



# **Adult Social Care Community – Based Services Market Position Statement 2025-2040**



**Walsall Council**

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## Section 1: Introduction

This Community-Based Services Market Position Statement sets out information on current and future projected demand and supply of community-based services in Walsall from 2025-2040. The information contained within this document is best estimation at the time of writing with the intelligence available to us.

We are ambitious for progressive, outcomes-focussed, good quality, flexible and responsive community-based services in the Borough of Walsall. We seek to create the right conditions for a sustainable market that is 'right sized' to meet the current and future projected needs of Walsall citizens. We welcome new providers to the Borough as well as seeking to work with existing good quality providers of community-based services.

The development of the workforce for community-based services in Walsall is of pivotal importance. We seek to support the retention and recruitment of carers to the community-based sector through strategic workforce development with partners and providers.

Scope of this Market Position Statement:

- Homecare (Domiciliary care)
- Reablement
- Extra Care Housing
- Day Opportunities
- Equipment Services
- Carers Support Services
- Prevention and Early Intervention Services

## Definition Of Community-Based Services

Community-based services can be defined as care and support people in their own homes and communities. This includes a range of support delivered in community-settings, for example, personal care, isolation and befriending support, equipment and adaptations, day activities, carers support and other engagement to ensure that people are supported before adult social care formal support and while in adult social care with care needs eligible under the Care Act 2014.



## Section 2: Vision And Intentions For Community-Based Services In Walsall

### Vision

“To grow and shape services that meet people’s needs in their own homes and communities to help maintain and maximise independence and to prevent and delay the need for long-term care and support options for as long as possible”.

“We expect there to be an increasing need for community-based services to support people in future, particularly as demand grows as projected. We will prioritise building relationships with providers, users of services and their families/carers and partners to ensure that services and support are available across the Borough to ensure good quality, flexible and responsive locally-based services that improve outcomes for local people”.

### Key Intentions For Community-Based Services To 2040

1. To maintain and grow outcomes-focussed community - based services in Walsall to support people to meet their long-term outcomes in their own homes and communities where possible
2. To ensure that the connections in communities between different services and offers are understood and maximised, especially preventative and early help services
3. To develop in partnership with Resilient Communities, VCSE organisations, Public Health, Children’s Services, the ICB and other partners, new approaches and alternative community-based models of care and support at home through pilots and other ‘test and learns’
4. To ensure that the current and future needs and protected characteristics of people receiving community-based services are understood and met by the Council and community-based services
5. To maximise independence as a driver in every community-based service from a person’s own starting point, by ensuring a reabling approach to enable independence at whatever level a person can achieve





6. To continue to work with the NHS and with our provider market to support people to return home from hospital and to avoid an admission to hospital services by investing in the provision of good quality reablement, homecare services and other community -based services
7. To ensure that community-based services are available across the Borough in the right volume, to the required quality and at affordable, transparent and fair fee rates for us as a Council and for those who direct their own support using direct payments and for self-funders
8. To expand Extra Care Housing/ supported accommodation in the Borough to support 55+ year olds to maximise their independence and to avoid residential care and to consider the expansion and use of ECH for younger adults and for other purposes such as hospital avoidance
9. To prioritise and invest further in support for carers in their crucial role supporting loved ones in their homes and communities
10. To ensure that equipment services are good quality and support people to maximise their independence and be supported in their own homes and communities
11. To review demand and supply of day opportunities in the Borough and to consider the right model for these services with service users and providers
12. To consider and work on the transport and accessibility issues supporting people to access care and support services
13. To support providers to manage the increasingly complexity of need now and into the future by investing in workforce and services with these skills
14. To continually improve with partners including the ICB the quality and accessibility of end-of-life care for people in their home and community settings
15. To promote and expand the take -up and use of direct payments, Individual Service Funds (ISFs), small supports and other means for citizens to have choice and control over their care and support
16. To further develop the use of technology-enabled care (TEC), digital and AI in community-based services to transform the service offer, improve the quality and safety of care and to better manage demand for adult social care services and to enable less reliance on workforce
17. To consider the positive social, ethical, and environmental impact of community-based services and the council's commitment to overall sustainability of this sector and workforce
18. To devise and re-commission a new contract framework for community-based services co-producing this with the provider market, users of services and their families/carers and partners by Spring 2027
19. To consider locality-based provider models, with a likelihood of less homecare/ care at home providers with more market share in each locality working with a network of other locality organisations
20. To continually improve internal Council processes such as brokerage, payments, support plans and reviews
21. To continue to communicate more regularly with providers of community-based services and to invest in improved relationship management with the sector.

Achieving this vision and these intentions will be a journey. It will require commitment from providers as well as commitment from the Council, ICB and other partners to drive this vision and invest in its delivery.

### **Section 3: Walsall Council Adult Social Care's Commitment To Community-Based Services Providers**

The relationship, dialogue and joint planning between commissioners and providers of community-based services, both existing and new providers to the Borough is crucial to achieve this vision and intentions. Walsall Council will offer:

#### **Leadership and Commitment**

- Clear intentions regarding the community-based services market starting with this Market Position Statement
- Yearly, updated market insight including demand and supply analysis, quality of services, gaps in provision and location of provision needed
- Frequent communication and improved relationship management with the community-based sector
- Honesty and evidence about de-commissioning decisions based on supply and demand, poor quality or other criteria
- Improved Council brokerage processes that are transparent, equitable, consistent and efficient
- Improved partnerships with community & hospital social work and reablement teams for packages of care and support
- Effective working with the NHS and ICBs regarding data insights, community-based services commissioning, placements, quality assurance and on transformation initiatives
- Commitment to affordable but fair rates for community-based services
- Continued and improved support for providers with quality assurance and service improvement
- Marketing and communications expertise to promote community-based services including to self-funders.

### **Diversification Of Provision And New Developments**

- Expertise in development, local planning authority and engagement with the community and local elected members
- Secure trusted, effective relationships with providers to ensure that community-based services are provisioned and developed in the right locations to meet current and projected future needs
- Support for service design to meet varied and complex needs
- Support on technology developments in community-based services.

### **Our Approach To Working With Providers And People With Lived Experience Of Community-Based Services**

- To support our intentions around community-based services, we want to engage and co-design plans for future services with providers and people with lived experience of these services taking a co-production approach
- This will ensure the 'right size and type market' that meets needs in different locations and is based on projected demand for the different types of community-based services needed for people in Walsall over the next 15 years
- We will continue to work constructively with providers to commission community-based services, support quality and market development and to monitor sustainability.





## Section 4: Current Position 2024

### Walsall Council Adult Social Care - Overall Position

There are an estimated 3,524 Walsall citizens in receipt of long-term costed adult social care support as of the end of December 2024.

The total number of contacts received during April – December 2024 (10,617) was 3.2% higher than during April – December 2023 (10,279). The number of contacts received by 2024/25 financial year end is currently projected to be 16.2% higher than the 2023/24 total. This is evidence of an increase in demand for adult social care.

The number of people receiving a long-term service during 2023/24 increased for the second year in a row, with the cumulative figure for 2023/24 standing 7.3% higher than 2022/23. Cumulative figures for 2024/25 April – December 2024 are 4.1% higher than the cumulative total for the equivalent period in 2023/24.

Below gives a summary of key aspects of Adult Social Care business and key performance measures to December 2024 (Walsall Story, December 2024). It tells a story of improvements against historical performance and in-year so far 2024-2025 and some decreases in performance in key service areas against historical performance and in year so far 2024-2025.

In terms of improvements in performance against key measures so far in 2024-2025:

- Improvements in the total number of assessments conducted albeit significant process changes have been implemented since April 2023/24, making it difficult to compare directly 2023/24 to 2024/25
- % of CQC assessments rating providers Good or Better

In terms of decreases in performance against key measures so far in 2024-2025:

- More people accessing long-term support (more adults of all ages in long-term support)
- Less people using direct payments.

Overview Of Key Walsall Council Commissioned Community-Based Services

Signposting at the Adult Social Care front door to community-based services not financed by Adult Social Care is a critical part of Adult Social Care’s approach to enabling people to maximise their independence without the need for formal support until the point that eligible care needs are assessed and supported by the Adult Social Care.

An estimated 20% of all contacts to adult social care result in an individual being signposted to another service such as GPs, community pendant alarms and housing associations.

With reduced resources and increases in demand, it is critical that people are supported as much as possible in their homes and communities by agencies other than formal adult social care. There are eligible needs under the Care Act 2014 that Adult Social Care will support but this is after people’s independence has been maximised through other means. This is a crucial element of our demand management strategy and aim to support people to maximise their own independence before coming into longer-term care.

