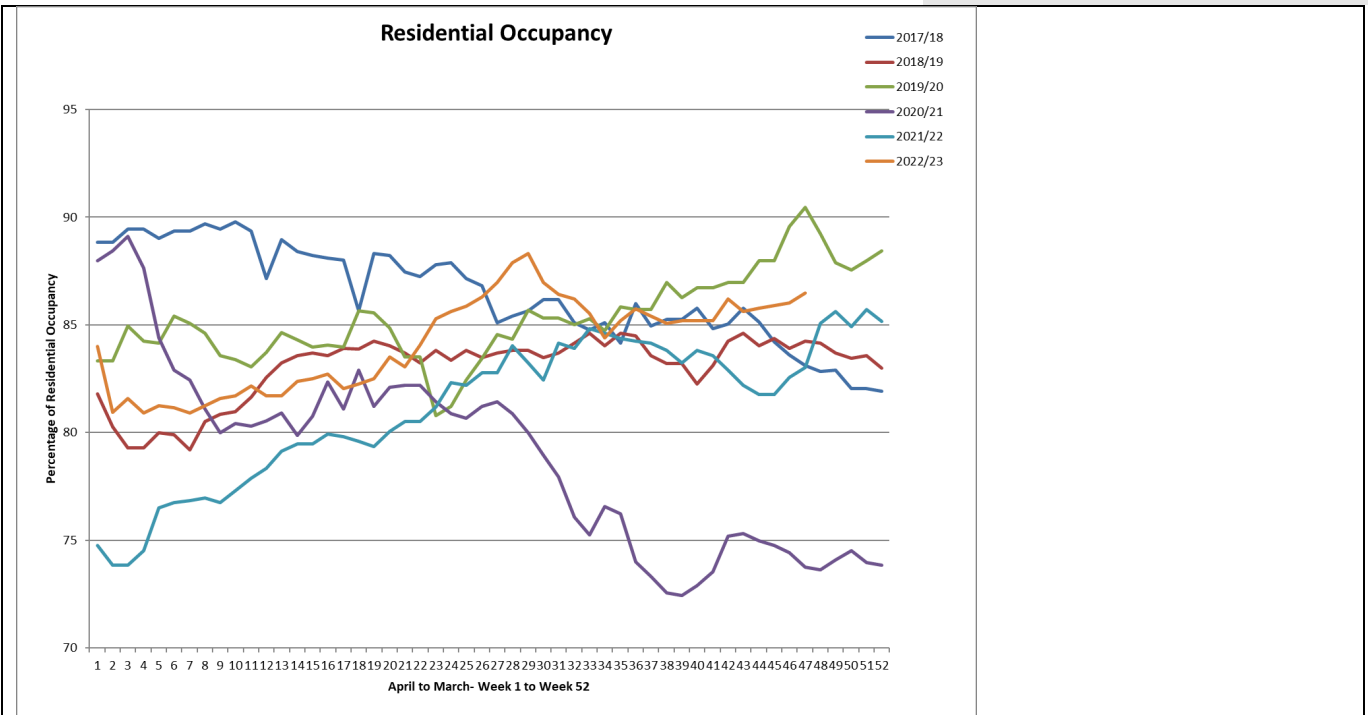
Capacity of bedspaces within Darlington residential care has remained fairly static for the last 5 years, with no care homes closing since 2018.

However, Covid 19 clearly had a significant impact on care home occupancy rates although these are now steadily recovering to pre covid levels.

The vast majority of the care homes estate is located within the town centre except for 2 homes which are in one of the surrounding villages. This village location has proved to be challenging in terms of occupancy levels for the care home that comes within the Council's agreement, but due to its non-contracted status we are not aware that the other home experiences similar challenges.

The graph below shows that average occupancy rates within the care homes have for the most part (excluding Covid 19 period) remained within a margin of 82-89%. Occupancy rates have steadily increased in 2022/23 and have returned to pre covid levels. It should be noted that the graph illustrates average occupancy rates, but these are distorted by one care home which historically has (and continues to have) significantly low occupancy rates. Currently (end of February 2023) 63% of the care homes have occupancy rates of 90% or higher and 79% have occupancy above 80%. As of February 2023, the average occupancy rate is at 86% which is in line with pre- covid historical norms.

