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To: Councillor Narinder Kaur Kooner OBE Ward Birmingham city Council

Subject: Addressing the Local Shortage of Domiciliary Care Services in Birmingham

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Introduction

Domiciliary Care involves professional care workers visiting individuals in their own homes to assist with daily living tasks such as personal hygiene, and meal preparation. (Homecare.co.Uk, 2026) There is a critical shortage of domiciliary care workers in the local community, leading to unallocated care packages and longer waiting time for hospital discharges. Domiciliary care is needed to aid individuals with physical disabilities and elderly persons, also those with serious health conditions to remain living independently in their own homes, (Carers UK, 2024).

However, severe local workforce shortages have created a systemic deficit in capacity, leading to extended hospital delays in discharge. This report anatomizes the consequences and causes of this shortage and places the problem within the legal duties mandated under part one of the Care Act 2014 and provides actionable recommendations for the local councils' interventions. The Care Act 2014 serves as the main legal framework governing adult social care in England. The current shortage of domiciliary care services directly threatens the local authority's compliance with the statutory duties under Part 1 of the Act.

Impact on the Community.

Domiciliary care plays an essential role in the progression of adult social care. It enables older adults and individuals with long term health conditions to live more healthy lives while maintaining their autonomy and dignity. By assisting with personal hygiene, food preparations, and mobility, home care services reduce the need for admissions into residential care homes. Worsening physical/ mental health conditions, increased risk of neglect, and malnutrition due to unmet needs to these individuals at risk. Some families experience serious burn outs and isolations as they try to bridge the gap between personal lives and providing care without the needed support, (Carers UK, 2024).

This also negatively impacts the National Health Services, the shortage of the individual centered home care services contributes to extended hospital stays, where patients who are medically fit cannot be sent home because of the absence of home care provision.

Recommended Respond

The Council has a Legal duty to promote individuals mental, physical and emotional wellbeing, a shortage of homecare directly breaches this, (care act, 2014). Local authorities must ensure that services as such must be put in place to prevent and reduce the development of care and support needs. Domiciliary care is a preventative service. The local authority has a statutory duty to maintain high quality and sustainable local care markets for all residents and care workers; shortages clearly violate this.

It is therefore recommended that offering better wages, for example real living wages, paid travel and good career progression to make care work more attractive. Move away from short term home care visit to person centered care, while expanding care options to get rid of pressure on unpaid carers while waiting on permanent care packages.

The establishment of a local Care Academy partnered with local community colleges to create better vocational career pathways, paid training and professional development programs to help build a strong local care workforce. Integrated Social care where care workers jointly work with local NHS integrated care boards, supporting faster hospital discharge and reducing long term hospital care where it is not needed.

Conclusion

The shortage of domiciliary care services in our local area presents a serious challenge to residents within our communities' wellbeing and public infrastructure. By taking proactive steps in ethical commissioning and market shaping workforce investment the council can uphold its legal obligations under the care act 2014, in doing so you are not only protecting the vulnerable residents but also their families to and extension, by doing this it can be concluded that sustainable local care provisioned will be ensured.

References

1. Care Act 2014, c. 23. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/> (Accessed: 17 October 2026)
2. Carers UK (2023) Your guide to the Care Act 2014: Rights for unpaid Carers. London: Carers UK.
3. Homecare.co.uk (2026) What is Domiciliary Care? Cost and how to arrange. Available at: [Domiciliary care: What is it and how much is it?](#) (Accessed: 17 October 2026)

Task 2

Community antenatal midwifery services

Introduction

Community antenatal midwifery services are an essential element of primary maternity care within the United Kingdom's National Health Service (NHS). Antenatal care refers to the comprehensive health and caring care provided to women throughout pregnancy, before childbirth. Community-based antenatal midwifery services deliver this care in primary care settings such as general practice clinics and community health centers, rather than hospital obstetrics departments. The core objective of community antenatal midwifery is to promote maternal and fetal well-being, and monitor pregnancy progression and prepare expectant mothers physically and psychologically for labor, birth, and parenthood, (NHS England, 2026)

History and Origins of the Service

Community midwifery services have a long history determined by changes in society, medicine, and policy. Before the twentieth century, most childbirth and pregnancy care happened at home and was handled by lay midwives or female relatives. The Midwives Act of 1902 created the Central Midwives Board and required midwives to have professional training, certification, and follow set standards.

