

WE ARE  
**SANDWELL!**



Adult Social Care:

# Market Position Statement 2024 - 25

*“Building independence and empowering Sandwell people so that residents remain at the heart of everything we do”*

February 2024



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# Introduction

Our Market Position Statement (MPS) sets out how Sandwell Metropolitan Borough Council (SMBC) will deliver Adult Social Care (ASC) services in the future, ensuring that residents are supported to lead healthy independent lives for as long as possible.

It describes the current and expected future demand for Adult Social Care services and outlines the models of provision the Council wishes to develop in the future, shaped by both national and local policy, in particular:

- Care Act 2014
- Health and Care Act 2022
- Sandwell Adult Social Care Strategy 2023 – 2027
- Sandwell Corporate Plan 2021 – 2025
- Sandwell Market Sustainability Plan 2023 – 2025
- Sandwell Joint Strategic Needs Assessment – October 2023
- Sandwell Health and Joint Wellbeing Strategy 2022

Local Authorities continue to face unprecedented financial uncertainty particularly in relation to social care funding, while also experiencing growing demand for services in Adult Social Care. Combined with rapidly rising costs and workforce shortages, a resilient market providing good quality social care provision has never been more important.

Our key focus will continue to be the health and well-being of our residents, supporting them through a person-centred approach to exercise choice and control over their care and support needs and to live independently in their communities for as long as possible. We will continue to achieve this by working in a preventative, enabling manner and by adopting a strength-based approach to maximise community assets, delaying the need for long term intensive health and social care.

*We will continue to work with residents, providers and other stakeholders, listening to views when shaping and commissioning services – making Sandwell the best place to be for our residents. We want to make sure that what we do as a Council reflects the need within the community and that we build a Sandwell everyone can be proud of.*

***“Building our MPS together.”***

# Purpose of the Market Position Statement

The purpose of the MPS is to provide information and analysis that will be useful to providers of adult care and support services in Sandwell, to help them shape services in the short, medium, and longer term.

The Care Act (2014) places a duty on local authorities to facilitate and shape our market for care and support; to ensure sustainability, diversity and continuously improving and innovative services. In carrying out these duties we are keen to work with partners and deliver a step change in the way we commission and deliver services. SMBC is committed to developing, stimulating, and supporting a market which can provide safe, effective, high quality and value for money care and support to the residents of Sandwell.

Our Market Position Statement (MPS) supports this by:

- providing a link between local plans and our commissioning intentions
- providing information to social care providers, to inform and facilitate strategic planning and the development of services aligned to local need
- providing an overview of our current market and demographic profile
- describing our strategic priorities
- facilitating engagement with providers and stakeholders to build and shape provision in Sandwell
- describing what we want more of, less of, what different things we will want and what we expect from our providers, and;
- providing key resources and sources of data to help providers and our partners, to plan and identify areas of need which can jointly be addressed.

The MPS aims to create a common understanding of the local care market covering need and demand for care, the current supply of services, and commissioning intentions to enable the effective design and delivery of services for residents that need care and support now and in the future.

The “Executive Summary” section in the document offers crucial insights into our commissioning intentions for the next 12 months, providing valuable information and it is recommended that providers to read and understand the opportunities. Importantly this creates a platform for continued dialogue and collaboration with providers around the challenges facing the local social care and health system and the market development solutions that exist to improve care outcomes. We are very aware that you know what services are needed in Sandwell better than anyone.

It is intended to be the start, not the end point, of the process of market facilitation. The MPS is part of a suite of documents and should therefore be read in conjunction with the Adult Social Care Strategy 2023 – 2027 and the Corporate Plan 2021 – 2025.

Sandwell’s MPS is intended to work dynamically and will be regularly updated and refined in partnership with providers, other partners and residents.



# Executive Summary

Sandwell Council want to work together with providers and other stakeholders, listening to views when shaping and commissioning services. We need providers to help shape, design, and deliver our services.

The below is a summary of “**what do we need to do more of**” in the care market and how we can work together with care providers over the next 12 months to achieve this. The summary aims to provide a high-level overview, while later sections in the document, in particular “Market Summary” and “Messages to the Market”, delve into more detailed commissioning intentions.

Reading them together should provide a shared understanding of our aims and objectives. Collaboration and communication with care providers are key to realising our Adult Social Care vision.



## Care Homes

### **What do we need to do more of:**

- *our market responding to the needs of a changing demographic so that we can source services in borough to support people’s choice.*
- *ensuring we support as many people to return home to live independently as soon as possible, and where this is not possible, to ensure they have the right care at the right time and at the right place.*
- *identifying people’s long term needs within a timely period following hospital discharge.*
- *supporting people to come out of hospital.*
- *utilising Harvest View for people needing short term placements to prevent hospital admission.*
- *more complex and dementia provision/support.*
- *ensuring packages are person centred and strength based.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Domiciliary Care

### **What do we need to do more of:**

- *ensuring that we identify people's long term needs within a timely period within their own homes to reduce the need for acute services where possible.*
- *ensuring that we support as many people to return home as soon as they are medically optimised after a hospital stay or avoid admission by providing a preventative service.*
- *providing a strength based reablement offer that seeks to prevent, reduce and delay the need for ongoing/long term care by supporting people to maintain their independence where possible.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Extra Care

### **What do we need to do more of:**

- *enter into discussions with any providers, landlords or housing associations and investors interested in developing Extra Care type models for people living with Mental ill health where support can be stepped up and down as required.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Supported Living

### **What do we need to do more of:**

- *greater focus on experience and specialisms of providers and quality outcomes for individuals.*
- *developing innovative and creative partnerships with Housing Associations and developers of supported living to provide affordable to appropriate accommodation in Sandwell.*
- *securing tenancies that are not linked to care provision.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Day Opportunities

### **What do we need to do more of:**

- *transform the offer around Day Centers and Day Services with a view to offering a broader and diverse range of Day Opportunities and access to universal and community-based activities.*
- *increase significantly the number of people currently receiving Direct Payments for Day Opportunities to have greater choice and control over the support they access.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Respite

### **What do we need to do more of:**

- *increasing the number of people who receive a Direct Payment for their replacement care.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Transitions -Preparing for Adulthood

### **What do we need to do more of:**

- *make the PFA pathway available (a 12 week assessment process) to understand the strengths and identify areas of development to maximise independence, so that we reduce the number of people that have to access day services by accessing community based and universal services and broader range of Day Opportunities.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups*

## Supporting Adults with Autism

### **What do we need to do more of:**

- *ensuring that there are adequate mainstream and specialist services to meet the wants and needs of local autistic people with and without a learning disability.*
- *ensuring that autistic carers and carers of autistic people have access to a carers assessment.*
- *providing autism-specific employment guidance and support to enable more autistic people to access work and develop low-level preventative services addressing practical life skills, social engagement, therapeutic support and advocacy.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Mental Health

### **What do we need to do more of:**

- *enter into discussions with any providers, landlords or housing associations and investors interested in developing Extra Care type models for people living with Mental ill health where support can be stepped up and down as required.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Prevention & the Voluntary Sector

### **What do we need to do more of:**

- *to have a strong prevention offer is vital for the health and social care partnership to reduce demand on its front door and more intensive services.*
- *engaging in the use of technology-enabled care to support independence and improve quality of life.*
- *offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups*

The above services will also be underpinned by our assistive technology – part of our Digital Strategy offer (for example e-brokerage system which providers will have access to), and our robust quality standards support to providers (via our Provider Support Team), which will all further deliver tangible improvements for people and enhance the high levels of care. This will also be supported by our Direct Payments and Carers Services to empower service users to take control and manage their care and support needs.



There are a number of national drivers that are shaping the current and future provision of Adult Social Care: increasing demand post pandemic; people with more complex need; an ageing population; care providers facing significant workforce challenges with difficulties in recruiting and retaining a high-quality workforce; continued budget pressures and more recently cost of living increases and high rates of inflation.

It is therefore even more important that the commissioners in the council and care providers work in partnership to embrace these challenges and provide the highest quality of care for our residents.

For some time, national policy, primarily the Care Act 2014, has emphasised the importance of personalisation and choice, prevention, support for unpaid carers, information/advice, market shaping and market oversight, and the integration of health and social care in promoting the health and well-being of service users and unpaid carers.

In April 2023 the **Next steps to put People at the Heart of Care** was published highlighting the first steps towards the 10-year vision. <https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care/next-steps-to-put-people-at-the-heart-of-care>.

Key areas of focus over the next two years include:

- Improving access to care and support
- Digitising social care
- Improving social care insight
- Supporting people to remain independent
- Innovation and improvement
- Recognition of skills - adult social care workforce
- Joining up services for people and carers

In response to the challenges facing the care sector, the government in 2022/23 made funding available nationally to councils for market sustainability and a fair cost of care. <https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance>.

This funding has been maintained in 2023/24 and in addition to continuing this funding, the government has allocated additional funding for Adult Social Care through the Market Sustainability & Improvement Fund (MSIF) grant.

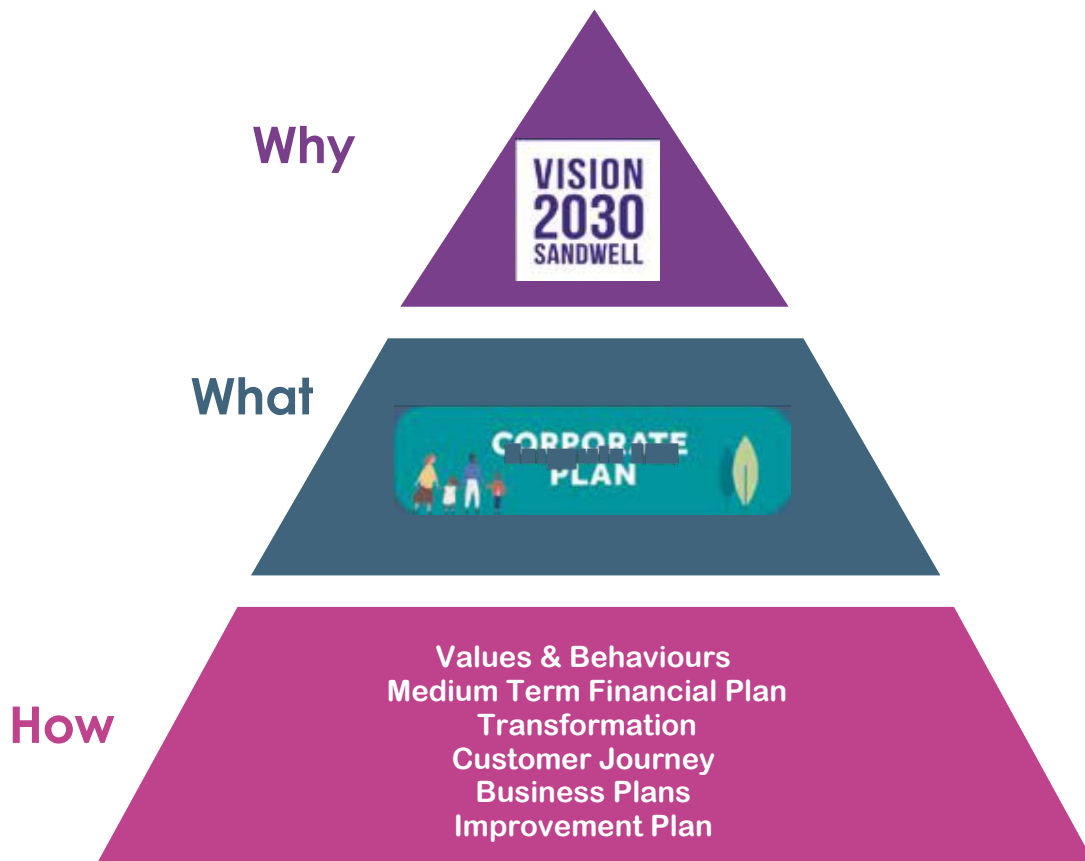
Sandwell Council has worked with local providers to establish a 'Fair Cost of Care'. This will help to ensure a sustainable care market. A sustainable market will support '*home first*' principles, of preventing inappropriate admissions to hospital, supporting residents to stay in their own homes and communities for as long as possible, and encouraging the timely discharge of people home from hospital, including at evenings and weekends.

# Policy Context

## Sandwell Context – Strategic Priorities

Developed with residents and partners, Sandwell has a clear vision for what the borough should look and feel like by 2030:

*In 2030, Sandwell is a thriving, optimistic and resilient community. It's where we call home and where we're proud to belong - where we choose to bring up our families, where we feel safe and cared for, enjoying good health, rewarding work, feeling connected and valued in our neighbourhoods and communities, confident in the future, and benefiting fully from a revitalised West Midlands.*



Sandwell Council's Corporate Plan, Big Plans for a Great Place, is fundamentally about ensuring Sandwell residents have the essentials for living a good life – feeling safe, a clean neighbourhood, a decent, warm home, good schools for our children, jobs that pay a decent wage and a pride in living and working in Sandwell. The Council plan sets out what we will do to deliver Vision 2030 and Sandwell's 10 ambitions over a five- year period. <https://www.sandwell.gov.uk/site-search/results/?q=corporate+plan>

The Corporate Plan contains a set of six strategic outcomes for the council to deliver on, underpinned by a seventh strategic outcome, One Council One Team. Refreshed in 2021

amid responding to the global pandemic, the Plan focuses on addressing the impact of COVID-19 as well as building longer- term resilience in our communities.

Big Plans for a Great Place - The Sandwell Plan will focus on the following outcomes:

- The best start in life for Children and Young People
- People Live Well and Age Well
- Strong, Resilient Communities
- Quality Homes in Thriving Neighbourhoods
- A Connected and Accessible Sandwell
- A Strong and Inclusive Economy

### Corporate Plan: Strategic Outcomes



### Our Values



### Our Design Principles



More information can be found on <https://www.sandwell.gov.uk/council/vision-2030-1>

*The vision for Adult's Services in Sandwell is aligned to 'Building independence and empowering Sandwell people', ensuring that the voices of residents remain at the heart of everything we do.*



At the heart of our vision is that Adult Social Care are seeking to ensure that we enable people to stay as independent and as well as possible, for as long as possible. That when people do need long term support, this is timely, proportionate, responsive, and good quality and enables people to continue to live their lives the way they want to.

Ours is a vision, consists of three elements, which will enable people to live longer and healthier lives and require less support from social care and health budgets:

- *Prevent – helping to prevent people from becoming ill or dependent*
- *Rehabilitate – ensuring people recover from illness or dependency which is amenable to effective treatment*
- *Care – ensuring people who have long term conditions or dependency receive effective, quality care and support with dignity.*

We have identified the following key priorities for improvement and change:

- *ASC Digital Pathway*
- *Technology- Enabled*
- *Resource Allocation System*
- *Market Shaping*
- *Joint funding with Health*
- *Co-production*
- *Front door – review of our first points of contact and online channels for self-help and signposting*
- *Prevention and early intervention*
- *Integration and Partnership working*

Our challenge is to enable people to do as much for themselves as possible with the personal and community resources that are available to them.

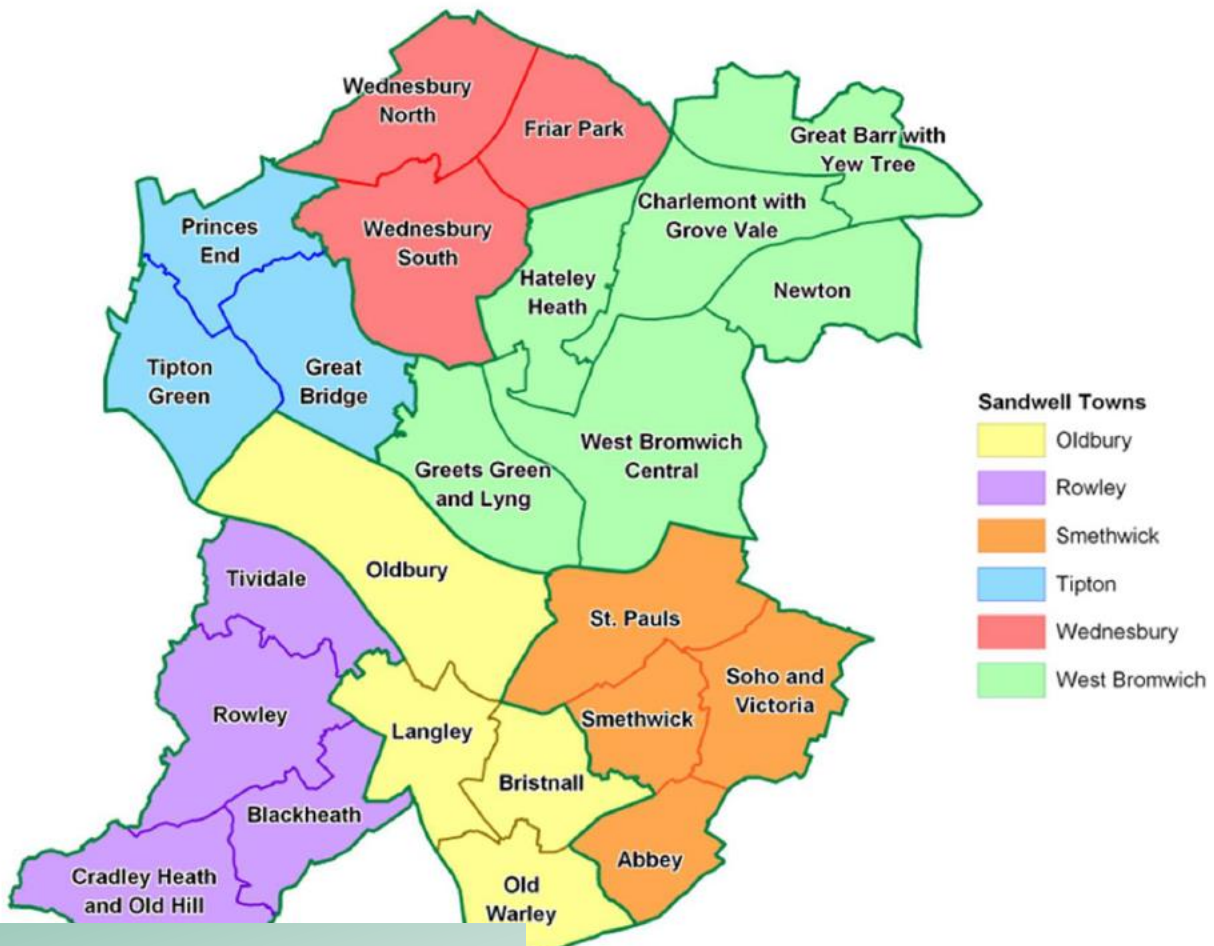
*As a Council we will use a 'Strength Based Approach' supporting residents to be as independent as possible.*

Transformation of services and the continuous development and shaping of the local care market will be key to providing high quality services within our communities in the future. This includes supporting the development of innovative solutions to support people's care and support needs.

*We would like to encourage and promote Voluntary, Community and Social Enterprise (VCSE), working with VCSE partners to respond to people's holistic needs, maximising how we use our collective resources sustainably. The emphasis is on improving diversity within the care market and developing a wider range of solutions to enable local people to choose the right services for them.*

## Local Demographics

The borough is made up of 24 wards within six towns: Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury and West Bromwich. Sandwell borders Birmingham, Dudley, Walsall and Wolverhampton.