On 30/09/2024, Adult Social Care community-based service user numbers were up by 4.0% from the same time the previous year at 2,564 in total. Of the 2,564 people receiving a long-term service as at 30/09/2024, 1,481 were receiving homecare (5.9% higher than on 31/03/2024). This figure is now up to 1691 people receiving Walsall Council commissioned homecare as of Spring 2025.

| Year                         | Number of community-based service users |
|------------------------------|---|
| 2017/2018                    | 1985                                    |
| 2018/2019                    | 2045                                    |
| 2019/2020                    | 2100                                    |
| 2020/2021                    | 2206                                    |
| 2021/2022                    | 2184                                    |
| 2022/2023                    | 2275                                    |
| 2023/2024                    | 2465                                    |
| 2024/2025<br>(End Sept 2024) | 2564                                    |

Figure 1: Table showing the rise in the number of community-based service users in receipt of Walsall Adult Social Care commissioned services year on year

Homecare

In terms of commissioned homecare services, there has been growth since May 2023 to September 2024 and upwards since then in the number of homecare users.

It shows the large proportion of users being older people age 65+ followed by mental health homecare, complex homecare and Continuing Health Care homecare. It shows average costs of homecare has increased slightly over time for different forms of homecare (single and double handed). An estimated 29.5% of homecare packages for under 65 years of age require double-handed care and an estimated 38.7% of homecare packages for over 65 years of age require double handed care.

| Year       | Estimated number of homecare service users |
|------------|--|
| April 2022 | 1200                                       |
| April 2023 | 1295                                       |
| April 2024 | 1400                                       |
| April 2025 | 1691                                       |

Figure 2: Table showing the increase over time of homecare service users in receipt of Walsall Adult Social Care commissioned homecare.





**Section 5: Primary Needs Of People Using Council Commissioned Community-Based Services**

This section provides information on the primary needs of Walsall Council supported service users in receipt of various community-based services.

**Council Funded Homecare Clients**

There are estimated 1691 Walsall Council - funded clients receiving homecare as of late 2024/early 2025 with an estimated 525 self-funders in Walsall (22.6%) and 105 direct payments for homecare.

It is estimated that 27,452 hours of homecare are commissioned a week by Walsall Council and the average package of care is an estimated 15.02 hrs per week.

The main primary needs of people receiving Council commissioned homecare is listed below in the table.

| Primary need         | Number of clients |
|----------------------|-------------------|
| Physical disability  | 1289              |
| Mental health        | 88                |
| Learning disability  | 86                |
| Social support       | 69                |
| Memory and cognition | 29                |
| Sensory support      | 12                |
| Other needs          | 118               |
| Total                | 1691              |

**Age Of Walsall Council Supported Homecare Clients**

| Age   | Homecare packages |
|-------|-------------------|
| 18-64 | 298 (20.2%)       |
| 65+   | 1176 (79.8%)      |

## Ethnicity Of Walsall Council Supported Homecare Clients

| Ethnicity of homecare users  | % of homecare users |
|------------------------------|---------------------|
| Asian/ Asian British         | 11.74%              |
| Black/ Black British         | 2.58%               |
| Mixed heritage               | 0.68%               |
| White                        | 82.42%              |
| Other ethnicity/not recorded | 2.58%               |

This data suggests an under-representation of non-white service users in receipt of homecare service users compared to the broader demographic and ethnic profile of Walsall.

## Reablement Services

The table below sets out the primary needs of Walsall Council supported reablement service users as of September 2024.

| Primary need         | Number of clients |
|----------------------|-------------------|
| Access and mobility  | 156               |
| Personal care        | 721               |
| Physical support     | 8                 |
| Substance misuse     | 1                 |
| Dual impairment      | 2                 |
| Learning disability  | 3                 |
| Mental Health        | 19                |
| Hearing impairment   | 6                 |
| Social inclusion     | 27                |
| Visual impairment    | 2                 |
| Support to carer     | 7                 |
| Memory and cognition | 4                 |
| Total                | 956               |

## Extra Care Housing

This table shows the primary needs of Walsall Council supported Extra Care clients.

| Primary need              | Number of clients |
|---------------------------|-------------------|
| Memory and cognition      | 2                 |
| Access and mobility       | 28                |
| Learning Disability       | 4                 |
| Mental Health             | 3                 |
| Personal care and support | 69                |
| Social inclusion          | 1                 |
| Total                     | 107               |

It shows that the majority of clients using Extra Care Housing have personal care and support needs followed by access and mobility needs.

## Day Services (Direct Payments)

This table shows the primary needs of Walsall funded direct payment recipients who commission their own day services.

| Primary need               | Number of clients |
|----------------------------|-------------------|
| Accessibility and mobility | 17                |
| Learning disability        | 137               |
| Mental Health              | 2                 |
| Personal care and support  | 66                |
| Support to carer           | 1                 |
| Memory and cognition       | 4                 |
| Total                      | 227               |

This shows that the main primary need for day services is people with a learning disability, followed by those with needs for personal care and support.





## Carers Support

There are an estimated 312 Walsall supported people who receive commissioned carers support services. This is considered to be an under-estimation of the actual number of carers in Walsall.

| Primary need   | Number of clients |
|----------------|-------------------|
| Carers support | 312               |

**This needs analysis shows the range of needs met by community-based services commissioned by Walsall Council Adult Social Care and other partners.**

**There are many other needs being met by services and support based out in communities funded by The Lottery, Walsall Council Resilient Communities, Public Health and other sources.**

**There is a rich fabric of community assets that adult social care commissioned services need to better connect with to support people as close to home as possible maximising their independence as much as possible.**

## Section 6: Current Supply of Community Based Services

### Homecare

There are many support solutions, groups, and services which support and enable people to live in their own home and community. This includes prevention services, befriending, outreach and day activities.

Adult social care commissioned homecare services can be defined as CQC registered services that help people stay independent by supporting them to manage aspects of daily living including their personal care. These services are typically provided by an independent care at home provider, or a voluntary organisation. Care at home organisations providing personal care must be registered with the Care Quality Commission (CQC).

Walsall Council arranges services directly on behalf of people who have social care needs and are eligible for Council funding, although people with eligible care needs and who are eligible for Council funding can choose to receive their personal budget through a direct payment instead and arrange their own care. This may include purchasing care from a personal assistant (PA), from a care provider or a mixture of arrangements to meet their needs. People who fund their own care directly (known as self-funders) will also often engage a care agency or a PA to support them to continue to live at home. This gives people choice in who provides services to them.

Receiving care at home can help prevent, or delay, the need for other forms of care such as residential or nursing care. The level of help required can range from once-a-week to help several times a day. Care at home services can also be provided on a live-in basis where a care worker lives in the property of the person they are providing care to. The pattern and type of service is designed around individual needs and preferences.

The homecare market in Walsall is considered to be sufficient in supply. There are an estimated 90 homecare providers in the market many of which are local SMEs. The market is very heterogenous in Walsall and locality based. There is a good diversity of provision to meet the Borough's diverse needs. Currently, however, there is more supply than demand for homecare. Providers are reporting not enough packages of care being awarded and competition for package allocations.





This is a concern as homecare is a growth area strategically to achieve the aim of people being able to stay at home and receive the care and support they need in their home and community. Commissioners need to shape supply accordingly to ensure sustainability of this market. There is an opportunity with the strategic re-commissioning of the Community-Based Services contract in Spring 2027 to do this and to test and learn through a 'Live Well at Home and in your Community' Pilot to trial different approaches to homecare and community based services that is due to launch in 2025.

Individuals Receiving Homecare In Walsall By Ward

[Click here to view map showing Individuals receiving Home Care](#)

The table is a snapshot of the current homecare market in Walsall as of late 2024/early 2025.

The table shows that of the 90 homecare provides operating in the Borough, 48 of these homecare providers are on the closed Community-Based Framework. There are 3 homecare providers that are dominant in terms of market share (37.35%). The strategic direction of travel is for more people to stay at home and homecare and other forms of support in their homes and communities.

The sustainability of the overall homecare sector is currently judged to be mixed in terms of:

- Rates paid to providers by Walsall Council although this has recently gone up with the 25/26 uplift award
- Workforce retention and recruitment to work in homecare
- Good plentiful supply of local homecare providers covering the Borough
- Mixed service quality but an improving picture

The table shows the scale of the homecare market in Walsall and Council spend on homecare. The table also shows the quality ratings of provision and the stability of the market currently with 2 providers exiting the Council's contract so far in 2024/ 2025.

Market Data And Insight

Walsall Homecare Market Late 2024/ Early 2025

|  |   |
|--|---|
| Number of estimated homecare providers in Walsall                                    | 90 providers CQC registered to deliver homecare |
| Number of homecare providers on the Council's CBS Framework                          | 48  |
| Total number of adults receiving Walsall Council commissioned homecare               | 1691  |
| % Homecare providers CQC rated Good or Outstanding                                   | 68.1%<br>(32 from 47 CQC rated providers)       |
| Number of homecare providers onboarded to work with the Council since 1st April 2024 | 0   |
| Number of homecare providers exiting the market since 1st April 2024                 | 2   |
| Budget for homecare 24/25  | £24.067m  |
| Estimated spend on homecare in 24/25   | £25.475m  |
| Estimated commissioned Hours per week funded by Walsall Council                      | 27,000 hrs a week                               |
| Estimated average package of care size   | 15.02 hours a week                              |

Figure 3: Table with key intelligence on homecare currently commissioned by the Council.

