



# **Adult Social Care Residential and Nursing Care Market Position Statement 2025-2040**



**Walsall Council**

## Contents

<b>Section 1: Introduction</b>	<b>3</b>
<b>Section 2: Vision and intentions</b>	<b>4</b>
<b>Section 3: Our commitment</b>	<b>5</b>
<b>Section 4: Current position 2024/early 2025</b>	<b>6</b>
<b>Section 5: Commissioned Residential and Nursing Care</b>	<b>7</b>
<b>Section 6: Current Needs</b>	<b>8</b>
<b>Section 7: Current Supply</b>	<b>12</b>
<b>Section 8: Market Assessments</b>	<b>20</b>
<b>Section 9: Estimated future demand</b>	<b>26</b>
<b>Section 10: Overall Key Messages to Providers</b>	<b>28</b>
<b>Section 11: Different Models Of Care</b>	<b>29</b>





## Section 1: Introduction

### Introduction to Market Position Statement

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

We are ambitious for modern, good quality, affordable residential and nursing care 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 that can meet identified gaps in the market as well as working with and supporting existing good quality providers of residential and nursing care.

The development of the workforce for residential and nursing care in Walsall is of pivotal importance. We seek to support the retention and recruitment of carers to the residential and nursing sector through strategic workforce development with partners and providers.

Scope of this Market Position Statement:

- 18-64 years of age residential care
- 65+ years of age nursing care
- 18-64 years of age nursing care
- Discharge to Assess Pathway beds
- 65+ years of age residential care
- Respite beds

### Definitions of residential and nursing care

#### Residential Care

Residential care refers to accommodation and 24-hour personal care and support to people who cannot live independently but do not require nursing care. Residential care provides people with a home, care according to their needs (such as help with washing, dressing, toileting, administering medication and mobility) and social activities. People can go into residential care from a variety of routes including from hospital.

#### Nursing Care

Nursing care refers to registered nursing care for people who need higher

levels of care, including immediate care following discharge from hospital or due to a longer-term care need. Nursing homes offer a qualified nurse on site around-the-clock, supported by care assistants, as well as social activities.

Both residential care and nursing care require providers to be registered with the Care Quality Commission (CQC).

### Short term bed-based care

Short-term bed-based care includes respite care and out of hospital care and refers to short-term care for people who need extra support following a hospital stay, or a period of illness or following recovery from an injury or illness, or it can be temporary care while the person's regular carer takes a break. A respite care placement will provide tailored, 24-hour support for older people in need of a short-term stay.

### Hospital Discharge Bed-based Care

Walsall's Intermediate Care Service (ICS) facilitates hospital discharge through one of four pathways with returning home (pathways 0 or 1) being the primary option. Pathways 2 and 3 support individuals who require a period of time within a bedded provision.

#### Pathway 2

Pathway 2 supports individuals being discharged from hospital who require recovery, rehabilitation, assessment or short-term intensive support in a 24-hour bed-based setting, before returning home.

We currently commission 10 rehabilitation beds with one nursing home provider. All further beds required to support Pathway 2 discharges are currently spot purchased from the nursing and residential care market.

#### Pathway 3

Pathway 3 supports those individuals being discharged from hospital who require 24 hour care and have complex care needs which require a long term bedded placement following either a health or social care assessment phase.

The Council currently spot purchases from the nursing and residential care market the bed provision required to support hospital discharge through Pathway 3. Work is being undertaken across the health and social care system understand how we can better support hospital discharge in bed-based provision.

## Section 2: Vision and intentions

**“To have a right sized, good quality, affordable and sustainable residential and nursing care home market in Walsall offering a range of bed-based services that flexibly provide care for older people and working age adults in the areas and specialisms where it is most needed, now and into the future.”**

### COMMISSIONING INTENTIONS

1. Right size residential and nursing bed provision in terms of needs presenting now and into the future and in terms of cost and quality.
2. Seek to only work with residential and nursing providers that align with Council values and are CQC rated 'Good' or 'Better'. Council to reward and incentivise good quality provision.
3. Grow supply of residential and nursing care for over 65's more specialist needs: better use existing supply and plan for net growth in over 65's more specialist care over the next 15 years to meet Council, NHS and self- funder requirements.
4. Ensure that commissioners direct new care home developments in association with planning, providers and partners such as the ICB so that new developments are where they are needed and of the right type, volume and quality.
5. Better manage existing supply of specialist, personalised care for under 65 year olds/ adults of working age in appropriate environments. The strategic direction is for younger adults to be in supported living and other forms of accommodation, unless their needs are such that residential and nursing care is needed.
6. Commission flexible, dual-registered provision to manage varying and changing care needs and to fill voids and under-occupancy in some care homes.
7. Define pathways out of residential for those able to move into alternatives such as supported accommodation.
8. Focus on and encourage developments in geographical locations with least residential and nursing care and to encourage mixed developments with various forms of care and support on-site.
9. Reduce out of Borough support and have better sight of the use of Walsall care homes by other Councils to ensure that Walsall citizens can access care homes in their home Borough.
10. Ensure that the protected characteristics of residents of care home residents are understood and met by all residential and nursing providers.
11. Support care home workforce and skills development to manage increased specialisms needed in care homes.
12. Ensure modernised care home environments and offers through refurbishment and new developments.
13. Invest and increase the use of TEC, digital and AI in care home settings to improve the care experience and maximise independence as well as reducing reliance on workforce.
14. Support and encourage sector-led improvement in the residential and nursing sector and co-design future models of care with providers.
15. Ensure continued effective joint working with the ICB, Hospital Trust and other partners on residential and nursing care (for example Discharge to Assess, Continuing Healthcare).

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: Our commitment

The relationship, dialogue and joint planning between commissioners and providers of residential and nursing care, 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 residential and nursing 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 residential and nursing sector
- Honesty and evidence about de-commissioning decisions based on lack of demand for residential and nursing care, low occupancy, poor quality or other criteria
- Improved residential and nursing Council brokerage processes that are transparent, equitable, consistent and efficient
- Improved partnerships with community & hospital social work and reablement teams for placements
- Effective working with the ICB and NHS regarding data insights, residential and nursing commissioning and placements and quality assurance and transformation of bed-based care
- Commitment to affordable but fair rates for residential and nursing placements
- Continued and improved support for providers with quality assurance and service improvement
- Marketing and communications expertise to promote residential and nursing services including to self-funders.

### Diversification of provision and new developments

- Expertise in local planning authority and engagement with the community and local elected members
- Secure trusted, effective relationships with providers, developers and planning to ensure care homes are re-provisioned and developed in the right locations to meet current and projected future needs
- Support for building design to meet varied and complex needs
- Support on technology developments in residential and nursing care.

### Our approach to working with planners, developers, investors, and providers

- To support our intentions around residential and nursing care, we want to engage and co-design plans for care homes with developers and providers
- This will ensure the 'right size and type market' that meets needs in different locations and is based on projected demand for the type of residential and nursing care needed for people in Walsall over the next 15 years
- We will continue to work constructively with providers to commission residential and nursing care, support quality and market development and to monitor sustainability.



## Section 4: Current position 2024/early 2025

### 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.

The table 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.





## Section 5: Commissioned residential and nursing care

There are an estimated 862 people receiving residential and nursing care commissioned by Walsall Adult Social Care as of early March 2025. There is roughly a two-thirds and one-third split between the number of people receiving residential care and the number receiving nursing care.