Functioning and Operation of the Service

Today, community antenatal midwifery operates as a multi-disciplinary, highly structured, yet flexible primary care service. Upon discovering pregnancy, women access the service either through direct self-referral to community midwifery teams or via referral from a General Practitioner (GP).

The standard antenatal care schedule follows clinical guidelines set by the National Institute for Health and Care Excellence (NICE). An initial comprehensive "booking appointment" occurs before 10 weeks of gestation, during which the midwife gathers detailed medical, psychological, and social histories, performs screening assessments, and constructs a bespoke care pathway. Subsequent antenatal appointments occur at regular intervals (typically 8–10 visits for nulliparous women and 7–9 visits for multiparous women), (NICE, 2021).

Key functions during these routine visits include:

Physiological Monitoring: Regularly checking maternal blood pressure, urinalysis, and measuring symphysis-fundal height (SFH) or using ultrasound growth scans to assess fetal growth.

Screening and Diagnostics: Offering routine blood tests, screening for chromosomal conditions, gestational diabetes, and fetal anomaly ultrasound scans. **Psycho-Social Assessment:** Screening for mental health disorders, substance misuse, and domestic abuse/safeguarding

concerns. Education and Health Promotion: Offering evidence-based guidance on nutrition, physical activity, smoking cessation, birth planning, and infant feeding options.

Impact on Quality of Life

Community antenatal midwifery services considerably improve quality of life for pregnant women, newborns, and families. By bringing healthcare into local communities and homes, services reduce geographical and socioeconomic barriers to care. Continuity of care models build strong therapeutic relationships, lowering anxiety and clinical intervention rates during childbirth while improving maternal psychological well-being.

Strengths and Limitations

Holistic, Woman-Centered Care: Emphasizes patient-specific care, patient autonomy, and knowledgeable decision-making. Workforce Shortages: Critical shortages of registered midwives leading to practitioner burnout and high turnover.

Early Risk Identification, Enables early intervention for conditions like pre-eclampsia and fetal growth restriction. Health Inequities: Inequities in access and outcomes among minority ethnic groups and socioeconomically disadvantaged populations. Cost Efficiency, Midwife-led community care reduces unnecessary hospital admissions and clinical interventions. Funding Limitations: Underfunded community facilities, inadequate transport links, and limited digital integration, (MBRRACE-UK (2023))

Critical Evaluation of Strengths and Challenges

A major advantage of community antenatal midwifery has its focus on preventive health care and the promotion of physiological pregnancy. Research consistently shows that midwife-led continuity of care reduces preterm births, regional analgesia use, and instrumental deliveries, leading to higher satisfaction and long-term positive health behaviors.

Conclusion

Community antenatal midwifery services serve a vital, irreplaceable role within primary healthcare by combining clinical skills with holistic, caring support. From its early origins in lay community support to a modern, evidence-based clinical discipline, the service has proven instrumental in improving maternal and neonatal outcomes. Addressing current challenges specifically for workforce shortages, resource allocation, and systemic healthcare inequalities is essential to sustaining the standard and availability of community antenatal care for future generations.

References

MBRRACE-UK (2023) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21. Oxford: National Perinatal Epidemiology Unit, University of Oxford.

National Health Service (NHS) England (2026) Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity. London: NHS England.

National Institute for Health and Care Excellence (NICE) (2021) Antenatal care (NICE Guideline NG201). Available at: <https://www.nice.org.uk/guidance/ng201> (Accessed: 18 October 2026).