

Adult Social Care

Commissioning Strategy

2026 – 2028



Version Control	
1.09	CG & RB review/edits
1.10	Update comments
1.11	DMT review
1.12-16	Final review/edits
1.17	Sign off



Foreword

Welcome to our strategy for building a vibrant and sustainable adult social care market in Sandwell. This commissioning strategy outlines how we will shape and deliver adult social care services, in line with our Adult Social Care strategy and vision; ensuring that individuals receive person-centred care that promotes independence, choice, and wellbeing. It is grounded in the principles of strengths-based practice, co-production, achieving value for money and our duty to promote a diverse and sustainable market under the Care Act 2014.

The profile of people coming to social services and requiring support is changing; providers are seeing more intensive/complex needs and individuals rightly hold higher expectations of how adult social care should support them to live the life they want to lead.

Our objective is to ensure people can access care and support in the right place and at the right time. Most of the time, this means support that enables people to live in our own homes and communities wherever possible. However, we cannot ignore that for some people, more intensive care may be required; therefore, we have to manage the market to ensure there is variety and sufficiency across all types of care.

People that use services have already taken a central role informing this commissioning strategy and will continue to do so as it develops over the next few years. We will continue the conversation with people and our partners to embed consultation, co-design and co-production in everything that we do; strengthening the feedback loops from the hundreds of conversations we have with people daily to inform our commissioning of services.

Bringing together operational insight and commissioning functions gives us the intelligence needed to design a full spectrum of care along the continuum of need. This ensures early and low-level support reflects lived

experience and that capacity is shaped by need rather than existing provision.

Commissioning should be understood as a continuous cycle of analysis, planning, delivery and review, taking place across the whole department—from individual social work practice at a micro level to population-based commissioning at a macro level. This strategy marks our first step in clearly defining ourselves as a commissioning organisation.

Our commissioning intentions (CI) have been highlighted throughout this strategy, they are signals of our intent, setting a strategic direction for our directorate and should be considered alongside our Market Position Statement.

The strategy will be underpinned by thematic and service function plans and overseen by our commissioning board. There will be regular updates and reports covering our progress against the commitments and plans, and we look forward to seeing the changes and difference it makes to people's lives.

Finally, when you read through this strategy, you will no doubt notice that it doesn't detail every type of impairment condition, and that's been done intentionally. The list would be extremely long, but most importantly we want to reflect the social model of disability. The social model of disability is a way of viewing the world, developed by disabled people, emphasising what people can do, not what they can't. It reflects the person, their journey, strengths and needs and not the label which can often be ascribed.



Rashpal Bishop

Executive Director of Adult Social Care & Health

“The right support, at the right time and the right place, to maximise independence and empower people to remain safe and healthy”

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1.Executive Summary

- 1.1 This Commissioning Strategy sets out how Sandwell Council will shape and deliver adult social care between 2026 and 2028, responding to rising demand, increasing complexity of need and significant financial and workforce pressures, while remaining firmly focused on improving outcomes for residents.
- 1.2 Adult Social Care commissioning will play a central role in delivering the Council's ambition to provide high-quality, equitable and sustainable care and support. The strategy aligns with the Care Act 2014, the Council Plan, the Adult Social Care Strategy and local place-based priorities, and reflects Sandwell's responsibility to shape a diverse, sufficient and high-quality care market.

Our ambition and context

- 1.3 Sandwell's population continues to grow and diversify, with increasing numbers of people living longer, more residents experiencing complex and multiple needs, and widening inequalities impacting health and wellbeing. Demand for adult social care services has risen steadily, alongside growing pressure on budgets, providers and the workforce. Over recent years, adult social care expenditure has increased significantly and now represents almost half of the Council's net budget, making the current trajectory unsustainable without reform.
- 1.4 At the same time, inspection and survey evidence shows that Sandwell is broadly getting the fundamentals right: people are generally safe, services are available when needed and outcomes compare well with regional and national benchmarks. The Care Quality Commission's 2025 assessment confirmed that commissioning in Sandwell is increasingly strategic, data-led and outcomes-focused, providing a strong platform for further improvement.
- 1.5 This strategy therefore balances two imperatives: maintaining stability, quality and sufficiency in the care market, while driving transformation to moderate demand, maximise independence and ensure long-term financial sustainability.

Our vision and approach

- 1.6 Our vision is to provide "the right support, at the right time and in the right place, to maximise independence and empower people to remain safe and healthy." Central to this is a strengths-based, person-centred approach that starts with what people can do, the support available in their families and communities, and the outcomes that matter most to them.
- 1.7 Commissioning is understood as a whole-system activity, extending beyond procurement to include frontline practice, pathway design, market shaping and partnership working. The strategy positions Adult Social Care explicitly as a commissioning organisation, with decisions at both individual and population levels influencing what services are developed, how much is commissioned and how resources are deployed.

Key challenges and opportunities

- 1.8 The strategy responds to a set of interconnected challenges:
 - Rising demand and complexity, driven by population change, health inequalities and increasing numbers of people requiring long-term support.
 - Financial pressures, with projected growth in demand and expenditure that cannot be met through incremental savings alone.
 - Workforce risks, including recruitment, retention and an ageing workforce across the sector.
 - Market fragility, particularly in specific service areas such as respite, community-based support and workforce-intensive provision.

- Variability in quality and experience, especially in relation to social contact, involvement in care planning and choice and control.

1.9 Alongside these challenges are clear opportunities: a more preventative operating model, better use of community and voluntary sector capacity, stronger integration with health and housing, expanded use of Technology Enabled Care, and closer co-production with residents and carers.

Our model of support

1.10 The strategy articulates a clear model of support aligned to a continuum of need. This prioritises prevention and early intervention, effective short-term support to restore independence, and high-quality ongoing care where long-term support is required. A strong “Home First” ethos underpins the approach, supported by integrated intermediate care, reablement, housing adaptations and community-based services.

1.11 Unpaid carers are recognised as critical partners in the system, and improving identification, support and outcomes for carers is a key priority throughout the strategy.

Commissioning priorities

1.12 To deliver this model, the strategy sets out a coherent programme of commissioning intentions (these are flagged throughout the strategy, but are also accessible in [Appendix 1](#)) focused on:

- Strengthening prevention, early intervention and first-contact resolution.
- Supporting people to remain independent at home through effective intermediate care, reablement, equipment and digital solutions.
- Expanding local housing-with-care and supported accommodation options.
- Improving access to respite, short breaks and day opportunities.
- Modernising commissioning and contracting approaches, including greater use of dynamic and outcomes-based models.
- Developing a stable, skilled and sustainable workforce.
- Increasing choice, control and uptake of direct payments.
- Enhancing quality assurance, market intelligence and risk-based oversight.

1.13 These intentions are underpinned by a commitment to co-production, intelligence-led decision-making, partnership working and value for money.

Measuring success and governance

1.14 Delivery of the strategy will be overseen through robust governance arrangements, with regular monitoring via the Commissioning Board and reporting through established Council structures. Success will be measured through a balanced set of indicators covering outcomes and experience for residents and carers, demand management, market sustainability, workforce stability and quality improvement.