Greatest current demand is for residential EMI (dementia) care, residential care, nursing care and nursing EMI (dementia) care.

Weekly costs have risen over time with the exception of specialist placement costs that have tapered back down over time. Most placements are at standard rate and 1-20% higher than standard rate, with a proportion still at 20-50% higher than standard rates. There is also a significant degree of first party top-ups: Walsall Council is picking up 397 first party top-ups currently and additional negotiated costs, hence the total fees paid by the Council are currently higher than published rates.

### 18-64 Residential and Nursing Care

Trends in Walsall in new admissions to 18-64 residential and nursing care between 2022 and 2023 showed gradually increased new admissions to residential and nursing care and a downturn in comparative performance in this metric against national, comparator group and regional comparator averages. However, new admissions started to decrease in 2023-2024 and the same in 2024/2025.

This suggests that younger people's needs may be being met in other provision such as Supported Living as demand for supported living has increased in the same period and/or that less new entrants with these needs have come into adult social care since May 2024.

### Over 65s Residential and Nursing Care

The trends in new admissions to residential and nursing care for Walsall Council clients age 65+ show a decrease in new placements to bed-based care, although the historical trend has been upwards. Carer breakdown, falls, deterioration in mental health and other health conditions and depletion in self-funder funds are key reasons for people coming into bed-based care in the Borough.



## Section 6: Current Needs

This section provides information on the primary needs of Walsall Council support service users in receipt of various residential and nursing services. The 862 placements figure is the number of placements as an 'As At' position in early 2025. The 1051 primary needs figure is a cumulative figure of permanent placements.

### Council funded under 65 residential clients

- There are 105 Walsall Council funded clients under 65 years of age receiving residential care
- The primary needs of these 105 people under 65 years of age receiving residential care are listed below in the table.

(Source: Mosaic Social Care Records)

Primary need	Number of clients
Substance misuse	2
Mental health	14
Learning disability	63
Personal care (physical disability)	16
Social inclusion	7
Hearing impairment	1
Access and mobility (physical disability)	2
<b>Total</b>	<b>105</b>

- This analysis shows that for younger adults in residential care the predominant primary need is learning disability (63 clients) followed by personal care (physical disability) (16 clients)
- Supported living would be a good alternative for some of these bed-based clients and this is part of the strategy for the future for new working age clients coming into adult social care as well as for existing clients who may be able to move from bed-based care.

### Council funded over 65s Residential needs

- There are 537 Walsall Council funded clients over 65 years of age receiving residential care
- The primary needs of these 537 people over 65 years of age receiving residential care is listed below in the table.

Primary need	Number of clients
Personal care and support (physical disability)	281
Social inclusion	50
Learning disability	18
Memory and cognition	35
Access and mobility (physical disability)	92
Mental Health	30
Visual impairment	5
Support to carer	21
Hearing impairment	2
Dual impairment	1
Substance misuse	2
<b>Total</b>	<b>537</b>

- There will always be a need for residential care in the Borough to meet the needs of people who cannot remain at home, and the complexity of conditions of people coming into residential care is growing. However, residential care should be a last resort when an individual is no longer able to remain safely independent at home
- The direction of travel is to better manage the scale and size of standard residential care given that more people are expected to remain independent in their home and communities for longer and to come into bed-based care later in life
- It is expected that there will therefore be a need for more specialist bed-based care rather than standard residential care. Extra Care Housing (ECH) is a good alternative to bed-based care for over 55s and the growth of ECH is part of the future direction of travel.



## Council funded Under 65 Nursing Care

### Nursing Care Under 65 Primary Needs

- There are 57 Walsall Council funded under 65 yr olds receiving nursing care.
- This needs analysis shows that the primary need of Council clients age under 65s in nursing care is mental health followed by personal care and support.
- As complexity of need increases, it is expected that needs for nursing care will grow for under and over 65s.

Primary need	Number of clients
Personal care and support	15
Access and mobility	7
Mental health	28
Learning disability	4
Social inclusion	2
Hearing impairment	1
<b>Total</b>	<b>57</b>

### Nursing Care Over 65 Primary Needs

- There are 352 Walsall Council supported clients over 65+ years of age in nursing care.
- This data shows that the primary need of people over 65 in nursing care is physical disability (personal care and support and access and mobility) followed by mental health and memory and cognition.
- As complexity of need increases, it is expected that needs for nursing care will grow for under and over 65s.

Primary need	Number of clients
Personal care and support	179
Access and mobility	49
Mental health	45
Memory and cognition	33
Social inclusion	29
Visual impairment	4
Support to carer	4
Dual impairment	1
Learning disability	8
<b>Total</b>	<b>352</b>

## Respite Care

There are 399 people receiving Walsall Council funded bed-based respite care. 277 of these people are under 65 and 109 are over 65 years of age. There are 13 other users of bed-based respite with varying primary needs.

### Under 65s

- This analysis shows that the majority of respite clients are working age adults under 65 years of age and the predominant primary need is learning disability followed by personal care and support.

Primary need	Number of clients
Personal care and support	60
Access and mobility	10
Learning disability	200
Social inclusion	6
Visual impairment	1
<b>Total</b>	<b>277</b>

### Over 65s

- There are 109 Walsall Council funded clients over 65 + currently receiving bed-based respite care.
- This analysis shows that the predominant primary need of over 65s using respite services is physical disability (personal care and support followed by access and mobility).

Primary need	Number of clients
Personal care and support	60
Access and mobility	24
Learning disability	3
Social inclusion	5
Support to carer	1
Memory and cognition	12
Mental health	4
<b>Total</b>	<b>109</b>

## Other Characteristics

### Ethnicity of Walsall Council supported residential and nursing clients

This data suggests an under-representation of non-white citizens in residential and nursing care against Walsall demographics. There may be cultural and other reasons for this. Commissioners will explore this further. A key strategic intention is to ensure that the protected characteristics of citizens in bed-based care and understood and met including race and ethnicity protected characteristics in all components of care and support.

Ethnicity of Residential Nursing users	% of Residential Nursing users
Asian/ Asian British	3.8%
Black/ Black British	3.1%
Mixed heritage	0.8%
White	91%
Other ethnicity/ not recorded	1.3%

### New admissions to residential and nursing care 2023/2024 and up to the end of June 2024 and people's needs

- In 2023/2024 there were 374 new admissions into permanent residential and nursing care
- This was a 13.7% increase on the 329 new admissions in 2022/23
- In terms of younger adults in bed-based care (18-64 years of age), there were 28 new admissions amongst this age group in 2023/24 comprising the highest number since 2015/16
- Of the 28 admissions, 20 were from a community setting and 8 from hospital. Some of the trigger events for these admissions were as follows:
  - Deterioration of mental state – 6
  - Carer breakdown – 6
  - Change in need – 5
  - Falls – 2
  - Health problem – 2
  - End of short stay placement – 3
  - End of Continuing Health Care (CHC) funding – 2
  - Prison release – 1
  - Transition to adulthood – 1

- In terms of older people age 65+, there were 346 new admissions within this age bracket in 2023/24, of which 188 were from a community setting and 158 from hospital
- Example trigger events for these admissions were as follows:
  - Falls – 65
  - Deterioration of mental state – 33
  - Health problem – 33
  - Change in need – 12
  - Discharge from mental health hospital – 6
  - Safety concerns – 4
  - Depletion of funds – 2
  - Carer breakdown – 2
  - End of CHC funding – 1
- The number of new admissions seen in the over 65s in 2023/24 was 14.6% higher than the 302 new admissions in 2022/23
- In 2024/25 January to the end of June, there have been less new placements. There were 165 new admissions into permanent residential and nursing care, 19 fewer than the 184 made at the equivalent point in 2023/24
- 13 of these admissions involve individuals aged 18-64 (3 fewer than the equivalent point in 2023/24) and 152 involved individuals aged 65+ (16 fewer than at the equivalent point in 2023/24). The top three reasons for residential and nursing admission were: health issues (36 placements), falls (35 placements) depleted funds (27 placements).

