Social Care and Health Overview and Scrutiny Committee **Agenda Item No 7**

Date: March 2025

Title of the Report: Update on the current position with Adult Social Care commissioned homecare in the Borough.

Ward(s): All

Portfolios: Cllr Keir Pedley

Executive Summary:

This paper is to provide Scrutiny with an update on the current position with homecare commissioned by Adult Social Care and a view of future intentions for this crucial service.

Reason for scrutiny:

Paper on homecare requested by Scrutiny.

Recommendations:

a) That Scrutiny receives information on the current position of homecare commissioned by Adult Social Care
b) That Scrutiny considers the proposed vision and intentions for homecare / care at home and other community-based services set out in the attached draft Market Position Statement (MPS)
c) That Scrutiny endorses the principle of a pilot project to test new models of care at home of the future in Walsall.

Background papers:

Draft Community-Based Services Market Position Statement (MPS) that includes sections on homecare.

Resource and legal considerations:

None currently other than to note requested extension of the current CBS Framework contract including homecare to 31/3/2027 to enable time for the pilot project to run to inform future strategic re-commissioning.

Citizen impact: No immediate citizen impact as a result of this update paper. Homecare is a crucial service commissioned by Adult Social Care which enables people to be cared for in their own home which is a key strategic intention of Adult Social Care.

Environmental impact: No immediate environmental impact as a result of this paper. The environmental impact and footprint of homecare is a key consideration in future commissioning models.

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Performance management: No performance management impact of this report other than to note the CQC quality ratings and local QA intelligence of current commissioned homecare services.

Equality Implications: No immediate equality implications of this report. The protected characteristics of users of homecare services and requirements for equality, diversity and inclusion in the specification for this contract are crucial and will be key considerations in future strategic re-commissioning of this contract and in the proposed test and learn homecare pilot. This report is not subject to an Equality Impact Assessment.

Consultation: There has been no external consultation on this update report on homecare for Scrutiny Commission.

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Report

1.1 Adult social care commissioning is pleased to be presenting this current homecare position report to Scrutiny Committee. In this report we set out the current position of demand and supply of commissioned homecare and set out intentions for this crucial service to 2040 in line with the Walsall 2040 vision and new Corporate Plan.

1.2 Current position of homecare commissioned by Adult Social Care in Walsall

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).

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 should designed around individual needs and preferences.

Walsall Council arranges services directly on behalf of people who have social care needs and are eligible for local authority (LA) 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.

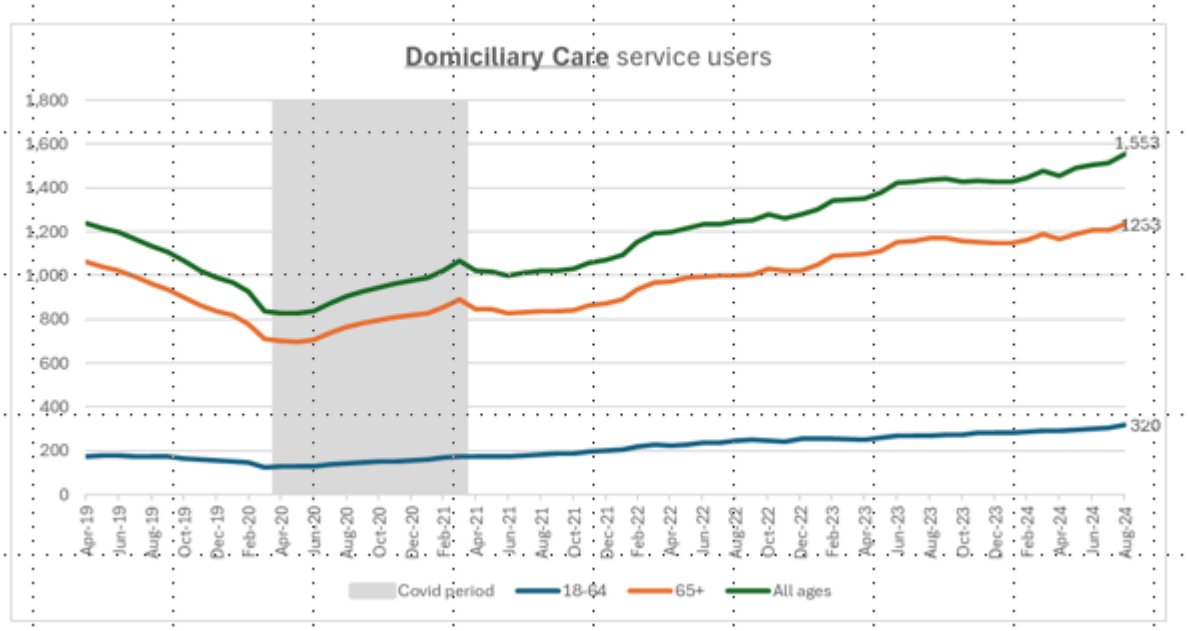
This may include purchasing care from a personal assistant (PA) from a care provider or a mixture of arrangements to meet their needs. People who fund their own care directly (known as self-funders) will also often engage a care agency or a PA to support them to continue to live at home. This gives people choice in who provides services to them.