Table 1- Rolling Year Residential Care Occupancy



In 2021 Darlington Clinical Commissioning Group re-tendered its contract for the block purchase of 23 care home beds to deliver intermediate care to Darlington residents upon discharge from hospital. Whilst the incumbent provider was unsuccessful in their bid, the shift of provision from April 2022 to an alternative care home has not had any significant impact on the market, and the outgoing provider is now showing an increase in occupancy rates as the block purchased beds are being taken up by spot purchased local authority and private placements. It is hoped that the new contract will enhance our approach to preventative, reablement focussed services.

There is a good range of provider type within Darlington with both large corporate organisations offering residential care from several homes in their ownership, to several single, family-owned care homes at the other end of the spectrum. Care homes also vary between purpose built and older re-purposed properties, which is also reflective of their capacity, as they vary in size from small 22 bedded homes to homes with almost 100 beds.

CQC quality ratings had deteriorated during the Covid 19 period, but there is now a much-improved picture, and of the 20 care homes in Darlington, 18 are assessed as “Good”, 2 as “Requires Improvement” and no homes identified as “Inadequate”, compared with the picture from October 2022 when 6 homes were “requires improvement” and 1 home was “Inadequate”. The 2 homes which still “require improvement” are overdue their re-inspection and it is anticipated that their rating will improve upon re-inspection.

The new CQC Inspection programme due to be implemented in January 2023 has been delayed until later in the year, but the monthly reviews carried out on care homes do not currently indicate any concerns regarding quality of care in Darlington care homes.

DBC Contract Officers closely monitor the quality of care within the care homes by undertaking both regular announced and unannounced visits. Where concerns are identified, action is

quickly taken to address any issues and support is given to the provider to make any necessary improvements.

Pre Covid 19, the Safeguarding Team proactively worked with and visited providers to offer support and preventative work in addressing any issues at an early stage. The team are working to get to this point again. Recently refreshed and updated Safeguarding procedures and protocols are now in place and where the Safeguarding threshold is met, homes are placed in Executive Strategy with close monitoring and support being put in place until the Council is satisfied that the necessary improvements have been made.

The Council currently operates an annual Quality Standards Assessment process which determines the fee level within each environmental band. It is proposed that this will be reviewed in 2023. For 2022/23, 19 homes are assessed under the Council's Quality Standards Assessment framework, and the outcome of that assessment is 13 of the 19 homes are A grades, with 4 homes at B grade and 2 at C grade. Action plans are required from homes to address any shortfalls highlighted in the assessment process, and we work alongside Safeguarding colleagues to identify and respond to any issues that impact upon quality of service delivery.

Residential care is currently commissioned on a spot basis under an overarching agreement with 19 of the older person's care homes in the borough. One care home has declined to participate in this agreement. However, where the council does fund the care for residents in this home (capital depleted) this is contracted under an individual contract arrangement. Fee rates are dependent on a Quality Standard assessment, which for 2022/23 attracts the rates shown below:

Table 2- Residential care fee levels 2022/23

Level	A	B	C
1	628	597	565
2	624	593	562
3	598	568	538
4	586	557	527

*£20 supplement applied for OPMH

In 2021/22 expenditure on older persons residential care within the scope of this exercise was £11.9 million. Expenditure for 2022/23 is projected to be £12.5 million.

The rates which our residential care providers have supplied under the FCoC exercise have given a median weekly amount of £660.01 for 2021/22 for residential care and £863.69 for nursing care. Further work is still required to fully understand the costings providers have submitted as the Council believes that the data submitted by providers is in a raw form and therefore the Council at this stage cannot confirm that it is an accurate reflection of the true Cost of Care in Darlington. The Council does not believe the figures submitted by providers are not accurate, but that there are large differences in the data provided between the individual providers and therefore it is likely that one provider has interpreted the requirements slightly differently to another. Before any confirmed figures can be agreed by the Council and providers, a significant review of the data needs to be undertaken. Further information on data provided under the Fair Cost of Care Exercise can be found in [Annex B residential care](#).

For 2023-24 the fee rates are calculated to be as follows, using the established formula contained within the Residential care agreement and which for this year represents a significant increase of 15% on the previous years' fee levels:

Table 3- Residential care fee levels 2023/24

Level	A	B	C
1	726	690	653
2	721	685	649
3	689	655	620
4	674	640	607

*£20 supplement applied for OPMH

Whilst there have been challenges pre Covid 19 in respect of the recruitment and retention of qualified nursing staff within the care homes, recruitment and retention of other staff members was fairly stable. One of our Darlington care homes has recently announced the opening of a 21-bed nursing unit which became operational from 1st March 2023.