### Main recorded reasons for people coming into residential and nursing care (Mosaic data)

65+ years of age	18-64 years of age
Falls	Mental health
Mental Health	Carer breakdown
Health problems	Falls
Safety	Health problems
Carer breakdown	Prison
	Transitions from Children's Services





### Primary needs of people in hospital pathway beds (June – September 2024)

#### Pathway 2

This data shows that physical support (personal care and support) is the primary support need of those in Pathway 2 hospital discharge beds followed by access and mobility issues. Individuals are supported in a mixture of nursing and residential provision.

Primary Support Need	Number of clients
Personal care and support	46
Access and mobility	16
Learning disability	3
Social inclusion	2
Memory and cognition	1
Not recorded	1
<b>Total</b>	<b>69</b>

#### Pathway 3

This data shows that the primary needs of people in pathway 3 out of hospital beds are also physical support and are placed in a mixture of residential and nursing provision.

Primary Support Need	Number of clients
Personal care and support	161
Access and mobility	28
Memory and cognition	8
Mental health support	7
Learning disability	5
Social inclusion	4
Sensory support – dual impairment	1
Not recorded	5
<b>Total</b>	<b>219</b>

#### Self-funders in residential and nursing care

It is estimated that 29.8% of people in Walsall care homes are self-funders (Estimating the size of the self-funding population in the community, England - Office for National Statistics (ons.gov.uk)). It is estimated that there are over 10 care homes in Walsall serving the self-funder market exclusively, with most homes accommodating a mixture of Council-supported clients, self-funders and people from other Local Authority areas. It is a key duty of the Council to market shape provision for self-funders as well as Council commissioned provision.

## Section 7: Current Supply

### Current supply of residential and nursing care

The table below is a snapshot of the residential and nursing care market in Walsall as of late 2024/ early 2025.

There are an estimated 70 care homes in Walsall covering different types of bed-based care. The table shows that the majority (but not all care homes) in the Borough are contracted by Walsall Council on the Council's Residential and Nursing Open Contract.

Working Age Residential Care is a service that supports an adult with learning disabilities and/or autism and physical and sensory impairments on a long-term basis. Going forwards, the Council's strategy is to reduce the number of residential placements, instead supporting people to be more independent within their own homes.

Older People Residential Care is a service that supports an adult who requires short-or long-term care in a Care Quality Commission (CQC) registered residential care home. The type of services that can be provided in a registered residential care home are:

- Short-or long-term residential care
- Short-or long-term specialist care, i.e. dementia, complex behaviours.
- Respite residential care

There are many more residential than nursing providers commissioned by Walsall Council. The sustainability of this sector is currently judged to be mixed in terms of:

- The quality of provision. 57.35% of residential and nursing provision is rated 'Good' or 'Outstanding' by the CQC with 20.58% 'Requires Improvement'
- 22.07% of bed-based providers are currently unrated by the CQC (Source: WM ADASS Care Market Dashboard)
- Weekly published rates paid to providers by Walsall Council – these are uplifted every year but are still tracking at below the rates paid by some comparator Local Authorities. However, the actual average costs paid by Walsall Council for residential and nursing care is higher than weekly

published rates due to additional 1-1 and top-up fees paid by the Council to providers.

- In terms of sufficiency of supply, there is ample residential care in the Borough, some of which caters for people not from Walsall. There is less nursing care
- In terms of quality of services there is need for overall improvement as judged by CQC ratings for residential and nursing care and as judged by local quality assurance and improvement plans
- The prices paid for residential and nursing care in Walsall is under continuous review as part of a 3-year pricing and quality improvement plan.

The table gives a summary of the whole residential and nursing market in Walsall and Council spend on residential and nursing care. It shows that a third of Council placements are outside of the Borough. It also shows the quality ratings of provision and the stability of the market currently with no providers exiting Council contracts so far in 2024/2025. A new home has recently been established in the Borough.



Residential and Nursing Provider market in Walsall - Late 2024 / Early 2025	
Number of residential and nursing care providers in Walsall	70
Number of residential providers in Walsall	52
Number of nursing providers in Walsall	18
Number of estimated dual - registered providers in Walsall	15
Number of Walsall Council open contract providers (88%)	62
Estimated number of bed-based respite providers	3
Estimated total bed-base capacity in Walsall	1,982
No. of Council supported adults receiving residential and nursing care	862
In-Borough Council placements	646 (32.5% of all Walsall bedded capacity)
Out of Borough placements	216 (in over 90 OOB care homes)
% bed-based providers CQC rated Good or Outstanding	57.35%
% bed-based providers CQC rated Requires Improvement or below	20.58%
% bed-based providers CQC unrated currently	22.07%
Number of residential and nursing providers onboarded to work with the Council since 1st April 2024	1
Number of residential and nursing providers exiting the market since 1st April 2024	0
Budget for residential and nursing care 24/25	£46.774m
Projected spend on residential and nursing care 24/25	£47.890m

The table below shows the estimated number of care homes, type of home and estimated capacity, occupancy and % of beds, by ward

Ward	Est. number of care homes	Residential / Nursing * dual registered	Capacity	Occupancy level (late 2024)	% of beds by ward
Aldridge Central and South	2	Nursing	59	100%	6.7%
		Nursing & respite	74	85.7%	
Aldridge North and Walsall Wood	6	Nursing/ Residential*	89	100%	15.3%
		Nursing	30	94.2%	
		Nursing/Residential*	64	65.6%	
		Nursing/Residential*	26	46.6%	
		Residential	30	77.8%	
		Nursing/Residential*	64	92.5%	
Blakenall	7	Residential	2	100%	8.2%
		Residential	4	53.35%	
		Residential	6	83.6%	
		Nursing	2	100%	
		Residential	54	77.7%	
		Residential	54	96.3%	
		Residential	40	92.5%	
Bentley and Darlaston North	4	Residential	8	100%	5.8%
		Residential & respite	8	100%	
		Nursing/Residential *	54	13%	
		Residential	44	88.8%	
Bloxwich East	4	Nursing/ Residential*	163	100%	13.5%
		Nursing/Residential*	33	85%	
		Nursing/Residential*	42	77.7%	
		Residential	29	93.1%	
Bloxwich West	3	Residential	88	85.7%	7.1%
		Residential	9	88.9%	
		Nursing/Residential*	44	77.3%	
Brownhills	3	Residential	93	95.8%	7.4%
		Nursing/Residential*	48	78.5%	
		Residential	7	100%	
Paddock	1	Residential/ Respite	6	100%	0.3%