The table below shows Council commissioned homecare packages by ward in 2023/ 2024 (Source: Ward Profiles - Walsall Insight)

| Walsall Ward                    | Packages of homecare commissioned by Walsall Council in 2023-2024 |
|---------------------------------|---|
| Bentley and Darlaston North     | 80  |
| Birchills Leamore               | 134   |
| Blakenhall                      | 134   |
| Bloxwich East                   | 162   |
| Bloxwich West                   | 168   |
| Brownhills                      | 95  |
| Darlaston South                 | 103   |
| Pelsall                         | 89  |
| Pheasey Park Farm               | 61  |
| Pleck                           | 94  |
| St Matthews                     | 120   |
| Streetly                        | 49  |
| Willenhall North                | 93  |
| Willenhall South                | 114   |
| Aldridge Central and South      | 117   |
| Aldridge North and Walsall Wood | 83  |
| Paddock                         | 76  |
| Palfrey                         | 128   |
| Short Heath                     | 106   |
| Rushall and Shelfield           | 89  |

(Source: [Ward Profiles - Walsall Insight](#))

## The Reablement Offer

The Intermediate Care Service is a reablement, rehabilitation and recovery service jointly operated between Walsall Healthcare NHS Trust and Walsall Adult Social Care. There is also a Council reablement offer run by Adult Social Care. The aim is that this becomes a single approach.

Currently ICS reablement provides intensive help to patients and their relatives, or carer if they have one, for a short period of time so that they can leave hospital as soon as their health has improved sufficiently or to avoid hospital admission. The team offers support to help the patient regain independence. This could be at home, or in a short-stay care home bed, in the best way to meet their needs. It is often after a period of crisis, ill health, disability, or at a time when they may have lost some confidence.

The ICS Reablement Team is made up of:

- Social workers
- Mental health and general adult nurses
- Reablement support workers
- Key workers
- Discharge coordinators
- Physiotherapists
- Occupational therapists
- Therapy assistants
- Homecare workers

The service operates 7 days a week. Rehabilitation beds are located at Aldridge Court Nursing Home. The service also operates borough-wide working in patients own homes across the Walsall area through a virtual wards model and other provision. CQC inspection states that “community services worked in partnership with the hospital to prevent unnecessary hospital admissions and when required and to promote early discharge from hospital”.



The data below shows hours of ICS reablement delivered between 2021/2022 and 2023/2024.

| Care Category      | Hrs 21/22 | Hrs 22/23 | % change from 21/22 | Hrs 23/24                    |
|--------------------|-----------|-----------|---------------------|------------------------------|
| ICS NWB Community  | 12,373.25 | 20,948.83 | 69% increase        | 19,869 (5.14% decrease)      |
| Rehab Community    | 64,076.23 | 98,359.61 | 54% increase        | 141,173.21 (43.52% increase) |
| ICS Rehabilitation | 1,254.09  | 1256.42   | 0%                  | 175.5 (86.03% decrease)      |

The ICS reablement market in Walsall is sufficient in supply from a care perspective - there is ample capacity, but in terms of ICS reablement and NHS Trust reablement staff, we are not meeting demand due to workforce pressures.

### Client Outcomes From ICS Reablement

|  |  |
|--|--|
| Concluded reablement episodes in 24/25   | 2080<br>(12% increase on 1857 23/24)   |
| Proportion of people who received short-term services during the year who previously weren't receiving services where no further requests are made for ongoing support 24/25 | 73.9%<br>(2.7% lower than 23/24)       |
| Existing clients exiting reablement 24/25  | 306<br>(84.3% increase on 166 23/24)   |
| People still at home 91 days after hospital discharge 24/25  | 87.11%<br>(0.91% improvement on 23/24) |

## Council Community Reablement Services

### Reablement Market Data and Insights

|  |                   |
|--|-------------------|
| Number of commissioned community reablement providers                                  | 2                 |
| Estimated number of adults receiving reablement  | 186               |
| Number of reablement providers onboarded to work with the Council since 1st April 2024 | 2                 |
| Number of reablement providers exiting the market since 1st April 2024                 | 0                 |
| Basic budget level for reablement 24/25 (BCF funded)                                   | £1.6m             |
| Estimated Council spend on reablement 23/24  | £0.103m           |
| Estimated commissioned Hours per week reablement funded by Walsall Council             | Approx. 1,000 hrs |

### Extra Care Housing (ECH)

The term 'Extra Care Housing' (ECH) describes developments that comprise self-contained homes with design features and support services available to enable self-care and independent living.

ECH comes in a wide variety of forms, for example:

- Housing with care
- Retirement communities or villages
- Assisted living.

Occupants may be owners, part owners or tenants and all have legal rights to occupy, underpinned by housing law in contrast to residents in care homes (Housing Lin, 2023).

Typically, ECH services provide care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements.

ECH schemes have separate flats 1 and 2 bedded and have 24/7 hr care.

They have communal areas and facilities such as lounges and restaurants, some have hairdressers and gyms, gardens and there are social activities for residents to take part in.

Many Local Authorities see ECH as a growth area as it enables good outcomes for people with a flat and 24 hr care to meet a variety of needs. It is good value for money for Local Authorities and plays a key role in reducing residential placements. It can often be a good bridging provision between home centred care and residential care.

Housing Lin is a national organisation dedicated to understanding and promotion of ECH. [Housing LIN](#)

Walsall Council has a long - term 30-year contract with an ECH Provider. The contract commenced on 9/4/2008 and runs till 8/4/2038 hence there is 13 years to run on the contract.

The annual value of the contract is £11.155m. This includes 5 ECH schemes and Watermill Residential Home and a 7 Day Dementia Day Service. The contract is a block contract. There are currently 110 Council supported service users in ECHs in the 5 contracted schemes: Alrewych, Deighton, Mattersley, Knaves and Winehala. These schemes are in Aldridge, Delves, Brownhills, Willenhall and Bloxwich so well distributed across the Borough.

Overall capacity/ supply in the 5 ECHs is 286 flats. Walsall Council is using an estimated 38% of all available estimated ECH capacity in the Borough. The nomination rights for these ECH schemes are being examined to better understand what rights Walsall Council has to these schemes and this ECH care and support.

There is some evidence of under-utilisation of commissioned care hours currently in these contracted ECH schemes. These care hours are an under-utilised asset when they are people waiting to enter ECH or that could use ECH as an alternative to bed-based care or another form of care.

The quality of the five commissioned ECHs is mixed as demonstrated by one outstanding, two good CQC ratings and two requires improvement ratings.

- Alrewych – Aldridge WS9 - Requires Improvement
- Deighton Court – Delves - WS5 - Requires Improvement
- Mattersley - Bloxwich - WS3 – Requires Improvement

- Knaves - Brownhills – WS8 – Outstanding
- Winehala - WV12 Willenhall - Good

### Day Services

There is a good range of day opportunities in Walsall with an estimated minimum 12 providers operating in the Borough as well as many smaller, community-based organisations that offer engagement and social activities in the day. The Walsall Wellbeing Directory lists known groups and organisations that people in Walsall can access.

#### [Directory records](#)

Walsall Council has one in-house provider service Gosgote that offers day provision.

Day services are used by recipients of direct payments who self-direct their own care and choose which offers are best for them and their needs. Day services cover all age groups and need types primarily learning disabilities, physical disabilities, brain injuries, dementia, frailty. Some of the services are culturally based and others are geographically focussed on serving local communities although people move across the Borough to access day opportunities. These day services include:

- |                                  |  |
|----------------------------------|--|
| • Bloxwich Community Partnership | • Harmony Day Services                   |
| - Stan Bull Centre               |  |
| • ACE Day Services               | • Watermill (Dementia Care Day Services) |
| • Five Star Day Services         | • Walsall Black Sisters Day Services     |
| • Rushall Day services           | • Apna Ghar Day Services                 |
| • Sahara Day Centre              | • Havenly Close Day Services             |
| • Arboretum Day Centre           |  |

The benefits of day services are social interaction, group work, skills development, respite for carers and a place-based community centre for people to enjoy activities and use facilities.

Key issues for day service providers include transport to enable people to get to and from day services in the Borough. Some day facilities own their own transport or commission community-based services to transport people to building based services.

## Walsall Day Services Market Data And Insights

|   |     |
|---|-----|
| Estimated day services providers in Walsall                                   | 12+ |
| Estimated number of adults receiving day services (direct payment recipients) | 243 |

### Equipment Services

Equipment services are a critical service to support people at home and to maximise independence. Equipment services are currently provided by Walsall Healthcare Trust under a Section 75 (S75) agreement with Walsall Council.

In 2023/24 7862 people in Walsall were issued with equipment, of which 3015 were new clients. In terms of all people with equipment, in total 59,647 clients were in receipt of equipment issued through this contract including historical equipment provision.