### Sandwell Borough: Headlines

**Population 341,835**  
(48% BAME)

**33 square miles**

**29% No qualifications**  
(18% England & Wales)

**1,200 hectares of parks,**  
playing fields and green  
space

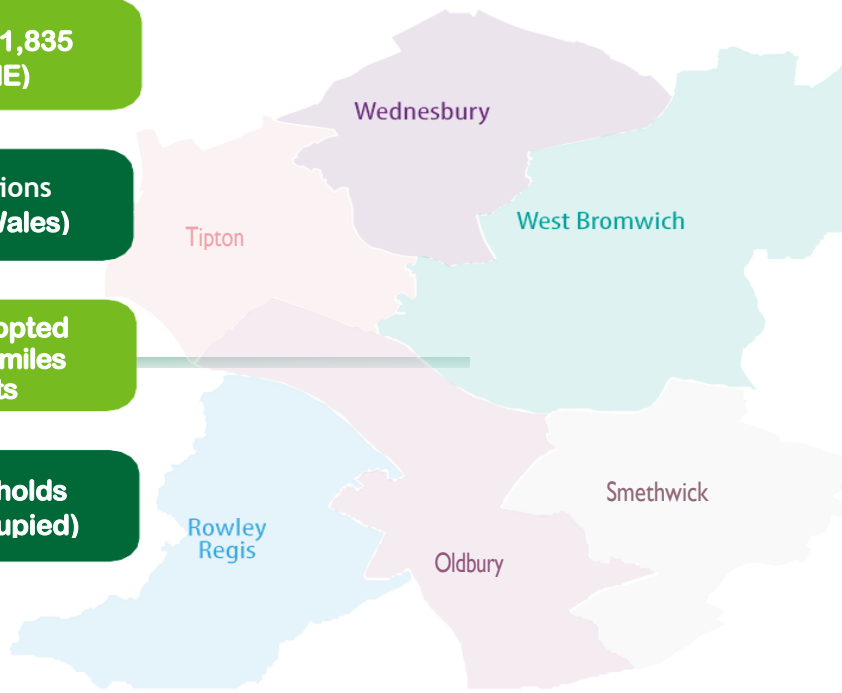
**550 miles adopted**  
roads & 900 miles  
pavements

**12th most deprived in**  
England

**130,246 households**  
(54% owner-occupied)

**10,000 Businesses**  
**127,500 jobs**

**128 Schools &**  
**19 Libraries**

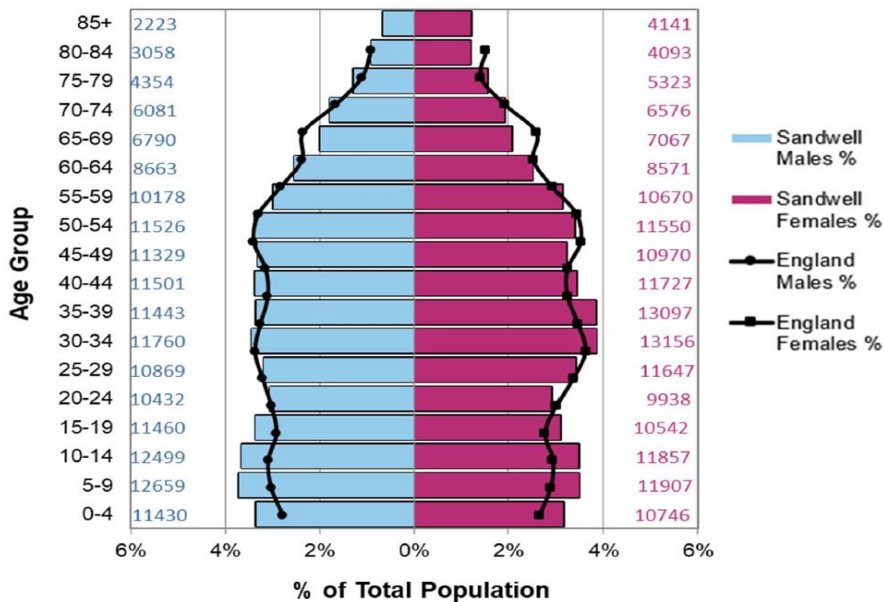


Sandwell Population estimate,  
2021  
**341,835**

**Female**  
50.8%  
173,578

**Male**  
49.2%  
168,255

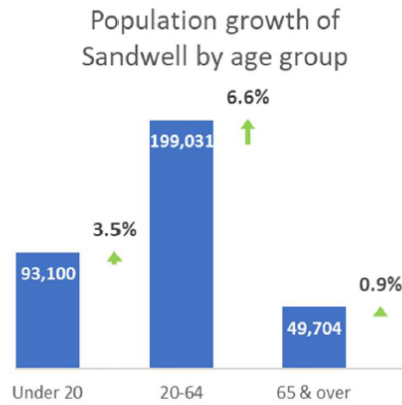
**Population of Sandwell  
by Age and Sex, 2021**



Source: Census 2021, ONS

### Population Growth, 2021

	2011	2021	% Change
Oldbury	50,641	54,929	8.5
Rowley Regis	50,257	53,772	7.0
Smethwick	55,166	64,007	16.0
Tipton	38,777	44,125	13.8
Wednesbury	37,817	41,335	9.3
West Bromwich	75,405	83,634	10.9
<b>Sandwell</b>	<b>308,063</b>	<b>341,835</b>	<b>11%</b>

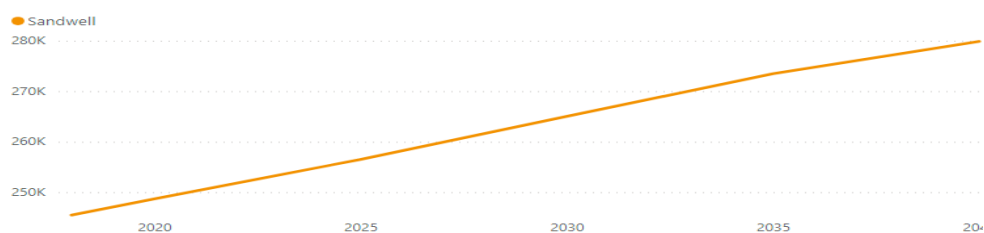


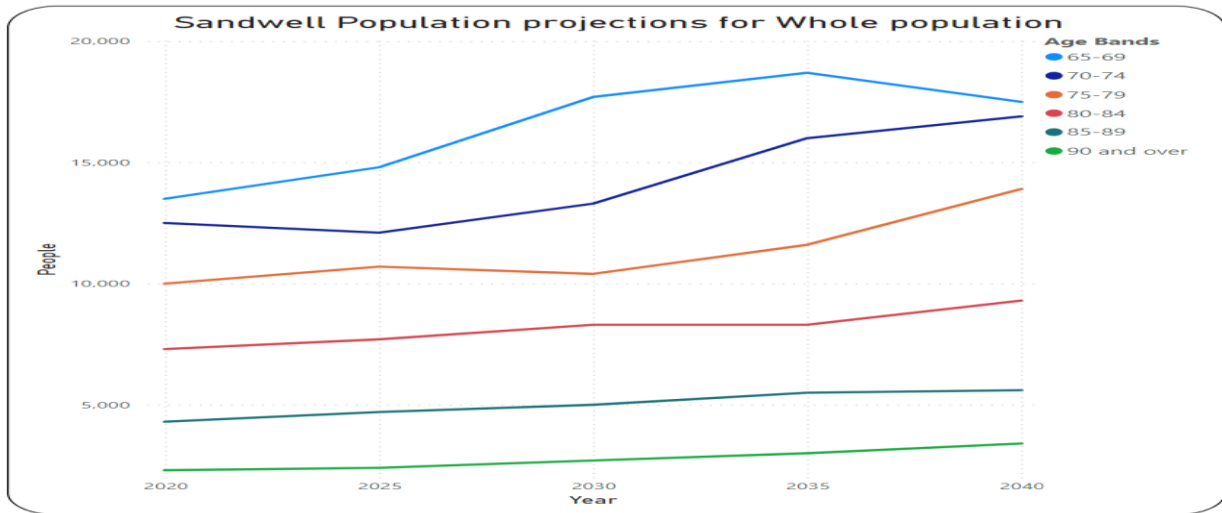
Source: Census 2021, ONS

### Population:

- The population of Sandwell grew by 11% between 2011 and 2021. Smethwick had the largest percentage change of all the towns, growing by 16%. Looking at broad age groups, the 20-64 group had the largest increase, of 6.6% over the ten-year period.
- This growth rate surpasses the overall increase for England (6.6%) and indicates a relatively faster expansion among children and working-age adults. Consequently, the aging of Sandwell's population is occurring at a slower pace compared to other regions in the country.
- The proportion of adults aged 65+ in Sandwell are 15.5%.
- The 65 and over age group saw the smallest increases, ranging from 0.3% in Smethwick town to 1.6% in Tipton town.
- Rowley Regis has the highest proportion of those 65+ at 16.9% at 9082 people. West Bromwich has the second highest proportion at 15.7% but as a larger town had more people at 13,150 people aged 65+.
- By 2040 the Sandwell 65 years and over population is expected to increase by 34%. The 90 years and over population is expected to increase by 48%.

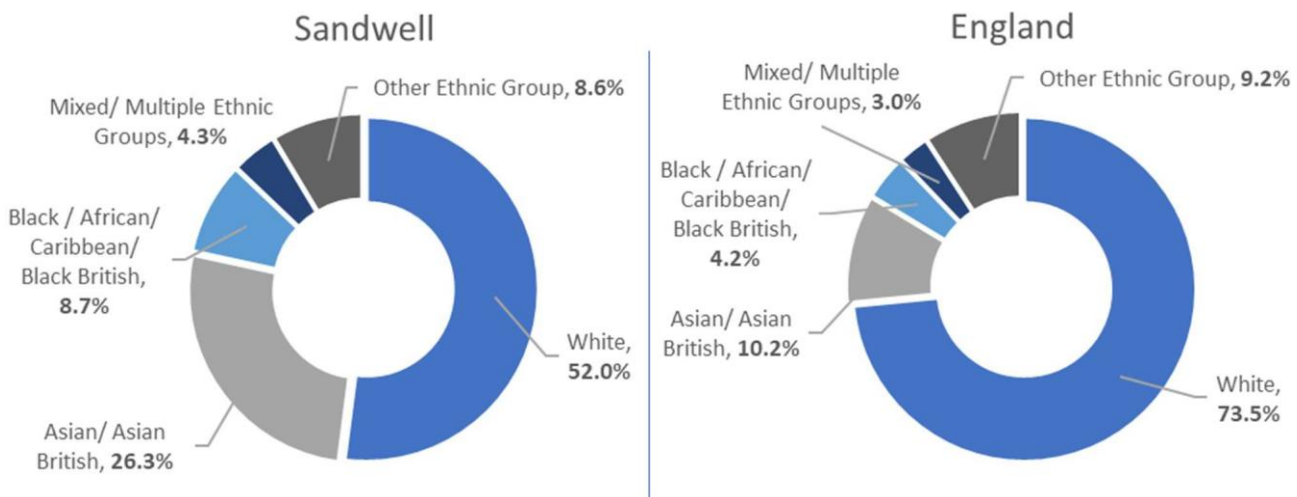
Population Trends to 2040





### Ethnicity:

- In Sandwell, 48% of the population are from Minority Ethnic groups, which is higher than England (27%). The percentage of Black/African/Caribbean/ Black British population is 8.7% in Sandwell compared to 4.2% in England. The Asian/Asian British population is also much higher in Sandwell (26.3%) than England (10.2).



- With the exception of Smethwick, Sandwell towns have seen increases in the proportion of residents in all Minority Ethnic groups, and a contrasting decline in the White British group since 2011.
- Smethwick town has the highest proportion of residents from Minority Ethnic groups in Sandwell (that is, all ethnic groups other than White British). These groups make up 75.6% of the town's population, considerably higher than West Bromwich town which ranks second with 55.8% of its population from Minority Ethnic groups.
- Older age groups are largely White, with over two thirds of those aged 50 to 64 and more than 80% of those aged 65 and over being of White origin. In particular, 78.7% of those aged 65 and over are White British. The next largest ethnic group of this age is those of Indian origin (9.0%).



## Deprivation:

- Sandwell communities face considerable socioeconomic challenges and health inequalities -ranked 12<sup>th</sup> of 317 areas in England in terms of overall deprivation according to the ONS Indices of Deprivation 2019
- The cost-of-living crisis presents further challenges for Sandwell, with the Borough being ranked 2nd in the Cost of Living Vulnerability Index out of 333 local authorities

## Life Expectancy:

- Both female and male life expectancy at birth in Sandwell is statistically significantly lower than England.

Area	Life Expectancy (Years)	
	Female	Male
Oldbury	82.2	76.3
Rowley Regis	81.9	77.3
Smethwick	80.9	76.0
Tipton	78.8	74.3
Wednesbury	80.3	75.2
West Bromwich	81.9	77.1
<b>Sandwell</b>	<b>80.9</b>	<b>76.4</b>
<b>England</b>	<b>83.2</b>	<b>79.5</b>

Life expectancy of

Sandwell Males

**76**



Life Expectancy of

Sandwell Females

**81**

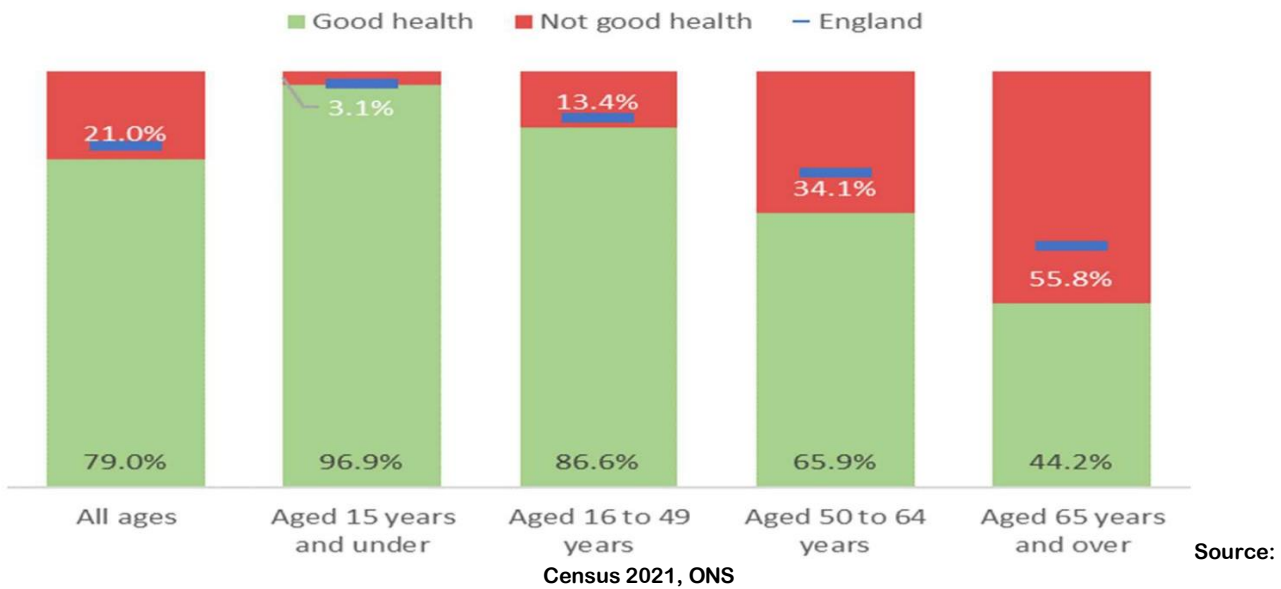


- Life expectancy at birth being lower compared to the national average, with males living up to 76.1 years and females up to 80.7 years, whereas the respective figures for England are 79.5 years for males and 83.2 years for females.

## Health:

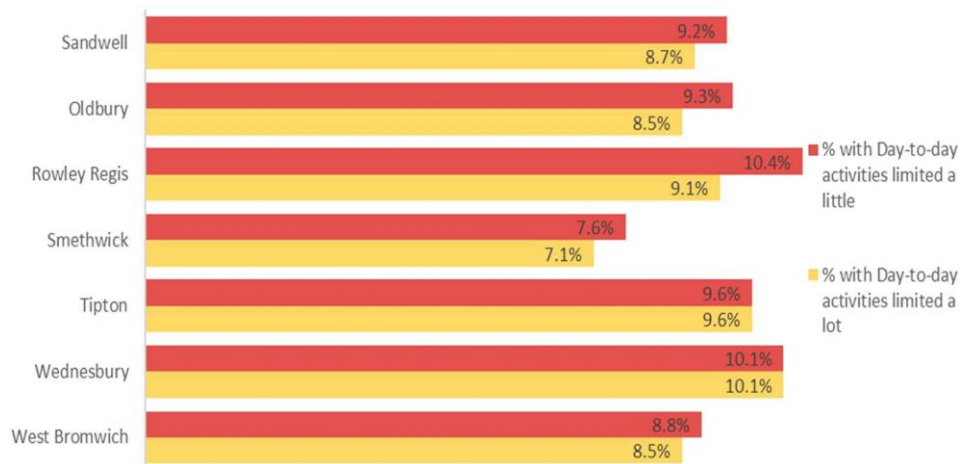
- 79% of residents said their health was good or very good. 55.8% of residents aged 65 and over said they were not in good health, compared to 42.1% for England.

## General Health of Sandwell residents by Age, 2021

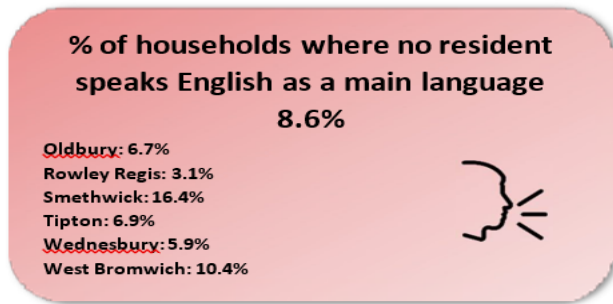
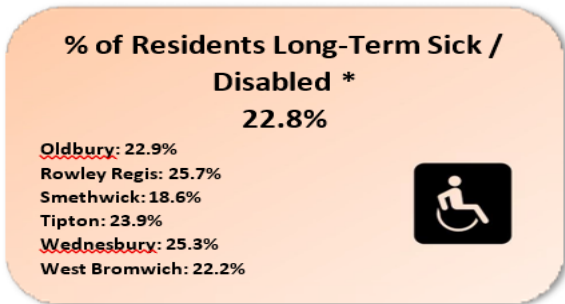


- For Sandwell overall 8.7% of residents indicated that they had a long-term mental health conditions or illness which limited their day-to-day activities a lot, which compares with 7.3% for England.
- The percentage of residents who are disabled under the Equalities Act is highest in Wednesbury (20.2%) and lowest in Smethwick (14.7). The percentage of residents who are long-term sick or disabled is highest in Rowley Regis (25.7%).

### % of Residents Disabled under the Equalities Act



Source: Census 2021, ONS



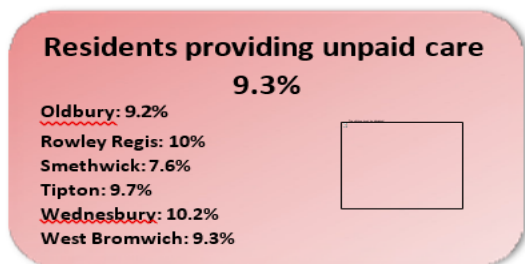
Source: Census 2021, ONS

\* This includes people disabled under the equality act and people with long term conditions with no limits on day-to-day activities (not disabled under equality act)

- The town with the highest percentage of residents providing unpaid care is Wednesbury (10.2%), with Smethwick being the lowest (7.6%). The highest percentage of residents providing 50 hours of care a week or more is Tipton and Wednesbury, with 3.8%.

Source: Census 2021, ONS

**Unpaid Care, 2021**

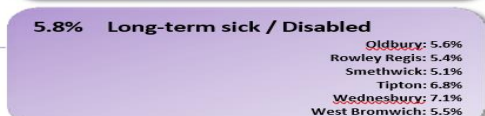
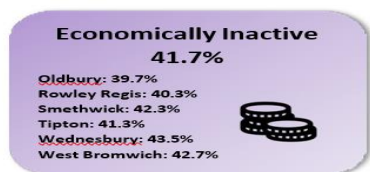
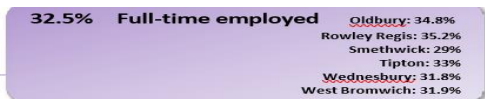
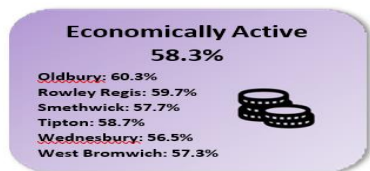


Source: Census 2021, ONS

**Economic Activity:**

- Employment in Sandwell is dominated by healthcare, manufacturing, and retail sectors, while the borough suffers from poor air quality, ranking as one of the worst outside London

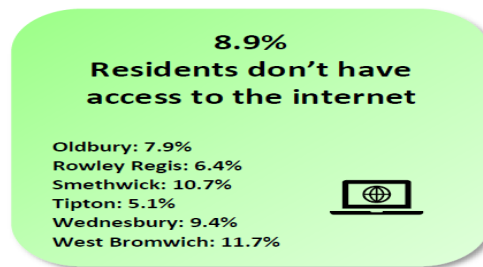
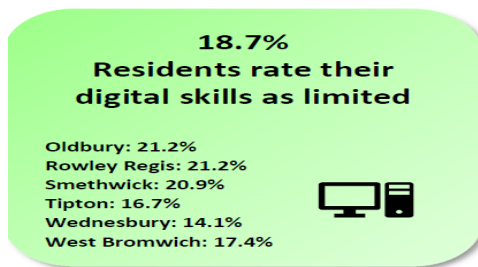
**Economic Activity, 2021**



- The highest percentage of unemployment is in Smethwick and Tipton and the lowest is in Oldbury and Rowley Regis. There is a higher percentage of long-term sick/disabled residents in Wednesbury (7.1%)

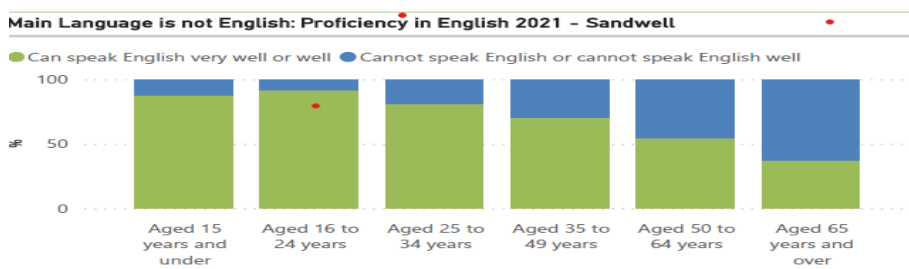
### Digital Exclusion:

- Based on the recent Resident Survey (2023) – 20% respondents say they have challenges to digital connectivity, 40-45% highlight lack of confidence around low complex tasks.