1.15 Ultimately, this strategy aims to shift the system towards earlier support, stronger communities and more personalised, flexible responses to need, ensuring that adult social care in Sandwell remains sustainable, equitable and focused on improving lives now and in the future.

2. Setting the scene

2.1 National policy and drivers

- 2.1.0 The council is responsible under the **Care Act 2014** for assessing, understanding and meeting need, this may be through a combination of in-house services, contracted provision from the external market and/or supporting family carers and friends who provide informal care. We are also responsible for local 'market shaping' to encourage quality, choice and sufficient provision, as well as local contingency planning in case of provider or market failure.
- 2.1.1 National policy and change impact directly on local commissioning, communities and people. Despite recent white papers and legislative changes, such as **People at the Heart of Care** (2021), the **Health and Care Act** (2022) and **Joining up Care for People, Places and Populations** (2022), questions remain about the coherence and sufficiency of national strategic direction following the change in government. While the publication of the NHS 10 Year Plan, emerging Neighbourhood Health guidance and the refreshed Better Care Fund (BCF) framework provide important signals of intent, they do not yet fully resolve a perceived strategic vacuum for long-term, cross-system reform. The launch of the **Casey Commission** in 2025 reflects this gap, with a remit to design a longer-term reform strategy.
- 2.1.2 The need for councils to adapt and explore new ways to deliver short and long term social care and improve access to the right support has never been greater. We cannot simply stand-still and must change and adapt to meet increasing levels of demand, with unprecedented budget constraints, population growth and significant difficulties recruiting and retaining care and support staff.
- 2.1.3 Entrenched challenges require a long-term plan; despite this, the Council finds itself in short-term funding cycles, hence this strategy is aligned to the Adult Social Care Strategy and commits to activities up to 2028, by which time the findings of the Casey Commission should be published.
- 2.1.4 The Care Quality Commission's (CQC) assessment of adult social care in Sandwell (August 2025) confirmed that commissioning has made a significant and positive contribution to achieving an overall rating of **Good**. The findings demonstrate that commissioning activity is increasingly strategic, data led, outcomes focused and integrated, providing a strong foundation for future improvement. This strategy seeks to maintain and strengthen areas of good performance, while addressing specific opportunities for improvement identified through the CQC assessment and ongoing system intelligence. This strategy commits to maintaining strong performance in strategic, preventative and integrated commissioning, building on existing strengths to improve outcomes further.
- 2.1.5 Current thinking is that Commissioning will have a much stronger and defined contribution to make in future CQC inspection framework with a great focus on how Local Authorities address fee setting, inflationary increases and general market sustainability. There will also be a increased expectation on how local authorities support the external workforce.

2.2 Local vision

- 2.2.0 Our vision for Adult Social Care in Sandwell is we will seek to provide **“the right support, at the right time and the right place, to maximise independence and empower people to remain safe and healthy”**. We want to work with people to help them have longer, healthier, and more independent lives, building on their strengths, and doing the things they love. In the context of our vision, 'right' should be interpreted as the constructive and ongoing

dialogue with the person, not merely what ‘professionals’ deem to be the correct course of action. The vision is underpinned by 4 priority areas, these are:

- **Workforce:** create a modern workforce that is stable, well supported, resilient and equipped to deliver the transformation required.
- **Customer journey:** review the pathways through adult social care to ensure they are efficient and effective.
- **Prevention and early intervention:** are at the forefront of our approach to developing service offers for all client groups through local, joined-up, community level opportunities and support, with universal services that connect people with each other and their communities.
- **Strengths-based practice:** not just a technical change in the way that we work but is a cultural change to working in greater partnership with people to find solutions that will promote their well-being and self-determination.

2.2.1 Our Council Plan 2024 - 2027 and the underpinning corporate values and behaviours are integral to this strategy; they commit us to:

- **‘One Team’:** working together with the shared purpose of achieving great results
- **‘Customer Focused’:** we care about providing the best possible public service
- **‘Inclusive’:** treating each other with respect and knowing our diversity is our strength
- **‘Ambitious’:** striving for excellence, always looking to get better and making sure everyone can take pride in our borough
- **‘Accountable’:** delivering what we say we will

2.3 What is a commissioning strategy?

2.3.0 The technical definition of a commissioning strategy is *“a formal statement of plans for securing, specifying and monitoring services to meet people’s needs at a strategic level”*¹. It is concerned primarily with effecting changes in the overall configuration of services across a market to meet the needs of the whole population. A key challenge for the health and social care systems is making sense of what we collectively mean when we refer to market shaping. The definition we have opted for is: *“The extent to which the systems, processes and behaviours at the interface between social work, commissioners, self-funders and providers influence the variety, quality, availability and price of services offered to customers both now and in the future.”*

2.3.1 We have deliberately broadened the scope from not just what and how we buy services to meet needs, but also how much we buy in recognition that the directorate is effectively a commissioning organisation. Therefore, elements of our frontline practice of assessing needs will be referenced throughout this strategy. Similarly, this strategy aims to reflect both the statutory duties for the council, and our local ‘place’ and ‘system’ strategies, plans and aspirations, particularly those that will progress the alignment and integration of services and joint investment to improve health, wellbeing and choice.

2.3.2 Our high-level plan within this strategy identifies priority activities, we will give further detail through the adult social care commissioning team’s strategic and service level plans, which will be developed and updated throughout the window of this strategy, as illustrated in figure 1.

¹ IPC Brookes ‘Developing a commissioning strategy in public care’