The opening of an Amazon Fulfilment Centre in Darlington initially caused some concerns as to whether this would affect the availability of care staff, but there is no evidence to suggest that this has had any significant impact.

Similarly, during 2021/22 when domiciliary care providers were (and still are) reporting challenges in recruiting and retaining suitable staff, this was not an issue within the residential care sector except for the recruitment of qualified nursing staff.

However, this is no longer the case and care home providers are also now reporting that they are struggling to maintain a sufficiency of all types of care home staff. The recruitment and retention of Registered Managers within the care home sector is particularly challenging and we are aware that there is a direct correlation between a high turnover / poor calibre of Registered Manager and increased safeguarding referrals.

High energy costs are an area of significant concern for our care home providers, although we are aware that several of them were able to enter into reasonably costed new agreements prior to the significant price rises in energy in late 2022.

Darlington Borough Council is in regular dialogue with the care home providers regarding any recruitment challenges that they may have and have actively engaged with and promoted the ADASS recruitment campaign.

b) Assessment of current sustainability of the 18+ domiciliary care market

There are 16 commissioned domiciliary care providers on the Home Care and Support contract, and care is commissioned in 7 Lots. Lots and 1 and 2 are in zoned areas with guaranteed hours and each area is covered by 1 prime provider. Lot 3 includes 10 further providers who are offered the package should it be declined by the prime provider. There is a requirement within the Contract that the prime provider accept 90% of packages offered with penalty clauses where this performance metric is not achieved. Rural areas are split between the 2 prime providers. This service model has been developed over a number of years and has proven to be the most

effective for the provisioning of support both from the local authority and the providers perspective.

In addition to our contracted services, there are also a number of non-contracted providers operating in the area, who can be utilised via off contract processes, (via a regional procurement platform) if required to increase the availability/diversity of care provision. However, as these providers' rates are in excess of those of our contracted providers, we prefer to limit use of this route and instead use our framework providers wherever possible.

An In-house Brokerage Team is in place to maximise efficiency and to support providers. This function has been invaluable as the demand for support has at times exceeded the availability of domiciliary care.

In 2021/22 expenditure on domiciliary care which is in scope for this exercise was £2.7 million. Expenditure for 2022/23 is projected to be £2.7 million.

All of the contracted domiciliary care providers within Darlington are rated as "Good" by CQC and there are no current concerns for the local authority regarding the quality of care provided.

Overall, the contract is working reasonably well and we have good working relationships with our domiciliary care providers. However, over the last year and a half we have experienced some challenges, including one of two our prime providers activating their Business Continuity Plan (BCP) arrangements. This was managed by undertaking a regular review of capacity of the provider in business continuity arrangements and by internal whole system monitoring, including both prime providers, the in house reablement service and our separately commissioned Rapid Response Service. This enabled us to proactively manage demand and to ensure continued flow, particularly in relation to hospital discharges. As a result, we have not experienced any delayed transfers of care.

Although the provider is no longer in BCP, regular meetings (approximately monthly) have continued and have also been established with the second prime provider. Internal whole system monitoring meetings are also continuing on a weekly basis.

Recently, maintaining flow has become more challenging as a result of increased demand in both the number and complexity of packages required on discharge from hospital and despite commissioning an increased number of hours from our Rapid Response Service, they have not always been able to meet demand, particularly in respect of more complex cases requiring 2 carers or those in rural areas. However, flow has been maintained by close working between Rapid Response and in house reablement to cover packages as effectively as possible in order to prevent delayed transfers of care.

Both prime providers (and some of the other providers) despite having ongoing recruitment campaigns, have raised issues in relation to staff recruitment and retention. These relate to both general wage/cost of living issues and specific issues in relation to increased fuel costs (raised by our 2 prime providers) which have impacted on both the recruitment and retention of staff and on service delivery (for example more staff are walking to calls and/or are refusing calls which are not cost effective for them to undertake). An agreement has been reached

with the 2 prime providers to pay an extra 10p per mile from 1st June 2022- 31 March 2023, for a period of 10 months. Initially this was funded from DBC resources, but from 1 December this additional expenditure was met by Adult Social Care Discharge Fund monies. One of our prime providers has indicated that lack of carers who are able to drive and have access to a vehicle is a key reason for being unable to pick up some of the packages required, particularly in rural and harder to reach areas e.g. those areas not on a bus route.