Ward	Est. number of care homes	Residential / Nursing * dual registered	Capacity	Occupancy level (late 2024)	% of beds by ward
Darlaston South	1	Nursing/Residential*	48	81.3%	2.4%
Palfrey	2	Nursing/ Residential*	72	90%	4.1%
		Residential	8	100%	
Pelsall	3	Residential	7	100%	3.4%
		Residential	41	95.1%	
		Residential	20	85%	
Pleck	4	Residential	26	92.1%	5%
		Residential	9	100%	
		Residential	25	100%	
		Residential & Nursing*	39	94.5%	
Rushall Shelfield	1	Residential	29	95.7%	1.5%
Short Heath	1	Nursing/Residential*	73	86.3%	3.6%
St Matthews	6	Residential	28	73.9%	5.7%
		Residential	24	83.4%	
		Residential	7	83.4%	
		Nursing	27	88.9%	
		Residential	12	83.4%	
		Residential	15	53.4%	
Streetly	1	Residential	31	71%	1.5%
Willenhall North	1	Residential	45	63.6%	2.3%
Willenhall South	6	Residential	5	80%	6.2%
		Residential	20	70%	
		Residential	11	91%	
		Residential	30	96.6%	
		Nursing	35	96.6%	
		Nursing	21	77.35%	
Totals	56 (+14 estimated other care homes not commissioned by Walsall Council)	33 Residential, 7 Nursing, (13 dual-registered homes), 3 Respite	Estimated 1,982 total beds		100%

Figure 1: Care home numbers, type, number of beds in Council commissioned homes and estimated % of care beds in each ward in Walsall.

Note: this is not the number and % of Walsall placements. It is overall availability of bed-base in homes that can be commissioned by Adult Social Care subject to providers being on the open contract.

The table shows that there are an estimated 1,982 beds in Walsall across the care home estate. Not all of these beds are commissioned by Walsall Council. It also shows that the majority of these are residential homes, but still with a good proportion of nursing homes. There are an estimated 14 other care homes in Walsall with no placements commissioned by the Council.

The link to this map shows the location of residential and nursing home placements in the Borough. [View the map showing Care Homes.](#)

Most bed capacity can be found in the following wards:

- Aldridge North and Walsall Wood
- Bloxwich East
- Blakenall

Least bed-based capacity can be found in the following wards:

- Streetly
- Paddock
- Rushall Shelfield

Care Home Occupancy Levels

- The average estimated occupancy of Walsall care homes was 81.4% (November 2024)
- There were an estimated 15 care homes in Walsall under this average occupancy level at this time
- Occupancy levels had gone up by February 2025 to an estimated 83.4%
- Occupancy is critical in the sustainability of bed-based provision.
- In determining supply needed into the future in the Borough against demand projections, this current underutilised bed base will be taken into account in terms of new net growth needed in the Borough through to 2040.

Length of Stay in Care Homes

- Lengths of stay of people in bed-based care in Walsall are shown in terms of the % of each length of stay by bed-based type and age.

Under 65s Length of Stay in Nursing and Residential Care

Period	Residential	Nursing
Up to 1 year	16.3%	21.3%
1-2 years	21.4%	23.4%
2-3 years	12.2%	10.6%
3-4 years	9.2%	0%
4-5 years	5.1%	6.3%
5-6 years	4%	8.5%
6-7 years	0%	6.3%
7-8 years	1%	6.3%
8-9 years	2%	2.1%
9-10 years	2%	0%
10 + years	26.5%	14.9%

Figure 2: Length of stay of under 65s in nursing and residential care in Walsall

Over 65s Length of Stay in Nursing and Residential Care

Period	Residential	Nursing
Up to 1 year	32.8%	33.2%
1-2 years	26.6%	23.45
2-3 years	11.7%	13.7%
3-4 years	8.8%	6%
4-5 years	4.6%	5%
5-6 years	4.9%	4.3%
6-7 years	1.7%	3.3%
7-8 years	2.6%	3%
8-9 years	6.6%	0.67%
9-10 years	2.6%	0.67%
10 + years	3.3%	6.4%

Figure 3: Length of stay of over 65s in nursing and residential care in Walsall

The length of stay of a client in care homes has implications for council budgets and spend for clients and assists providers with strategic planning. The average length of stay nationally in residential care is two-years and two-months, and for nursing care just under a year.

The table below shows the average ended placements per month:

Average Ended Placements Per Month - (Residential) - Under 65	2
Average Ended Placements Per Month - (Residential) - 65 Plus	9
Average Ended Placements Per Month - (Nursing) - Under 65	0
Average Ended Placements Per Month - (Nursing) - 65 Plus	3

### More Specialist Residential and Nursing Care

The following table provides an indication of available supply in current homes providing more specialist care (learning disability and mental health care) across the residential and nursing estate. Current occupancy data for these homes combined suggests that there are vacancies currently in this form of care. (Source: Adult Social Care commissioning data November 2024).

Care Home	The Homes Specialisms	No. of Beds
Residential	Learning Disability, Mental Health Conditions	2
Residential	Learning Disability	4
Residential	Learning Disability, Physical Disability, Sensory Impairment	6
Residential (Respite)	Learning Disability, Physical Disability, Sensory Impairment	10
Residential	Learning Disability, Mental Health Conditions	15
Residential	Learning Disability	4
Residential	Learning Disability	6
Nursing	Dementia, Mental Health Conditions	54
Residential	Learning Disability, Mental Health Conditions	2
Nursing	Physical Disability, Dementia, Mental Health Conditions, Sensory Impairment	64
Nursing	Dementia, Physical Disability, Mental Health Conditions	30
Residential / Nursing	Dementia, Frailty	40
Residential	Learning Disability	9
Residential	Learning Disability	5
Residential	Learning Disability	7
Residential	Learning Disability	11
Residential	Learning Disability, Physical Disability, Mental Health Conditions, Sensory Impairment	12
Residential	Learning Disability	8
Residential	Learning Disability	9
Residential	Learning Disability	8



## Out Of Borough Support

There are an estimated 216 Walsall citizens in out of Borough bed-based placements. It is estimated that this is approximately a quarter of all placements. In the 18-64 age group, there are an estimated 85 people out of Borough (9.8% of all placements). Lack of market capacity is cited as the second most common reason. They are often long-term placements 10 years + with 14 new out of Borough placements agreed in August 2024.

## Over 65+ year olds placed out of Borough

It is estimated that there are approximately 120 over 65+ Walsall funded clients in care home placements not in Walsall. Many are in neighbouring authority homes in places such as Wolverhampton and Dudley. The recorded reasons for these placements out of Borough is linked to choice, proximity to family and lack of capacity due to a range of issues linked to market capacity including other Council's placing in Walsall care homes.

## Quality of care home provision in Walsall

This table sets out the current CQC rates of bed-based provision in Walsall.

CQC Rating	Number of homes and beds
Outstanding	2.86%
Good	54.49%
Requires Improvement	20.58%
Inadequate	0%
Unrated	22.07%

Figure 4: CQC quality ratings of Walsall Care Homes February 2024 (Source: WM ADASS Data Hub and Walsall Council ASC commissioning CQC ratings analysis)

This table shows the significant quality improvement journey that overall the care home market in Walsall needs to undergo.

## Costs of residential and nursing care in Walsall and average placements ends per month (November 2024)

Walsall Council has standard published weekly rates for residential and nursing care. These are set out in the table below for 25/26 as agreed by Walsall Council's Cabinet in late February 2025. These rates commenced on April 1st 2025.

Residential	Residential EMI (Dementia)	Nursing (excluding FNC)	Nursing EMI (Dementia) (excluding FNC)
£617.32	£696.66	£718.62	£808.68

The table below sets of the **actual average rates** paid per week for residential and nursing care in late 2024 (excluding FNC) (Source: Adult Social Care Finance).