1.3 Demand for homecare

There are an estimated 1573 Walsall funded people receiving homecare with an estimated 525 people funding their own care and support (self-funders) in Walsall (22.6%).

- 27,452 hours of homecare are commissioned a week by Walsall Council and
- the average package of care is 15.7 hrs per week.

Demand for homecare has increased steadily over the past 5 years as shown in the graph below.



Graph 1: Demand for homecare over the past 5 years 2019-2024

The main primary needs of people receiving Council commissioned homecare is listed below in the table. Source: (Mosaic social care records, late 2024)

Primary need	**Number of clients**
Physical disability	1289
Mental health	88
Learning disability	86
Social support	69
Memory and cognition	29
Sensory support	12
Total	1573

1.4 Supply of homecare

The table below provides information on the supply of homecare commissioned by Adult Social Care and homecare generally in the Borough.

Walsall Homecare Market	
Number of estimated homecare providers in Walsall	73 providers CQC registered to deliver homecare
Number of homecare providers on the Council's Community-Based Services Framework	48
Total number of adults receiving Walsall Council commissioned homecare	1573-15999 (Nov 24) including CHC homecare
% Homecare providers CQC rated Good or Outstanding	68.1% (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	1
Budget for homecare 24/25	£24,066,610m
Estimated spend on homecare by end of 24/25	£25,680,248
Commissioned Hours per week funded by Walsall Council	27,000 hrs a week

Figure 2: Table with key intelligence on supply of homecare currently commissioned by the Council and in Walsall Borough.

Supply is considered to be sufficient to meet current demand (green RAG rating); **quality** is rated as in need of some improvement (amber RAG rating) and **workforce** is considered to be at risk from difficulties retaining and recruiting homecare workers and changes in Government policy on international recruitment (amber RAG rating). There are positive aspects of the current market, particularly the local nature of homecare SMES, diversity of supply and the number of suppliers in Walsall. This supply chain is a very important asset and economic factor for the local economy employing local people.

1.5 Key challenges

There are, however, several challenges and 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 and contact with providers around quality concerns. Some providers are reporting securing too few homecare packages from Walsall Council or not being able to access the closed Homecare Framework till it re-opens in April 2027.
- Many providers can meet low level care needs, but evidence suggests there are not enough providers able to meet more specialist needs at rates commensurate with that need
- Time needed to work together with the market to move to an outcomes -based model for homecare -this is an opportunity and risk
- Rates paid to Walsall providers have been lower than most West Midlands comparator authorities
- Quality of homecare in general needs improvement
- Blind spot in terms of self-funding client numbers and needs in Walsall and ensuring sufficiency and choice of supply for self-funders. It is estimated that 23-24 % of homecare service users in Walsall are self - funders.
- There are workforce risks related to retention and recruitment of homecare workers in the Borough and emerging issues around international recruitment.
- Not enough co-production and hearing the voices of people who receive homecare and their experiences as well as the experiences of their families to inform changes and re-design.