### Language:

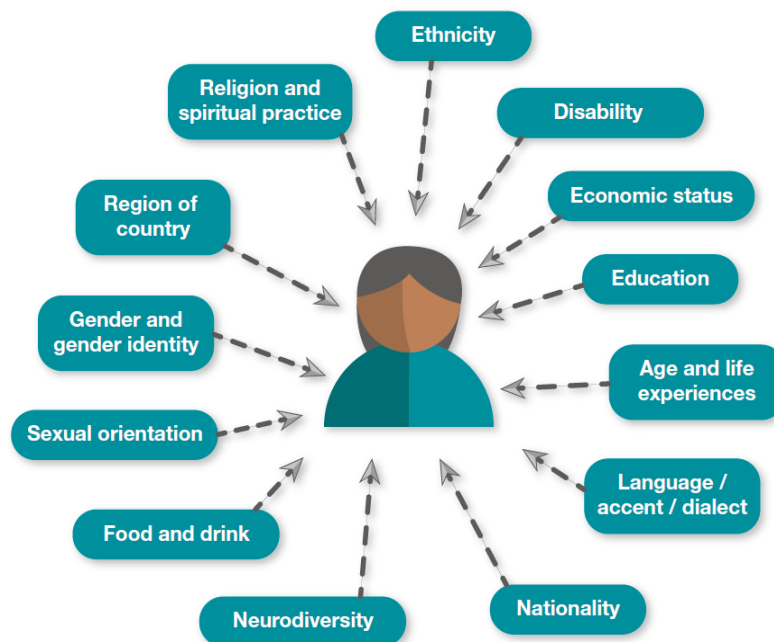
- In Sandwell, one in eight people (12%) from migrant communities and established minority ethnic communities English is not their main language, compared to the national average of 8%.
- Among this group, one in four (24.8%) cannot speak English well and one in twenty (5.5%) cannot speak English at all. In five wards in Sandwell, more than one in five residents (20%) do not use English as their main language. Our borough is incredibly diverse, with over one hundred languages spoken.
- The wards with the highest proportions of households where no people have English as a main language are in Smethwick and West Bromwich towns. 20.7% of households in St. Pauls ward have no people with English as a main language.



More detailed demographic information can be found on: <https://www.sandwelltrends.info/> and the Joint Strategic Needs Assessment (JSNA) website: <https://www.sandwelltrends.info/jsna-2/>

*We understand that given Sandwell's diverse population, this can lead to unequal access to health, care, and support. Our growing diverse population brings challenges such as health inequalities and disparities in opportunity and levels of deprivation. It also means that we must ensure that health and care services are culturally aware and appropriate and accessible for all.*

Culturally appropriate care, (also called 'culturally competent care') is about being sensitive to people's cultural identity or heritage. An individual's cultural identity can be based on a wide variety of influences, such as their ethnicity, nationality, or religion. There are a wide range of influences, and cultural preferences that are expressed in many ways:

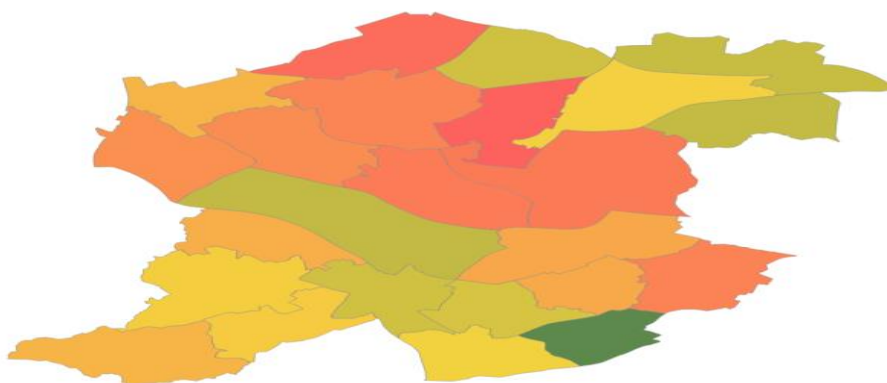


*We expect Sandwell providers to do everything reasonably practicable to make sure that our residents receive person-centred care and support that is appropriate, meets their needs and reflects their personal preferences.*

# Local Demographics

## Adult Social Care Demand: Headlines

Heat map (below) show the wards with the highest level of need, with wards in the north of the borough, such as Hateley Heath and West Bromwich North being areas of high social care need.



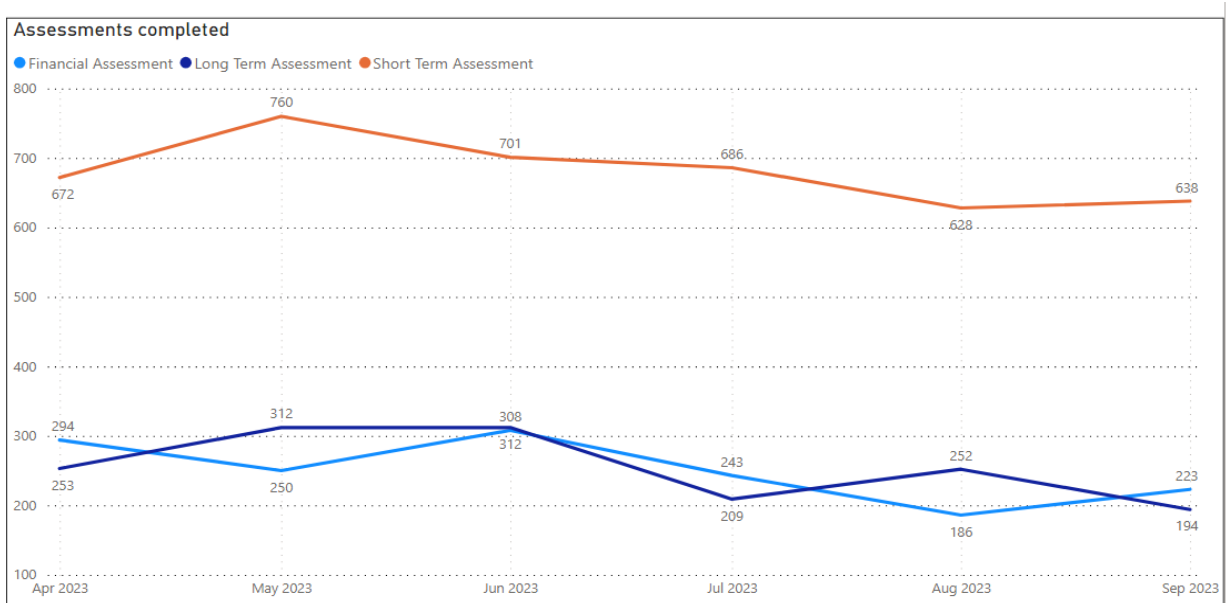
- Sandwell Adult Social Care Contact Centre deal with over 10,000 contacts that are recorded on our system each month and 79% are completed (resolved or triaged) either the same day or next day. Enquiry resolve 32% of the contacts through advice & information, signposting, or a service at the point of contact.
- The number of requests for support leading to reablement or long-term care has increased in Sandwell over the last few years. Benchmarking data shows that as a rate per 100,000 population, Sandwell has significantly more requests for support resulting in reablement or long-term care than the national and West Midlands average:

New Requests leading to short term (max) or long term care.						
New requests from adults aged 18-64 leading to short term (max) or long term care - Rate per 100,000						
	19-20	20-21	21-22	Rel to nat	Rel to Region	Trend
National	195	194	200			
West Midlands	134	158	180	↓		
Sandwell	196	175	241	↑	↑	
New requests from adults aged 65+ leading to short term (max) or long term care - Rate per 100,000						
	19-20	20-21	21-22	Rel to nat	Rel to Region	Trend
National	3,298	3,205	3,179			
West Midlands	2,730	3,165	3,054	↓		
Sandwell	4,578	4,716	5,041	↑	↑	

- Over the last six months an average of 680 short term assessments were completed each month, which is showing gradual downward trend. These short-term assessments are for our reablement, promoting independence pathway, therapy and prevention services. Occasionally no long-term support is required following reablement, however,

around a third will go on to need a long-term eligibility assessment.

- The average number of long-term assessments completed per month during quarter 2 2023-24 (218) fell against the rolling 12-month average (264).
- The number of carer assessments completed in quarter 2 has decreased significantly compared to the previous two quarters. The number of long-term assessments for clients completed in September 2023 (143) was significantly down compared to September 2022 (233). This reflects the challenges faced due to staff vacancies and has had an impact on waiting lists. While people are waiting allocation for their long term needs to be assessed they will continue to be supported by reablement and promoting independence services. This can sometimes mean the duration of these services is longer than 6 weeks.



- Most of the people currently receiving care and support are aged over 65 years of age.

***Within the 18-64 age group the primary reason for support is learning disability.***

- As people get older, this increases the likely to need social care, and over a quarter of the people receiving care in Sandwell are aged over 85 years of age. Within this age group three quarters of the people are female and their primary reason for support is needing help with personal care or mobility issues.

***Memory and cognition issues are the primary reason for support for fourteen percent of social care users in Sandwell and is more likely once a person is over the age of 75.***

- A high proportion of the people receiving care and support are white (72%).

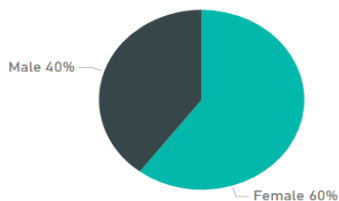
- Most people are supported in the borough of Sandwell (93%). There are 315 people supported out of borough, of which 131 are younger adults aged 18-64.

## Activity End Reporting Period

2023/24 P6

6 Town People with care and support

Oldbury	505
Out of borough	315
Rowley Regis	660
Smethwick	631
Tipton	544
Wednesbury	599
West Bromwich	1,161
<b>Total</b>	<b>4,415</b>

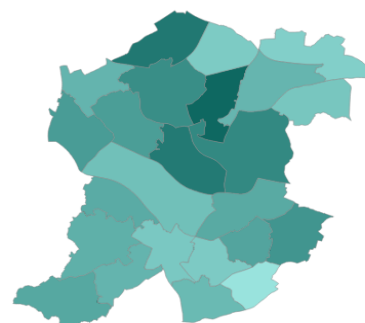
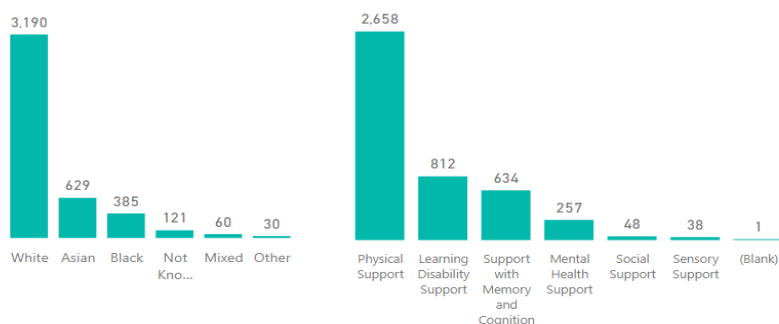
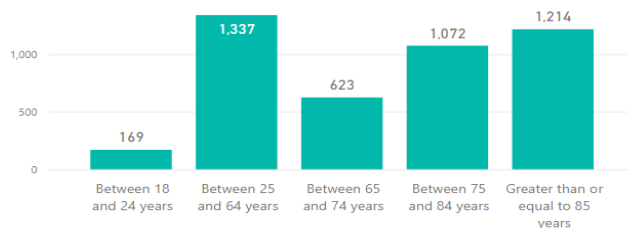


4,415

People with care and support

Reporting Period Dyna...

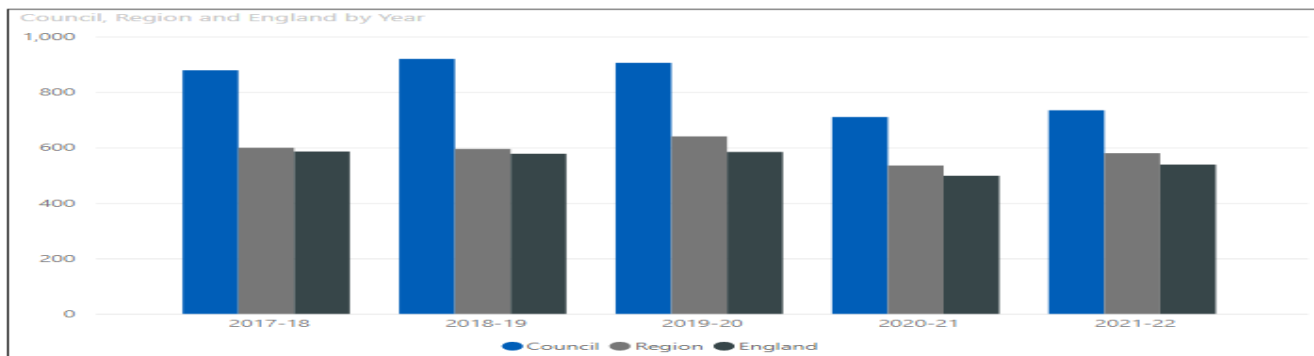
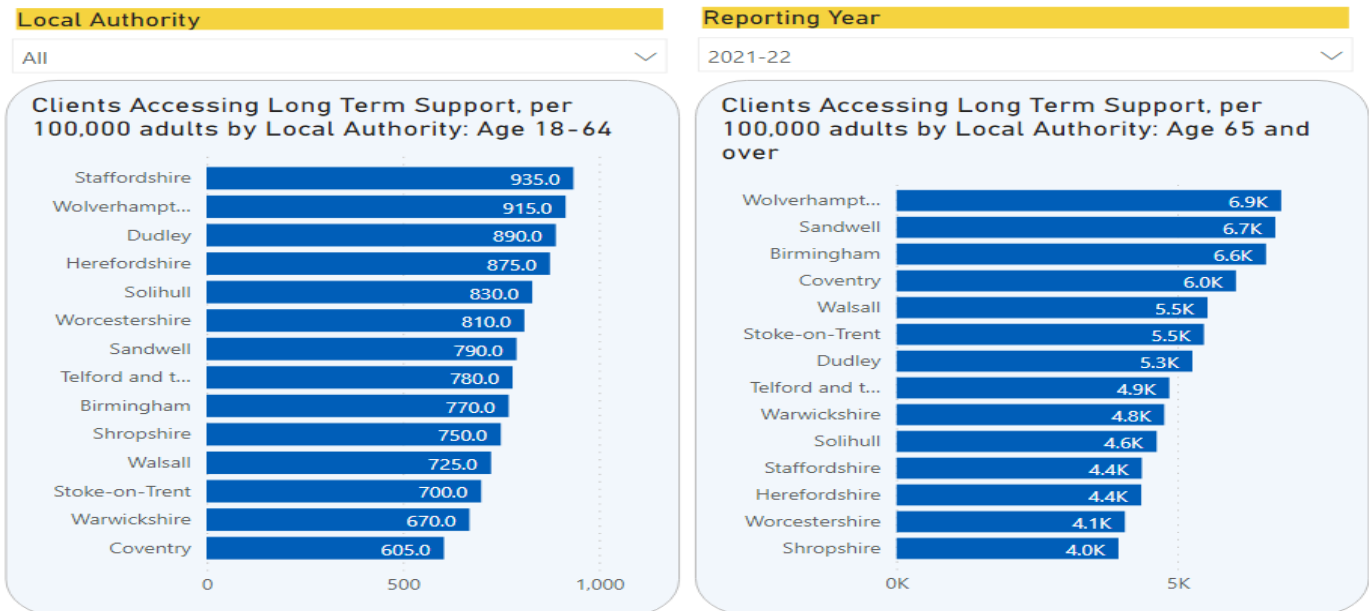
Latest period



- Most people are supported in the community and receive home support or other community-based services. Around 30% of people receiving long term care are supported in care homes and only 17% of people with a learning disability are in a residential setting (a third are in a community supported living).
- People whose primary reason for support is memory and cognition or mental health are mainly supported in a care home setting. Conversely to the trend seen during 2022 – 23, the trend in the number and cost of people receiving long term care is increasing steadily during 2023 – 24, whereas the number of people receiving short term care has remained fairly stable over the last six months.
- The long-term support needs of older adults met through admission to residential / nursing care (per 100k population) have been consistently well above the West Midlands region and England averages. The rate in 2021/2022, 734.3 per 100k population is higher than West Midlands region and England averages of 579.5 and 538.5 (per 100k population) respectively (see charts below).
- At the end of 2021/22 17% of clients aged 18-64 accessing long term support were in a care home setting, compared to national average of 15% and 19% across the regional. For older adults aged 65+, at year end 37% were in a care home setting, compared to national average of 38% and 39% across the region.

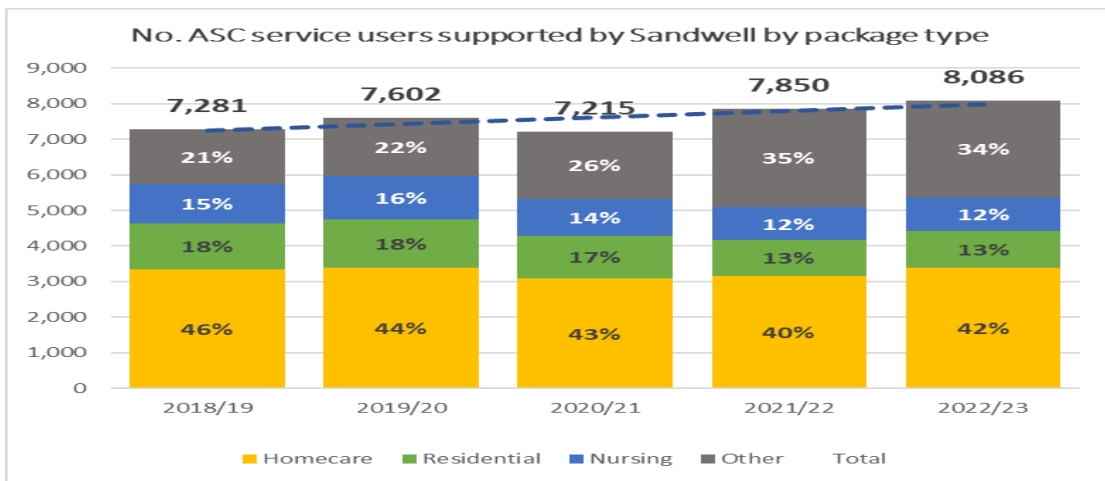


*As the proportion of people in Sandwell supported in a residential care setting at a point in time is consistent with other councils, it would suggest that the relatively high number of permanent admissions to care homes during a year appears to be a consequence of Sandwell needing to support more people with social care needs overall, through the year relative to other areas. This would be expected given that Sandwell is one of the most deprived areas in England.*

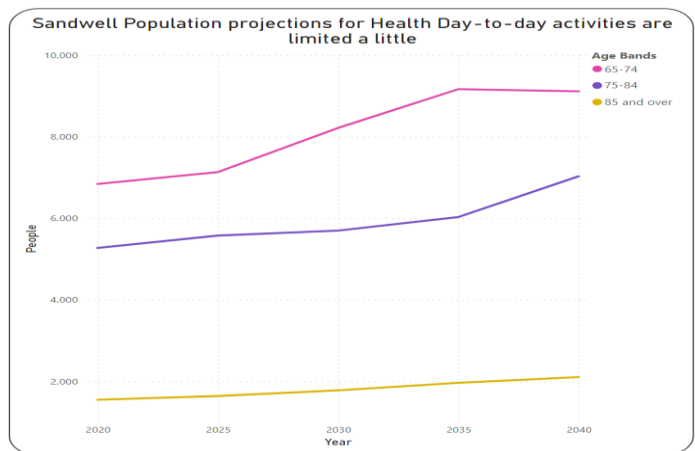
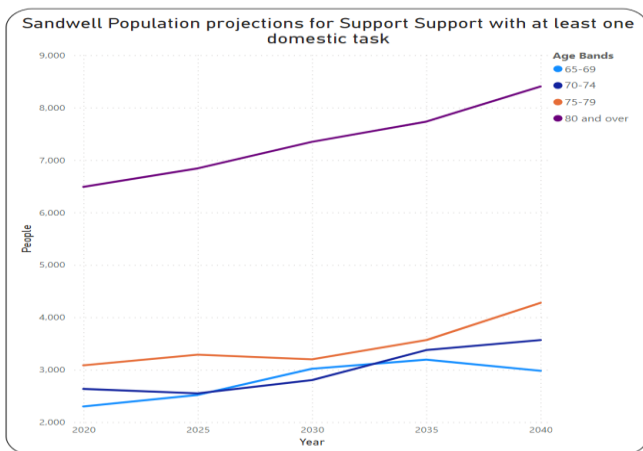


*Total number of Sandwell residents receiving support has increased over the last 5 years (see below) with an 11% change between 2018/19 and 2022/23 service users.*

- Total number of packages has also increased further by 16.6% from a 2018/19 base of 8,876 packages, suggesting multiple packages per resident and potentially an increase in complexity of support.



- The carer's population in Sandwell may exceed 49,000 by 2037, according to Carers UK estimates.



***In response to this demand, ASC commissioners are working with our key partners to develop our new Carers Support Offer.***

Demand for care and support in Sandwell is expected to continue to rise, influenced by projected changes in the age and the underlying health needs of the population. The combination of socioeconomic deprivation, health disparities, and the impact of the COVID-19 pandemic, austerity measures, and climate change continue to heavily impact on our communities.

***The significance of these challenges mean that we must work collaboratively to ensure the delivery of the right care, to the right people, at the right time and in the right place. We need to work with Sandwell providers to identify specialised support for residents with complex needs.***

# The Health and Social Care System in Sandwell

The integration of Health and Social Care is key to driving transformation. We are therefore working with our partners through the Sandwell Health and Care Partnership to develop a 'Place Based' vision for joint commissioning and integration to improve outcomes and meet the needs of local communities.

Sandwell Health and Care Partnership is a partnership of social care, health, voluntary and community organisations who are working together to improve people's life chances and health outcomes.

The partnership aims to work more closely together to support communities in Sandwell and reduce the widening gaps in health inequalities by focusing on not just health, but the wider determinants such as employment, education, lifestyle, housing and the local environment.