In November 2024, 2205 items of equipment were delivered, there was a 95% recycling rate and 96.2% of equipment deliveries were within the agreed 7 day window. Other KPIs were 95+% performance in this month.

The service is judged by commissioners as mixed currently in terms of availability and range of equipment, timeliness of delivery, quality of service. The provider is considered to do well with the infrastructure is has available. Issues with the current operating model include inability to do electronic ordering, it is a 5 day a week service rather than 7 days a week, lack of stores, lack of certain types of equipment and timeliness of delivery of equipment.

The Section 75 agreement is currently being updated. Better Care Funding underpins the funding for equipment services: There is an overspend on the equipment services budget currently and the contract and specifications needs updating. Council commissioners judge that this is a service in need of a review and options appraisal for future models.

## Walsall Equipment Services Market Data And Insight

|  |  |
|--|--|
| Number of equipment services providers in Walsall  | 1  |
| Estimated number of adults receiving equipment services (2023/24 clients aged 18 and over) | 7,862 issued with equipment (of which 3015 were new clients)<br>59,647 total clients with equipment in this period |
| Contract value per annum (24/25)   | £1.857m  |
| Better Care Fund spend on equipment services per annum (24/25)                             | £1.048m  |
| Council Contribution Disabled Facilities Grant (DFG)                                       | £0.888m  |

### Prevention and Early Help Services

Our overall adult social care prevention offer has improved in 2023/24 and into 2024/25 including the implementation of clinic-based Occupational Therapy assessments, the development of a bespoke Occupational Therapy tool to support the capture of therapeutic interventions in a more robust manner and the improvement of our digital offer. Investment in Occupational Therapy Services has continued in 2024/25 in conjunction with the development of the new Pathway to Independence model.

This new initiative supports adults in need of social care services to achieve their personal goals and to live as independently as possible via the principles of person-centred care, choice and control and prevention and early intervention. The majority of staff have now been recruited to the structure with further recruitment ongoing.

August 2023 also saw the introduction of clinic-based OTA assessments at the Goscote Centre for those requiring low-level equipment or adaptations, the aim being to double the capacity of the OTA team and to reduce waiting times for those in need of support. By the end of 2023/24, 225 people had been seen across 79 clinics. By 2024/25 Q1, the Occupational Therapy (OT) clinics were firmly established as business as usual, with a further 147 people were seen across 48 clinics during the period. Q2 saw 135 people seen across 48 clinics. 6 new Occupational Therapists have been recruited during 2024/25 so far with 2 Occupational Therapist apprentices to follow.



In terms of externally commissioned services, Adult Social Care has an estimated 9 key contracts worth approximately £750,000 pa with providers to deliver prevention and early help services. These contracts support the strategy of maximising people's independence and supporting people at home and in their communities. There are many other services as listed in the Walsall Directory that also support people in their communities in North, South, East and West localities supported and co-ordinated by VCSE anchor organisation locality leads. These contracts are an important part of this landscape, but adult social care funding has been reduced in recent years for these contracts.

### Carers Support

Adult Social Care commissions Forward Carers in partnership with Mencap and Walsall Carers Hub. Forward Carers is a not-for-profit social enterprise. These services offer signposting, wellbeing assessments and guidance. This contract is worth 100k per annum and is Better Care Fund funded. This service was tendered in 2019 and re-tendered in 2024. This service is rated a good service by commissioners and as evidenced in impact statements.

[Forward Carers](#)

We want Walsall carers to be able to live a healthy and fulfilling life outside of their caring role. We want to improve the quality of life for Carers. Walsall Borough Council's Adult Carers Strategy links to the Adult Social Care Commissioning Strategy where there is a strategic commissioning intention focused upon unpaid carers.

### Commissioning Intention - "We Will Improve Our Carers Support Offer"

This commissioning intention aims to enhance the Walsall Carers support offer, ensuring that unpaid carers receive comprehensive, tailored support that recognises their invaluable contribution, promotes their wellbeing, and strengthens their ability to provide care. It will address the diverse needs of carers, improve their resilience and ensure they have everything they need to provide and experience quality care.

Improving the quality of life for carers is important to us because:

- We want to recognise the contribution they make. We know they play a vital role in supporting individuals who have physical or mental health needs, disabilities or age-related conditions. We want to acknowledge and recognise the valuable contribution they make to the independence and wellbeing of those they care for.
- We want to promote wellbeing. Caring for a loved one has multiple demands so we need to work to prevent burnout, stress and exhaustion by ensuring there is an 'offer' so carers can maintain their own health and resilience.
- We want to be able to enhance the quality-of-care carers provide by ensuring they have the skills and knowledge to manage complex care tasks, navigate the system and address the changing needs of the person they care for.
- We want to promote independence to ensure people remain living in their own homes for as long as possible. We want to make sure carers are prevented from needing to use residential and nursing care where it is appropriate and safe to do so.
- We want to facilitate social inclusion to help carers connect with others who are in similar situations, reducing common feelings of isolation and to provide emotional support/solidarity.
- We want to enable choice and control so carers can make informed decisions about their caring role and the services they may wish to access. We want to ensure that carers can assert their rights, voice their concerns and navigate the system effectively.
- We want to make sure that carers have financial sustainability by alleviating the monetary burden they may experience, ensuring they have the resources to sustain their important role.



Moving forward, and using carer and partner organisation feedback, we have set out 6 key priorities to deliver. These are:

**Priority 1: Identification and Recognition of Carers**

**Priority 2: Improving the health and well-being of unpaid Carers**

**Priority 3: Improving information, advice and guidance to Carers**

**Priority 4: Supporting Carers to have a good life outside of caring, as well as after caring ('Time for Me')**

**Priority 5: Improving Carers Assessment and Support**

**Priority 6: Crisis management and professional awareness.**



## Section 7: Walsall Community-Based Services Market Assessments

Each Adult Social Care commissioned community-based service and provider market has been assessed on the following criteria by adult social care commissioning leads:

- **Market Quality:** The rating is defined by the number of CBS providers with their current CQC ratings and local quality assurance intelligence. Walsall Council aims to use primarily Good or Outstanding providers. The plan is that from 26/27 fee rates will be linked to the quality of provision, with those that are Good or better receiving higher rates than those that have CQC ratings of Requires Improvement or below.
- **Market Supply:** This rating is defined by current demand with existing capacity within each market.
- **Market Workforce:** This rating is defined by our current understanding of workforce capacity and pressures within CBS services in Walsall.

### Homecare

#### Market Rating – Supply Of Homecare

Current supply of homecare in Walsall is rated green. It is rated green for the sufficiency of supply. However, consideration needs to be given to whether there is too much homecare supply to meet current and future demand and how supply is re-shaped to ensure sustainability of business and services.



#### Market Rating – Quality Of Homecare

The quality of homecare services in Walsall is rated as 'Amber'. Good or Better CQC ratings for registered and rated homecare services in Walsall is currently at 68.1%. This is broadly comparable to West Midlands neighbouring council figures. This is a slight improvement on recent years but

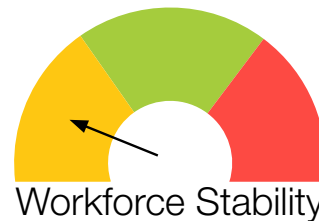




there is still a significant proportion of homecare services that are CQC rated 'Requires Improvement'.

### Market Rating - Workforce Stability

The stability of the homecare workforce in Walsall is variable and rated as 'Amber'. There is a local workforce in Walsall, but international recruitment issues are currently putting the overall workforce at some risk. There is a Black Country-wide international recruitment action plan and local action in Walsall to mitigate risks.



### Overall Current Market Status

The current homecare market in Walsall is rated as sufficient in terms of supply, but not at the quality required overall as a market. There is good quality provision in the Borough as exemplified by many providers, but there needs to be a new approach to driving up the quality of all homecare provision in the Borough. Sector-led improvement would support this.

Please contact us if you want to work with the Council and partner agencies on continually driving up the quality of your services.

The Walsall homecare workforce also needs stability and growth. Sufficiency of supply is dependent on sufficient, trained and skilled workforce.

Please contact us if you wish to work together on recruitment and retention of your care staff.

Changes away from time and task commissioning with the end of CM as a payment mechanism for homecare in late 2024 have been replaced by payment on plan for providers. This move to payment on plan will now assist the gradual move to outcome-based commissioning.

This is a preferable move and it will drive changes in commissioning, care management and brokerage practice as well as in quality assurance of homecare services and payments. Walsall Council is also initiating a pilot project in 2025 called 'Live Well at Home and in Your Community' to test outcomes-focussed commissioning and delivery of homecare and connections into other services based in communities. This is to inform the strategic re-commissioning of CBS services in Spring 2027.

New providers considering entering into homecare need to be aware that, on the whole, current supply outstrips demand and is being met by existing strategic or framework providers on our Live at Home Framework. You may wish to consider investigating specific areas of hard to source locations or specialist types of care, such as more complex needs. The Council anticipates that some providers may exit the market due to lack of supply or due to quality or workforce supply issues.