Average Contracted Rates Per Week - (Residential) - Under 65	£2,085.29
Average Contracted Rates Per Week - (Residential) - 65 Plus	£769.47
Average Contracted Rates Per Week - (Nursing) - Under 65	£1,451.52
Average Contracted Rates Per Week - (Nursing) - 65 Plus	£1,042.01

## Cost and Quality - Residential Care

Analysis has been done on the relationship between cost and quality of commissioned bed-based care in Walsall. It shows the limited amount of CQC rated 'Good' quality commissioned capacity available at standard published rates.

- There are 4 residential homes that are CQC rated 'Good' quality and worked at standard published rates as of late 2024
- There are 2 care homes that are of lower CQC rated quality work and worked at standard published rates as of late 2024
- There are 14 residential homes that are CQC 'Good' rated but charged more than the Council standard published rate as of late 2024
- There are 8 residential homes that are of lower CQC rated quality but charged more than the standard published rate as of late 2024
- There are 4 residential homes CQC rated 'Good' that worked over standard published rates.

It shows where residential and nursing care commissioners need to target efforts to improve quality and pricing strategy. This cost/ quality analysis is a tool that brokers will now use to determine placements subject to need, choice, capacity at the time of placement.

### Cost and Quality - Nursing Care

This analysis shows the very limited amount of CQC rated 'Good' quality commissioned nursing care capacity available at standard published rates. It also shows however that there is a sizeable volume of nursing homes (10 homes) that charge under Walsall determined Fair Cost of Care rates:

- There is 1 nursing home that is CQC rated 'Good' quality and worked at standard published rate as of late 2024
- There is 1 nursing home that is of a lower CQC rated quality that worked at standard published rate as of late 2024
- There are 8 nursing homes that are CQC 'Good' rated but charged more than the Council standard published rate as of late 2024
- There are 4 nursing homes that are of lower CQC rated quality but charged more than the standard published rate as of late 2024
- There are 10 nursing homes CQC rated 'Good' that worked over standard published rates but are under Walsall Fair Cost of Care determined rates as of late 2024.

This approach shows where residential and nursing care commissioners need to target efforts to improve quality and pricing strategy and it is a tool that brokers will now use to determine placements subject to need, choice, capacity at the time of placement.

The intention is that the Council will only work in the future with care homes that are CQC rated 'Good' quality, have good local quality assurance assessment and that work at our standard published rates and/ or that can negotiate with us to near those rates. We seek to move closer to Walsall determined Fair Cost of Care rates.

From April 1st 2025, brokers will prioritise placements in those care homes that are of good quality and work at/ near our standard published rates. This is part of the Council's 3 Year Pricing and Quality Improvement Plan.



## Section 8: Market Assessments

### Residential Care

Current residential and nursing care capacity and quality has been assessed on the following criteria by adult social care and ICB commissioning leads:

- **Market Quality:** The rating is defined by the number of residential and nursing providers with their current CQC ratings. 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 bed-based services in Walsall.

### Market rating – Supply of care

Current sufficiency of supply of residential care in Walsall is rated green, with the exception of mental health nursing care, nursing EMI (dementia) care and respite bed-based care where it is judged that there is not enough provision.

Consideration needs to be given to whether there is too much standard residential supply to meet current and future demand and how supply is re-shaped to ensure sustainability of business and services.

There is currently a potential oversupply of registered residential care homes in the market. There is a need to work with the market to ensure care home provision meets future demand and need, including an increase in nursing care provision and supporting adults with more complex needs later in life.

### Market rating – quality of residential care

The current quality of residential care in Walsall is not as good as it needs to be. Good or better CQC ratings for residential care services in Walsall is currently at 57.35% with overall CQC Requires



Improvement ratings at 20.58%. There are 19 care homes with local quality improvement plans at the time of writing.

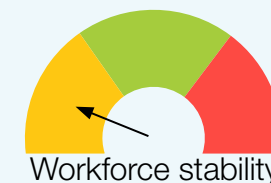
Local quality assurance intelligence from the Walsall Quality in Care Team reports the following five areas as the top areas of quality concern currently:

1. Organisational abuse
2. Medication errors
3. Falls
4. Supervision
5. Delayed care / treatment

Commissioners and care managers report some lower-level service quality that the specification states; providers sometimes taking packages without having the skills and experience to safely and effectively always manage more complex needs which can result in poorer quality services and outcomes for people in bed-based care. Our ambition is to better support providers to move the dial to amber, with again onto green across all providers to be in line with the Council's vision. The work is required now to achieve this by ensuring that we have the right providers working in the Borough to deliver good quality residential care.

### Market rating - workforce stability

It is estimated by Skills for Care that there are 1200 posts in CQC registered nursing homes in Walsall and 1300 posts in residential homes in Walsall. Of an overall workforce of 8,500 in Walsall this is 29.4% of the entire Walsall social care workforce which is a significant proportion.



The stability of the residential care home workforce in Walsall is variable. There is a local workforce in Walsall, but international recruitment issues are currently putting this workforce at some risk.

### Overall current market status

The current residential care home market in Walsall is rated as sufficient in terms of supply with the exception of mental-health nursing care, residential EMI (dementia) care and residential respite provision, but not at the quality required overall as a market.

There is good quality provision in the Borough as exemplified by some providers, a couple of which are rated CQC 'Outstanding'. However, there needs to be a new approach to driving up the quality of all residential care



provision in the Borough. There are unoccupied beds in the Borough with an occupancy rate of just over 83% as of February 2025. This suggests that there is further unused capacity in the current market before any new growth is considered against projected demand for residential care.

The stability of the Walsall residential care home workforce also needs stability and growth. Sufficiency of supply is dependent on sufficient, trained and skilled workforce. It is estimated that a significant proportion of the Walsall workforce is based on international recruitment which is at risk through recent Government policy changes.

Please contact us if you wish to work together on altering the type of residential and nursing care you offer, quality improvement work and on recruitment and retention of your care staff.

New providers considering entering into residential care need to be aware that, on the whole, current supply outstrips demand and is being met by existing providers on our Residential and Nursing Open Contract.

You may wish to consider investigating specific areas of hard of source locations or specialist types of care, such as complex nursing care, bariatric care and dementia care. The Council anticipates that some providers may exit the market due to lack of demand for this type of care over time, due to funding issues, ongoing quality concerns or due to workforce supply issues.

### Provider dimension

The covid period resulted in instability for this sector. There is currently an overall estimated 17% vacancy rate in Walsall care homes with a significant number of homes under the average occupancy of 83%. This affects the sustainability and viability of homes for providers.

Residential and Nursing providers have reported the following issues from their perspectives in MPS engagement sessions:

- Dependency on GPs is high
- Increased complexity of need especially mental ill-health
- Need to better listen to providers in terms of assessments of needs and costs of care
- Need for better void management and proactive use of supply

- Being 'Good' CQC rated requires more joint investment in staff and infrastructure
- Increase in bariatric patients
- Need for better move - on pathways into supported accommodation for those who can leave bed-based care
- Providers pick up additional costs not factored into Council rates e.g. family liaison
- Seeking support from the Council with training, DBS checks
- Interest in sector-led improvement in Walsall (providers working together to drive up improvement)

The current Residential and Nursing Care Services open contract commenced on 1st November 2020 until 31/3/2025. This has been extended by two years, therefore the open contract expires on 31/3/2027. A new contract will be place for 1st April 2027.