The partnership includes:

- The Voluntary sector, represented by Sandwell Council for Voluntary Organisations (SCVO)
- Healthwatch Sandwell
- Primary Care Networks (General Practice)
- Sandwell and West Birmingham NHS Trust
- Sandwell Metropolitan Borough Council
  - Adult Social Care
  - Children's Services
  - Public Health
  - Housing
- Black Country Healthcare NHS Foundation Trust
- NHS Black Country Integrated Care Board (ICB)

**Midland Metropolitan University Hospital (MMUH)** is the new acute general hospital being built in Smethwick and is poised to become the center of acute and emergency care when it opens later in 2024. It will provide emergency, maternity, children's, and adult acute inpatient services and will seamlessly bring together all acute and emergency care services currently situated across City Hospital and Sandwell Hospital.

***This will be a huge opportunity for Sandwell to revolutionise its acute care services. ASC Commissioners will work with Sandwell providers to look at pathways out of hospital to help with hospital discharges.***

The below details some of the work currently being undertaken to drive joint commissioning and integration in Sandwell:

## **Better Care Fund**

Better Care Fund (BCF) is a pooled budget for both the NHS and Sandwell Council which supports local systems to successfully deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and their carers. It enables systems to work together to support people to be cared for at home, avoid hospital admissions and reduce the length of stay in an acute setting. Sandwell Council and

the ICB have a well-developed joint working arrangement and the Better Care Fund forms part of the various initiatives that supports integration and transformation of service delivery. Our BCF plan has been successfully implemented over several years.

BCF successes in Sandwell:

- **Early Planning Discharge** -early planning supported by the VCS and community care ensures timely and effective discharges.
- **Discharge to Assess** - extensive community and homebased intermediate care options to support out of hospital assessments under a 'home first' ethos.
- **Seven-day Services** - all key council and NHS services central to discharge planning and hospital avoidance now operate over 7 days to support the D2A policy.
- **Multi Agency Discharge Teams** - strong multi-professional collaboration to support discharges and ensure people get the right care in the right place when they need it.
- **Supporting Care Homes** -significant investment in wrap-around support to improve support to care homes and residents.

We want to work with the Integrated Care Board to look at opportunities for aligning our commissioning approaches to better manage the market.

For further information on our partnership approach please see <https://www.healthysandwell.co.uk/health-and-wellbeing-board/>

*For providers, this will mean there will be more services commissioned jointly in the future to reduce duplication and support you to work across the whole system. It is expected that services commissioned in this way will be more efficient, cost effective and achieve improved outcomes.*



# Challenges to the provision of care and support

We have faced unprecedented challenges in recent years including recovery from the COVID-19 pandemic, the impact of Brexit, particularly regarding recruitment to the social care workforce, the cost-of-living crisis, and its impact on care costs – all at a time when we have a rapidly growing and ageing population, and against a backdrop of continued financial constraint within local authorities and social care.

## Impact of Covid 19

Sandwell's demography and urban structure exposed it to Covid, most notably its central corridor of older, poor-quality housing and BAME communities where infection rates were highest. The pandemic has deepened hardship and inequality in our already deprived borough.

## Workforce

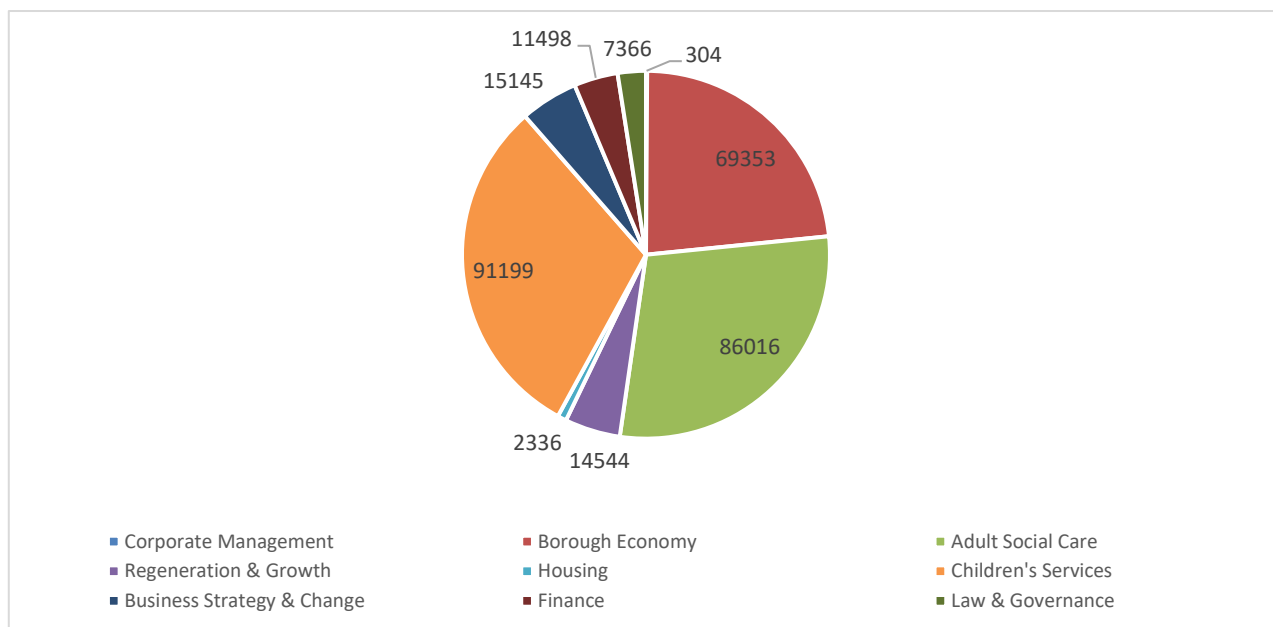
The Adult Social Care sector is facing unprecedented challenges in workforce supply and demand. Staff are leaving faster than they can be replaced, leaving vacancies. Despite Sandwell having higher levels of unemployment at 6.1%, compared to the regional and national averages, 4.7% and 4.1% respectively, finding and retaining staff is the primary risk to sustainability within the market.

*ASC have launched a new Workforce Development Strategy in 2024 which details our key strength as an organisation is our staff and their commitment to meet the needs of Sandwell residents. We would like to understand from care providers what they need to support recruitment and retention and who are willing to share methods which have been successful.*

## Financial Challenge

Like many other local authorities, we are facing substantial financial and demographic pressures as budgets are limited and our older population increases. Increasing cost and volume of care; combined with council savings of between 5 and 10% for 2024/25 will generate unprecedented Government cuts to the level of funding that councils receive have meant that we are now facing an unprecedented financial challenge to Adult Social Care.

The below provides a snapshot of Council 2023/24 Expenditure:



The table below shows the **Standard fees paid for care services:**

Service	2021/22	2022/23	2023/24	2024/2025
Nursing Care OPMH	650.80	694.79	921.04	984.52
Nursing Care	642.72	687.36	816.21	872.61
Residential OPMH	518.25	548.59	651.91	702.80
Residential Care	460.47	487.48	651.91	702.80
Domiciliary Care	15.16	16.00/16.92	18.40	19.64
Extra Care Housing	14.92	15.16	18.40	19.64
Supported Living		16.15	17.84	19.04

N.B. residential and nursing placement fees inclusive of the relevant FNC rate currently £219.71.

Expenditure on Adult Social Care has grown in the past 5 years. Since 2018/19, our expenditure on all ASC services has increased **30.6%** from **£98,938,456** to **£129,226,182** 2022/23. Sandwell Council projects a further **0.75%** increase to **£130,195,347** for 2023/24.

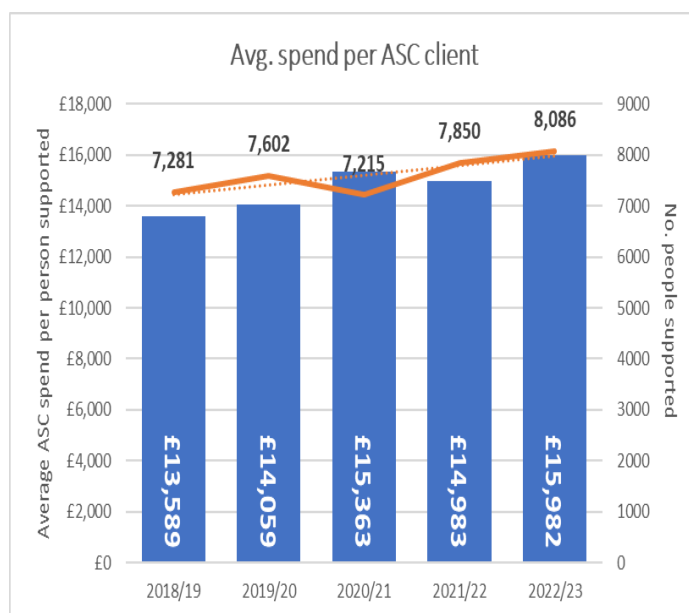
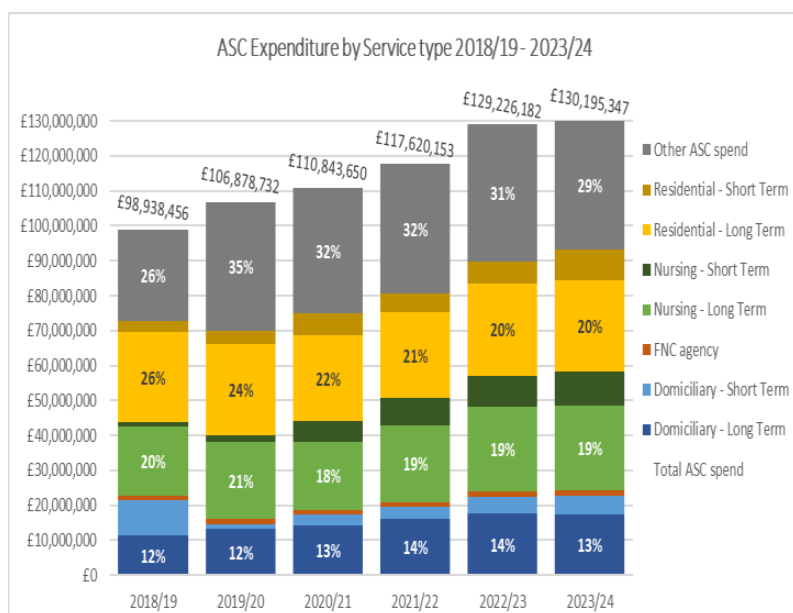
Further spend analysis shows:

- Growth in **long-term nursing** has remained in line with total growth at c. **£944,641** or **4.8%** per annum
- **Long-term residential** spend has remained almost the same over the period, counteracting increased costs with reduced demand
- **Long-term domiciliary care** has outpaced total spend growth with a **51.7%** rise over the 5 years to 2023/24
- **Other ASC** spend has also outpaced total spend growth with a **42.1%** rise over the same period
- **Short-term residential care** spend has increased considerably by **165%** to a projected £8.8m by 2023/24.

**Short-term nursing care** spend has increased even more substantially by **653%**, outpacing the total spend in short-term residential care to a projected £9.7m spend by

2023/24. The breakdown of this spend and the projected forecast for 2023/24 (below) demonstrates the increasing importance of short-term accommodation-based care in our market, and suggests that long-term domiciliary care and other community-based packages (such as Promoting Independence Pathway & supported living) could be replacing our need for these services in the future.

**We will continue to work with Sandwell providers on supporting service users to live independently to remain in their own homes, providing short-term care in the market and working closely with our communities to achieve this.**



ASC Expenditure by Service Type

Average Spend per Service user

Total spend per service user has also increased over the last five years by **17.6%** (see above). This is likely to be predominantly due to cost of care increases as well as increased complexity of packages.

The Council is facing a challenging financial position and has made ongoing savings of £22.8 million, (£7.78 in ASC), in 2023/24 and is anticipating making additional savings of between 5 and 10% in 2024/25.

**Commissioning the same forms of care, in the same places and in the same way, will not be feasible in the future. We need to be open to a radical change in how we provide services in the future. This will involve changing our current methods of commissioning, procurement, and service delivery. We want Sandwell providers to work with us to address this challenge.**

# What People Tell Us

One of the ways that Councils can find out what people think about the services and support that they access is through the results of the Annual Adult Social Care Survey.

354 Sandwell people who completed the survey (2022/2023) reported that:

- **72% of people are extremely or very satisfied with the care & support they receive; this compares higher to the England average for satisfaction which is around 64%.**
- **68%** of respondents are happy with the quality of their life; this compares higher to the England average of 31%.
- **67%** of respondents said the way they were helped and treated makes them feel better about themselves.
- **82%** of respondents feel their home meets most or all of their needs.
- **52%** of respondents have as much contact as they wanted with people they like, **6%** told us they have little social contact and felt socially isolated.
- **13%** of respondents feel lonely 'often or always', **28%** feel lonely 'some of the time', **26%** 'occasionally' feel lonely.

We contacted people receiving different types of support: 75% supported at home or in the community, 25% receiving residential or nursing care. 59% of service users had physical support needs. 24% had learning disability support needs, and the rest had mental health, sensory, memory or social support needs.

## Carers' Views

The Council values and recognises the value of informal care in the support of its residents.

Carers in Sandwell residents who responded to the national Carers Survey 2021 (the results for 2023 will be available later this year) reported 36% of carers are extremely or very satisfied with the support and services they receive. The 2021 Carers Survey England average for satisfaction is also 36% 'extremely or very satisfied', so we are around the average figure.

The survey captured the views of carers aged from 19 to 91. Carers reported that they carried out a range of tasks for the person they are looking after. Most common tasks included personal care (73% of carers), physical help (62%), keeping an eye on them (92%), taking them out (75%), giving medicines (77%), dealing with care services (89%), help with paperwork/financial matters (86%), emotional support (82%).

***We want to work with Sandwell providers who value the role of carers and involve them in any decisions being made about the person that they are caring for.***



# Our Commissioning Approach

To achieve the Adult Social Care and the Council objectives and priorities, we want to adopt a commissioning approach that is:

- **Person- centred and outcome- focused**
- **Well- led**
- **Promotes a sustainable and diverse market**

*The aim of which is to enable people to remain independent and in their own homes and communities for as long as possible. We want to ensure the right care, in the right place at the right time.*

## Our Commissioning Principles

Our commissioning principles which underpin this aim are:

- **Early intervention:** The Council will focus on early intervention and prevention to reduce avoidable health inequalities.
- **Asset-based commissioning:** The Council aims to enable people and communities, together with a range of voluntary and community partners, to become equal co-commissioners and co-producers, making best use of all assets to improve whole life and community outcomes.
- **Person centred and outcome focused:** The Council will work with partners to ensure services are person centred and outcome focused with a range of solutions on offer to meet people's needs, moving away from traditional models of support. Taking a holistic view of the person's needs in the context of their wider support network.
- **Optimising discharge pathways:** Prevailing models of service delivery, pathways and integration will focus on hospital avoidance, the development of innovative approaches to appropriate discharge to assess pathways which operate 7-day working as appropriate and supporting people with a reablement approach.
- **Dynamic commissioning:** The Council is moving towards more flexible commissioning models which enable services to respond quickly and meet short term demand identified.
- **Reduce inequalities:** The Council aims to reduce inequalities, promote fairness and opportunity for all, and support the most vulnerable residents.
- **Recognising social value:** Social value which encompasses community wealth-building and sustainability is a key focus for all our commissioning and procurement activities.
- **Value for money:** The Council will secure high quality and best value for money for the residents of Sandwell.
- **Maximising independence:** The Council will work with partners who can help people develop and maintain their independence.
- **Empower people and communities:** to build capacity and resilience, so they can do more for themselves.

- **Operate a home-first model:** where possible ensuring support is offered in a way that allows people to remain living in their own homes for as long as possible.
- **Adopting a whole systems approach:** effective commissioning will be driven by a data led, evidence-based approach which also promotes collaboration, integration and innovation across the Sandwell placed system to meet identified current and future needs, as well as any gaps in provision.
- **Providing culturally appropriate care:** we will work with the care market in Sandwell to raise awareness of their responsibilities to provide culturally appropriate care and to consider commissioning approaches to ensure that services are available to meet identified cultural needs going forward. We are currently working on a strategy detailing how the Council intends to meet the cultural needs of people living in Sandwell, this will be shared once completed.

## Providers we want to work with in our Local Market

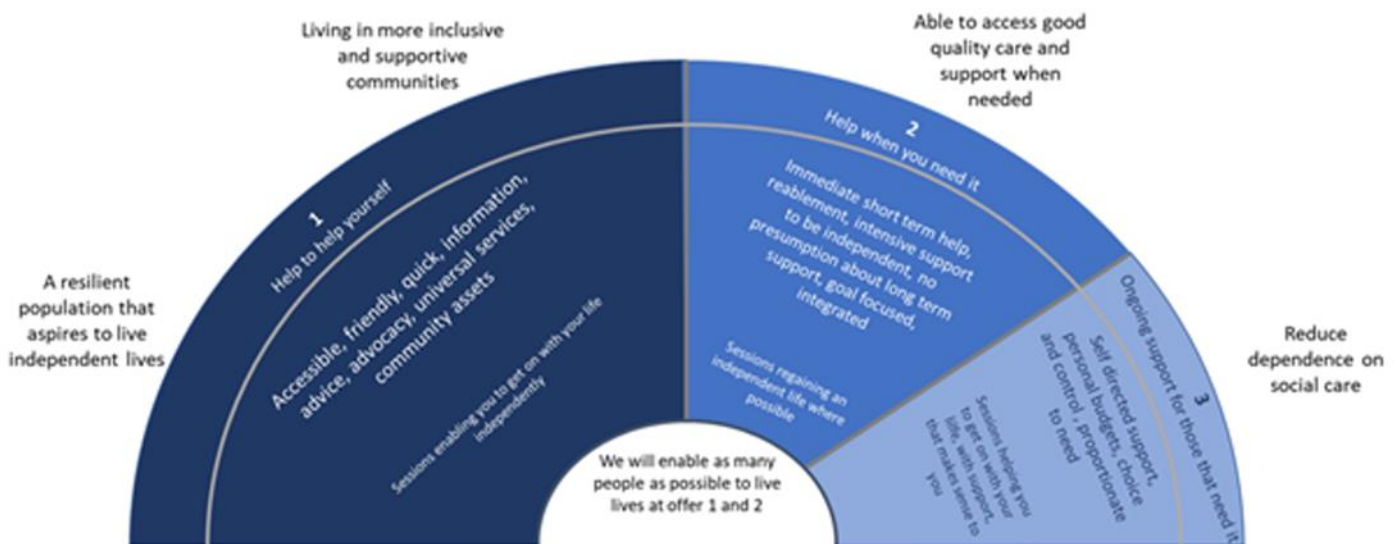
To do the above, commissioners will work with providers who meet the values that underpin our ethos for service delivery and meet the following expectations:

- *Understand and embed the principles of person-centred care in day-to-day practice.*
- *Adopt a strength-based approach and focus on preventing, delaying, and reducing the need for care.*
- *Ensure every contact counts and that every door is the right door for someone to access care.*
- *Actively develop services in partnership with service users, fostering continual improvement.*
- *Embrace and use digital technology in creative ways in delivering care and support to improve the quality of life for individuals.*
- *Are outcome focused and measure success in outcomes identified by the individual and can evidence how and what outcomes have been met.*
- *Deliver services which promote enablement, self-management, independence, choice, and control.*
- *Provide safe, quality services which are cost effective, fair market price and value for money.*
- *Consider social value when developing services to help build a resilient, healthy and economically strong local community.*
- *Work closely in partnership with us, other providers as well as the voluntary and community sector to develop services and make links across the care landscape.*
- *Work with us to drive up quality and safeguarding practices.*
- *Work with partners and the market to develop support that promotes early intervention and prevention, and support that reduces risks of harm and prevents or delays admission into hospital or long-term residential care.*
- *Offer inclusive and culturally responsive services and work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

The diagram below represents our aim to provide clarity about our offer for support to people with varying complexities of need:

- **Offer 1:** Help for people to help themselves – early intervention, prevention, healthy population.
- **Offer 2:** Help when you need it – help focused on supporting people to regain levels of independence.
- **Offer 3:** Personalised support to address health and wellbeing for on-going support needs.

Diagram showing offers 1, 2 and 3



Our aim is to take a holistic view of the person's needs in the context of their wider support network. We will consider:

- how the person, their support network or the wider community can contribute towards meeting the outcomes they want to achieve.
- If and how the person's needs for care and support impacts on family members or others in their support network.
- what else might assist the person in meeting the outcomes they want to achieve.
- put the person at the heart of the assessment process. It is crucial to understand the person's needs and outcomes in delivering better care and support.
- ensure assessments are proportionate and have regard to:
  - the person's wishes, preferences and desired outcomes.
  - the severity and overall extent of the person's needs.
  - the potential fluctuation of a person's needs.

# Market Summary -Commissioning

The below section details what Commissioning teams are **currently working on** and what **do we need less of in the care market** going forward. Understanding the current commissioning projects is crucial for refining our focus and priorities moving forward.