### Provider Dimension

The current Community Based Services (CBS) Framework including homecare commenced on 3rd April 2017 and has an 8-year term. This has been extended by two years, therefore the Framework expires on 31/3/2027. A new Framework will be place for 1st April 2027. Providers will need to re-tender for this Framework. There will be market co-design of future models and market engagement and testing in the next 24 months.

The CBS Framework is therefore in its final stages. The Council and providers will work together to co-design new models of homecare and events will be put in place soon to facilitate this. The current framework contains 8 LOTS including older people, mental health functional, mental health dementia, rapid response, reablement and Extra Care Housing. For CBS, there is a process where spot contracts can be awarded to a provider where a Framework provider does not have capacity or capability requirements. Currently an estimated 38% of placements are made through this process. This needs to be reviewed and addressed in the new re-commissioning process.

Some commissioned providers are using digital technology to manage care provision. However, the extent to which this is used varies - some providers are using technology to manage all aspects of their business including the management of staff as well to support care planning and delivery (using electronic rostering, electronic homecare monitoring (EHM), digital social care records (DSCR) and electronic medications administration records). We want more providers to be using digital methods to operate their businesses and there is support for this now from a dedicated commissioning lead for digital. Contact [adultsocialcarecommissioning@walsall.gov.uk](mailto:adultsocialcarecommissioning@walsall.gov.uk) for more information on TEC and digital.

### Market Risks

There are several key risks associated with the commissioning of the homecare market in Walsall currently:

- There are currently potentially too many providers operating in the Borough to ensure business viability for all homecare providers
- Many providers can meet low level care needs, but evidence suggests there are not enough providers able to meet more complex needs at rates commensurate with that demand
- Time needed to work together with the market to move to an outcomes-based model for homecare - the 'Live Well at Home and in Your Community' pilot project in 2025 will help this
- Rates paid to Walsall providers are lower than most West Midlands comparator authorities although the 25/26 uplift is improved from previous years
- Quality of homecare in general needs improvement
- Need to better understand self-funding client numbers and needs in Walsall and ensuring sufficiency and choice of supply for self-funding clients. It is estimated that 23-24 % of homecare service users in Walsall are self - funders
- There are real workforce risks related to retention and recruitment of homecare workers in the Borough.

### Distance From Vision For The Future For Homecare

Our vision for homecare is to “Grow and shape services that meet a range of needs in people’s own homes and communities to help maintain independence, enable people’s outcomes and to prevent and delay the need for long-term care and support options for as long as possible”.

There are positive aspects of the current market, particularly the local nature of homecare, diversity of supply and the number of suppliers in Walsall. This is a very important asset and economic factor for the local economy employing local people. However, over the next 18 months, the Council, partners like the ICB and providers need to go on a significant journey with providers to co-produce these models embedded in time for the new contract that will go live in Spring 2027.

### Market Opportunities

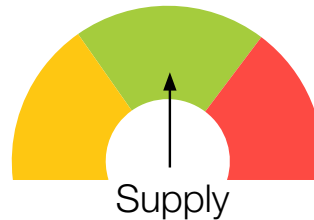
- Opportunity to co-design with providers and partners the homecare model in Walsall and to be part of the pilot in 2025-2026 testing new 'Live Well at Home and in your Community' models
- Possibility of moving to more of a strategic partner(s) model and/ or locality lead provider(s) models working more in partnership with VCSE organisations
- Opportunity for the Council to work with providers and partners to invest more in driving up the quality of homecare through training, piloting TEC
- Opportunities to commission homecare in areas of the Borough with high current and predicted demand but lower supply
- Opportunities to fill gaps in types of homecare provision such as clients whose behaviour challenges, dementia focussed homecare and some of the other specialisms needed in homecare
- Opportunity with the cessation of CM to start the move to a more outcomes focussed approach to homecare. Payment by plan is now in operation which is a key step in that journey.

## Reablement - ICS and Community Reablement

### Market Rating – Supply Of Reablement Services

The diagrams below are a judgement by commissioners and providers of the supply, quality and stability of the reablement provision in Walsall.

Current supply of reablement in Walsall is good from the perspective of commissioned provider supply. There are more constraints with Trust workforce in terms of therapists and other staff for ICS reablement. Future plans are for one single reablement service.



### Market Rating – Quality Of Reablement Services

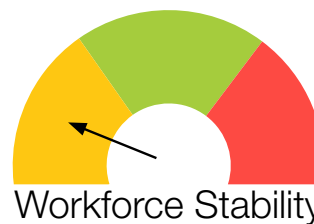
The quality of reablement services is judged not as good as it could be from an ICS reablement rehabilitation perspective. The current service is not delivering a rehabilitation model rather it is similar to a homecare service. A Trust recent review has shown what outcomes could be achieved if care were more enablement and therapy focussed.

However, the quality of ASC commissioned reablement via two key providers is judged as good.



### Market Rating - Workforce Stability

Workforce stability in ICS reablement services is rated as amber. This is primarily because of two reasons: need for more NHS therapy and ICS staff against a rise in demand and some instability in homecare provider services as a result of international recruitment policy changes, therefore demand and capacity research. In the external market, workforce can become unstable if providers face market sustainability issues.



### Overall Current Market Status

The current ICS reablement market in Walsall is rated as amber overall. It is sufficient in terms of supply but not at the quality required overall as a market in terms of the reablement and rehabilitation outcomes sought. The current

ASC commissioned community reablement is rated 'Green/Amber'. The aim is that the two arms of reablement become one offer.

There is generally good quality provision in the Borough as exemplified by key providers, but there needs to be a new approach to driving up the reablement outcomes of commissioned ICS provision in the Borough and an approach to working among partners and with providers on this working collaboratively. There is a key opportunity with the strategic re-commissioning of the CBS Framework in 2027.

The stability of the Walsall reablement workforce also needs investment. Demand is growing for reablement services and sufficiency of supply is dependent on sufficient, trained and skilled workforce.

### Provider Dimension

Reablement is a LOT on the CBS Framework. There has been some re-commissioning of the community reablement service in 2024 and the main contract will be re-commissioned in 2027.

### Distance From Vision Of The Future

The vision for reablement of the future needs drafting with providers and partners and options for preferred models as of 2027. There will be market engagement and co-design with providers on this.

### Market Risks

- Workforce instability and pipeline recruitment
- Demand increasing year on year
- Budget is not meeting demand – the ICS reablement service is breaking even currently
- Winter and system wide demand pressures.

### Market Opportunities

- Block contracts for specialist reablement providers to really focus on the ethos and practice of reablement and rehabilitation with a skilled, dedicated workforce for this while recognising the risks attached to focussing on fewer providers.
- These providers to be part of Multi-Disciplinary Teams (MDTs) working in tandem with the NHS Trust and the Council on reablement



- Shared training and competency development for this service
- More and different use of TEC in reablement services
- 2027 re-commissioning of the CBS Framework to underpin specifications in what is needed from this service.

### Extra Care Housing

#### Market Rating - Supply

The supply of ECH in Walsall is contained within a long-term contract. Supply is rated as amber as there could be more supply outside of this contract and better utilisation of existing commission supply. ECH should be an area of growth as a community -based services.



#### Market Rating – Quality

The overall quality of the five ECHs is rated green/amber as demonstrated by one outstanding, two good CQC ratings and two requires improvement ratings.



#### Market Rating - Workforce

Little is know about the ECH workforce but this will be an area for examination as part of further developments.

### Overall Current Market Status

There are under-utilised care hours in ECH block contracts currently. This is an issue that needs to be addressed as well as the complexity of service users that the ECH schemes and providers are taking. There is room for growth for more ECH schemes in Walsall.

### Provider Dimension

Commissioners are working with the lead ECH Provider to ensure that requirements are met and that supply is maximised and that the quality of schemes continually improves.

### Extra Care Housing Market Data

Commissioned care hours are not fully utilised under the current block contract. In November 2024 utilisation figures were at 81% of commissioned hours.

### Distance From Vision For The Future

A vision for Extra Care Housing of the future needs drafting with providers and partners and options for preferred models.

A draft vision is “Walsall Council will continue to encourage ECH as an option for residents and wish to work towards extra care meeting the needs of a greater proportion of all people who require care and support. We want to increase the number and range of ECH schemes in Walsall over the next 15 years”.

There will be market engagement and co-design on this with the existing provider, new providers, developers and existing Walsall providers who may wish to diversify into ECH.

### Market Risks

- Likely under-utilisation of commissioned care hours is currently a risk with ECH
- The level of needs being supported in ECH are low to medium. There is a risk that more complex care isn't being supported by current ECH schemes
- There is a risk that this good alternative to bed-based care is not expansive enough in the Borough and that ambition for ECH is not strong enough.

### Market Opportunities

- Huge opportunities to grow ECH in Walsall
- Opportunities to shape existing and new developments with existing and new providers to Walsall
- Opportunity to better manage demand and create alternatives to bed-based care for people over 55 years of age
- Opportunity to use ECH for other purposes such as hospital avoidance, hospital discharge and for younger adults with a range of care and support needs.