This open contract is therefore in its last two years. The Council, ICB and providers will work together to co-design new models of bed-based care and co-design sessions are in place to facilitate this. The current open contract contains 8 provisions for older people's bed-based care and 8 provisions for younger adult bed-based care.

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. 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)

### Market risks

There are several risks associated with the residential market in Walsall currently:

- There are indications of underoccupancy in the bed-based market in Walsall currently
- Quality of residential care needs urgent improvement – there need to be more CQC Good or better rated care homes in Walsall. There is a new

local approach to quality assurance, reporting and improvement that now aims to drive improvements in quality in bed-based care

- Some care home accommodation in Walsall is in need of modernisation and investment
- Risk that some provision will need to be de-commissioned due to quality concerns, lack of demand over time for certain forms of care or non-agreement on fee rates
- There could be an increase in homes exiting the market due to an increase in costs
- Rates paid to Walsall care home providers are lower than most West Midlands comparator Councils
- There needs to be different local quality assurance and improvement support for Walsall care homes
- Social care workforce risks
- Blind spot in terms of self-funding client numbers and needs in Walsall and ensuring sufficiency and choice of supply for self-funding clients needing residential care.

### Distance from vision

Our expectation is that when adults require a residential placement it is likely the adult's needs will be more specialist.

The vision for residential and nursing care set out in this MPS needs to be further co-designed with providers and partners. This co-design will continue through the re-commissioning process to 2027. There will be market engagement on this.

There are positive aspects of the current market, particularly local nature of supply. 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 2027.

Please let us know if you would like to be part of co-production of future bed-based models.

### Market opportunities

- Opportunity to co-design with providers and partners bed-based care models of the future in Walsall, preferably in mixed developments
- People are living longer and coming into residential care later, so the frailty and complexity of conditions and type of residential care will change
- Opportunity for the Council and system partners to work with providers to invest more in driving up the quality of bed-based care, building on the Quality in Care Team and new approaches to quality improvement
- Opportunities to diversify bed-based provision in areas of the Borough with high current and predicted demand but lower supply
- Opportunity for more bed-based respite provision
- Opportunities to fill gaps in types of residential provision such as respite beds, bariatric care, dementia care, drug and alcohol misuse care and care for behaviours that challenge.

### Nursing Care

#### Market rating – Supply of care

The diagrams below are a judgement by commissioners of the supply, quality and workforce stability/sustainability of the nursing care sector in Walsall.



Current supply of nursing care in Walsall is rated green/amber. Nursing bed numbers per 10,000 population are considered good in Walsall and Walsall has larger nursing homes than other neighbouring authorities and a recent new entrant to the market. There is no community hospital in Walsall and no hospice pathways, hence increased reliance on nursing home capacity and management of high acuity in nursing homes.

However, there are far fewer nursing homes than residential homes in Walsall (18 nursing homes and 15 dual registered nursing/ residential homes). It is also likely that, in the future as people live longer with more conditions, that demand for nursing care will increase more than for standard residential care. Because a Registered Nurse is required in a nursing home, there is greater demand for a social care nursing care workforce that needs to grow to

manage demand and the complexity of nursing care in care homes.

It is considered that the supply of Pathway 2 beds and support needs review due to over-reliance on Pathway 3 beds and pathways and palliative and end of life pathways and supply.

Consideration needs to be given to whether there is sufficient supply of nursing care to meet current and projected nursing care needs and how supply is re-shaped or new supply encouraged to ensure sustainability of business and services to meet future nursing needs.

### Market rating – quality of nursing care

The current quality of nursing care in Walsall is better than residential care. It is currently judged as amber/green.

Good or better CQC ratings for nursing care services in Walsall is currently at 67% with requires improvement ratings at 16.5%. There is 16.5% of nursing provision awaiting inspection at the time of writing.

Local assurance from the ICB Nursing Quality Team is that quality of nursing care is good with some room for continuous improvement. Fall rates and management, for example, are much improved.

Our ambition is to better support providers to move the dial to green fully across all nursing care providers to be in line with the Council and ICB's vision for quality of services. Work underway by the ICB, the QICT and the Council alongside providers needs to be maintained and further invested in to achieve this, ensuring that we have the right nursing providers working in the Borough to deliver good quality nursing care.



### Market Rating - Workforce Stability

The stability of the nursing care home workforce in Walsall is at risk and is rated red. There is a local workforce in Walsall, but retention and recruitment is difficult, which is a national as well as local issue. International recruitment issues and policy changes are also currently putting this care home nursing workforce at some risk. Commissioners flag issues of zero-hours contracts, an ageing nursing care home workforce and leadership pipeline challenges.



### Overall Current Market Status

The current nursing care home market in Walsall is rated as semi-sufficient in terms of supply but nursing needs are projected to grow and complexity increase. There is good quality provision in the Borough as exemplified by some providers, but there needs to be sustained approaches to driving up the quality of all nursing care provision in the Borough.

The stability of the Walsall nursing care home workforce also needs maintenance and growth. Sufficiency of supply is dependent on a sufficient, trained and skilled nursing and care workforce in nursing homes.

Existing and new providers in nursing care need to be aware that there is room for growth in nursing care into the future. You may wish to consider investigating specific areas of hard of source locations or specialist types of care, such as complex nursing care, dementia nursing care and nursing care for those with alcohol and substance misuse nursing needs.

### Provider Dimension

The current Residential and Nursing Care Services open contract commenced on 1st November 2020 until 31/3/2025. This has been extended by two years, therefore the open contract expires on 31/3/2027. A new contract will be place for 1st April 2027.

This open contract is therefore in its final stages. The Council, ICB and providers will work together to co-design new models of nursing care and Forums and co-design sessions are in train already to facilitate this. The current open contract contains 8 provisions for older people's bed-based care and 8 provisions for younger adult bed-based care.

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. 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)



## Market Risks

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

- Health is likely to experience higher demand into the future for nursing placements from hospital, particularly if people are on a Continuing Healthcare (CHC) pathway. Re-assessment from CHC into Non CHC pathways poses the Council further financial costs
- Potential risk to the Council of the CHC Team advising when a checklist is submitted that the person is not optimised and requires an alternative placement to meet his/her needs which is always at a higher cost. The Council moves the person to a new placement, following which the NHS sometimes states that they are not CHC eligible
- Rates paid to Walsall nursing home providers are lower than most WM LA comparator authorities
- The overall quality of nursing care needs improvement – there need to be more CQC Good or better rated care homes in Walsall
- Local quality assurance and improvement support for Walsall nursing homes needs to be maintained and further invested in
- Social care workforce risks (nursing, complexity of need)
- Risk that some provision might need to be de-commissioned from due to quality concerns or non-agreement on fee rates
- A better understanding of self-funding client numbers and needs in Walsall and ensuring sufficiency and choice of supply for self-funding clients.

## Distance from Vision

The vision in this MPS for nursing care of the future needs to be further co-designed with the ICB and with providers. This co-design will continue through the re-commissioning process to 2027.

There are positive aspects of the current market, particularly the strong ICB focus on nursing care. However, over the next 24 months, the Council, partners like the ICB and providers need to go on a significant journey to co-produce models of nursing care embedded in time for the new contract that will go live in 2027.