## Care Homes

### **What are we doing:**

- *reviewing our care home framework to ensure it better reflects our commissioning intentions around purchased care for older people so that what we pay is reflective of the complexities and needs we expect providers to support.*
- *refining the admission criteria and process for Harvest View (integrated health and social care facility) to enable a more expedited admission pathway to support timely hospital discharges and admission avoidance.*
- *fully opening the third floor of Harvest View to increase our rehabilitation and reablement offer for people who require a short-term service from hospital or to avoid hospital thereby reducing the reliance on spot EAB purchasing to support more positive outcomes for people.*
- *introducing a framework for Working Age Residential and Nursing providers and placements.*
- *establishing a banded fee structure for placements based on individual need.*

### **What do we need less of:**

- *less EAB/Spot purchasing.*
- *sourcing out of borough for placements where needs cannot be met in borough.*

## Domiciliary Care

### **What are we doing:**

- *reviewing the PIP (promoting independence pathway) to consider how we optimise the choice options for individuals whilst maintaining a sustainable, robust domiciliary care market.*
- *re-commissioning the PIP pathway.*

### **What do we need less of:**

- *we do not require any more providers for the framework.*

## Extra Care

### **What are we doing:**

- *engaging with our Extra Care providers to ensure that the care and support they offer to people is responsive and flexible to changing needs.*
- *providing a sustainable and long-term alternative to residential care when need increases.*

### **What do we need less of:**

- *we would welcome feedback from providers on this.*

## Supported Living

Supported living services enable individuals with a disability to live independently in their own home, with appropriate support to help them manage their own tenancy and achieve greater freedom and control in their lives.

### **What are we doing:**

- *implementing a flexible contracting arrangement for Supported Living providers which will effectively be our framework.*
- *working with care management to implement person centered, strength based, and outcome focused packages of care/support.*

### **What do we need less of:**

- *looking to reduce the number of providers we work with in the market.*
- *accommodation tied to single Care and Support Providers*

## Respite

### **What are we doing:**

- *developing new and creative models of replacement care, this may for example include a shift away from traditional respite to a temporary supported living model for those who do not need support in a residential care setting or an increased use of Shared Lives.*
- *giving service users who draw upon replacement care and their carers greater flexibility, choice and control by creating direct relationships between those who provide and those who draw upon replacement care services.*
- *looking at alternative models of replacement care and where we continue with more traditional respite provision we will put this into a framework, so that rates are better aligned meeting a person's needs.*

### **What do we need less of:**

- *costly provision – work with the market to secure respite resources.*
- *limited range of provision for people purchasing Respite, short breaks or other forms of replacement care.*
- *people who ordinarily live independently with parents having to access residential care for respite.*

## Day Opportunities

### **What are we doing:**

- *placing more people through the Council's 12 Week Pathway to better focus support towards building on their strengths achieving positive outcomes.*

### **What do we need less of:**

- *reduce the number of people in and placed within traditional day care settings.*
- *less building based provision for those who can access more community based Day Opportunities.*
- *less people doing the same thing and going to the same places 5 days a week.*

## Mental Health

### **What are we doing:**

- *exploring new and creative models of accommodation and support for people with low to moderate and transient levels of mental ill-health.*

### **What do we need less of:**

- *support that is not flexible to meet mental health transient needs*

## Prevention & the Voluntary Sector

### **What are we doing:**

- *developing a Prevention Strategy which details our prevention offer and how we are to work with a range of providers, including organisations from the community and voluntary sectors to provide access to prevention and universal services.*
- *re-commissioning the community offer and community based mental health services.*
- *reviewing our grants.*

### **What do we need less of:**

- *holding on to clients for too long – need to support people and float off to universal or other community based services to allow new clients to be supported.*

### **What are we doing:**

- *working within a Preparing for Adulthood Pathway to identify young people approaching adulthood.*

### **What do we need less of:**

- *being made aware of people too soon before they turn 18 to explore all available options for care and support.*
- *young adults coming through without skills to live semi independently*
- *young adults being placed in Day Care*

## Supporting Adults with Autism

### **What are we doing:**

- *Implementing the all age Autism Strategy and working with partners to deliver the action plan.*

### **What do we need less of:**

- *adults with Autism being unsupported*
- *adults with Autism not being supported into Work or Volunteering*

# Council's Support to the Market

Under the Care Act 2014 the Council has a statutory duty to provide care and support for people with eligible needs. The Act also places a duty on the council to maintain an efficient and effective care market to meet the needs of the residents in Sandwell.

Nationally there is a drive to focus on prevention, personalisation and outcome focused interventions. The growth in choice and control will mean that we need to ensure a diverse market delivering quality and cost-effective services. The provision of enablement services and community-based alternatives to residential care that help people to remain within their own home is a government expectation. This, along with increased life expectancies, means people will be going into residential and nursing care later in their lives but with increased complexity of needs. The market will need to respond to this demand innovatively with new ideas and ways of working.

## Overview of market quality

We want to ensure safety in the system and strongly believe that clear quality standards are fundamental to the delivery of safe and reliable services that help people to achieve their desired outcomes.

Quality standards will be clearly defined in service specifications and our contracted providers will be subject to audits against contract compliance. Our Quality & Safety Team will work collaboratively and collegiately with providers, identifying what is working well, areas for improvement, and offering any support and advice through its Provider Support Team.

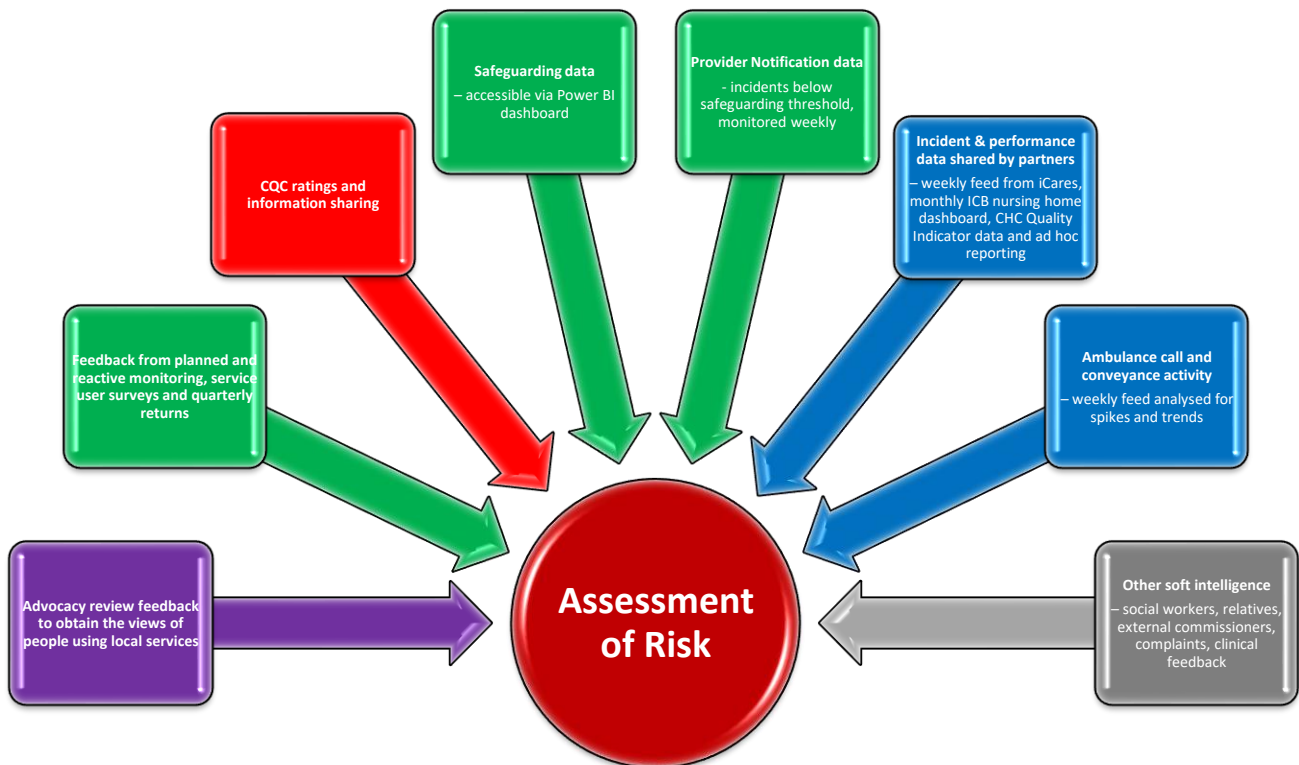
We have significantly invested in our Quality and Safety Team to support our oversight of the market to enable both a proactive and responsive approach to how we tackle quality. Our Quality and Safety Team consists of both health and social care professionals to enable a more effective and holistic approach to quality. We work closely with our Place Based partners across the health and social care system to oversee quality, reduce duplication, and strengthen our oversight and support to the market, making best use of multi-disciplinary resources and expertise, as well as ensuring our interventions are proportionate.

We want to review how we report our findings from our quality assurance reviews to ensure that we make best use of resources and release any additional capacity to support market engagement by exploring new approaches to optimise our reporting where this is possible.

We work with our Place-Based partners to share learning with our market to promote safety in the system and improve outcomes for people. Our Provider Support Team sends regular newsletters to our market to inform them of the services that they provide, and these are supplemented by additional quality and safety communications to the market where necessary.

We take a data driven approach to our oversight of the market and our interventions, to ensure these are evidence-based and proportionate. The data we use to inform our actions is identified below:





To protect our residents, there may need to be restrictions on admissions to services if we have evidence that standards are below our expectations. In these circumstances, where it is possible, we will work with providers to allow time for improvement, offering support through our Provider Support Team, or where necessary, enabling access to the specialisms across our wider place-based team.

We will not offer a contract to a provider who is rated Inadequate by the CQC at the point of contracting and will take action if, during a contract term, a provider becomes Inadequate.

## CQC Ratings

We are committed to increasing quality standards through a supportive approach to increase the number of services achieving and sustaining CQC inspection ratings at Good or Outstanding and work with providers we contract with where the ratings are below these levels.

Data as of 1<sup>st</sup> March 2024 indicates that more than two thirds (71.6%) of care homes that have a rating in Sandwell are rated as Good by CQC. The rest are rated Requires Improvement; there are no homes that are Inadequate rated. The top 5 care home brands have a 31% share of the market, controlling 686 beds over 16 locations.

Just over two thirds (68.3%) of community-based locations that have a rating are rated as Outstanding or Good. The rest are rated Requires Improvement; there are no community-based locations that are rated Inadequate as of 1<sup>st</sup> March 2024.

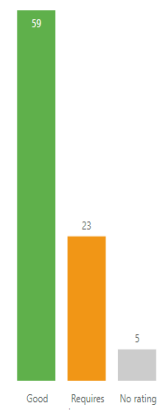
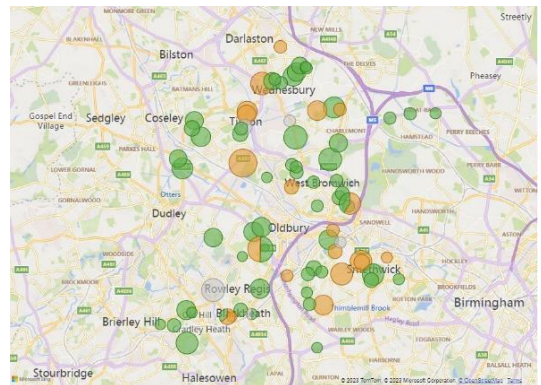
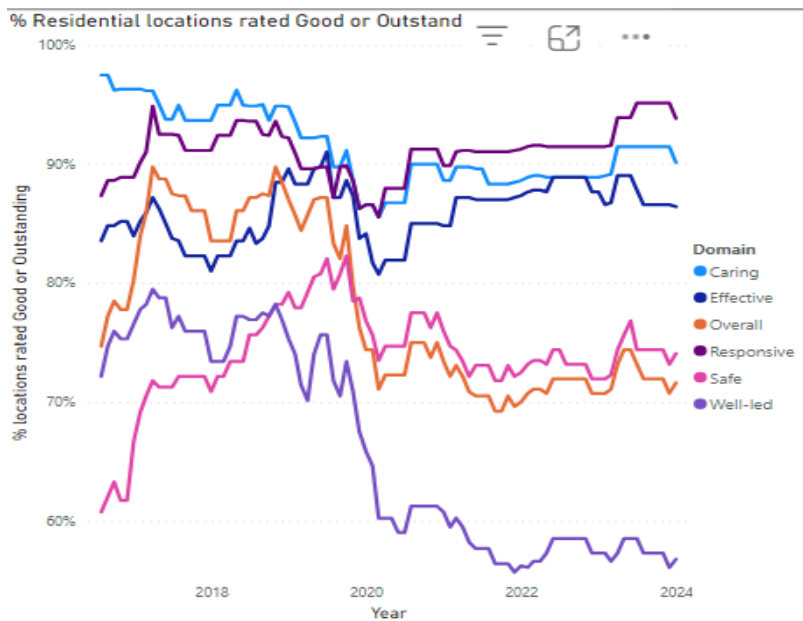
CQC reinspection ratings have shown a net reduction since April 2019; there was a slight upward trend in quality ratings in March, April, and May 2023, followed by decreases in the June – September 2023. Providers score well on responsiveness, caring and effectiveness, but a lower percentage achieve a rating of Outstanding or Good in the domains of safety and leadership. **Leadership in particular has seen a downward trend since 2020 for both residential and community-based locations.**

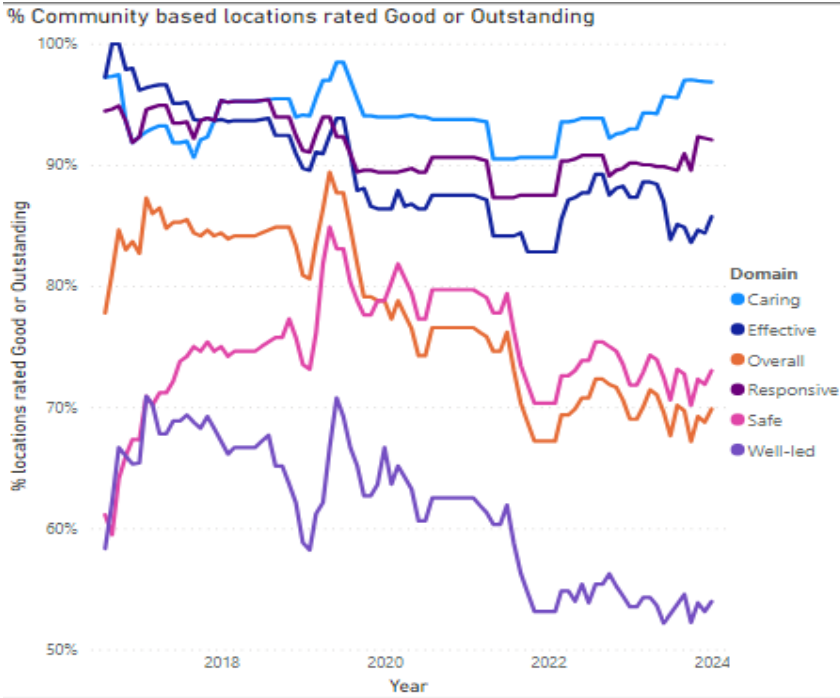
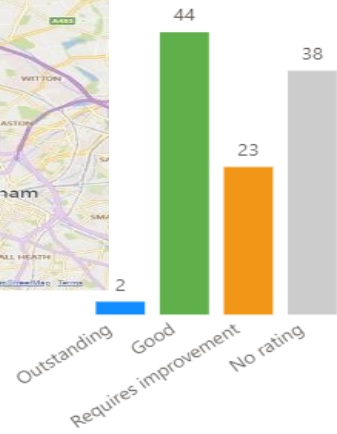
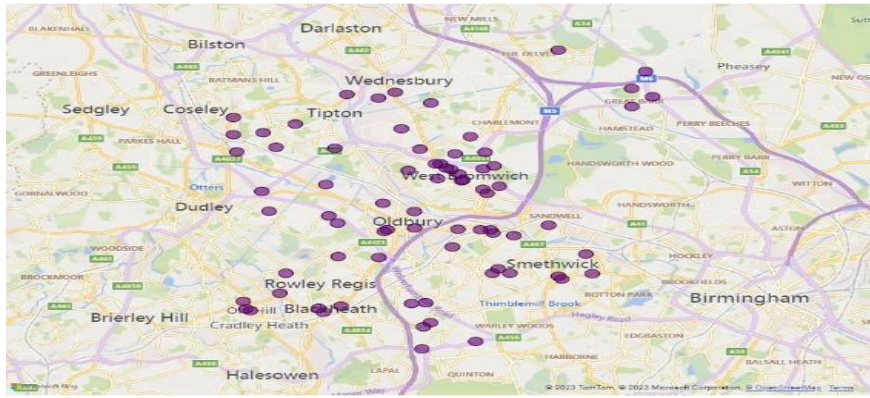
***Our offer to you to address this downward trend:  
Quality & Safety Team will work collaboratively with providers and offer any support and advice through our Provider Support Team.***

The following charts represent the overall market quality via the CQC ratings for Care Homes and Domiciliary care as of January 2024:

**Care Homes:**

This map shows the overall ratings of active social care locations in Sandwell:





Further information on the CQC ratings can be found on the CQC website <https://www.cqc.org.uk/>



Building on our Market Sustainability Plan, this section provides an opportunity to set out a summary of our current provision and future commissioning intentions so that in partnership with our care providers, we can sustain and develop the models of care we need to meet current and future need but also support the development of a more sustainable care market.

## Residential and Nursing Care

**What we want for our residents:** We want to ensure a sufficient choice of nursing care and residential care in the borough for those with complex needs so that every person who needs a care home placement is able to access a suitable local option of their/their family's choice.

We want to ensure where possible that care home placements are delivered in care homes that have at least a 'Good' rating from the Care Quality Commission, and where this is not the case, that support is provided to homes to increase their ratings. This supports our approach to ensuring safety in the system.

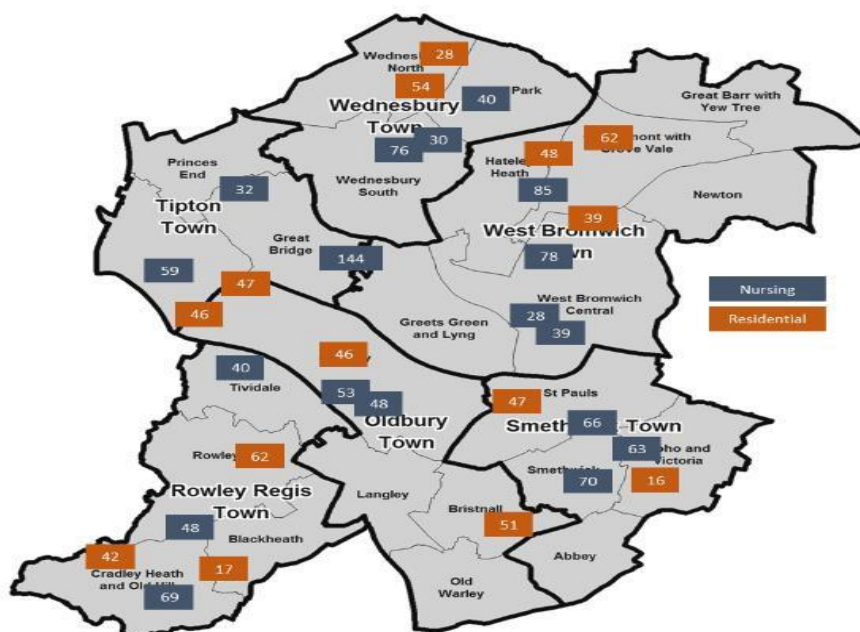
**Contracting:** We have a framework agreement with our care homes whereby we will allow new providers to join the contract at any time, subject to relevant entry criteria being met. However, we want to review our framework so that it is reflective of our commissioning intentions around purchased care for older people so that what we pay is reflective of the complexities and needs we expect providers to support.

**Current Provision:** Sandwell has 87 care homes operating across the borough (as per CQC data 1 March 2024). There is a good level of diversity, geographic coverage and provision across the six areas (see map below).

We support the 'Discharge 2 Assess' model that involves the provision of short-term care, rehabilitation and reablement, where needed, before assessing people's longer-term needs for care and support once they have reached a point of optimal recovery. Harvest View is an 80 bedded unit in Rowley Regis that has been developed in partnership between Sandwell Council, the ICB and the NHS Trust, and it offers specialist support from both social care and health staff under one roof. The facility enables people to return home after a hospital visit and help people avoid admission by providing structured support.

To support our ability to assess people out of an acute setting, in addition to Harvest View, we also commission four Enhanced Assessment Beds (EAB) for people with complex dementia nursing needs and ten EAB for general non-complex needs. We are currently commissioning a high volume of spot EAB, but we expect this purchasing pattern to reduce once Harvest View is fully operational. We are reviewing processes at Harvest View to ensure the service delivers the best outcomes for people and provides an expedited admission pathway to support timely discharges from hospital and admission avoidance.

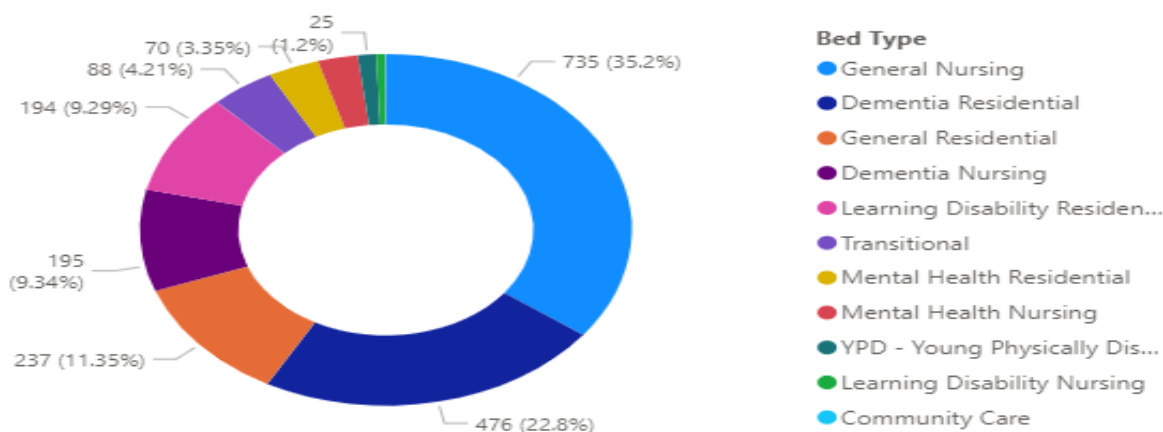
Our residential and nursing care supports people with a range of needs which includes mental health, people with a learning or physical disability, people with a sensory impairment and older people.