## Day Services

### Market Rating Supply - Day Services

Commissioners judge there to be a reasonably good supply of day opportunities in the Borough. Demand for day services needs to be assessed working with providers, care managers and partners. The need for more and / or different types of day opportunities will be shaped as part of commissioning developments moving forward.

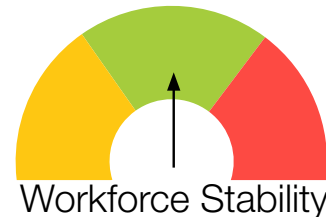


### Market Rating - Quality

Day services are not CQC rated, hence it is difficult to assess the quality of day services in Walsall. Local quality assurance is needed to ensure that there is a local view on the quality of day services. Day service providers do seek their own service user feedback and quality reviews.

### Market Rating - Workforce Stability

Day services appear to have a fairly stable workforce. Working in a building base suits some carers better than being mobile and many providers pay above minimum wage to their staff.



### Overall Current Market Status

The current market for day opportunities in Walsall is varied. Walsall Council does not directly commission day services in the external provider market but it does have an in-house provider at the Gosgote Centre. Direct payment recipients use their direct payments to buy day service provision in the Borough. Most of these services are buildings-based day services and they are located in different geographical areas and meet a variety of care and cultural needs.

### Provider Dimension

From a provider perspective, day services providers have told the Council about issues of sustainability they face given that they are reliant on self-funding clients, Lottery and other sources of funding. A review of day services needs to consider options for the Council commissioning day opportunities into the future.

## Distance From Vision For The Future

A future vision for day opportunities needs to be shaped with service users, families, providers and partners. The new Adult Social Care Commissioning Strategy states an intention to 'review commissioning opportunities for the day opportunities offer'.

The link between wellbeing, social isolation, community support, meaningful activities, progressive support, respite for families and choice and control is underpinned by day opportunities and this needs to be fleshed out in a clear plan for the future co-produced with people using these services.

### Market Risks

1. Sustainability of day services and opportunities is a risk as many services are Lottery funded or are based on sources of funding other than core Council funding
2. A review of current and future projected demand for day opportunities is required and an assessment of the quality and suitability of buildings and accommodation
3. Transport to get people to and from day services is flagged as a risk by providers. Providers have different arrangements including their own transport, community transport, family members but core funding from the Council for transport has ceased
4. Quality assurance of day opportunities by the Council is limited
5. A need to review day service offers and work with providers for the future is both an opportunity and a risk. This needs to be done in partnership to ensure a mix of buildings and non-buildings-based day opportunities for a range of needs and backgrounds into the future. This is key area for community - based services. There needs to be sufficient supply and capacity of day opportunities in the future to meet projected demand.

### Market Opportunities

- Opportunity to review and shape day opportunities in Walsall to have a bird's eye view of all day services to meet projected needs and demand into the future for all ages and needs.

- Opportunity for the Council to consider the option of commissioning day opportunities as well as having day opportunities for direct payment clients only. This will bring more sustainability to the sector and more oversight of the quality and nature of provision by Council
- Opportunity to marry up the Adult Social Care (funded) day opportunities review with community assets, VCSE provision, ICB/ NHS social prescribing, locality assets and needs to create a broader picture of assets in communities
- Opportunity to have outreach and other forms of day support that isn't always buildings-based
- Opportunity to consider transport issues as part of the review and consider ways of supporting service users, families and providers with this and alternatives such as independent travel training, travel buddies etc.

### Equipment Services

#### Market Rating - Supply Of Equipment

Supply of equipment is judged to be amber currently. This is due to a recent review that suggests limited and outdated equipment in some types of equipment and some evidence of delays in people receiving equipment due to the current constraints with the infrastructure and operating model. There has arguably been a lack of investment locally in this critical service.



#### Market Rating – Quality Of Service

Quality of service is judged to be amber currently. Evidence suggests that the service could be significantly modernised and that key aspects of the service such as range of equipment, ordering of equipment and timeliness of service could be improved.



The sufficiency of the equipment services workforce is judged to be unknown at present.

### Current Market Status

The current judgement of the equipment service is amber. This is for the reasons outlined above.

### Provider Dimension

There is currently one provider currently providing equipment services. A review of equipment services should deliver options for the future of this service.

### Distance From Vision For The Future

A vision for equipment services and examples of services nationally is being considered. A new vision needs to be designed with providers, partners and service users. This is important to navigate a way forward and options for the future and a clear vision for this crucial service.

### Market Risks

- Strategic intent is for more people to receive care and support at home and in communities. Equipment is a key facilitator of this, yet the current contract does not appear to be as effective and efficient as it could be
- Risk that history and commitment to the current model and contracts prevents change and an improved service. An options analysis is being prepared to mitigate this risk.

### Market Opportunities

- Opportunity to review this service and consider all different options in Walsall with investment for this critical service
- Opportunity to follow the commissioning cycle and to thoroughly and transparently unpack the opportunity moving forward
- Opportunity potentially to consider a Black County wide approach to this
- Opportunity to look outside of Walsall nationally to see other practice in equipment services and what could be possible
- Opportunity to seek user experience and feedback as part of a formal review of this service feeding into the strategic re-commissioning of the CBS Framework in 2027 and to consider if equipment services is part of this overall strategic re-commissioning or not.



## Prevention And Early Help Services

### Market Rating Sufficiency of Supply

There is no current overarching needs analysis that sets out what the prevention and early help needs are of Walsall citizens now and into the future and there is some but limited Adult Social Care knowledge of the whole range of non-commissioned services in localities. This is being researched now with locality leads in Resilient Communities as part of the MPS process in order to build a clearer overall picture of supply.



In terms of adult social care funded and commissioned external supply, commissioners current consider supply to be a red rating given that funding in this area has been reduced over the years and the small number of ASC funded contracts given the strategic intent to maximise people's independence and support their needs as soon as possible to prevent escalation of needs and longer-term care. This is an area of development in partnership with Walsall Together and Resilient Communities. However there has been significant ASC investment in OT clinics, a new reablement contract and in a new Pathways to Independence Service all of which are preventative in nature.

### Market status – Quality

Commissioners consider the quality of the small number of commissioned providers to be good – there just isn't enough of these types of Adult Social Care commissioned services.



### Market Status – Workforce

The stability of the workforce of the providers commissioned to deliver prevention and early help services is currently unknown. Work will be done with providers to explore this.

### Provider Dimensions

There are excellent grassroots community-based organisations in Walsall delivering prevention and early help. However, a provider dimension is likely to be a sense of lack of oversight and investment by the Council and plugging of gaps of services that have been reduced due to budgetary constraints.

## Market Data And Insights

There is limited adult social care data and insights on these services and the crucial preventative impact that these services make.

### Distance From Vision

There is an emerging vision for preventative and early help services across People Services through an All-Age Prevention Strategy. This work will continue to be co-designed and shaped with this sector and with partners.

### Market Risks

- Risk that reduced funding for these services affects the ability of adult social care to drive forward its maximising independence and demand management strategy and plans to enable people to seek help when they need it from early support services
- Risk that the whole picture of early support services is not known/ understood by Adult Social Care and not mapped against need making it more difficult to address gaps and target areas for additional / new services
- Risk of not having a market – this sector needs infrastructure, resources, support and opportunities to market shape with commissioners and Borough partners.

### Market Opportunities

- Better promote carers support services to brokers, care managers, partners, Walsall citizens
- Deliver the All-Age Prevention Strategy
- Good providers but need for more resources for prevention and a growth of the supply of these services
- These services are a key part of the ASC strategic driver to keep people well in their homes and local communities
- Opportunity to have multi-agency work on a vision and blueprint for change in this area till 2040
- Opportunity for more of an outcomes-focussed approach - refresh contracts and specifications and to co-produce these with the sector.
- The 'Live Well at Home and in Your Communities' pilot project will enhance prevention and early-help service offers.

### Carers Support

#### Market Rating – Sufficiency Of Supply

It is considered that there is sufficiency of supply of carers support services currently but that this is a growth area where demand is increasing and there is unmet need for carers support.



#### Market Status - Quality Of Services

The service works collaboratively with commissioners and partners in the Borough. With recent developments within the Council, we are progressing improvements and links with Adult Social Care operational staff so that strong partnership working can be developed.



The commissioned service is due to undergo a service review which will inform future commissioning decisions. Forward Carers operate in other local authority areas including Birmingham where they are seen as a model of best practice regionally.

#### Market Status - Workforce

More work is needed to understand the number and type of roles supporting carers and the perspective of the unpaid carers workforce.

#### Provider Dimension

There is a good relationship with Forward Carers, Mencap and Walsall Carers Hub and commissioning oversight of the carers agenda.

#### Market Data And Insights

Not enough is known about unmet need/demand for these services although ONS and other predictions of need for carers services shows significant increases in demand between now and 2040 in over 65s unpaid carers in Walsall.