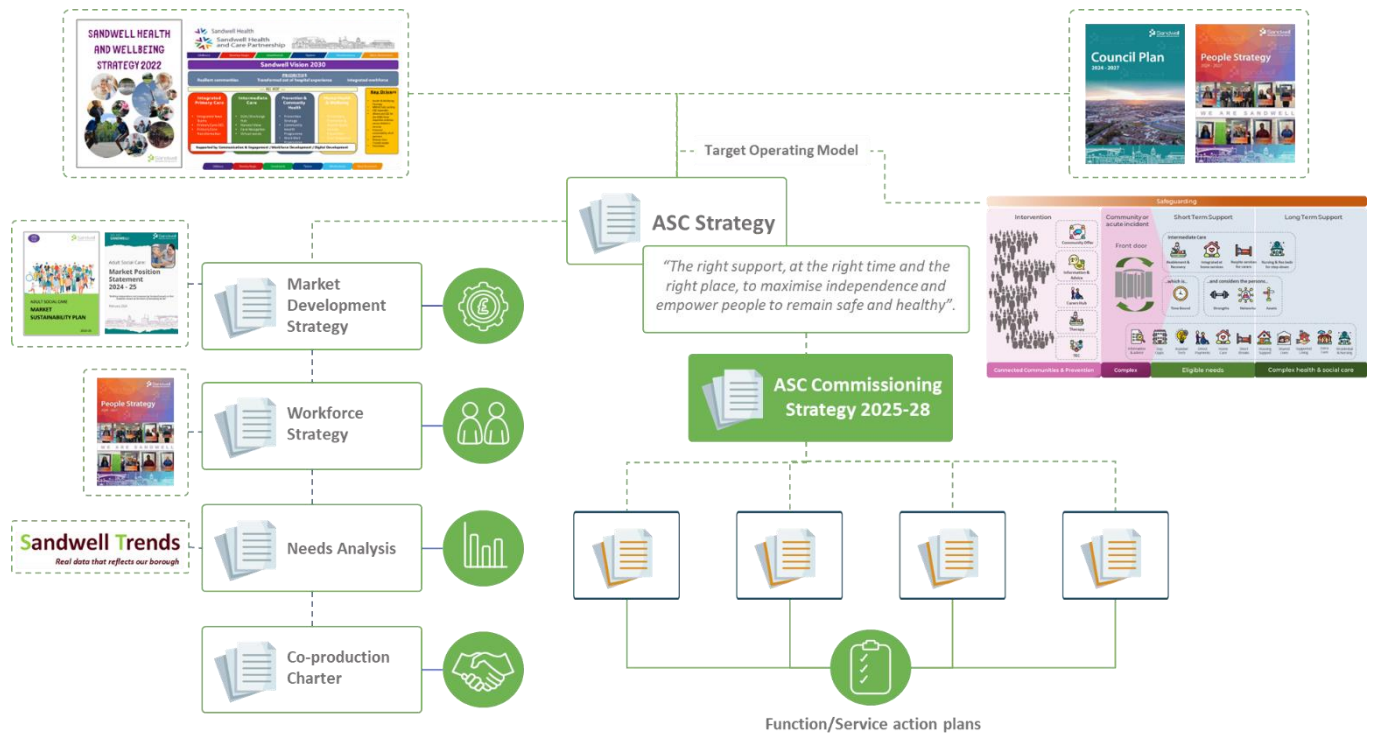


Figure 1: adult social care strategic architecture

2.4 What people say about Adult Social Care in Sandwell

- 2.4.0 Listening to people and understanding where our services work well and where we need to improve is fundamental to how we assess the impact of what we do. Section 3.6 explores in more detail the results from the annual adult user survey, which is a nationally mandated return. We know there is room for improvement, 66% of respondents reported that their quality of life as “good” or “so good it could not be better” in 2025/26, this is a 2% improvement from 2023/24. Similarly, the carers survey for the same period identified 37.1% of carers felt they were very or extremely satisfied, this contrasts with 28.4% in 2023-24.
- 2.4.1 We are getting the basics right, people are safe, secure and generally happy. Where we need to improve is the finer detail, such as meaningful opportunities to engage with the world around them, actively involving people in reviewing care and supporting choice and control. Hence our renewed commitment to co-production and listening to the voice of our residents, through recruitment to our newly created engagement posts, the creation of the co-production charter and embedding strength-based practice. We are setting an aspiration that everyone who enters our service will be in a position to provide positive feedback and their voices will influence everything that we do. Table 1 (below), is an excerpt of user feedback surveys we have undertaken across all key services over the last 12 months, further detail is provided in appendix 2. This provides an indication of where we are getting things right and areas for improvement.

Table 1: service user feedback survey results 2024-25

		 Always	 Some Extent	 Never
 Care Homes	The home is clean, tidy and fresh	92.7%		
	Offers and encourages me to take part in activities I enjoy		10.9%	
	Care needs are met and I am are well looked after	90.0%		
	Supported to access outside areas and the community		24.9%	21.7%
	Feel respected and treated with dignity	89.6%		
	Have regular meetings to review my care needs		17.7%	45.0%
 Extra Care	Staff enable me to do as much for myself as possible	100%		
	I feel I am respected and treated with dignity	96%		
	Scheme has clubs and activities		18%	
	Cares arrive and leave within the times I expect	94%		
	I am aware of my care plan			54%
 Day Support	Opportunity to enjoy life by offering activities I like	96.4%		
	Helps me to be part of your local community		12.7%	14.5%
	Feel respected and treated with dignity	96.4%		
	Have the opportunity to attend service meetings		12.7%	16.4%
 Home Care	I always know the staff who call		31.8%	
	Staff complete the tasks as identified in my support plan		17.9%	
	Care staff arrive and leave on time		42.8%	
	I am kept informed of changes in care arrangements		26.6%	

"Just want to say I am so happy you managed to get my independence back. I feel more myself now than I have in years."

"Since I've met you, you have helped my life turn around. I hope that I get to return this good to others in the future."

"In four years I've never seen anything but kindness there".
"Staff very busy but I've never been neglected."

3.Challenges and opportunities

3.1 Demand for services²

3.1.0 Sandwell's population at the 2021 census was 341,835, an increase of 11% from 2011. Working age adults had the largest increase, of 6.6% over the ten-year period. Consequently, the aging of Sandwell's population is occurring at a slower pace compared to other regions in the country, with residents aged 65+ accounting for 15.5%. Despite this slower than average pace of growth, by 2035 the Sandwell 65+ years population is expected to increase by 25% (figure 2), with the 90+ years cohort expected to increase by 19% (up from 2411 in 2025 to 2981 in 2035). Therefore, we expect the volume of people requiring support to increase significantly. Services that people require are also becoming more complex, with predictions showing an increase in complexity of need among working-age adults with disabilities and instances of dementia.