1.6 Vision and intentions for care at home into the future

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

Intentions for care at home to 2040

Our plans for the future of care at home are set out in our Community-Based Services draft Market Position Statementdesigned to engage providers and give them key information about working in Walsall.

There is also a Commissioning Strategy being finalised for the new People Commissioning model within the Council.

Through these we have set out the following intentions:

1. To maintain and grow outcomes-focussed homecare 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 new approaches to homecare/care at home through pilots and other 'test and learns' ready for key strategic re-commissioning processes.
4. To ensure that the current and future needs and protected characteristics of people receiving homecare services are understood and met by the Council and providers.
5. To maximise independence as a driver in homecare from a person's own starting point, by ensuring a re-abling 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 homecare services are available across the Borough in the right volume, to the required quality and affordable, transparent and fair fee rates
8. To support providers to manage increasingly complexity of need now and into the future by investing in workforce and homecare services with these specialist skills
9. To further develop the use of technology-enabled care (TEC), digital and AI in homecare 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.
10. To consider the positive social, ethical, and environmental impact of homecare and the council's commitment to overall sustainability of this sector and workforce

11. To devise and re-commission a new contract for care at home co-producing this with the provider market and partners by Spring 2027. To consider locality-based provider models, with a likelihood of less providers with more market share in each locality working with a network of other locality organisations
12. To continually improve work internal Council processes for homecare such as brokerage, payments, support plans and reviews.
13. To continue to communicate more regularly with providers of community-based services and to invest in improved relationship management with the sector
14. To promote and expand the take -up and use of direct payments, individual service funds (ISFs) and small supports for citizens to have choice and control over their care at home.

What would this look like?

We need to think differently about how we commission community-based support for people in Walsall. Locality teams have developed strength-based approaches to assessment and support planning and we need to use this to ensure support is focussed on maximising people's health and well-being by being supported more in ways that work and make sense to them.

We need to be able to work with fewer providers to take a strategic and partnership approach. Providers want to be treated as trusted and valued partners in the health and social care model of support. To do that we need to ensure they are part of the integrated health and social care integrated community teams.

A key change is going to be the workforce. We want a workforce able to support people around a range of areas that are important to them. This means we need to move away from the restrictive payment mechanisms that only pay providers for the time they spend with people and find the way to pay them to support the people we need them to be working with, focused on what they achieve for those people, not how long they spend with people.

The Council is exploring how using Technology enabled Care can promote better ways of working. We need providers that can help with this conversation and be comfortable in the use of TEC and identify where it can support people.

1.7 Projected demand for care at home to 2040

The table below sets out recently projected demand for homecare between now and 2040. This shows greatest projected demand for age 65+ non specialist homecare and 18-64 years of age specialist homecare.

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%)

Table 3: Projected demand for Walsall Council care at home for different ages and needs to 2040 (Source: Impower produced demand projections for Walsall ASC services, 2024)

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

1.7 Next steps

a) Scoping work has commenced on a test and learn pilot to re-imagine care at home of the future. This pilot will run for 12-18 months working in partnership with partners, providers and users of homecare services to trial more outcomes - focussed and flexible models of care at home, seeking to join up better with other services in communities, drawing on other community assets and trialling new workforce practices. This pilot will sit in the ASC CIP Programme.

b) This pilot will inform the strategic re-commissioning of homecare in 2027. The current homecare Framework is being extended to 31/3/2027 with all current providers being granted an extension till then subject to approval.

c) The intervening 25 months will encompass the pilot, preparation for the strategic re-commissioning of homecare and other community -based services and continuing to improve the quality of homecare services and receiving feedback on people's experience of homecare, changing brokerage processes to ensure transparency, equity and consistency of placements; continually improving relationships with homecare providers while co-designing future services with them and users of services and their families.