**Bed Make Up of Sandwell and neighbouring Local Authorities**

Bed Type	Birmingham	Dudley	Sandwell	Walsall	Wolverhampton	Total
YPD - Young Physically Disabled	51	1	25	5	6	88
Transitional	119	85	88	4	14	310
Mental Health Residential	422	62	67	65	16	632
Mental Health Nursing	251	65	55	41	161	573
Learning Disability Residential	705	217	194	92	105	1313
Learning Disability Nursing	31	1	12	8	26	78
General Residential	1307	665	240	328	428	2968
General Nursing	1519	318	734	240	468	3279
End of Life	4	0				4
Dementia Residential	1500	616	476	587	626	3805
Dementia Nursing	1013	125	195	214	244	1791
Community Support	9					9
Community Care	1	0	1		24	26
<b>Total</b>	<b>6932</b>	<b>2155</b>	<b>2087</b>	<b>1584</b>	<b>2118</b>	<b>14876</b>

### Breakdown of Care Home Bed Types



The table below shows the occupancy (January 2024)

NHS Region	Maximum Capacity	Vacancies (Total)	Vacancies (Admittable)	Vacancies (Unavailable)	Vacancies (Reserved)	Occupied	Admittable %	Unavailable %	Reserved %	Occupied %
<b>Midlands (84 / 83 / 83)</b>	2093	287	199	62	26	1806	10%	3%	1%	86%
General Nursing	735	107	86	12	9	628	12%	2%	1%	85%
General Residential	237	32	23	9	0	205	10%	4%		86%
Dementia Residential	476	34	23	2	9	442	5%	0%	2%	93%
Dementia Nursing	195	31	23	4	4	164	12%	2%	2%	84%
Learning Disability Residential	194	26	23	2	1	168	12%	1%	1%	87%
Mental Health Residential	75	9	9	0	0	66	12%			88%
Mental Health Nursing	55	10	7	0	3	45	13%		5%	82%
YPD - Young Physically Disabled	25	3	3	0	0	22	12%			88%
Transitional	88	34	1	33	0	54	1%	38%		61%
Learning Disability Nursing	12	1	1	0	0	11	8%			92%
Community Care	1	0	0	0	0	1				100%
<b>Total 84 / 83 / 83</b>	2093	287	199	62	26	1806	10%	3%	1%	86%

The below report shows Occupancy and Vacancy for 1 September 2023 – 1 February 2024:



## Our Commissioning Intentions:

- *We want to ensure that we identify people's long term needs within a timely period following hospital discharge.*
- *We want to ensure we support as many people to return home as soon as possible, and where this is not possible, to ensure they have the right care at the right time and at the right place and that our market responds to the needs of a changing demographic so that we can source services in borough to support people's choice.*
- *We want to continue to support care homes through our Provider Support Team and/or specialist clinical support to promote best practice and improve outcomes for people.*
- *We want to continue to engagement with care homes.*
- *We want to ensure nursing homes can meet the needs of residents with dementia and complex needs and develop provision able to meet a more complex need to prevent avoidable hospital admission.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*
- *We want to encourage providers to engage in the use of technology-enabled care to support independence and improve quality of life.*
- *We want to review our care home framework to ensure it better reflects our commissioning intentions around purchased care for older people so that what we pay is reflective of the complexities and needs we expect providers to support.*

## Extra Care

**What we want for our residents:** We want to ensure good quality, safe, accessible and adaptable extra care provision for adults enabling them to live independently, avoiding or delaying the need for residential care. The aim is to promote and maximise independence and choice, with personalised support with the use of on-site flexible care and support services that are available 24 hours a day.

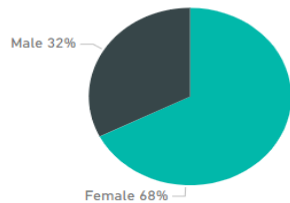
**Current Provision:** Extra care services are mainly used by individuals who are 55+. There are 8 Extra Care Housing Schemes supporting people across the Borough in Oldbury, West Bromwich, Smethwick, Rowley Regis, and Tipton. Willow Gardens is a new extra care housing scheme that has been developed and is provided by Sandwell Council.

The below provides a snapshot of the latest reporting period January 2024:

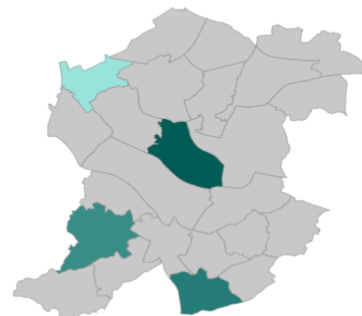
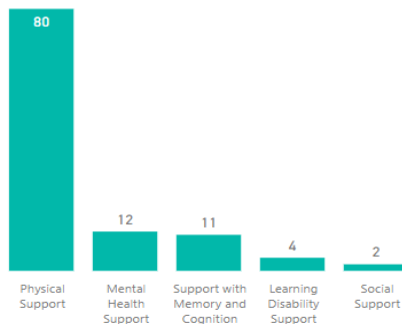
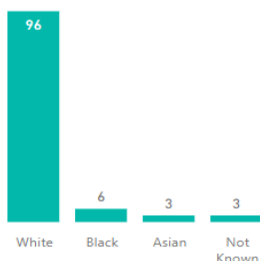
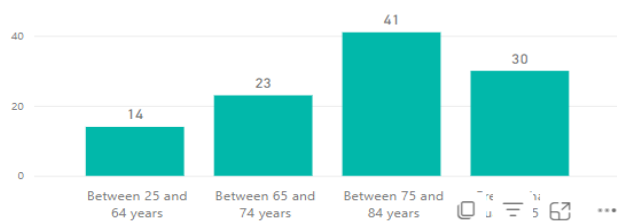
## Activity End Reporting Period

2023/24 P10

6 Town	People with care and support
Oldbury	31
Rowley Regis	28
Tipton	12
West Bromwich	37
<b>Total</b>	<b>108</b>



108  
People with care and support



## Our Commissioning Intentions:

- *We are seeking to work with existing providers on new and creative ways to use technology to deliver care and maintain independence.*
- *We want to have a vibrant, busy extra care schemes that have a community presence.*
- *To commission integrated care and support services that are outcome based and assist people to maximise their potential for independence.*
- *To help prevent inappropriate hospital admissions.*
- *We want to engage with our Extra Care providers to ensure that the care and support they offer to people is responsive and flexible to changing needs and continues to provide a sustainable and long-term alternative to residential care when need increases.*
- *To help people with care and support needs to be involved in their local community.*
- *We want to ensure there is high quality care delivering outcomes that support people to maintain their independence and wellbeing.*
- *We want to review the funding model for Extra Care*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*



**What we want for our residents:** We want to ensure a sufficient choice of good quality, flexible supported living services in Sandwell which are outcome-focused and person-centred.

**Current Provision:** Supported living services are purchased by the council from 55 providers, supporting 327 services users (January 2024). Most service users, for that period, are adults whose primary reason for support is a learning disability.

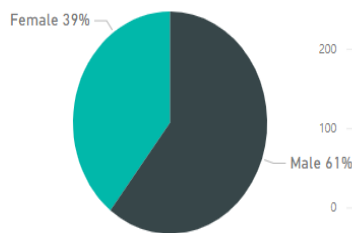
The below provides a snapshot of the latest reporting period:

## Activity End Reporting Period

2023/24 P10

6 Town People with care and support

Oldbury	38
Out of borough	23
Rowley Regis	29
Smethwick	22
Tipton	30
Wednesbury	60
West Bromwich	125
<b>Total</b>	<b>327</b>

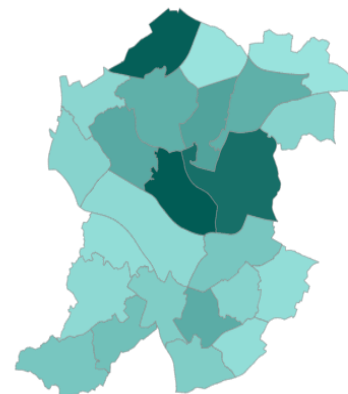
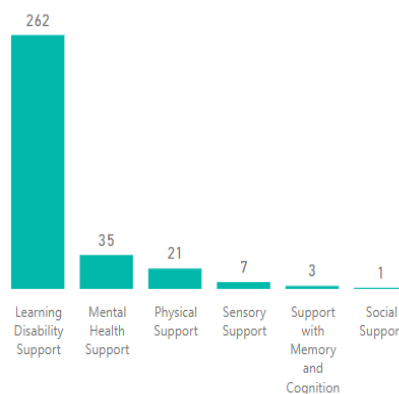
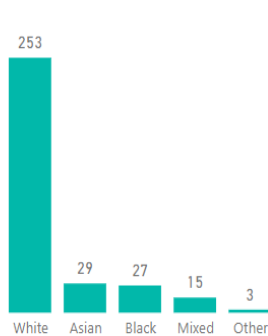
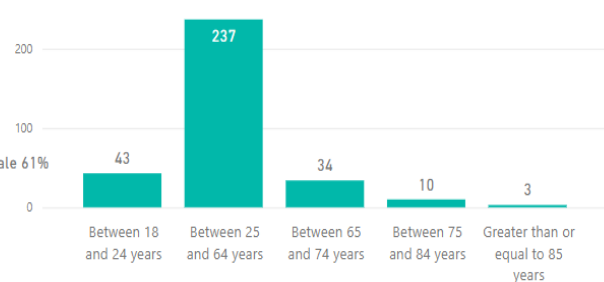


327

People with care and support

Reporting Period Dyna...

Latest period



## Our Commissioning Intentions:

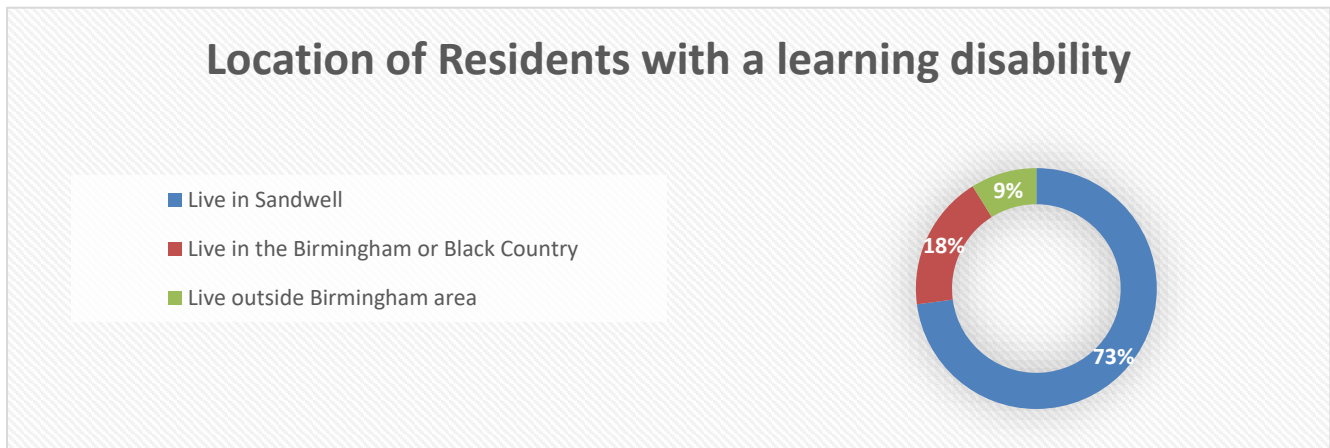
- *To support people to remain as independent as possible in their own home through alternative independent living options.*
- *Implement a flexible contracting arrangement for Supported Living providers which will effectively be our framework.*
- *Develop new innovative and creative partnerships with Housing Associations and Developers of Supported Living to provide affordable and appropriate accommodation in Sandwell.*
- *To ensure that people with mental health support needs and/ or with learning disabilities can use mainstream routes to access appropriate housing options giving them control over where they live, who they live with and how they are supported.*
- *Looking to reduce the number of providers we work with and have a greater focus on experience and specialisms of providers and quality and outcomes for individuals.*
- *To ensure better and more sustainable distribution of support hours across our provider partners.*
- *We want to work with people who use services and providers to transform our supported living provision so that everyone gets the right support at the right time, and are supported to live within their own homes and within their own communities.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*
- *We will work with landlords and our DFG team to apply adaptations where required for specialist cases.*

## Working Age Adult – Residential & Nursing

**What we want for our residents:** We want services that provide our working age residents, who have complex medical conditions and learning disabilities, with safe, high-quality person-centred nursing / residential care. We want people who have complex behaviours and conditions to be treated with dignity and supported in services by staff who understand their behaviours and can communicate appropriately with them, using positive interactions. We want all our residents to be empowered to live as independently as possible, and to take part in the wider community. We want people to be fully supported to choose where they want to live and how they want to live their lives, through the co-production of the services they use.

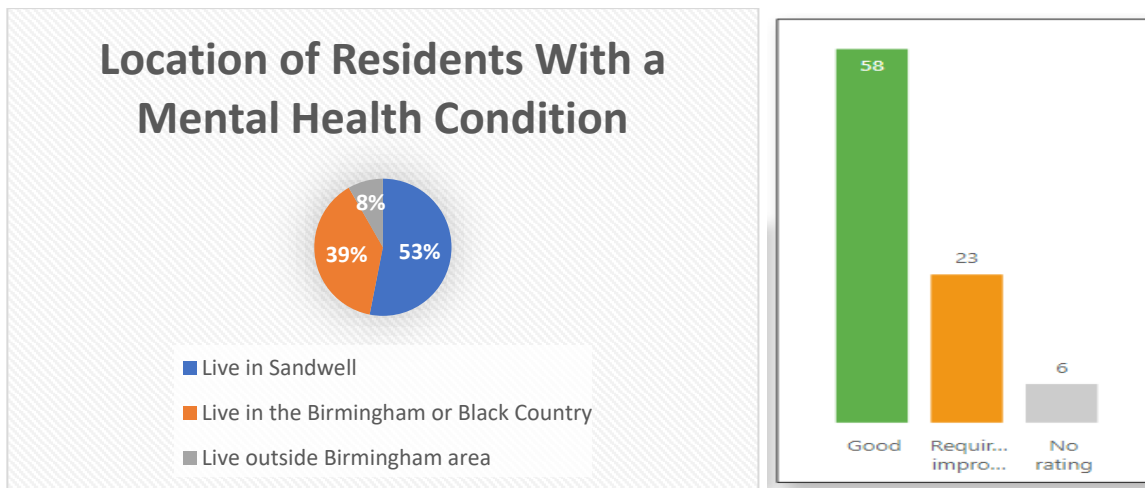
**Current Provision:** We currently have a total of 203 service users (January 2024) with a learning disability who are ordinary residents of Sandwell and live in a residential or nursing care home. 148 of our residents live within the borough of Sandwell. 37 of our residents who live outside the borough of Sandwell live in neighbouring boroughs in the Black Country and

Birmingham. 18 residents with a learning disability live outside this area.



A total of 145 residents (January 2024) have a primary diagnosis of a mental health illness who live in a residential or nursing home. 77 residents live within the borough of Sandwell and 56 live within the wider Birmingham area. 12 residents live outside the Birmingham area.

CQC rating for learning disability and autistic residential and nursing services as of January 2024:



Sandwell prioritises the quality of the care our residents receive. The commissioners work closely with the Quality and Safety Team and CQC as well as our providers to continually review the quality of care being delivered.

### Our Commissioning Intentions:

- *We aim to ensure that commissioners, the wider social care team and our colleagues in health, work together in partnership with our residents, using a strength-based approach to ensure that when people move accommodation or are reviewed, the care they receive is enabling and not unduly restrictive.*
- *Establish a banded fee structure for placements based on individual need and improving quality of working age residential and nursing provision commissioned.*
- *Ensure packages are person centered and strength based, and packages achieve certain outcomes and that providers are monitored against the achievement of these outcomes.*
- *If our resident's needs have changed then we will always look for opportunities for residents to move to a more independent environment if that is their wish. Or, if our residents wish to move location to be nearer to Sandwell or nearer to family and social networks, we do not put-up barriers to their choice.*
- *We are in the process of reviewing our contracts to ensure that the values of person-centred care are throughout any arrangement we make with a provider.*
- *We will build into our contracts and processes requirements for specialist providers working with our most complex people, have a highly skilled workforce.*
- *Ensure that commissioning arrangements are joined up with partners in health and families through co-production of services.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Respite

**What we want for our residents:** We want to offer our residents who need to access respite services, a wide range of flexible services. We understand that sometimes people need a respite provision urgently, and we want to offer this service in a person-centred way which enables people to have a positive experience, even under difficult circumstances.

**Current Provision:** Currently in Sandwell there is an urgent need to increase the flexibility and availability of respite services to carers and service users alike. We have approximately 50 service users (February 2024) with a learning disability who have regular respite as part of their care and support.

We have very little demand for planned respite for people with a mental health diagnosis. The challenge with our respite provision is that our residents would like to have regular weekend breaks, but the majority of providers ask us for a minimum of 4 weeks at a time. This is not compatible with the number of days people are allocated throughout the year. We are currently reliant on a couple of providers in Sandwell who accommodate weekend respite.

This causes us issues when many families all want to book the same dates.

As shown in the table below, one provider is currently taking 63% of all respite referrals.

**Table showing the usage of regular planned respite in Sandwell from financial year 2022-23**

Provider	Sum (Nights)	% Market Share
Service 1	558	63%
Service 2	120	14%
Service 3	108	12%
Service 4	52	6%
Service 5	21	2%
Service 6	16	2%
Service 7	11	1%
	<b>886</b>	

We understand that people who have regular respite or do not usually access respite services but have a learning disability, can be vulnerable to circumstances outside their control, which leads to a need for the availability of urgent respite beds in a residential or nursing setting. The challenge for Sandwell is to understand how we can support people with learning disabilities and their carers when the unexpected occurs and it becomes urgent to find a safe suitable high-quality provision.

#### **Our Commissioning Intentions:**

- *We plan to undertake a number of engagement activities to understand from those who use respite services on a regular basis, and those who have received urgent or unplanned respite what their experiences were like. The purpose of this would be to co-produce a pathway that would provide reassurance to our residents that, in an urgent situation people with complex needs will be safe and receive a person-centred service.*
- *We are going to look at alternative models of replacement care and where we continue with more traditional respite provision we will put this into a framework so that rates are better aligned meeting a person's needs.*
- *We plan to undertake engagement activities with our local residential and nursing providers to address the financial and workforce challenges and develop new models of respite that work for our residents.*
- *Commissioners have started to work with providers who are keen to offer respite to look at what we can do to support them.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

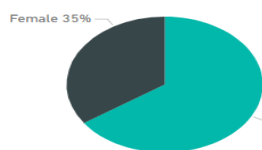
**What we want for our residents:** We want children and their families to have the right information at the right time to allow them to transition into adult services effectively. We want quality services that can meet the needs of both children and young adults to allow them continuity of care and support. We want a wide range of placements that allow children and young people to remain in/return to their home borough.

**Current Provision:** We have 11 providers who are dual registered allowing children to transition to adulthood with continuity of care. We currently support 237 residents between the age of 18 and 25 (February 2024).

## Activity End Reporting Period

2023/24 P10

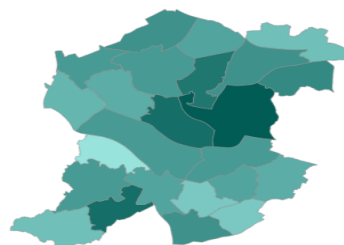
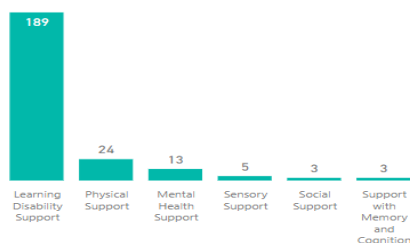
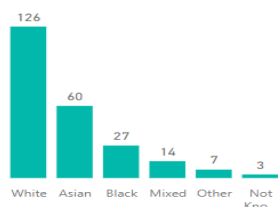
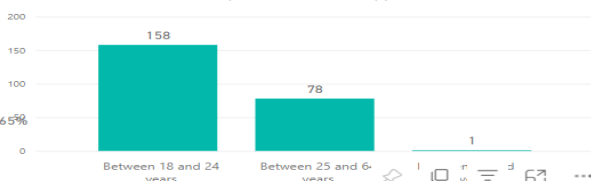
6 Town	People with care and support
Oldbury	35
Out of borough	7
Rowley Regis	33
Smethwick	32
Tipton	25
Wednesbury	30
West Bromwich	75
<b>Total</b>	<b>237</b>



237

People with care and support

Reporting Period Dyna...  
Latest period



## Our Commissioning Intentions:

- *Commissioners will work with colleagues from the Children's Trust to identify young people with care and support needs to ensure that as they approach the age of 18 their needs are identified and there is a plan for their transition to new support.*
- *Young people coming through the PFA pathway will have access to the 12 week assessment process to understand their ambitions, strengths and identify areas of development to maximise their independence, so that we reduce the number of people that have to access day services by accessing community based and universal services and broader range of Day Opportunities as detailed above.*
- *Ensure services are personalised around the young person.*
- *To work with services to ensure they are outcome focused and strength based.*
- *To engage with the market to look at specialised providers that can work within Sandwell and the Black Country.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

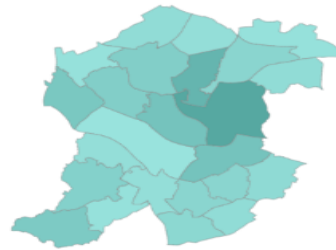
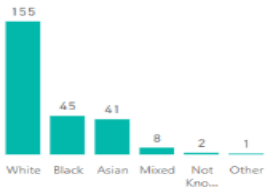
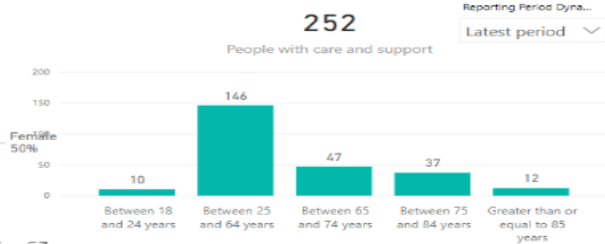
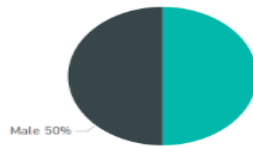
**What we want for our residents:** We want our residents to have specialised support at the right time to meet their needs. We want the service to be responsive and flexible to the needs of our residents.