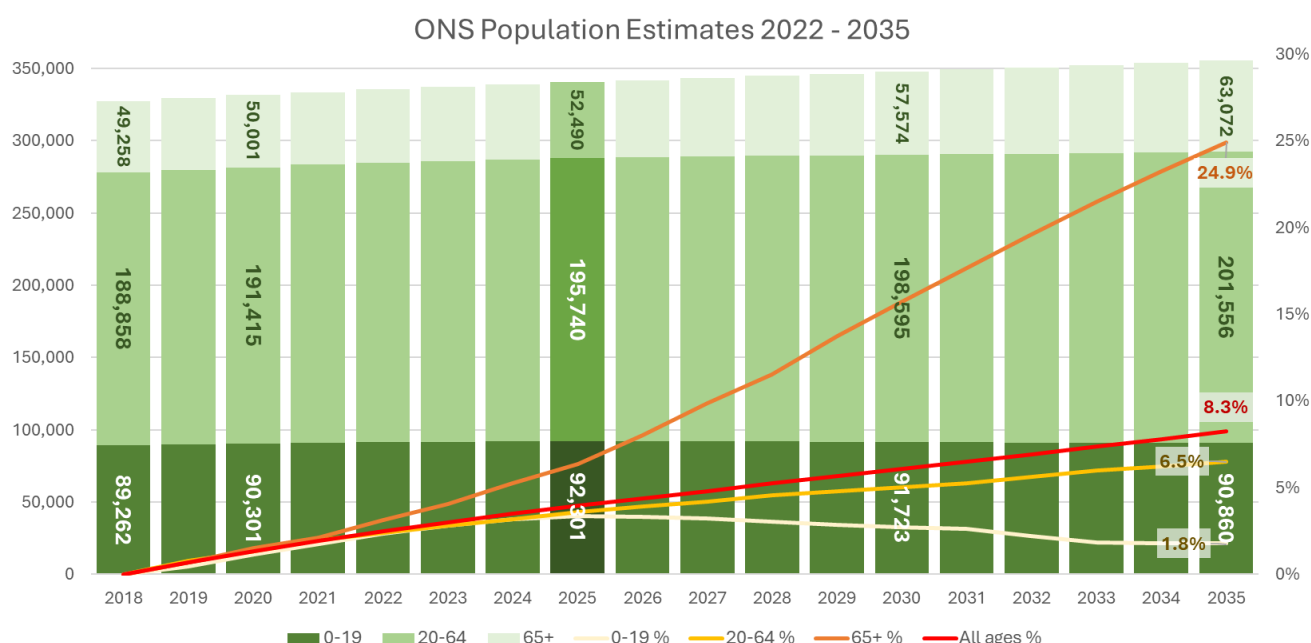


Figure 2: ONS population estimates 2018-2035

3.1.1 Our communities are also diverse; 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%). One in eight people (12%) from migrant communities and established minority ethnic communities report 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. Culturally appropriate care is about being sensitive to people's cultural identity or heritage. We expect Sandwell providers to do everything reasonably practicable to ensure that our residents receive person-centred care and support that is appropriate, meets needs and reflects personal preferences.

3.1.2 Sandwell communities face considerable socioeconomic challenges and health inequalities - ranked 12th of 317 areas in England in terms of overall deprivation according to the ONS Indices of Deprivation 2019. Both female and male life expectancy at birth in Sandwell is statistically significantly lower than England, with males living up to 76.1 (v.s. 79.5) years and

² This sections should be read in conjunction with our Joint Strategic Needs Assessment (JSNA) available at [Sandwell Trends](#).

females up to 80.7 (v.s. 83.2) years. 79% of residents said their health was good or very good, whilst 55.8% of residents aged 65 and over said they were not in good health, compared to 42.1% for England.

- 3.1.3 Conceptually, Adult Social Care operates 3 front doors: (1) what we would recognise as referrals from the community (into services such as Sandwell Connect); (2) within the first is a subset of people who transition from children's services (the preparing for adulthood (PfA) pathway; and (3) acute/crisis incidents (typically discharges from hospitals). The latter accounts for around 20% of our demand annually.
- 3.1.4 The above socio-demographic factors lead to high levels of demand for services. Indeed, comparator data indicates we have a high conversion of contacts to service provision. In 2022-23, 74.2% of requests for support for people aged 65+ resulted in formal care provision, compared with 44.1% among statistical neighbours. Benchmarking data shows that as a rate per 100,000 population; Sandwell has significantly more requests (241) for support resulting in reablement or long-term care than the national (200) and West Midlands (180) averages.
- 3.1.5 The Client Level Data return³ shows the volume of events completed during the 12-month period April 2025 – March 2026. Figure 3 provides an overview of the volume of requests, assessments and reviews completed during the year. In total, 14,599 assessment events took place (up from 13,269 the previous year), with 70% being for short term care that promotes independence, such as reablement, equipment and adaptations, or sensory services. For new referrals, most of these long-term assessments followed a period of short-term support. Some new referrals did progress directly to a long term assessment, but this is less common. Long-term assessments may also result from a scheduled or unscheduled review of an existing person's needs.



Figure 3: ASC events overview 2025-26. [Note: figures are events completed in the period, they are not derived equals]

- 3.1.5.1 The total number of Sandwell people receiving support⁴ has increased over the last 5 years with an **+10.35%** change between 2021-22 and 2024-25 (see figure 4). We are also seeing

³ The number of clients is a unique count of people accessing services during the year. It includes new and existing clients. No further action (NFA) includes the provision of information and advice, signposting and provision of universal services. In 2025-26 the department switched to a digital blue badge, as a result enquires relating to the application are no longer recorded on the system which means the total number of requests is lower than in previous years

⁴ Forecasts include people in receipt of equipment

evidence which suggests multiple packages per person and potentially an increase in complexity of support.

3.1.5.2 Projecting forward from 2025, if we continue along a similar trajectory to the last 5 years, by 2030 we could see a growth of +15% in the number of people we support (figure 4). Most of this growth is attributable to physical disabilities and, whilst an increase in working age adults is expected, a significant proportion of this growth comes from the anticipated ageing of our population alluded to above.