#### Distance From Vision For The Future

There is a vision statement in the Adults and Children's Carers Strategy that is currently being revised. There is a need for an improved digital offer to give quick links to support for people. Work is underway in terms of links

in with leisure services and for smoother hospital discharge and the role of employers in supporting people with caring responsibilities.

#### Market Risks

- Risks of carer breakdown and burnout if services are not expanded. Need for an improved respite offer for carers to take a break
- Risk of more loved ones coming into care with carer breakdown
- Risk of budget – if identify more carers, will cost more
- Need more direct payments for carers
- Utilise the skills and relationships that the voluntary and community sector has to identify and access carers, collect information and shape support services to meet identified needs.

#### Opportunities

- GP champions and carers champions to promote carers assessments, leisure links, overall support available for carers
- Closer working with children's colleagues to embed an All-Age Carers Strategy and commissioning intentions
- New funding streams such as Accelerated Reform Funding at Black Country level to promote digital solutions, different apps with 3 clicks to get to practical help, information and skills
- More support for carers looking after people with dementia - dementia prevalence is predicted to increase
- IAG digital solutions -Walsall Connected, Care Management
- Best practice across Black Country Local Authorities - joint plans, mutual support for carers, outcomes focussed
- Needs and demand projections will assist with demonstrating the need for more carers support services and ways of identifying and supporting a range of carers
- Utilise the skills and relationships that the voluntary and community sector has to identify and access carers, collect information and shape support services to meet identified needs.



## Section 8: What Community-Based Providers Have Told Us

Several MPS sessions have held with Walsall Community Based Service providers to seek inputs to this Market Position Statement. Below is a summary of key issues and inputs from providers:

- CBS providers wanting to expand into meeting more complex needs in the community
- Transport is a key issue: getting service users to and from services
- Co-location of community based services and knowing about each other's services better would help join-up, signposting and ease of access for service users
- Homecare Framework is currently closed to new providers till 2027 - not easy for new entrants to market to seek packages of care
- Social work assessments can be slow and some inappropriate referrals, pen pictures and support plans
- Need to better value and respect community-based providers in Walsall
- Local Authority is driving disadvantage in Walsall by paying low fees to care workers
- Need for different KPIs and measures of success for providers recognising their demand management another roles
- Cross-over with NHS / ICB services is crucial e.g. district nursing, ambulance services
- Too many safeguardings triggered by the Council without seeing provider perspective
- Lack of transparency and securing of packages via Council brokerage
- Providers are seeing a decrease in demand/ packages of care coming through, yet figures are suggesting that homecare is a growth area
- Direct payment conversations with providers would be useful
- Homecare providers reported benefits if they had localised geographical patches to work in
- Day services providers highlighted the benefits of building-based services as well as outreach



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- Move to an outcomes- focussed model will necessitate cultural changes for providers, Council, partners and different payment mechanisms
- TEC, Digital and AI has huge implications and benefits for CBS providers – need to catalyse joint discussions and pilots
- Need for better relationship management and co-design in change from now on
- Need to re-set and transform rather than stay with current models
- Discussions on right sizing the number of providers in the Walsall market
- Need to really consider the importance of befriending services – isolation, loneliness. There is evidence of a high demand but a lack of resources for this
- End of Life Pathways and Care needs re-examining
- Request for support and Council resources for training and DBS checks - this is a workforce and sustainability issue for providers

This input from providers is crucial in shaping this MPS. There is a mixture of current operational and strategic issues being flagged by Walsall Community-Based Services providers, as well as future state and transformational suggestions. These suggestions flow through into the future state section of this MPS.



# Section 9: Estimated Future Demand For Community Based Services

## Adult Social Care Demand Projections

The graph below shows possible scenarios in terms of estimated increase of adult social care service users each year through to 2040/2041.

The light blue line shows historical trends in numbers of people in receipt of ASC services tracked to date and the dark blue line continues this trajectory. This dark blue shows that by March 2040 there could be 4,221 service users from a baseline position now of circa 3,500 (17% increase).

The dark red line is based on the increase in the ASC service users in the past 18 months (May 2023 – November 2024). This line is much steeper and the number of projected service users is higher because it shows estimated number of service users through to 2040 on a fixed rate if this growth continues. This dark red line shows that by 2040 there could be 8,074 service users from a baseline position now of circa 3.500 (57% increase).

This scenario is a doubling of the size of ASC clients from now to 2040, with an increase of circa 300 clients a year.

The orange line is a mid-point estimate. It estimates that the number of ASC clients by 2040/2041 could be 5,699 (39% increase). The orange line is the projection line that Adult Social Care is using to seek to predict overall demand to 2040/2041.

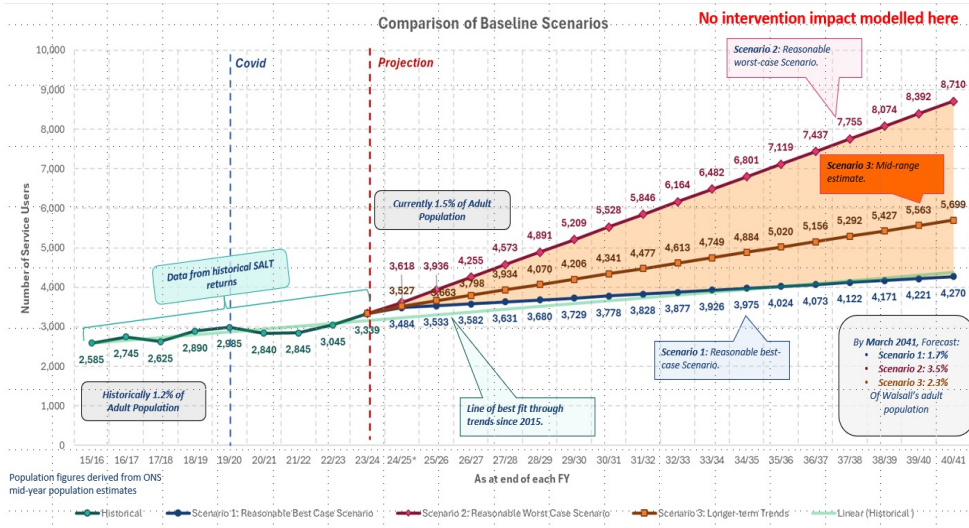


Figure 4: Projected demand for Walsall Council Adult Social Care to 2040/2041.

Estimating future demand for community -based services over the next 15-16 years is predictive based on a variety of factors. Factors include:

- Projected population growth in Walsall to 2040 (ONS estimated, Poppi and Pansi data)
- Adult Social Care demand data - historical, last 18 months, last 12 months -see above overall ASC demand scenarios
- Taking into account the impact and lag that covid had on demand
- Public health data such as dementia needs and estimated prevalence and other co-morbidities data
- Different scenarios that could play out between now and 2040.

## Homecare Demand Projections

The graph below shows predicted demand for homecare to 2040/2041.

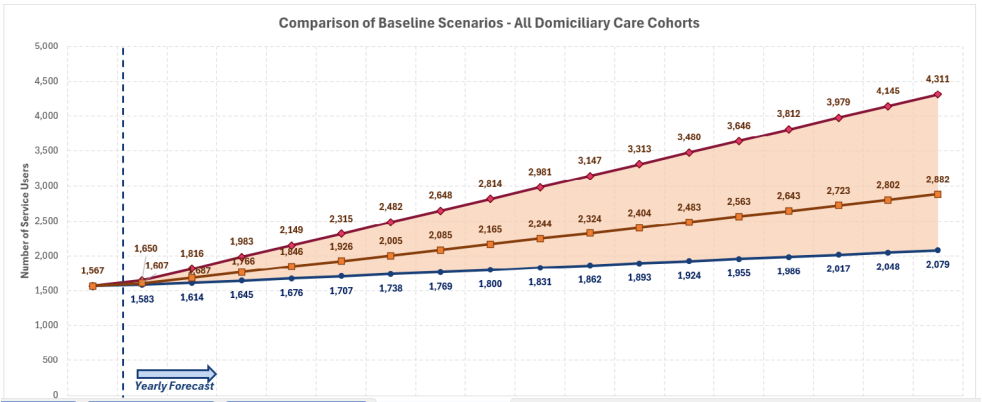


Figure 5: Predicted demand for Council commissioned homecare to 2040/2041.

The table below takes data in this graphs and sets out predicted demand for homecare based on the mid-point scenario from a baseline position of November 2024.

There is a 3-4 year ahead estimation as well as an estimation to March 2040.