## Market Opportunities

- Opportunity to co-design with providers and partners nursing care models of the future in Walsall
- Opportunity for the Council and system partners like the ICB to work with providers to invest more in driving up the quality of nursing care building on the Quality in Care Team and new approaches to quality improvement
- Opportunities to diversify bed-based provision in areas of the Borough with high current and predicted demand especially for complex nursing care, but lower supply
- Opportunities to fill gaps in types of nursing provision such as nursing respite beds, bariatric care, dementia care, complex nursing care, drug and alcohol misuse care and nursing care for behaviours that challenge.
- A nursing workforce, training and retention scheme is critical to increase capacity in Walsall
- Review of complex needs or pathways together with the ICB to ensure the service is appropriate, is funded correctly and has the best outcome for the adult and their family.

## Section 9: Estimated future demand

### Adult Social Care demand projections

This graph shows different projections in demand for all Walsall Council funded adult social care to 2040. It shows three lines (blue, orange and dark red) which project different scenarios.

Figure 7: Projected demand for Adult Social Care in Walsall to 2040/2041.

The light green 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 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).

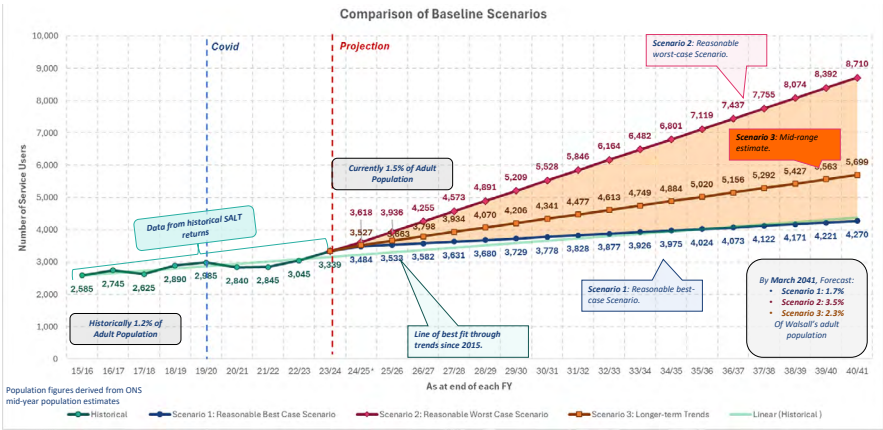
**The orange line is the projection line that Adult Social Care is using to seek to predict and to track overall demand to 2040.**

### Estimating demand for bed-based care

Estimating future demand for different types of bed-based care over the next 15 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 projections as above
- 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, as well as health and equalities data
- Different scenarios that could play out between now and 2040.





The graph shows estimated demand projections for residential and nursing care to 2040. It shows three different scenarios:

1. The blue line is the lowest demand projection
2. The orange line is a mid-point demand projection
3. The dark red line estimates the highest demand projection.
4. Adult Social Care is projecting the orange line of 1166 residential and nursing service users by 2040 as the most likely scenario.

The table below provides more information on projected demand for different types of residential and nursing care and by age 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.

This scenario is based on:

- Using Adult Social Care 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 growing use of community service alternatives to keep people at home and in their communities).

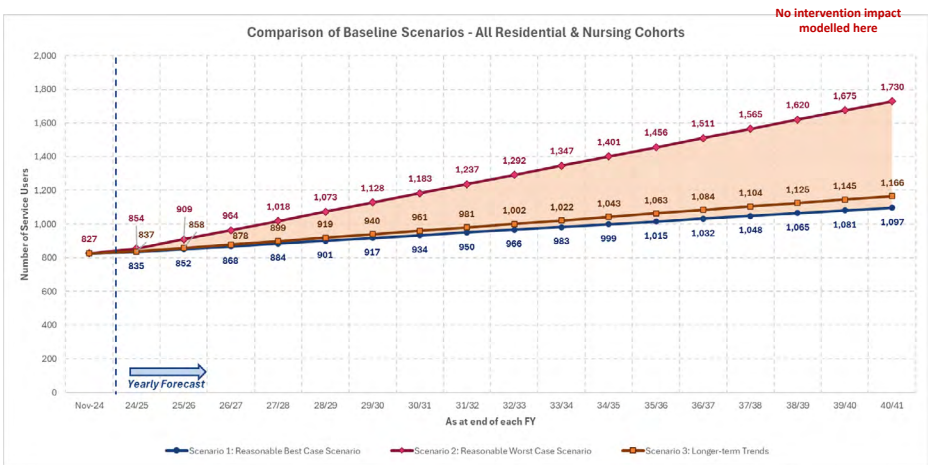
Type of care	Baseline Nov 1st 2024	End March 2028	End March 2040
65+ specialist (MH, LD)	119	146	226 (90% increase)
65+ non-specialist	583	616	715 (23% increase)
18-64 specialist (MH, LD)	96	99	106 (10% increase)
18-64 non-specialist	39	59	120 (208% increase)

These projections are for Council clients only. Demand projections will be greater as self-funder clients will also grow. A proportion of self-funding clients between now and 2040 will also experience depleted funds and come into the care of the Council. Hence, overall demand projections are expected to be higher than stated here.

### Implications Of This Scenario

The implication of this scenario is growth in demand for residential and nursing care from the current baseline. The predicted growth in this scenario is greatest in the 18-64 years of age non-specialist category and 65+ specialist care category.

**Currently it is estimated that 17% of the Council commissioned bed-base in Walsall is unoccupied.** However, 'available' capacity/ supply needs to be considered as there will be issues of choice, Council affordability of beds, quality and other factors that need to be taken into account in assessing capacity and working through new net growth needed to accommodate the demand estimates above.





## Section 10: Overall Key Messages to Providers

Given current supply base and future projected demand, it is considered that there is limited need for new net growth in standard residential care up to 2040. It is considered that there is greater need for nursing care and bed-based care that is tailored to a higher complexity of need.

There are an estimated 337 beds currently unoccupied in Walsall care homes: demand projections for Walsall Council commissioned bed-based care to 2040 are an estimated additional 330 beds.

There will be some de-commissioning of existing supply that does not meet the requirements set out in this MPS e.g. based on quality of care, so there is room for good quality providers current and new to the Borough to meet needs set out in this Council MPS.

In addition, Walsall Council is not the sole commissioner and purchaser of bed-based care. Self-funders will need to be able to buy bed-based care in the Borough and other Local Authorities and the NHS are also commissioners of bed-based care in Walsall.

The biggest projected growth is in 65+ years of age specialist bed-based care and in 18-64 years of age non-specialist care.

There are also parts of the Borough with limited supply of bed-based care such as the East of the Borough.

Therefore, and given current under-occupancy in existing bed base in Walsall, some small net growth in bed-based care is required to meet total forecasted demand but there needs to be diversification of the supply base to meet needs set out in this MPS.

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

- Over 65s specialist care (dementia, mental-health, learning disability)
- Under 65s non-specialist care (mixed developments with Supported Living)
- Purpose built, modern, dual-registered care homes that can meet a range of needs and needs as they increase



- More mixed developments with different offers on site e.g. Extra Care, Residential Care, Supported Living encouraging more inter-generational mixes and different types of needs and support
- Care homes that can achieve 95% occupancy at all times to ensure market sustainability through a combination of Council and self-funder clients
- CQC rated 'Good' or better homes
- Respite beds

Care homes located in wards that have least care home capacity currently:

- Paddock
- Rushall Shelfield
- Streetly

For under 65s non-specialist care which is highlighting as a key area of demand, it is considered that there are currently enough care homes in the Borough to meet these needs, some of which have under occupancy currently. The preferred model to meet the needs of younger working age adults is Supported Living, alternative use of Extra Care Housing and supported accommodation or mixed residential and supported accommodation village and schemes.