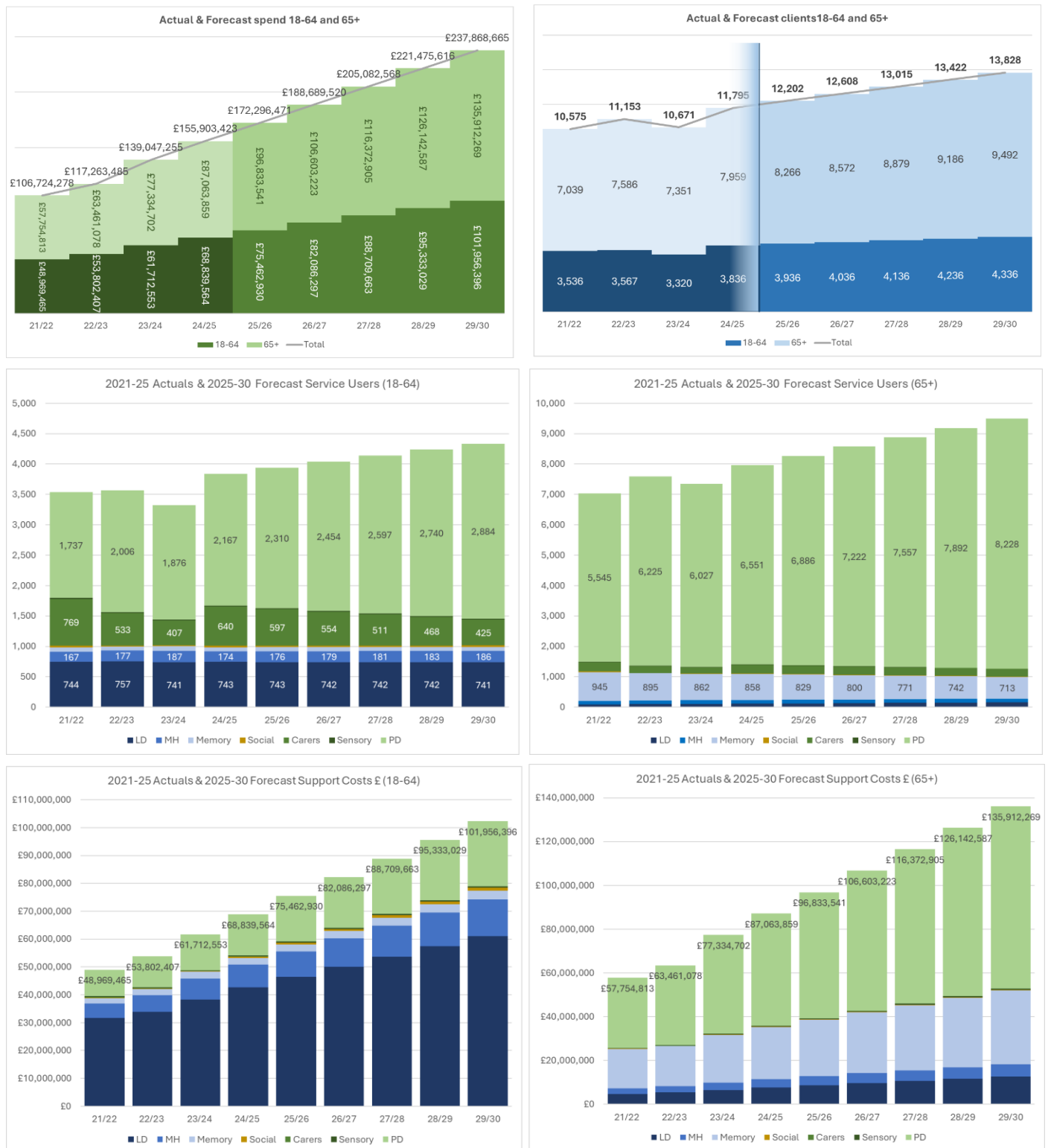


Figure 4: spend and resource trend and 5-year forecast

- 3.1.5.3 The growth in demand has had a corresponding impact on our ability to keep pace with assessing and reviewing people. In previous years this has led to waiting lists growing⁵, although targeted work has made significant strides into the backlog. This is evidenced by a reduction in the waiting list for long-term Care Act assessments which is down from 462 in March 2024 to 129 in March 2025.
- 3.1.5.4 In 2024-25 4135 reviews have been completed; this represents 75% of those receiving long-term care having had their needs assessed or reviewed in the last 12 months, and 87% within 18 months. This is a significant improvement, demonstrating the council's focus on timely reviews and proactive care planning, to ensure people are receiving the correct level of support and we are not inadvertently taking away independence. The quality and timeliness of assessments and reviews is an important consideration for our commissioning strategy, as this activity not only defines what we buy, but also how much we buy.
- 3.1.5.5 The areas of greatest support need we are currently experiencing are predominately focused on the basic activities of daily living which many of us take for granted, such as getting washed, dressed, eating and drinking (see figure 5).

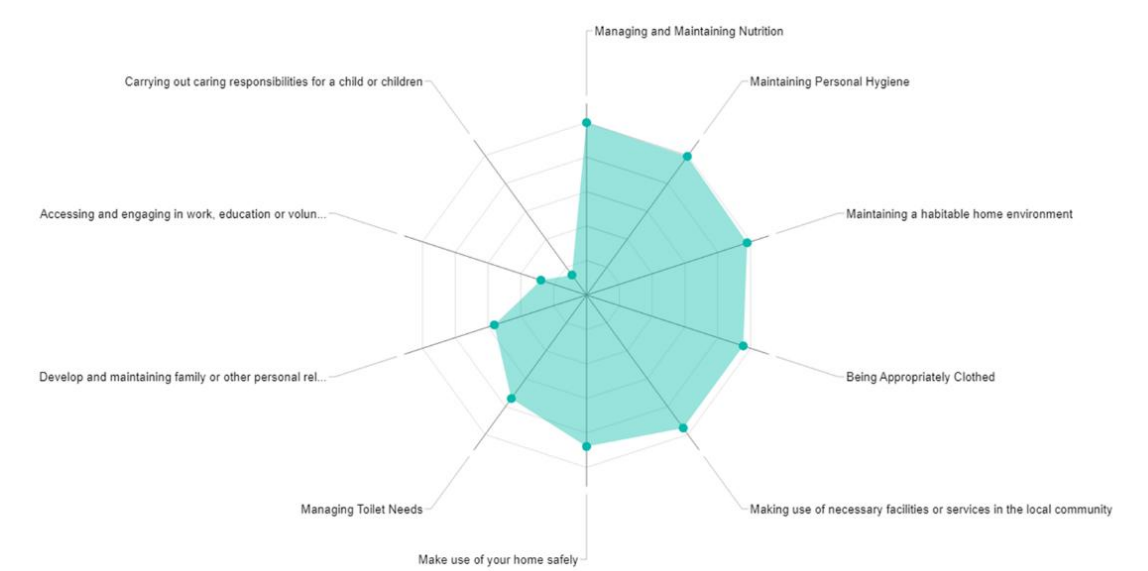


Figure 5: Current long term assessment personal outcomes

3.2 Commissioned services and fiscal pressures

- 3.2.0 The growth in numbers is accompanied by a corresponding pressure on the budget; the forecast indicates that continuing the trajectory we are on without changes could result in a growth in gross expenditure of up to **+65%** by 2030 (figure 4). This 5-year forecast reflects the experience over the last 5 years which saw a **+68%** increase in expenditure. This year-on-year growth in expenditure is unsustainable.
- 3.2.1 In 2024-25 adult social care in Sandwell accounted for 46% of the council's net budget, at £87 million, with a gross expenditure of £257 million. There is an expectation that we will continue to deliver a balanced budget each year, whilst also continuing to play a significant role in supporting the council's medium-term financial plan. In 2025-26 our net budget is £89,596 million; with an expectation we will deliver £3.681 million of savings through efficiency and transformation programmes (see section 2.7).

⁵ We risk assess all people who are waiting for assessments and prioritise our contacts with them according to their individual risk. We remain in contact with people who are waiting for an assessment to ensure that we are sighted on any changes in circumstances or increased risks which means we can take urgent actions if required.

- 3.2.2 Despite this financial uncertainty, we have remained committed to raising the fees in our externally commissioned placements, in recognition that historically rates were on the lower end of the national averages. Since 2023 providers have received above average fee uplifts across all the key market areas.
- 3.2.3 These uplifts have been underpinned by in-depth work with our provider market through the Fair Cost of Care exercise, market sustainability planning and release of our Market Position Statement (MPS). We achieved a higher response rate than most other authorities through our cost of care work which meant we had a more meaningful basis of which to plan uplifts to sustain the market. The Market Sustainability Fund was utilised to support a three-year uplift plan, which brought our fees more in line with our neighbouring authorities and gave the market greater opportunity to plan and develop for the future. As a result, we are seeing more stability (and sufficiency) in the market which is positive; however, 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.

CI1: Modernise contracting systems/frameworks to reflect changes in the Procurement Regulations 2024, including the conversion of grants to service contracts.

- 3.2.4 This strategy forms an integral part of setting our service priorities to manage demand, against a backdrop of uncertainty in respect of long-term funding solutions for the sector.

3.3 Market structure and capacity

- 3.3.0 This strategy should be read in conjunction with our Market Position Statement 2024-25, which 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, based on our current market, demand trends, national and local policy.



- 3.3.1 Choice of care and support, whether that be provider, place, time, or type, is a reasonable expectation; however, the ability to fulfil this is intricately linked to market capacity and attractiveness. This is an area where we have taken active steps to improve our position, introducing 3-year funding settlements to enable providers to forward plan more effectively. Despite sector-wide challenges, we have experienced very few exits from the market.