Providers also tell us that low pay is preventing them from retaining and recruiting staff, resulting in high levels of turnover and a less experienced workforce. This has resulted in blockages in respect of high cost/complex care packages for those individuals with a learning disability, mental health needs, autism being put in place in a timely manner.

To ensure care needs are met, we have had to commission a small number of packages of support, particularly in the rural areas, from several local non framework providers. However, these are at a higher hourly rate and therefore they do have a significant impact on the budget.

Discussions are also ongoing with one provider re the hourly rate, which they have indicated is insufficient in the current situation.

Workshops were offered to domiciliary care providers who were in scope for the Fair Cost of Care exercise to advise them of what was required. In addition, we offered assist them in completing their costings onto the Care Cubed system (we also offered an alternative spreadsheet for them to use to submit their costings) and then once costings were submitted, we offered held meetings with each provider individually to gain a clearer understanding of how the costings had been calculated. Further follow up sessions were also offered to providers in advance of the publication of the Annex B's on the Council's website.

The rates which the in scope domiciliary care providers have supplied under the FCoC exercise have given a median hourly rate of £21.00. Further work is still required to fully understand the costings providers have submitted as the Council believes that the data submitted by providers is in a raw form and therefore the Council at this stage cannot confirm that it is an accurate reflection of the true Cost of Care in Darlington. The Council does not believe the figures submitted by providers are not accurate, but that there are large differences in the data provided between the individual providers and therefore it is likely that one provider has interpreted the requirements slightly differently to another. Before any confirmed figures can be agreed by the Council and providers, a significant review of the data needs to be undertaken.

For 2023-24 the fee rates payable to domiciliary care providers will range between £17.32 and £18.39 per hour, which represents an increase of 10.11% on the previous years' fee levels.

Whilst reliance on the two prime providers (East and West of the borough) could be viewed as a risk this has not proven to be the case to date, although they have faced the same recruitment and retention challenges that are being faced across the whole of the domiciliary care sector (as are providers on Lots 3-7 which in turn also impacts on their ability to pick up pack-

ages). In addition, there are very few alternative or new providers entering the market in Darlington. Our approach has therefore been to support and develop the prime providers who throughout the pandemic continued to deliver services and worked in partnership with the Council to prevent delayed discharges and unnecessary hospital admissions.

The Council has extended the current framework contract to 31 March 2024 in order to maintain stability in the sector, however the intention is to undertake a full and comprehensive service review in partnership with all providers which will explore alternative service models.

The concept for a Developing Darlington Care Collective (DDCC) started in 2020 during the early stages of the Covid19 pandemic, when it was identified that staffing support across the Adults and Children's Sector would be required nation-wide, with local partners collaborating to develop appropriate responses. One of the initial responses in Darlington was to create the DDCC, a collaborative group of local statutory and voluntary sector organisations, with the aim of supporting each other through the emergency period. The group initially focussed on mutual aid and strengthening their business continuity plans, but more recently the focus has been on Recruitment, Retention, Training and Development of the Children and Adults workforce across all partner services and disciplines. DDCC offers support to providers to address the challenges faced in securing a plentiful and effective workforce and aims to create opportunities for individuals to enter a supportive system that will help them to be recruited and/or progressed and retained in services, ultimately developing a high-quality workforce for the residents of Darlington

In early 2022 the DDCC became a part of 'Darlington Xtra' <https://microsites.darlington.gov.uk/darlington-xtra/> a multi-agency website that aims to support Recruitment and Retention of staff into the Health and Social Care Sector. Darlington Xtra highlights and promotes "working with people", focusing on what it is really like to be a Social Worker, a Care Worker, an OT, and Early Help Worker. Darlington recognise the need to Grow our Own and Attract the Best and are currently working with local sector teams and services, developing the 'Darlington Xtra Recruitment Roadshow'. This roadshow will outline the amazing opportunities in the sector, taking on a tour of schools (year 11), colleges/HEIs, voluntary sector/partner agencies in order to promote Social Care, careers in Social Care and paint a real picture of the sector from a practice perspective. Starting in September 2022 and ending in April 2023, the aim of the roadshow is to enhance recruitment and retention as well as further developing the 'Care Collective' <https://microsites.darlington.gov.uk/darlington-xtra/developing-darlington-care-collective/> an easy-to-use online portal where people interested in working in the sector can sign up and receive support to access training, accreditation, career support and job vacancies.