**Current Provision:** We currently have 25 providers who specialise in providing Mental Health support. We currently have 252 residents with these providers (February 2024). Of those 252 residents 34 are in Supported Living, 49 are in Extra Care, 30 are in Nursing and 98 are residential.

## Activity End Reporting Period

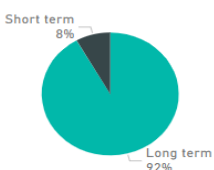
2023/24 P10

6 Town	People with care and support
Oldbury	17
Out of borough	60
Rowley Regis	26
Smethwick	31
Tipton	25
Wednesbury	17
West Bromwich	76
<b>Total</b>	<b>252</b>

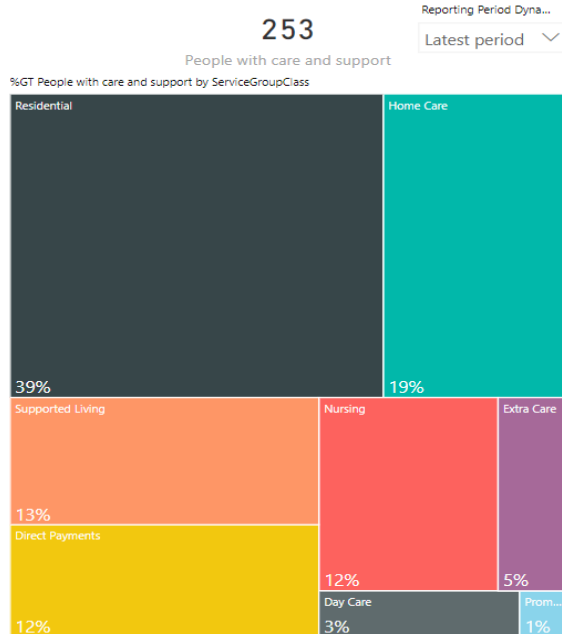


## Activity End Reporting Period by Service

2023/24 P10



ServiceGroupClass	2023/24 P10
Day Care	8
Direct Payments	30
Extra Care	12
Home Care	49
Nursing	30
Promoting Independence	2
Residential	98
Supported Living	34



## Our Commissioning Intentions:

- *To engage with the market to look at new providers who specialise in offering support to residents with Mental Health needs.*
- *Ensure services are personalised around the resident by engaging with resident, family, carers and advocates.*
- *Engage with service users, families, carers, advocates stakeholders and partners to analyse and improve our current offer.*
- *To work with services to ensure they are outcome focused and strength based.*
- *To be proactive to ensure the market is healthy and allows residents choice around a provider who can meet their needs.*
- *To move towards assistive technology to promote resident's independence.*
- *To engage with the market to look at possible crisis beds to support with inappropriate hospital admissions and delayed discharges from hospital.*
- *Explore new and creative models of accommodation and support for people with low to moderate and transient levels of mental ill-health.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Adults with Autism

**What we want for our residents:** We want our residents to have choice and control over their support. We want residents to be able to choose a provider who meets their needs and best fits in with their lifestyle.

**Current Provision:** We currently are unable to offer adults with autism a specialised support provider. They are currently supported by providers who support people with a Learning Disability or Mental Health.

## Our Commissioning Intentions:



- *To ensure that there are adequate mainstream and specialist services to meet the wants and needs of local autistic people with and without a learning disability and ensuring that autistic carers and carers of autistic people have access to a carers assessment.*
- *Provide autism-specific employment guidance and support to enable more autistic people to access work and develop low-level preventative services addressing practical life skills, social engagement, therapeutic support and advocacy.*
- *To work with the market to ensure that providers who work with adults with autism have the correct training.*
- *To proactively look for new providers who can support people with autism.*
- *To engage with the All Ages Autism Framework.*
- *To work alongside Learning Disability and Autism colleagues to look at timely and effective hospital discharges.*
- *To move towards assistive technology to promote resident's independents.*
- *To work with the market to develop services to support residents with a forensic history in the least restrictive way.*
- *To ensure all providers are adhering to the underpinning standards and good practice of REACH, NDTI and CQC for residents placed within a Supported Living service.*

## Adults with Physical and Sensory Disability Needs

**What we want for our residents:** We want to ensure that adults with visual and hearing impairments are supported to enable them to access opportunities and actively participate in the local community, and develop new and supportive social networks, to keep active and well, increase independence, resilience and reduce social isolation.

**Current Provision:** The Council funds two infrastructure grants to local organisations – one for people with visual impairments and one for people with hearing impairments, and a third preventative grant for those with hearing loss. The grant enables the organisation to carry out campaigning to improve life opportunities for visually impaired people locally, regionally, and nationally. Including National Eye Health Week, World Sight Day etc. The infrastructure grant funding is to deliver specialist deaf accessible services to individual deaf people, the wider deaf community in Sandwell and to organisations and professionals working with deaf people. These services include:

- The Communication Service providing British Sign Language Interpreters
- Welfare rights service for Deaf people with BSL access.
- Specialist Advocacy service for Deaf people
- Access to all free services run by the organisation (inclusive of those not funded by SMBC) by Deaf Sandwell Residents.
- Hearing aid maintenance/batteries and tubing.
- Community support groups

The grant for prevention support to adults with hearing loss and additional needs provides short- or medium-term support to deaf people who live in their own/rented housing in Sandwell and prevent crises and ill health. The service prevents low and medium needs escalating into high level needs and then health and social care crises.

### **Our Commissioning Intentions:**

- *Commissioners will continue to work with and review the two organisations who deliver the grant funded services to ensure that they continue to meet the needs of people with sensory impairments.*
- *We will continue to develop a self-sufficient business model which in time will see the gradual withdrawal of Council grant funding.*

## Homecare

**What we want for our residents:** We want people to receive support to live independently in their own homes as far as possible rather than in residential care. We want home care services to be person-centred and flexible in supporting individuals. Home care should increasingly be supported and supplemented using care technology, equipment aids and adaptations to support daily living in a way that promotes independence and reduces hours of care and the need for long term care.

**Current Provision:** The homecare market is reasonably diverse. The Council tendered its domiciliary care for new provision to start in September 2022 and now has two tiers of domiciliary care providers: Tier 1 has 15 domiciliary care providers and Tier 2 currently has 41 domiciliary care providers. Unless there is a need for an urgent response, packages of care are commissioned via an e-brokerage system and are brokered and sent to providers on Tier 1 first, and if there is no capacity or they are unable to meet the needs, Tier 2 providers will have an opportunity to bid. The tier 2 list is able to be reopened for new applications every 6 - 12 months, or sooner where necessary. Tier 1 is likely to be refreshed every two - five years.

We have recently reopened the Tier 2 list of domiciliary care providers for applications and new providers will be added in April 2024, creating additional capacity and depth to the market. However, we want to review the way that our framework is working to ensure that there is sufficiency in depth and that the market remains robust and sustainable.

We have a Wrap Around Service, which promotes a Home First ethos and supports people to remain in their own homes by providing Care Workers at short notice, and within an hour of contact, to step in and prevent community crisis or additional support when someone is discharged from hospital. The service provides care and support to enable an assessment of an individual's needs, for up to 72 hours. This may include offering day and/or night sits to

support a person for up to 72 hours.

Currently we have a 'Promoting Independence Pathway' that supports our residents by providing immediate support in a 'crisis' for a period (up to 6 weeks) and promotes independence. However, aligned to our strength-based approach, from June 2024, we will provide a short term Reablement Service to people who require care in their own home. This change of focus to a reablement offer is to ensure that people's independence is maximised and that those people who formally enter into the care and support system do not unnecessarily grow dependent on it but strive to maximise their strengths and achieve more positive outcomes.

The below shows a snapshot of the latest activity reporting (January 2024):

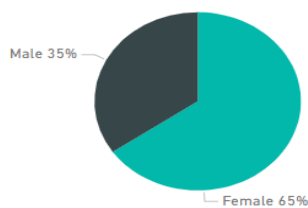
## Activity End Reporting Period

2023/24 P10

6 Town People with care and support

Oldbury	260
Out of borough	8
Rowley Regis	299
Smethwick	286
Tipton	249
Wednesbury	282
West Bromwich	491

**Total 1,875**

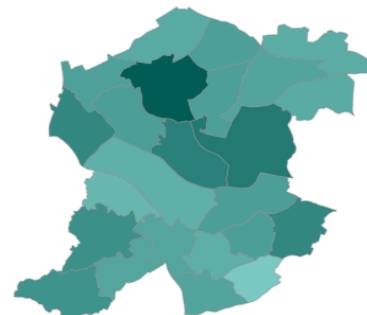
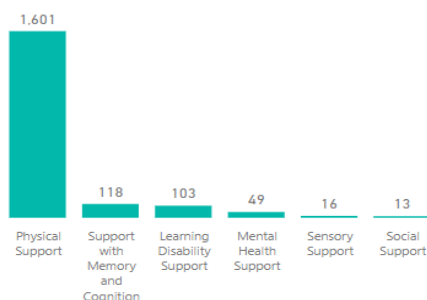
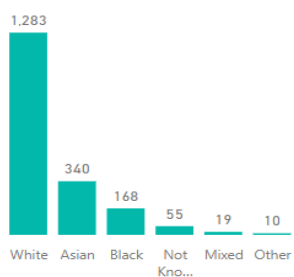
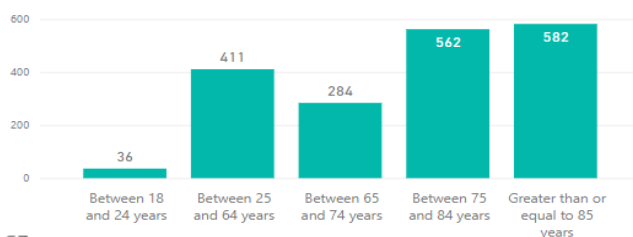


1,875

People with care and support

Reporting Period Dyna...

Latest period



## Our Commissioning Intentions:

- *We want to ensure that we support as many people to return home as soon as they are medically optimised after a hospital stay or avoid admission by providing a preventative service through a strength based reablement offer that seeks to prevent, reduce and delay the need for ongoing/long term care by supporting people to maintain their independence where possible.*
- *To secure sufficient, high quality, personalised care and support, delivered where and when the service requires it.*
- *To enhance what service users, carers and families can do themselves to promote independence, while remaining outcome focussed.*
- *To contribute to the reduction of inappropriate hospital admissions, where the individual would prefer to be cared for in their own home, and to support people to return home from hospital quickly as they are fit and able to do so.*
- *To increase the emphasis on access to universal community services, shared services and care technology as well as drive up quality and efficiency in provider services.*

- *To ensure we provide the person with choice and control through enabling the person to have their needs assessed in the appropriate setting outside of the hospital through a strength-based approach i.e prioritise access to direct payments.*
- *To have efficient, effective and responsive services delivered by an experienced and skilled workforce that can adapt as people's needs change.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*

## Day Opportunities

**What we want for our residents:** Our ambition and vision are to ensure a wide and varied day opportunities offer which promotes independence, social inclusion, and healthier lifestyles.

**Current Provision:** Council commissions day care services from 10 providers. Day opportunities provide a range of activities and support, including respite, to enable people to gain new skills, remain socially active and engaged in their community. Details of our day opportunities can be found on:

<https://www.sandwell.gov.uk/disability/day-services-day-opportunities>

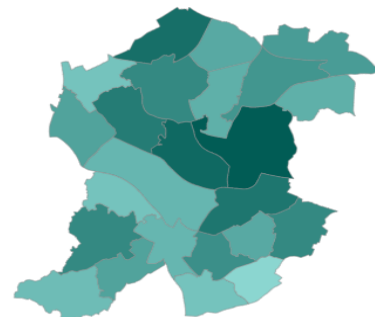
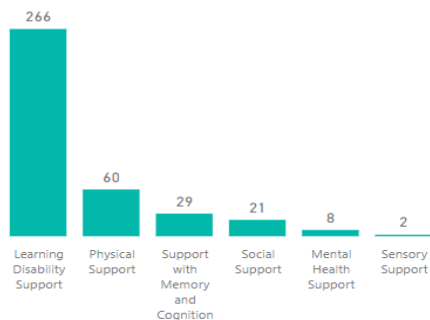
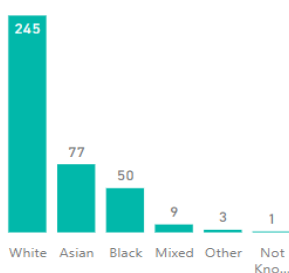
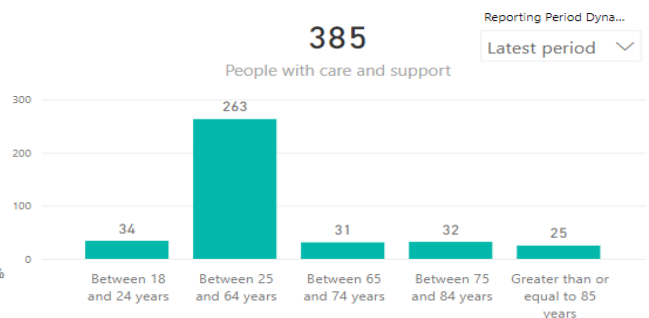
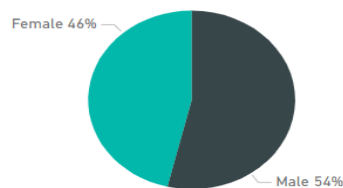
The below provides a snapshot of the latest reporting period January 2024:

### Activity End Reporting Period

2023/24 P10

6 Town People with care and support

Oldbury	52
Out of borough	5
Rowley Regis	55
Smethwick	62
Tipton	46
Wednesbury	56
West Bromwich	109
<b>Total</b>	<b>385</b>



### Our Commissioning Intentions:

- *We want to work with our existing providers to further develop flexible and creative provision across the continuum of need, ranging from people with low level needs to the most complex of care needs accessing a building-based day centre, complemented by services available in the community, in people's homes and on digital platforms for those who do not want or need to be building-based provision.*
- *Daytime opportunity providers need to offer a strength-based approach, connected to the local community and committed to offering diverse services that can be tailored to meet the unique social, cultural and environmental needs and aspirations of people and their carers.*
- *We want to offer inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups.*
- *Transform the offer around Day Centers and Day Services with a view to providing a broader and diverse range of Day Opportunities and access to universal and community-based activities and reduce the number of people in and placed within traditional day care settings.*
- *Placing more people through the Councils 12 Week Pathway to better focus support towards building on their strengths achieving positive outcomes.*
- *Using Community catalysts and micro enterprises.*

## Prevention & the Voluntary Sector

**What we want for our residents:** We want a vibrant and diverse market that can offer support 'early' and prevent a persons condition or diagnosis from worsening. We want residents to live 'their' life and be active citizens and who can live as independently as possible in their own home, for as long as possible. We want residents to find information, advice or support easily and access what will help them without barriers.

**Current Provision:** We have a wide range of support commissioned via the Council from the third sector using grant funding.

The Sandwell Community Offer is a partnership of local organisations who deliver low level wellbeing support services to residents across Sandwell. The service is free to access and referrals are open to everybody residing in Sandwell who are aged 18 years and over and includes people with disabilities and long-term conditions, mental health, learning disability and dementia, as well as carers.

Community Navigators will spend time with you to find out what your needs are and provide free support for up to 12 weeks to -

- Get access specialist and mainstream support services
- Provide you with personalised advice, information and guidance
- Manage your finances and maximise your income
- Access your local community and play an active role in it
- Connect to others and build your local network

- Build your confidence to help you manage your own needs

The Community Offer includes local and holistic community navigation and preventative support to adult residents in Sandwell, including Carers and their families, so that they know where to get the right local care and support at the right time. It is delivered via a partnership of providers to build stronger, more resilient communities. More information is available at: [www.scvo.info/sandwell-community-offer/](http://www.scvo.info/sandwell-community-offer/)

### Our Commissioning Intentions:

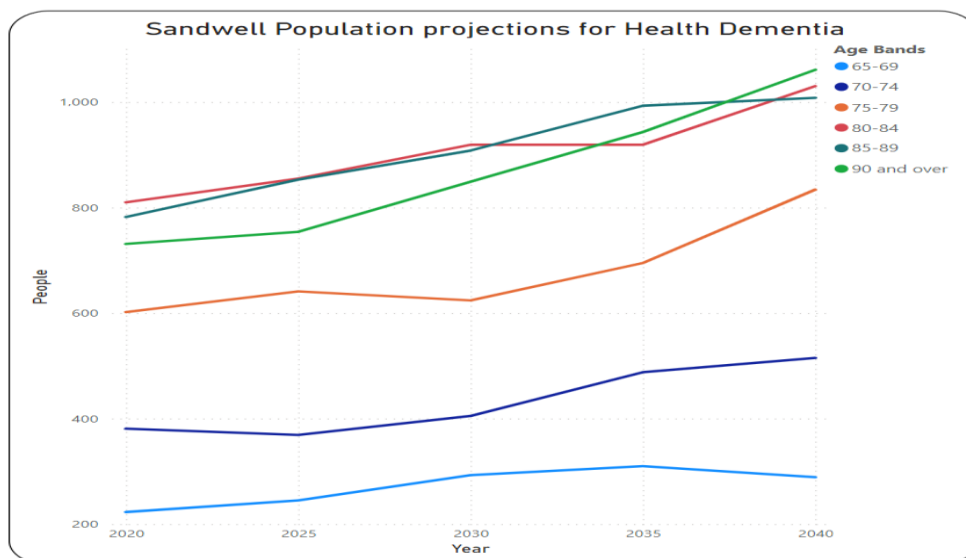
- *Our Prevention strategy will provide the scope for our prevention offer and how we are to work with a range of providers, including organisation from the community and voluntary sectors to provide access to prevention and universal services.*
- *We will work with communities and the market to ensure support that promotes early intervention and prevents or delays admission into hospital or long-term residential care. We will do this by developing services which enable timely hospital discharge, including step down beds, reablement and rapid response services, and through promoting community-based services. This includes the use of community equipment and care technology as well as a range of preventative services delivered by the voluntary sector.*
- *Commissioners are currently developing a new specification for the community offer in partnership with health colleagues and this will be shared with providers during 2024.*
- *We will review grant funding to understand what is available and where.*
- *We will review services to ensure service delivery in line with Council's priorities.*
- *To co-design a model that ensures residents can access the support with ease.*
- *To ensure services are not duplicated.*
- *To consider procuring services via a tendered contract to offer stability and meet needs.*
- *To promote services, including the Council's web pages.*

## Dementia

**What we want for our residents:** The number of people aged 65 and over living with dementia is expected to rise significantly. Our aim is that Sandwell is a good place for people with dementia and their carers to live.

In Sandwell there are about 3,300 people living with dementia. That number is expected to

double over the next 30 years. Usually dementia occurs in people who are 65 or over, however younger people can develop the condition. Young onset dementia is higher in Sandwell than the national average.



**Current Provision:** We offer a Sandwell community dementia support service, details can be found on: <https://dementiaroadmap.info/sandwell/resources/sandwell-dementia-strategy/> and <https://www.murrayhall.co.uk/scds>.

Our Dementia Strategy 2019-2025, provides further information and sets out 9 promises for people in Sandwell, including improving diagnosis and assessment for those at risk of dementia, helping people with dementia to live well in their community and providing better support for carers.