CI2: Deliver a 3 year forward investment programme to the market, providing greater certainty in respect to our fees to support a sustainable care and support sector.

- 3.3.2 We have also made real improvements in care and support choices for people with learning disabilities and mental health needs, but if people are to maximise their independence and live full lives, we need to ensure better community and affordable supported living options.
- 3.3.3 During the period 2025-26 clients were supported in the following ways:

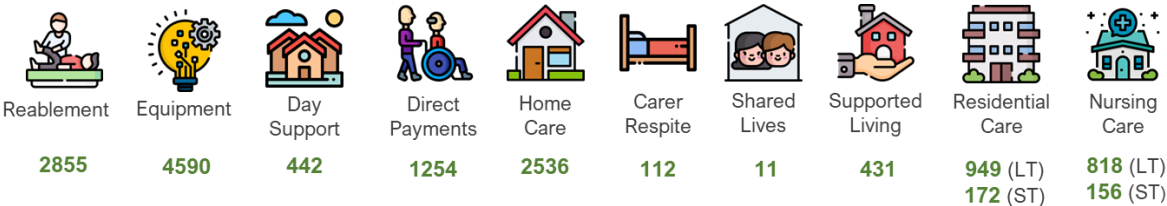


Figure 6: breakdown of support services accessed by clients in 2024-25

- 3.3.4 CQC's assessment of adult social care identified that our commissioning approach is driven by the systematic use of data, intelligence and market insight to inform decision-making and shape service design. This has enabled strong governance arrangements, effective market oversight and clear alignment between population needs and commissioned services. Similarly, people were generally able to access a timely range of local care and support, with no significant delays in care arrangements. Where gaps were identified, commissioning plans were in place to address these promptly. We will sustain this level of market sufficiency whilst maintaining robust intelligence functions to further strengthen anticipatory commissioning and horizon scanning to ensure provision continues to evolve in line with emerging demand and risk.
- 3.3.5 Presently, apart from the more traditional forms of respite provision, we have no significant concerns in respect to sufficiency within the market meeting our demand, although we recognise that this position can change quickly, hence the need to continually monitor. This is important as we have seen a growth in the number of people in receipt of homecare (+8.2%), long-term residential care (+8.7%) and nursing (+4.5%) all of which have increased in the 12 months up to March 2025.
- 3.3.6 Where we do place people out of area within the boroughs that surround Sandwell, just outside our borders, these are usually informed by individual choice to stay close to, or within a community area. There are a handful of cases where placements have been made outside of the West Midlands which is usually due to specialist needs or to be closer to family. We will maintain these strengths and build further capacity locally to support a "Sandwell First" approach and reduce out of area placements.

3.4 Quality

- 3.4.0 Quality and safety remain central to the Council's commissioning responsibilities. We expect all commissioned services to be safe, of high quality and effective at meeting personal outcomes, and we will use all available intelligence to ensure people are supported in services that are well-led and continuously improving.
- 3.4.1 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.
- 3.4.2 A new adult social care quality assurance framework has been implemented and incorporates a variety of information sources including the views of people with lived experience. A quality Improvement strategy has been developed for the care homes market.
- 3.4.3 Our latest analysis of the CQC profile (April 2026) shows 188 active regulated services across the Sandwell market. Of these:
- 2 are rated Outstanding
 - 100 are rated Good
 - 36 are rated Requires Improvement
 - 0 are rated Inadequate
 - 50 are Unrated (no published overall rating)
- 3.4.4 This means that around a quarter of services (26.6%) are unrated, and a further 19.1% are rated Requires Improvement. The unrated position is most concentrated in non-residential regulated

services, where 39.8% are unrated, compared to 12.2% of care homes. Whilst CQC ratings remain an important indicator, the Council recognises that CQC data alone does not currently provide a sufficiently timely or complete picture of quality across the local market. This is because:

- 3.4.4.1 A material proportion of services are unrated (50 services), meaning no published overall rating exists to support benchmarking or assurance.
- 3.4.4.2 Even where a rating exists, many published ratings are not recent. Of the 138 services with a published rating, 90.6% were last inspected more than two years ago, 71.0% more than four years ago and 56.5% more than six years ago. The oldest published rating within the dataset dates back to June 2017.
- 3.4.5 Given the age of many published inspections and the scale of unrated services, CQC data cannot be relied upon as a standalone indicator of current quality for a significant proportion of the market. This reinforces the Council's decision to further strengthen local Quality and Safety arrangements to provide more current, proportionate and risk-based oversight. In response, the Council has strengthened its Quality and Safety structure to ensure we have more effective and timely oversight of commissioned services. This includes a stronger focus on:
 - 3.4.5.1 **triangulating intelligence** (safeguarding, whistleblowing, complaints, incidents, contract monitoring and partner information) alongside CQC;
 - 3.4.5.2 **risk-based monitoring and escalation**, ensuring earlier identification of emerging concerns; and
 - 3.4.5.3 **targeted provider support and improvement activity**, alongside clear governance routes where quality concerns persist.
- 3.4.6 This enhanced approach provides the Council, partners and residents with greater assurance than reliance on historic inspection outcomes alone and supports our statutory responsibility to ensure a safe, sustainable and continuously improving care market.

3.5 Workforce

- 3.5.0 The Adult Social Care sector is facing unprecedented challenges in workforce supply and demand. 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 a primary risk to sustainability within the market.
- 3.5.1 Skills for Care's workforce profile 2023-24 identifies:
 - The number of posts in Sandwell was around 11,500 in 2023/24; of which there were 800 vacancies (+6% on the previous year), at 8% this is in line with the regional and national picture. Those posts that are filled are split across the council (7%), independent sector (79%), direct payment recipients (5%) and other (8%).
 - It is estimated that staff turnover was 19.3%, which was lower than the region (26.7%) and England (24.8%). Not all turnover results in staff leaving the sector, over half (58%) of starters were recruited from within the sector, which means we are retaining skills and experience.

- Workers in Sandwell had on average 11 years of experience in the sector and 80% of the workforce had been working in the sector for at least three years.
- The average number of sickness days taken in Sandwell was 5.3, (5.1 in West Midlands and 5.3 across England); meaning employers in Sandwell lost c.44,000 days to sickness in 23/24.
- Around two thirds of the workforce (62%) worked full-time hours in Sandwell and less than a quarter (21%) of the workforce were on zero-hours contracts.
- The majority (81%) of them were female, and the average age was 44 years old. Workers aged under 25 made up 7% of the workforce and workers aged 55 and above represented 25%. Given this age profile approximately 2,300 posts will be reaching retirement age in the next 10 years, which would result in a net contraction of the workforce assuming trends continue.
- An estimated 76% of the workforce identified as British, which is in line with the region but slightly higher than England (73%). 20% identified as of a non-EU and 4% identified as of an EU nationality, therefore we have a higher reliance on non-EU than EU workers.
- Estimates show that 59% of the care workforce hold a relevant adult social care qualification (50% in West Midlands and 47% in England). Of those workers without a relevant qualification recorded, 53% had five or more years of experience in the sector.