The Council has also facilitated two Job Fairs, in October 2022 and February 2023 which have included representatives from several local care providers. The Fairs were extremely well attended and were welcomed by prospective employers as an excellent vehicle to promote their organisation in terms of recruitment.

Section 2: Assessment of the impact of future market changes between now and October 2025 for each of the service markets

It is likely that many of the challenges outlined in Section 1, particularly those in relation to workforce recruitment and retention will continue between now and 2025 and we will continue to work in partnership with our providers to mitigate the impacts of these wherever possible.

Residential Care

Historically the residential care market has been very stable as evidenced in the Council's current Market Position Statement-

<https://northeastmarketpositionstatement.co.uk>

and has almost recovered in terms of occupancy rates, post covid 19. As such the Council considers it has sufficient supply of residential care to offer prospective residents a reasonable choice of care home, whilst at the same time enabling providers to operate viable businesses.

In respect of nursing care, there is less choice of care home, and this remains an area of concern due to the national shortage of nurses, which is a challenge for the homes to recruit and retain nursing staff.

Whilst it is anticipated that the residential care market in Darlington will revert back to historical norms with occupancy levels stabilising, the sector will continue to face significant challenges. These consist of the unpredictability of energy inflation costs, increase in operational costs (e.g., food) fuelled by the war in the Ukraine, recruitment and retention of staff and the increasing pattern of small standalone providers leaving the market or amalgamated into larger national providers for commercial reasons. Increasingly the Council will look to develop joint commissioning initiatives with the Northeast and North Cumbria ICB particularly regarding intermediate care services and maintain its excellent hospital discharge pathway.

Domiciliary Care

We anticipate that the recruitment and retention of care workers will remain a significant challenge for providers and that as the sector is competing with retail and distribution for staff, who are both currently paying higher hourly rates (£10.50-£11.40), more needs to be done to improve our understanding of the workforce challenges.

It is becoming increasingly clear that a lack of care workers who are able to drive and have access to a vehicle is an issue in relation to pick up of care packages and providers have also indicated issues in relation to terms and conditions e.g., potential staff wanting to work restricted hours (e.g., between 9.00am and 3.00pm, only wanting 16-20 hour contracts and wanting to be paid a salary/per shift). The impact of 3 difficult years on staff mental health and morale has also been raised.

Darlington geographically will also be increasingly impacted by the rates paid by its larger neighbouring authorities consisting of North Yorkshire and Durham County Councils. The recruitment drives for domiciliary staff by these neighbouring authorities as we progress into 2025 could also potentially have a significant impact. The Council has developed positive working relationships with its two prime providers to mitigate these risks.

Further commencement of section 18(3) of The Care Act

There is little evidence that the delay in charging reforms have impacted on market pressures and capacity in Darlington at present however it may cause an issue as national care organisations review their charging/costs.

The delay in the implementation of 18(3) (which would have provided individuals with an enforceable duty on the part of local authorities to arrange their residential care), it is believed, will have not have a significant impact on the Council.

Whilst early engagement has taken place with the care homes to identify the rates which they charge to current self-funders, further interrogation of the numbers and percentage of self-funders across the Darlington care homes and the potential impact this may have on the market in terms of income will need to be refreshed closer to the revised implementation date. Initial work with providers showed that there is a higher number of self-funders than had been anticipated (approx. 20% of all occupancy) and further engagement is required with these individuals to understand the choices that they will make in terms of the funding reforms. However, it should be noted that if the 20% of all occupancy within Darlington care homes is confirmed closer to the revised implementation date, this is well below the ONS all England average of 34%.

In respect of self-funders of domiciliary care, it has proved extremely difficult to gather this information from providers who do not have a contract with the Council, with only contracted providers having supplied data. This remains an area for further exploration at a later date.

Further demand from people not already receiving domiciliary care has the potential to put additional pressure on an already challenged sector, as well as additional demand for reablement, extra care, community equipment and adaptations.

As with residential care there will be a further potential impact when individuals are able to access local authority fee rates, which will subsequently affect the domiciliary care providers income.

Section 3: Plans for each market to address sustainability issues identified, including fee rate issues, where identified.