### Our Commissioning Intentions

- *We need to ensure that services are able to meet the needs of the growth in the population of people living with dementia in Sandwell which includes:*
- *Increased and more tailored support for family carers to help people with dementia stay in their own homes and reduce the need for emergency respite or early care home admissions.*
- *Increased extra care and supported living facilities.*
- *Community support provision and day opportunities for older people.*
- *Community provision for young people with onset dementia.*
- *Offering inclusive and culturally responsive services that work in a person-centred way, tailored individually to meet the needs of people from all equality groups*
- *Specialist nursing/residential support to help with complex needs*

**What we want for our residents:** Use of technology is a key component of our approach to service delivery, and we recognise that assistive technology and community equipment play a key role in supporting individuals to remain independent. This includes supporting carers with their caring role, delay or reduce the need for care packages and support discharge from hospital. We therefore want to work with providers to increase the use of innovative technology-based solutions including:

- Maintaining people's health and wellbeing.
- Support for single handed care approaches
- Utilising technology in care management including care records, medicine management.
- Improving opportunities for people to be more independent by utilising technology that could either support care or replace formal care interventions.
- Improving and maintaining social interaction and inclusion in the community.
- Information sharing to support more joined up care and support.

**Current Provision:** Our telecare arm of the Community Alarms service provides various sensors including door contacts, fall detectors, activity sensors and "Just check in" system. We are currently working with our health colleagues to agree an approach on how we will embed technology seamlessly into care and support services.

### Our Commissioning Intentions:

- *To support people and providers to find suitable assistive technology that meets their needs, enables greater self-management, and where appropriate, reduces or delays the need for more restrictive or costly care.*
- *We will be engaging with providers to trial new approaches. Commissioners are currently developing our Digital Strategy, and this will be shared with providers later this year.*
- *Commissioners are working on implementing a system called "Ethel" that helps support vulnerable service users in their own homes.*
- *As part of our transformation programme, we are reviewing our front door -first points of contact and online channels for early self-help and*

## Direct Payments & Personal Assistants

Direct payments (DPs) are monetary payments made by councils directly to individuals who have been assessed as having eligible needs, to enable them to purchase and arrange their own care and support.

**What we want for our residents** - We want to offer eligible adults the opportunity to have choice and control over meeting their care and support needs, a Direct Payment is one way of doing this. Direct Payments can offer great choice and flexibility when used, and support



people to live their life the way they want to. A Direct Payment offers an eligible person the resources to arrange their own care, this can be from a Council approved provider, or a care provider of choice. It can also mean that someone can employ a Personal Assistant of their choice to help them with their daily tasks and assessed needs.

We want to support people to understand the ways in which Direct Payments can be used to achieve person centred care.

**Current Provision:** The number of people choosing a Direct Payment in Sandwell is low. Our ASCOF indicators show there are less people in Sandwell using a Direct Payment compared to other areas in the West Midlands. We commission a provider to administer Direct Payments and offer Employers Liability Insurance where people choose to employ a Personal Assistant. A recent review that ended in 2023 showed that the Council can improve the information given to people about a Direct Payment and the options available. This review also showed that people with a Direct Payment need more advice on how their payment can be spent.

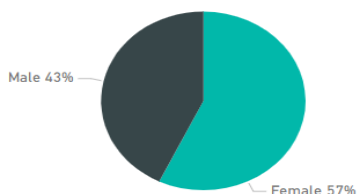
There are 499 DPs in Sandwell in the latest activity reporting period January 2024:

## Activity End Reporting Period

2023/24 P10

6 Town People with care and support

Oldbury	62
Out of borough	11
Rowley Regis	46
Smethwick	121
Tipton	74
Wednesbury	42
West Bromwich	143
<b>Total</b>	<b>499</b>

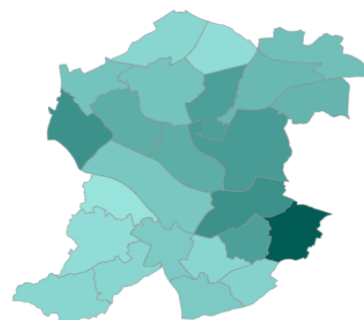
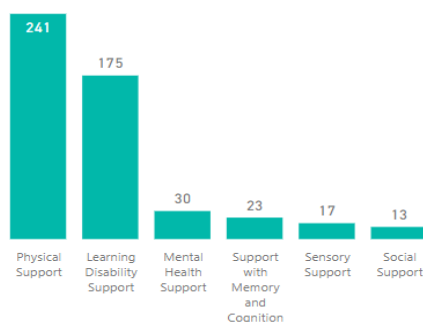
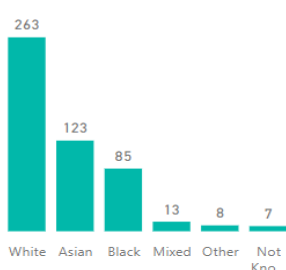
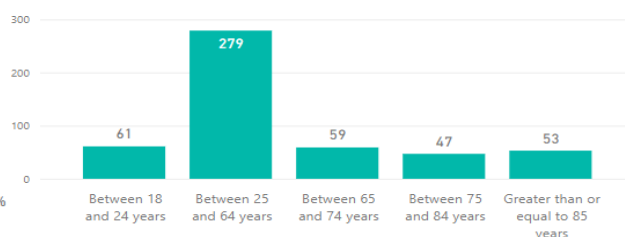


499

Reporting Period Dyna...

Latest period

People with care and support



## Our Commissioning Intentions:

- We want to work with providers to explore how they can develop creative support options to help people meet their care and support needs.
- We want to encourage people we support to use Direct Payments to purchase care and support options which are beyond traditional provision.
- We want to strengthen internal processes to support staff.
- We want to increase the number of people using a Direct Payment.
- We want to decrease the number of people terminating a Direct Payment for unknown reasons.
- To provide more opportunities for people who want advice and guidance.
- To commission additional information, advice and guidance from a support provider, including the role of a Personal Assistant.
- To increase the number of Personal Assistants in Sandwell.

**What we want for our residents:** The Sandwell Joint Carers Strategy 2022-26 states:

***“To work together to do all we can for better lives for Carers in Sandwell, so that they and their families thrive for longer.”***

At a time when the health and social care system faces major challenges it is vital, we give carers the support and recognition they deserve. The carer's population in Sandwell may exceed 49,000 by 2037, according to Carers UK estimates. The percentage of carers in Sandwell aged over 65 will grow from 20.7% to 25% by 2036.

**Current Provision:** The Carers Support Programme aims to improve access to support for carers, streamline carers provision and ensure carers are supported in a flexible and timely manner. The services are funded by Better Care Fund grants and include information, advice and support to carers including those caring for people with dementia, three services targeted at Black and Minority Ethnic carers, two services for bereaved or isolated carers, and a service for carers needing training in the use of moving and handling equipment.

There is a wide range of information and advice for Carers both face to face, virtual, online and by telephone– including:

- Carer Support in Sandwell can be accessed by ringing Sandwell Enquiry on 0121 569 2266
- Our web page: [www.sandwell.gov.uk/carers](http://www.sandwell.gov.uk/carers) which has pages of information for Carers, a video, factsheets for Carers, and leaflets and Facebook pages, websites by local Carer support organisations.

**Our Commissioning Intentions:**

- *We want to work with local service providers to raise awareness and understanding of the needs of unpaid carers, from all different backgrounds, and create local carer friendly services and communities.*
- *Ensure that clear Information, Advice and Guidance for Carers is widely available, accessible using multiple channels and regularly updated in line with Care Act and other legal requirements.*
- *Identify ways to better promote Carers Offer within Sandwell - including implement an online Carers Assessment as an additional way to make it easier for carers to have their needs assessed and support identified.*
- *Review need for single point of access for Carers to access information and advice or support embedded within the Community Offer.*
- *Champion the interests of Carers within plans for integration between Health and Social Care - so that Carers experience joined up support.*
- *Review the respite and replacement care offer in Sandwell including Carers breaks, and emergency care - to address loneliness, health inequalities.*
- *It is planned to set up a carers centre contract in Sandwell for the new service to start in Spring 2025.*

You can read more about our approach to supporting carers in our “Better Lives for Carers in Sandwell” strategy <https://www.sandwell.gov.uk/downloads/download/128/sandwell-joint-carers-strategy>

## Advocacy Services

**What we want for our residents:** We want to commission high-quality support to Service Users who are legally eligible to receive advocacy under existing legislation, and to provide non-statutory advocacy to inpatients who are voluntarily in hospital due to their mental health diagnosis and treatment.

The Council has legal duties to comply with the following legislation and provide or commission the following services in response:

- Care Act Advocacy to comply with the Care Act 2014
- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards Advocacy (IMCA DOLS), and Relevant Paid Persons Representatives (RPPR or PPR) Service to comply with the Mental Capacity Act 2005 and the Mental Capacity Amendment Act 2019
- Independent Mental Health Advocacy (IMHA) to comply with the Mental Health Act 1983
- Independent Complaints Advocacy (ICAS) to comply with the NHS and Social Care Act 2012

**Current Provision:** The council has one contract for all statutory advocacy services: Care Act, IMHA, IMCA, IMCA DOLS, PPR and NHS Complaints. The Contract also covers inpatient mental health advocacy for voluntary patients with mental health conditions, which is a non-statutory service. An Advocacy Feedback Support Service provides a high standard of citizen Advocacy Feedback Support to vulnerable adult service users in schemes or homes run by local care providers. These providers include nursing and residential care homes, extra care schemes, day centres and service users in the community – who use domiciliary care services.

The Service supports service users to complete customer feedback survey forms (which shall be provided electronically by the Quality and Safety Team at the Council) about the services they receive. The Service visits a scheduled list of local care providers set by the Council every 6 months and assists with completing 500 customer feedback surveys a year.

### Our Commissioning Intentions:

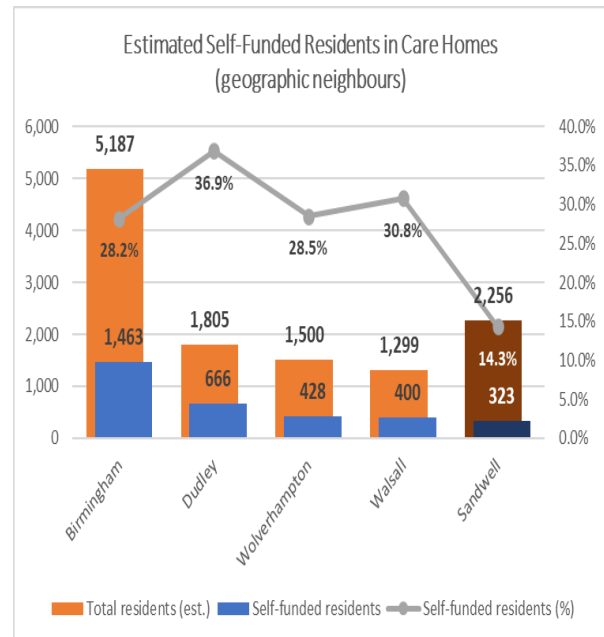
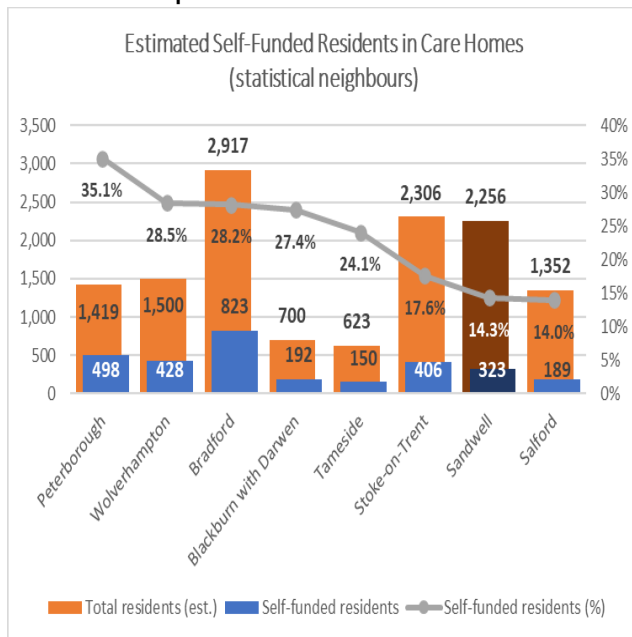
- *The statutory advocacy services contract was retendered in Winter 2023, and the new contract will start 1 April 2024, and will run for 4 years. The Advocacy Feedback Support Service is funded by a three-year grant until 2026.*

## Self-Funders

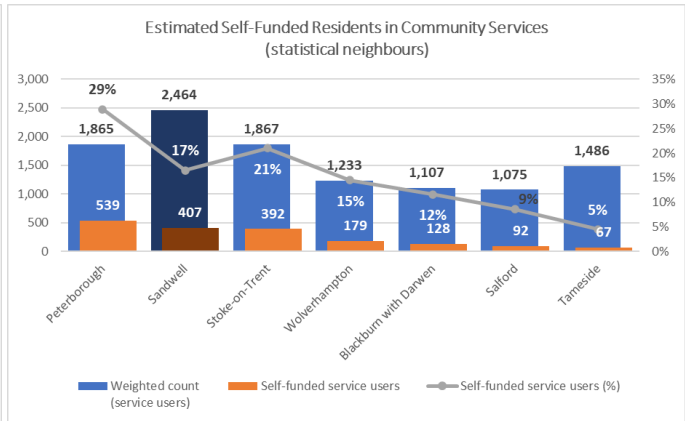
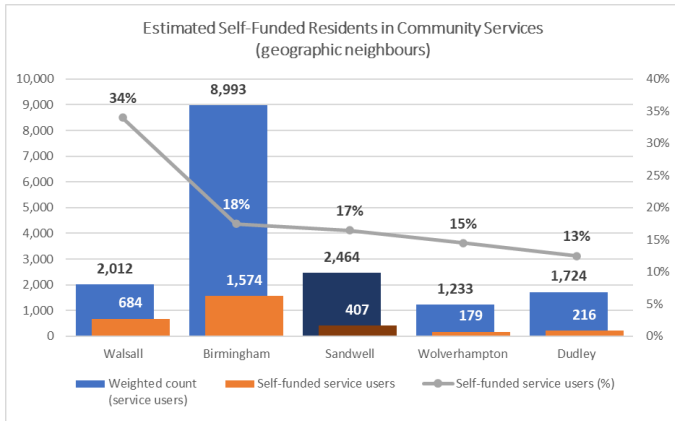
In 2021 the Government announced a wide-ranging reform of the way social care is paid for. The reforms propose that no one will have to pay more than £86,000 for their care costs, and if the person has less than £100,000 in savings and assets, they may be able to access financial support to meet eligible care costs. Finally, the full enactment of Section 18(3) allows those individuals who are funding their care to ask their upper-tier council to arrange care for them, at the usual council rate. Following an announcement in the government's [Autumn Statement 2022](#) the reforms were delayed until October 2025.

Whilst many local authorities are concerned that this reform poses a significant risk for their market due to providers seeing a reduction in their income at a time of rising costs; in reality, Sandwell has significantly **lower levels of self-funding care** based on modelled estimates (see below) and provider feedback.

Sandwell is significantly below both the regional and national averages which contributes to the current shape of the market, but also suggests that the impact of Section 18(3) may not be as severe as other areas. However, this does place more urgency in resolving cost pressures sooner as the low self-funder numbers locally provide less opportunity for the market to have rate differentials, i.e. there are less funding streams in the local market to offset cost pressures.

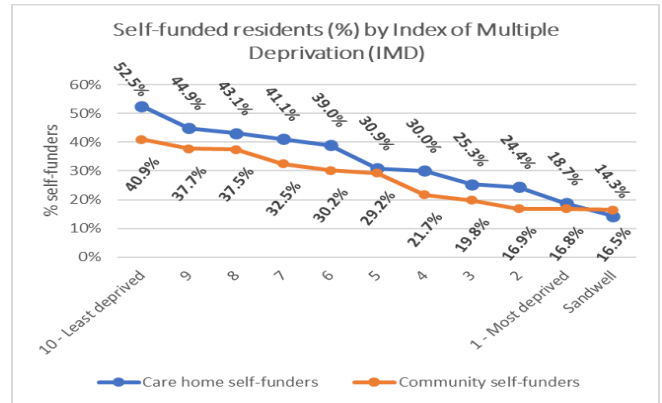


Sandwell ranks *lowest* against geographic neighbours and *second lowest* against statistical neighbours regarding the proportion of self-funders in care homes compared to total care home residents at 14.3%. In terms of community services, the council fares better with 16.5% of residents in receipt of community services being self-funders, ranking *third* out of *five* in geographic neighbours and *second highest* in relation to statistical neighbours.



Self-funder population in community services, ONS

It is also worth noting that there are fewer self-funders in care homes in Sandwell than the average for the least deprived areas across England (based on Index of Multiple Deprivation), as well as being comparable to “1” on the IMD for community services (see right figure).



The reforms, should they be implemented in 2025, will require an extensive overhaul of our systems, policy and process within Adult Social Care to implement the range of requirements within the new funding reform. This will require significant input from already stretched social work and finance colleagues, which may impact our ability to support and continue to develop the market.

## Homelessness

The Council’s Homelessness Service delivers statutory support to households who are at risk of homelessness or already homeless. This service is responsible for preventing and relieving homelessness and making homeless application decisions. Sandwell’s Homeless and Rough Sleeper Strategy sets out how the Council aims to prevent homelessness and to ensure that support and accommodation will be available for people who are either at risk of losing their home or have lost their home.

Adult Social Care and Housing teams work together to provide integrated support that is more effective and person-centred. As well as working to address the immediate needs of homeless people, we play a crucial role in helping people to transition towards stable accommodation (currently utilising flats at Holly Grange) and improved wellbeing. Further information around homelessness guidance can be found on our website:

<https://www.sandwell.gov.uk/find-home/homeless-risk-losing-home>

<https://www.sandwell.gov.uk/site-search/results/?q=homelessness>

## Adapted Housing Properties

All vacant adapted properties that have been designed or adapted to meet the needs of

people with disabilities will be advertised through the Choice Based Lettings scheme. Further details can be found on our website <https://www.sandwell.gov.uk/site-search/results/?q=adapted+properties>. Oxford Road is a supported housing development in West Bromwich, made up of a mixture of bungalows and flats in a safe and modern environment. The development gives people the opportunity to live as independently as possible, while being able to access additional care and support tailored to their needs: <https://www.sandwell.gov.uk/adult-social-care/oxford-road-supported-housing-development-sandwell>

## Co-production

Our communities are at the heart of all that we do, and we want to ensure that the views and perspectives of our residents' shape and influence service planning and delivery. Adult Social Care are leading the way to ensuring the voice of people is placed firmly at the heart of all service models with the launch of '[Our Commitment to Co-production Plan](#)'. The plan sets out the key actions that we will take to improve our approach to co-production locally; and how we will work with all partners, internal and external to achieve improvements.

## Provider Engagement and Procurement

We hope this market position statement enables providers to understand the current challenges and opportunities within the adult social care market in Sandwell and how we can shape the market together. The Council is a forward-thinking organisation and welcomes, encourages providers to come forward where you have innovative ideas on different aspects of service delivery, to ensure people can stay at home safely.

- We will continue to hold provider forums to allow sharing of information, ideas and best practice and to enable providers to understand our strategic priorities and local needs.
- We will progress our market sustainability plan and continue to support providers to improve service quality and offer a better standard of care to our residents.
- Meetings will be two-way to allow feedback from providers and allow sharing of information and ideas between us relevant to the market, enabling providers to plan their future business more clearly.
- Where there are specific challenges in a geographical area or in a particular area of the market, we will conduct separate but specific engagement on that topic to ensure 'place' and its particular nuances are recognised.
- We would like to hear from providers on where you think there is an opportunity to deliver services differently long term, to offer more resilience to the delivery of care and support and how providers can support responsive short term community services, which enable people to have same day hospital discharges. What more could be done in the adult social care sector to address health inequalities and what is the contribution of providers. We welcome the response of providers in delivering solutions.

### Procurement and Tendering Opportunities

Procurement opportunities are advertised on the Intend portal. Details on how to register can be found on our website <https://www.sandwell.gov.uk/business-consumer/tenders-procurement>

# Plans and Strategies

Links to Corporate plans and strategies supported by the Market Position Statement.

Sandwell Corporate Plan 2021 - 2025

[https://www.google.com/search?q=sandwell+council+corporate+plan&rlz=1C1GCEB\\_enGB1002GB1002&oq=sandwell+council+corporate+plan&aqs=chrome.0.69i59j69i64l2.12102j0j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=sandwell+council+corporate+plan&rlz=1C1GCEB_enGB1002GB1002&oq=sandwell+council+corporate+plan&aqs=chrome.0.69i59j69i64l2.12102j0j7&sourceid=chrome&ie=UTF-8)

Sandwell Joint Carers Strategy 2022 – 2026

<https://www.sandwell.gov.uk/downloads/download/128/sandwell-joint-carers-strategy>

Sandwell Dementia Strategy 2019 -2025

<https://dementiaroadmap.info/sandwell/resources/sandwell-dementia-strategy/>

Sandwell Health and Joint Wellbeing Strategy 2022

<https://www.healthysandwell.co.uk/health-and-wellbeing-board/>

Sandwell Market Sustainability Plan 2023-2025

<https://www.sandwell.gov.uk/commissioning/cost-care-market-sustainability-plans>

Sandwell Trends JSNA

<https://www.sandwelltrends.info/publications-2/>

Sandwell's Homelessness and Rough Sleeping Strategy 2022-2025

<https://www.sandwell.gov.uk/downloads/file/238/sandwell-council-homelessness-and-rough-sleeping-strategy-2022>

This Market Position Statement is the beginning of a conversation, and we would welcome any feedback you have on the areas raised in this document or any feedback you may have about the future of adult social care in Sandwell.

If you would like to share any of your thoughts, please contact [asc\\_commissioning@sandwell.gov.uk](mailto:asc_commissioning@sandwell.gov.uk).

Further information on Adult Social Care services can be found on our website [www.sandwell.gov.uk](http://www.sandwell.gov.uk)