3.5.2 National changes to immigration rules and overseas recruitment routes may impact the adult social care workforce over the life of this strategy, including uncertainty about future arrangements for care workers already in the UK when visas reach renewal or expiry. In Sandwell, where providers already face recruitment and retention pressures, this may place additional strain on workforce capacity. The Council is also mindful of the quality and safeguarding risks that can arise where overseas recruitment is not supported by robust induction, supervision and ethical employment practices, including concerns about potential worker exploitation. Through ongoing market engagement, quality assurance, safeguarding and contract management activity, we will continue to monitor these issues and work with providers and partners to promote a safe, skilled and sustainable workforce.

3.5.3 Our workforce strategy is being taken forward by the Workforce Development Group, led by the Assistant Director for Direct Services. Whilst the priority at the present time is the internal Adult Social Care workforce, the Strategy is being enhanced to include the wider, social care workforce in Sandwell and explore how we can further support and sustain this. Understanding recruitment across the whole market is essential in ensuring a sustainable social care system. Our Transformation Programme has included looking at the wider workforce in partnership with our providers, utilising the newly formed Better Together programme (section 4).

3.6 Outcomes for our residents

3.6.0 Survey data shows that Sandwell is performing well in relation to the experience and outcomes for people who use services. 2025/6 data shows that **65.8%** of people who use services in Sandwell are extremely or very satisfied with the care and support they receive, which is a 2% increase on the previous year. This is comparable with West Midlands (66.3%) and national

(65.4%) performance. However, we have seen a slight decline in people who have found it easy to access information, down to 64.8% from 69.6% in 2024.

- 3.6.1 Our support to people to ensure they have control over their daily lives is evidenced in the **83.6%** of people who felt they have as much or adequate control, which is a 5.7% increase on the previous year; see table 2.
- 3.6.2 Sandwell performs well in ensuring people with a learning disability live in their own home or with family (**86%**, compared with 71.4% for the West Midlands and 76.8% nationally).

Table 2: national outcome measures (ASCOF)

	2026 Sandwell	2025 Sandwell	2024 Sandwell	2024 Region	2024 National
Overall satisfaction of people who use services with their care and support (ASCOF 1D)	65.8%	63.8%	65.9%	66.3%	65.4%
Proportion of people who use services who report having control over their daily life (ASCOF 3A)	83.6%	77.3%	79.5%	76.6%	77.6%
The proportion of people who use services who have found it easy to find information about services and/or support (ASCOF 3C)	64.8%	65.1%	69.6%	65.3%	67.9%
Proportion of people who use services who feel safe (ASCOF 4A)	78.2%	76.7%	76.7%	72.5%	71.1%
The proportion of people who use services, who reported that they had as much social contact as they would like (ASCOF 5A)	49.2%	48.3%	54.3%	46.2%	45.6%

3.7 Transformation programme

- 3.7.0 Following a diagnostic in early 2024, we have embarked upon an ambitious programme of transformation which will support delivery of our priorities. Four key workstreams (below), underpinned by a variety of service improvement activities, are underway across the department. This Commissioning Strategy will support the realisation of efficiencies and transformation opportunities identified through the programme.

Front Door 	Current function does not fully encourage self-sufficiency, nor does it support resolution and prevention at the point of contact (ASC Enquiry). Repeat callers are adding to existing backlogs and growing demand pressures. There are several opportunities to transform the operational functionality of the front door, through use of AI and working to change demand by introducing an effective triage system and consolidation of the universal offers.	Home First 	Intermediate care (IMC) services provide short term support to help a person recover and increase independence. This offer has evolved in response to demand and national policy, as a result pathways can be disjointed. We also spend nearly double the national median on services. This workstream will review the current operating models, identifying and delivering increased productivity and improvements in outcomes for individuals.
Strength-based Practice 	Embedding strength-based practice fully into all aspects of the department, from point of contact through to assessment and service provision. The focus is on individuals' strengths and not on their deficits; looking to find solutions in community-based options first, focussing on keeping people independent and in their communities for longer. This will in-turn improve consistency and create more capacity in key areas of adult social care.	Digital & TEC 	Maximising the opportunities that technology enabled care (TEC) provide through the implementation of our strategy. Piloting new platforms, such as Ask SARA and Ethel, together with the formation of TEC champions, will embed new and innovative models of care. A target of 70% of all packages with TEC integrated has been set. The digital offer also considers efficiencies in our operations, through mediums such as Magic Notes.

Figure 7: transformation programme workstreams

3.8 Partnership working, ICS and ICB Arrangements

- 3.8.0 Partnership working is central to how we achieve success; adult social care cannot operate alone. Sandwell has a positive history of collaborating with local partners through the Sandwell Health and Care Partnership, using the Better Care Fund (BCF) to develop and drive integrated

services. Governance of the BCF sits with the Joint Partnership Board (JPB), with strategic oversight provided by the Health and Wellbeing Board. The Care Quality Commission observed that strong commissioning relationships with health partners, VCSE organisations and wider system stakeholders have supported service integration and improved outcomes.

- 3.8.1 Sandwell Health and Care Partnership brings together social care, health, voluntary and community organisations to improve people's life chances and health outcomes. The partnership works collectively to support our communities and reduce widening health inequalities by focusing not only on health and care services, but also on the wider determinants of health, including employment, education, lifestyle, housing and the local environment.
- 3.8.2 The wider health and care landscape is also changing. Sandwell remains part of the Black Country Integrated Care System, with NHS commissioning responsibilities currently held by NHS Black Country Integrated Care Board. However, NHS arrangements are increasingly being shaped through the wider Birmingham, Black Country and Solihull ICB cluster, with shared leadership arrangements across Birmingham and Solihull ICB and Black Country ICB. From a commissioning perspective, this means Sandwell must continue to work strongly at local place level, while also aligning with wider system priorities across the Birmingham, Black Country and Solihull footprint.
- 3.8.3 These changes reflect the national direction of travel for ICBs to operate more clearly as strategic commissioners. This includes using shared intelligence on population need, demand, activity, inequalities, quality, cost and outcomes to shape future services. For Sandwell adult social care commissioning, this strengthens the need for joint planning with NHS partners around prevention, hospital discharge, intermediate care, reablement, community health services, mental health, learning disability and autism, Continuing Healthcare, jointly funded packages of care and support for people with complex needs.
- 3.8.4 Our commissioning approach will therefore need to balance two connected priorities: maintaining strong Sandwell place-based partnership working, while also contributing to wider Birmingham, Black Country and Solihull system planning. This will help ensure that local services remain responsive to Sandwell residents, while also supporting shared priorities around reducing inequalities, improving outcomes, making best use of collective resources and developing more integrated models of care and support.
- 3.8.5 The Better Care Fund is increasingly positioned as a core delivery mechanism for neighbourhood health and prevention, enabling partners to jointly plan, deliver and transform services around local populations. In Sandwell, the BCF provides a critical platform for integrated system working, supporting the redesign of care pathways that improve outcomes, reduce health inequalities and systematically shift care away from hospital-based provision. It plays a central role in delivering this Strategy, including the Home First approach, the transformation of intermediate care, integrated reablement, and the continued expansion of neighbourhood-based, out-of-hospital services.
- 3.8.6 Beyond enabling pooled investment, the BCF aligns commissioning, operational delivery and outcomes across health and care, supporting a whole-pathway approach to prevention, early intervention, crisis response and recovery. It accelerates the move from fragmented, episodic care towards coordinated, proactive and person-centred support, with a strong focus on timely discharge, admission avoidance and maintaining independence. The BCF has been a key enabler of redesign away from bed-based step-down care towards flexible, community recovery

and rehabilitation models, delivering improved flow, better experience for people and more sustainable use of system resources.