(a) 65+ care homes market

Our Market Position Statement <https://northeastmarketpositionstatement.co.uk> sets out our intentions for the ongoing market shaping in Darlington and reflects the actions outlined below.

The draft “Levelling up Darlington” plan aims to focus on the root cause of inequality and this Market Sustainability Plan clearly aligns with these aims. In particular, Levelling up Darlington has a long-term vision in respect of recovery from the Covid 19 pandemic reflecting and building on the national focus of inequalities in health, opportunities and income.

In terms of adult social care, the wider determinants approach will minimise the likelihood of residents needing emergency support by acting upstream to address the underlying causes of poor outcomes and crises and improve households’ resilience to manage.

A programme of action prioritising quality jobs and supporting people to develop their employability skills to access employment, will also support those in low paid insecure employment with fluctuating income, which will clearly include those who work in the care sector.

In 2021/22 the Council increased fees for older person's residential care by an additional 1% over and above the agreed formula rate in their contractual agreement. This was in recognition of the challenges that the care homes were facing during Covid and low occupancy rates (overall fees increased by 3%). A further additional 1% was also applied above the formula rate in 2022/23 in recognition of the challenges that the homes were still facing, although it was noted that occupancy rates were starting to recover towards to pre-covid rates (overall fee increase 6.4%).

This element of "protection" to the residential care fees has been removed for 2023/24 as overall occupancy rates have improved to pre –covid levels.

During the Covid 19 period we were approached by two providers who advised that they were facing significant financial pressures. In order to support them we invited them to present in an "open book" format their financial position for review. One provider did take up this offer and was awarded additional funding support, whilst the other decided not to proceed with the offer of further discussion. This illustrates the financial support that Darlington has provided to the residential care sector, especially through the unprecedented challenges which they have faced, but we are only able to do so in the longer term with assurance of recurrent funding from central government. We are particularly conscious of this as we set our Medium-Term Financial Plan for 2023/24 in the face of significant budget pressures due to inflationary uplifts.

Over the next 3 years the Council intends to work closely with all 20 care homes to ensure that quality of care levels return to pre Covid CQC ratings. A review of the Council's Quality Standards Framework will also be undertaken to determine whether it remains effective and fit for purpose and changes will be made if they are required.

We have recently reviewed our Disabled Facilities Grant and Regulatory Reform Order Policies in order to increase the number of individuals being able to access a grant. The aim of extending the availability to the Disabled Facilities Grant is to reduce or delay the need for admission to residential care and/or reduce the size of domiciliary care packages by promoting the independence of individuals.

We will also continue to promote extra care housing as an alternative to residential care for those individuals who are able to maintain independent living with additional overnight support. Darlington has 5 extra care housing schemes with one specialising in dementia support and another in supporting those with physical disabilities. The ethos of extra care in Darlington is that it is a "home for life" with the care provider able to offer flexible support, including to those on the end-of-life pathway.

In partnership with Health colleagues, we will ensure that the Enhanced Health in Care Homes initiative is further developed to provide support to the care homes, particularly in relation to digital capacity, proxy ordering, MDT's and weekly home rounds. The Council is also engaged in the Tees Valley Care Homes Digital Strategy Programme.

The North-East and North Cumbria ICSs will establish a local partnership bringing the NHS together with other key partners (including local authorities), overseen by the Integrated Care Board (ICB). The ICS offers potential for more effective partnership with the NHS and social care and an opportunity to develop joined-up, personalised care. How effectively we work in partnership with the ICS and as part of the ICP will be essential to develop the future market successfully.

In particular we will work closely with the ICB to understand the totality of payments made to providers for Funded Nursing Care, Continuing Health Care and 1 to 1 support (both temporary and long term). This is necessary as whilst we were already aware of an increase in the acuity of need of care home residents, the FCoC exercise has identified the additional cost in associated with the provision of nursing care which are not resourced adequately from the Funded Nursing Care payment. Further work will be undertaken regionally in respect of Continuing Health Care funding issues which may potentially include additional premium payments from Health.

Whilst we are usually able to meet needs for nursing care, we would like to be able to offer more choice in relation to nursing care homes. We will therefore explore further with nursing care providers the challenges they face in maintaining nursing provision within their homes (especially dementia nursing) and consider the business models which may support stability.