## Section 11: Different Models Of Care

### Models of Care

Walsall residential and nursing providers and commissioners came together in October 2024 for a co-design conversation about future models of care. These are some of the models presented and discussions that took place about the future.

#### Model 1

The Hogeweyk is a Dutch model and is the outcome of an innovative and disruptive vision on living, care and wellbeing for people living with severe dementia. It means a paradigm shift in nursing home care. The traditional nursing home has been deinstitutionalised, transformed and normalised. The Hogeweyk is just like any other neighbourhood. A neighbourhood that is part of the broader society in the town of Weesp. In The Hogeweyk you will find houses where people live together based on similar lifestyles. People can visit the pub, restaurant, theatre, the supermarket or one of the many offered clubs. The concept supports unique needs, lifestyles and personal preferences. Living in The Hogeweyk puts boredom, loneliness and hopelessness in another perspective. It focusses on possibilities, not on disabilities. This model is supported by trained professionals.

#### Model 2

At Castle Brook Care Home in Kenilworth, Warwickshire, technology is central to care homes of the future. Overnight acoustic monitoring sensors monitors sound levels in residents' rooms with algorithms that react to a range of noises. They send email alerts to a monitoring station, which helps staff to assess whether any assistance is needed. This has drastically reduced the number of in-person checks, which often disturb residents. This offers peace of mind for residents and their families, and protection for staff.

The care home knew that typically there were 15 residents wide awake in the middle of the night. Instead of putting them to bed, it formed a "wide awake club" and engaged with the residents, playing games and doing jigsaws, eating meals, or having manicures or their hair styled in the salon, eating meals, doing crafts and jigsaws. The goal was to help them sleep at night by readjusting their body clocks. Over a short period, the number of wide-awake residents fell from 15 to just three.



### Model 3

Croft Communities is a registered charity based in Newtownabbey, Northern Ireland, that offers residential, supported housing, respite and day-care options for adults of all ages with learning difficulties. Croft Communities seeks to provide housing, care and support using a holistic approach to meet the physical, emotional and spiritual needs of those that avail of their services. It currently offers nine residential places providing care in the communal Mayne House, 34 tenants in supported living accommodation, enabling a more independent lifestyle, and seven respite places in the recently opened Croft Lodge, which serves around 100 families. It also has a day care service offering meaningful activities for 27 people from Croft and the wider community. It is therefore more of a mixed care and support model of which residential care is one element.

### Model 4

A Danish 'Nursing Home of the Future' (the actual name of the care home) is located near Limfjorden in Nørresundby and offers its residents nice, bright flats and also invites them into common areas that bear little resemblance to an institution in the traditional sense.

The building was designed by Nørkær+Poulsen Architects and Østergaard Architects and their vision was to open the facility to the outside world. For example, the restaurant is designed so people other than the care home's 75 residents can come and eat there. The fitness area is used not only by the residents but also by seniors who live in the area. There are a lot of informal lounges, small kitchenettes, reading rooms and other themed spaces.

The intention of the architects was to create more life in the nursing home making it more vibrant and inspirational for those inhabitants that were missing their normal interactions. Especially in the common areas noise could potentially become an issue if not controlled. A risk was that the elderly inhabitants could not enjoy the conversations simply because of poor acoustics. Acoustic ceiling tiles were installed in all the common areas and corridors in the building ensuring optimal noise control. Rockfon Sonar X was the preferred solution both due to its acoustic properties but also because the grid system was concealed and the design gave a homelier feel to the space.

For the residents, this is their final home and the architects have tried to be very respectful of this by designing a building that looks very inviting and warm. Knowing that a nursing home is characterised by trolleys in the hallway, kitchens being used, people visiting, talks in the corridors – noises that you will not have in your own home – it was vital for the architects that when you were in your own flat these noises were kept out. The acoustic ceilings helped lower the noise levels as well as retain the noise as much as possible to accommodate for the architect's vision of building a "home" instead of an institution.

## Conversations with Walsall Providers about future models

In co-design conversations with Walsall providers, providers made the following points:

- The need for purpose-built and well refurbished care homes – modern design, stimulating environments, person-centred care, not necessarily replicating services in communities (hairdressers etc) but ensuring a range of modern facilities to meet a range of needs e.g. consultation room for podiatry, GP appointments and mental health support. TEC needs to be built into designs e.g. sensor mats, door sensors, acoustic TEC, face pain recognition and AI for translation of different languages
- Providers acknowledged current stock and refurbishments are important as well as new builds. There will need to be a mix of both in Walsall
- Dementia friendly environments - different colour doors, handrails, toilet seats, basins, interactive activity boards (Yeti tablets), staff training and skillset for dementia care
- Challenges in transforming services: cultural and practical changes needed by staff. This is not always easy e.g. the transition from paper care plans to digital plans. This needs time and investment
- Idea of sector-led support: homes that have made the transition supporting those wanting to innovate
- New sites being bought forward by investors for care homes: absolute need for join up between commissioners, planners, land assets, providers and partners. Private investment is key. Plans to be co-ordinated and to ensure that new provision meets demand/ needs presenting
- TEC is considered a fundamental enabler by providers in the future of care and support. One provider talked of building TEC and digital in new home developments. Another provider talked about the transition of bringing TEC into an existing provision and some of the challenges of this and opportunities it has brought e.g. digital care plans
- Examples of the win-wins of TEC: improved outcomes for individuals such as night care (residents not disturbed at night) and cost savings for providers as they can reduce 1-1s/ staffing ratios

- Providers gave examples of TEC - acoustic TEC, sensors, Alexa and Ethel devices
- It was agreed that a joint audit/ plan on current TEC usage and what is needed into the future would be developed, followed by joint investment and a roll-out plan
- Another key theme in the conversation was the criticality of retaining and recruiting a skilled and passionate workforce
- There was discussion on the importance of higher staff ratios in more complex care and an acceptance that this care will cost more up front but costs should reduce and better outcomes achieved due to initial intense periods of support
- Need for a clearer care workforce pathway, well remunerated staff so people can progress with the skills need for increasingly complex care e.g. an advanced care practitioner model
- Support is sought from the Council and partners with workforce development; support for sharing training and facilities and to co-design workforce pathways with public sector partners and providers. Discussion on pipelines from schools and Further Education colleges and for adults returning to work
- It is difficult to reimagine and co-design the future of care without this critical workforce development foundation
- Provider-led discussion on the importance of the Council recognising that for complex care packages there need to be models of care and support that slowly reduce as people become better able to meet their own needs with decreased support. Costs will be higher at outset and then reduce as people stabilise
- Need for joint work on agility in provision: how this could work to the benefit of the Council and providers in terms of void management, occupancy levels and need for urgent respite care as an example
- Providers want to have information packs and intelligence from the Council on projected demand, gaps in services, locations to focus on but this needs to be a dynamic process where this is proactively led by the Council and regularly updated
- Providers said they need more referrals from Walsall Council
- Need to consider that a care home placement may be a home for life for some people in their later years/ life (end of life care) but for some others it may be temporary
- Need to consider that the requirements of people coming into bed-based care in 2040 will be different than now (more used to TEC, having lived independent lives for longer etc).

These are all considerations that we welcome conversations about with providers, developers and partners. In order to achieve our vision and intentions for residential and nursing care for 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.