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This scenario is based on:

- Using ASC demand data for the last 12-18 months
- Assume this rate of growth continues and is fixed at this rate (not exponential growth)
- It represents a 'mid-point scenario' (orange line) for the growth in demand for bed-based care
- It is based on a non-interventionist 'do nothing' scenario (i.e. not doing more to manage demand for/ placements in bed-based care and grow more preventative and early intervention services).

| Type of homecare          | Baseline Nov 1st 2024 | End March 2028 | End March 2040 |
|---------------------------|-----------------------|----------------|----------------|
| 65+ specialist (MH, LD)   | 45                    | 48             | 54 (20%)       |
| 65+ non-specialist        | 1236                  | 1520           | 2372 (91.9%)   |
| 18-64 specialist (MH, LD) | 147                   | 173            | 251 (70.8%)    |
| 18-64 non specialist      | 179                   | 185            | 203 (13.4%)    |

These projections are for Council clients only. Demand projections will be greater as self-funder clients will also grow.

### Implications Of This Scenario

The implication of this scenario is growth in demand for homecare from the current baseline. The predicted growth in this scenario is greatest in the following categories of 65+ non-specialist homecare and 18-64 years of age specialist homecare.

### Implications For Supply Of Homecare

This scenario suggests that there will be 319 more Council funded homecare clients receiving Council commissioned homecare in just over 3 years and 1273 extra people by March 2040.

Given that there is more homecare supply than demand currently, this suggests that in the next 3 years the capacity already within Walsall should be enough to contain this growth. However, there will need to be additional homecare capacity grown incrementally over the next 15 years to cater for the predicted increase in demand. This capacity needs to be able to cater for both non-complex and complex homecare for all age groups 18+.

It could be that the volume of growth needed is restricted to less providers to ensure economies of scale and sustainability of these homecare agencies. Given that a large proportion of growth is expected to be in over 65s non-specialist (frailty, isolation, drop-ins, food preparation and access to the community), it is also suggested that alternative forms of support are considered through VCSE organisations and other agencies alongside CQC registered homecare providers. For those CQC registered homecare providers in the market or who wish to join the new Framework in 2027, specialisms in younger adult's complex care is welcomed.

Locality based homecare models with lead locality providers working with a network of agencies and providers is likely to be a preferred model for the future in Walsall.

Given current supply in Walsall and these demand projections, the following types of care are considered a priority for market development:

- Over 65s non-complex homecare
- Under 65s complex homecare (Learning disability and mental health)
- CQC rated 'Good' or better providers
- Homecare located in wards that have least homecare packages currently:
  - Streetly
  - Paddock
  - Rushall Shelfield
  - Bentley and Darlaston North
  - Willenhall North

Demand projections for other community -based services need to be developed. This includes reablement, Extra Care Housing, Day provision, Prevention and Early Help Services, Carers Support.





## Section 10: Future Possible Models Of Community-Based Services In Walsall

MPS co-design sessions with providers have been exploring future models of community-based services. There are various models nationally and internationally that have been considered to inform the future of service design in Walsall. Below are some of the ideas and discussions to date that are informing future design and the re-commissioning of the CBS Framework in 2027.

### Homecare: Different Models For The Future In Walsall

The list below gives a feel for different homecare models that commissioners have been looking at as reference points in thinking about the future of homecare in Walsall. These models have been discussed with providers in co-design sessions.

### Summary Of Key Considerations In New Commissioning Models

**Model 1:** Outcomes focussed models – providers jointly set with the LA/ NHS service user outcomes and are paid to achieve these more flexibly over a given period. The Council to give an indicative budget for a service user or area and asks providers how they might solve the problem. Outcomes-based payment mechanisms through more block type contracts and maximising independence incentives.

**Model 2:** Lead Integrator model e.g. Kotitori model in Finland: this model involves the City/ Borough contracting with a private provider that provides a ‘one-stop shop’ or ‘integrator’ lead provider role sub-contracting and co-ordinating other providers.

**Model 3:** Place-based Well Being Teams e.g. Monmouthshire and Devon: Integrated NHS/social care staff place-based teams work around a group of service users in set geographical areas. Staff get to know service users, and packages of care are altered through joint reviews with providers, social workers, physiotherapists and occupational therapists together provide a seamless approach. Working in limited geographical areas prevents time being spent travelling between service users.

**Model 4:** Gesundes Kinzigital Model, Germany – established in 2006 as an integrated care management company. It holds long-term contracts with funders and operates on a membership model, with Gesundes Kinzigital holding accountability for the budget for the population group and new models of home care, negotiating a range of contracts with local providers. The approach includes a focus on prevention (including healthy lifestyles), a patient-centred approach (including individual treatment plans and a named health care professional chosen by the patient who provides continuity of care), and an integrated IT system.

**Model 5:** Buurtzorg model, Holland – These are self-managing, nurse-led integrated self-managing teams working in communities – OTs, physios, nurses, carers.

**Model 6:** Micro-enterprise - In Somerset, the County Council works with Community Catalysts to support and encourage local micro-enterprises. Local authorities are responsible for ensuring that there is a market in which individuals can exercise their choice, and microenterprises may suit some service users using DPs and different types of PAs and care workers.

**Japanese Case Study** – a community-based service with an emphasis on inter-generational contact and mixed care offers. Aoi Care, in Fujisawa, 50 km south of Tokyo is a service for older adults, which puts intergenerational relations at the centre of its care facility. It's founder Tadasuke Katou had been working in an intensive care home for elders, but became disillusioned with the care there, which seemed to only consist of older people lying in bed, sleeping and taking their medicine. He quit his job to set up Aoi Care (website in Japanese). Aoi Care consists of two sections: a residential area with a capacity for seven older adults coping with dementia and an 'open' section where older adults can visit and can stay for a short period if they want to. Daily life in Aoi Care puts a priority on participation of older adults from the surrounding neighbourhood, productivity and independence of older adults and intergenerational contact.

Aoi Care is physically and metaphorically close to the community. Weaving through its buildings is the public street, on which the neighbours of all ages to travel from home to the city, school and their work. So children going and coming home from school go along the street coming in contact with the older people in Aoi Care.

Contact with younger children is also made possible by the fact employees at Aoi Care can take their children with them to the day-care facility.

### Summary Of Key Considerations In New Commissioning Models

Below summarises key aspects of future community-based services models that Council commissioners are now exploring with the ICB and other partners.

#### New Walsall Homecare models

- Walsall Council to only commission homecare providers rated CQC 'Good' or better and those with good local quality assurance assessments
- Continue to encourage providers to work with people with DPs and self-funders and to grow their businesses to meet needs other than Council commissioned support. Consider an 'e-system' approach for people to select their own homecare providers
- Strong possibility of locality zonal lead providers. These models enable economies of scale for providers, use of local assets and support services and support environmental sustainability with walkers and use of local transport to reach clients
- Less commissioned providers – this is to enable economies of scale for providers and a more sustainable market and to enable the Council to manage relationships better with fewer providers
- Continually improve the Council's support offer to providers in terms of access to training, DBS checks, workforce development, payments, brokerage
- Consideration of joint models with health e.g. care and nursing joint teams for care at home and in communities such as Wellbeing Team models
- Payment on agreed area/ zone and individual outcomes with devolved budgets and/or staggered payments: upfront, mid package and end of package payment structure
- Homecare services well connected to other community assets that prevent and delay the need for formal care e.g. clear locality 'offers' with signposting, shared care, co-location.



### Extra Care Housing

- Stimulate the ECH provider market to develop several new schemes by 2040 to meet community-based services demand
- Improve referrals into existing ECH provision and best utilise commisisoned care hours
- Work with providers and developers to re-vision ECH of the future - community assets, multi-need, multi-purpose schemes mixed with other all-age provision
- Improve use of ECH flats and reduce voids in existing provision.

### Walsall's Future Day Services Models

- Better mix of buildings-based and outreach day opportunities
- Transport offers for people to use day opportunities
- Consideration of whether the Council should return to commisisoning day opportunities
- Specialist day opportunities embedded in communities to meet different needs.

### Walsall's Future Reablement Services

- Continue to expand reablement services in Walsall and move to more of an outcomes-based commisisoning model
- Appoint a Phase 2 Reablement Service strategic partner(s) better connected to the ICS Reablement offer
- Providers to be part of Multi-Disciplinary Teams working more closely with the NHS and the Council on cases and maximising independence
- More and different use of digital, TEC and AI in reablement services.

### Walsall's Future Carers services

- Wider respite offer for carers and the cared for
- Continue to champion carers support in Walsall with a wide offer of support and to continue to uncover the unmet needs of carers
- Improve direct payment take up by carers and the cared for
- Dementia support models for carers and continued investment in preventing carer breakdown

### Walsall's Future Prevention And Early Intervention Services

- Falls Prevention approach is being prioritised as a key preventative service
- Improved investment in preventative services and early support with Public Health, Resilient Communities, Children's Services and other partners
- Increase the amount of Adult Social Care investment in prevention and early help services
- Develop pilot initiatives to build the capacity of VCSE anchor organisations in localities who can deliver these services.

These are all considerations that we welcome conversations about with providers and partners. In order to achieve our vision and intentions for community-based services of the future, we need to transform and to commence that transformation process now.

Please do send comments on this Market Position Statement and market development ideas you have to [adultsocialcarecommissioning@walsall.gov.uk](mailto:adultsocialcarecommissioning@walsall.gov.uk)  
We look forward to hearing from you.