The Adult Social Care Discharge Fund monies have been spent on increasing the weekly fee rate to a uniform (as opposed to a variable quality standard rate) of £648 per resident per week inclusive of Elderly Mentally Infirm/ Dementia (EMI) supplement for a maximum stay of 6 weeks (dependent on need) in order to incentivise the provision of short break stays following a hospital discharge. It is our intention to utilise the recently announced additional discharge funding to continue to purchase short stay beds, but this will be for a maximum 4 week stay.

An options appraisal was carried out to determine the most appropriate allocation of the 2022/23 FCoC Grant monies, and it was confirmed by our Chief Officers that from the 75% of grant funding available, allocations of £117,354 be made to residential care and £10,454 be made to nursing care providers. Providers will be encouraged to use this funding to increase the hourly pay rates for care staff which our analysis has shown is at or just above NLW level.

Upon receipt of the Grant Conditions for 2023/24 FCoC Grant from DHSC we will ensure that any future allocations to residential care are in line with our strategic direction and support the areas of the market facing the greatest challenges.

(b) 18+ domiciliary care market

The Councils' current priority is to stabilise and increase capacity within domiciliary care provision, which also includes in house reablement. Whilst delayed discharges from hospital are very rare, this is often at the expense of other demand for support, with increases to packages or preferred call times being compromised. We continue to work with our 2 prime providers by meeting with them monthly to review and monitor their capacity and any issues that they are experiencing and maintaining an open dialogue as to how they can be best assisted to increase capacity and flexibility.

This can be illustrated by the introduction of time bandings for morning and evening care calls from 16th January 2023. This was following discussion with providers who had indicated that this would be a more effective way for them to manage their rotas at peak times. Feedback received from providers indicates that this approach has enabled some packages to be picked up that wouldn't have been able to be picked up previously.

In order to further support the domiciliary care market, the Council has significantly increased the capacity of the contract for the Rapid Response Service (initially from 70-175 hours per week) and more recently to 250 hours per week, utilising Adult Social Care Discharge Fund monies. This service plays a crucial role in ensuring flow from hospital settings to the community; preventing delayed hospital discharges and supporting the transition to reablement/ long term care packages as appropriate. We also anticipate that by commissioning the Home from Hospital service, which provides short term, low-level support, from the same provider, this will also give a more efficient, targeted seamless service.

Similarly, capacity within the in-house reablement team has been increased and will be kept under review to ensure that demand is met, as experience has shown that intensive reablement support at the point of hospital discharge can significantly reduce the need for long term support.

As part of the adult social care assessment, our social work team will continue to explore the opportunity to utilise items of assistive technology and our Lifeline Response Service as a way to meet assessed eligible needs in particular the use of door exit alerts, bed sensors, falls detectors can be used effectively to enable people to continue to live in their own homes.

As in previous years any additional government funding has been targeted at supporting and maximising resource across domiciliary care and residential care. In particular, the Adult Social Care Discharge Fund is being used to support the 2 prime providers with recruitment and retention challenges, with a £250 per worker incentive being paid to workers who were in post on 1.12.22, or who are recruited between 1.12.22 and 31.3.23 and who remain in post on 30.4.23. This incentive is also being paid to our Rapid Response Service staff. Whilst it is too early to determine whether this incentive has been effective, we have noted that recruitment has increased and there are small increases in the numbers of workers who have access to a vehicle being recruited. There has also been a stabilisation on the numbers of care workers leaving their employment. In the light of this, the continuation of this additional funding would be welcomed as it has enabled us to provide additional support to the sector to support them to recruit and retain staff.

We continue to work with our 2 prime providers by meeting with them monthly to review and monitor their capacity and any issues that they are experiencing and maintaining an open dialogue as to how they can be best assisted to increase capacity and flexibility.

An options appraisal was carried out to determine the most appropriate allocation of the 2022/23 FCoC Grant monies, and it was confirmed by our Chief Officers Executive that from the 75% of grant funding available, an allocation of £125,911 be made to domiciliary care providers to support them in responding to the significant challenges which they are currently facing to meet demand for services against recruitment and retention difficulties.

This allocation has been made in addition to the temporary fuel payment funding made to the two prime providers (see Section 1b).

Upon receipt of the Grant Conditions for 2023/24 FCoC Grant from DHSC we will ensure that any future allocations to domiciliary care are in line with our strategic direction and support the areas of the market facing the greatest challenges in meeting demand for support from Darlington Residents.