- 3.8.7 BCF priorities are increasingly shaped around neighbourhood populations with the greatest opportunity to improve outcomes and reduce inequality, including older people, those living with frailty, individuals with mental ill-health or learning disabilities, and unpaid carers. By focusing on prevention, anticipatory care and integrated community provision, the BCF reinforces Sandwell's wider ambitions for population health improvement, social inclusion and the development of strong neighbourhood-based models of care. It provides a practical mechanism for translating shared strategic intent into coordinated delivery at place and neighbourhood level, supporting long-term system transformation.

3.9 Coproduction in Commissioning

- 3.9.1 Sandwell's approach to adult social care commissioning will be rooted in co-production. This means working with people who draw on care and support, unpaid carers, families, providers, voluntary and community sector partners, health colleagues and wider council services to shape services together.
- 3.9.2 Co-production will be built into the full commissioning cycle: understanding need, designing services, developing specifications, procuring support, monitoring quality and reviewing impact. This will help ensure services are shaped by lived experience, reflect what matters to people, and are accessible, inclusive and outcome-focused.
- 3.9.3 This approach supports Sandwell's wider Co-production Charter and Our Commitment to Co-production Plan, which place resident voice at the heart of service planning and delivery. It also reflects the Care Act expectation that commissioning and market shaping should be informed by local needs, aspirations and outcomes.
- 3.9.4 In practice, this means we will involve people and carers earlier, be clear about what they can influence, use feedback to improve services, and expect providers to demonstrate how they listen, learn and respond.

4 Our Model of Support

4.1 Overview

4.1.1 The many challenges that lie ahead bring a renewed focus on our operating model (figure 8) and how people navigate our services in order to:

- **Prevent and intervene earlier** to ensure people have every opportunity to stay living the life they want, and we know that the most effective way to do this is to reduce, delay or prevent the need for more formal support from the council. As such, we must ensure there are alternative service options that can support those people who may not require or meet the criteria for social care. This will be done through a range of low-level community offers which prevent people's needs escalating, reflecting the challenges people face and providing an effective means by which to navigate the offers available.
- Where **people need a little support**, provide rehabilitation and short term assistance, ensuring people recover from illness or dependency which is amenable to effective treatment, enabling people to regain independent living skills wherever possible.
- For some people the care needs will be such that they require **ongoing support**, where this is the case, we must provide effective care when people do need long term support, that is timely, proportionate, responsive, good quality and enables people to continue to live their lives the way they want to with dignity. Equally, we know the important and valuable contribution of unpaid carers and want to ensure that there are appropriate services in place to support them in their role. A new carers offer is due to be launched in 2025.

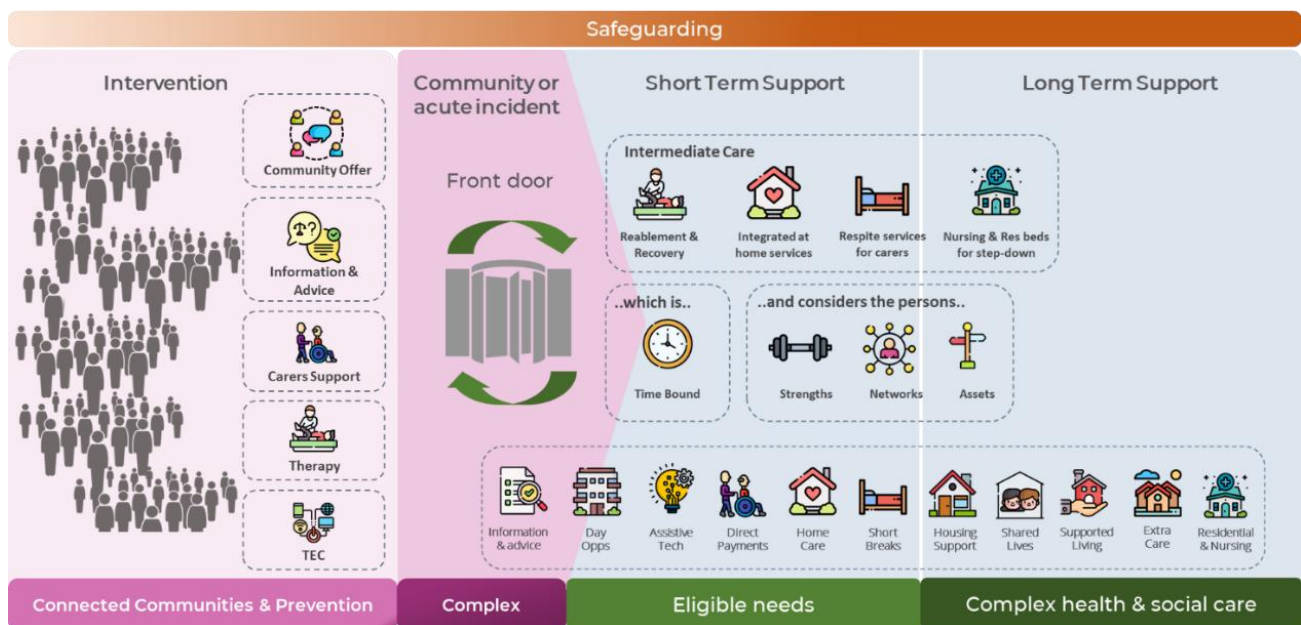


Figure 8: our operating model for adult social care

4.1.2 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. This will involve changing our current methods of commissioning and service delivery. In doing this it is inevitable that activity will be reduced or cease altogether in some areas. At the same time, we need to identify and develop the range and quality of community provision.

4.1.3 The sections below explore the context of our operating model, identifying priority commissioning intentions (CI), which we believe will deliver the changes necessary to address the demographic, financial, and workforce challenges we face. We aim to meet these priorities through linked strategies and underpinning action plans over the duration of this strategy.

4.2 Living well in our communities

4.1.1 Sandwell Connect serves as the first point of contact, handling over 11,000 contacts per month. 75% of contacts are resolved or triaged on the same or following day, with a third

CI3: Continue the review of our front door 'Sandwell Connect', identifying and delivering opportunities to support resolution of issues at first contact.

being resolved through advice, information, or signposting, without unnecessary formal intervention. Trend analysis shows that the volume of contacts is increasing, up 5.6% on the same period last year, with 25% progressing to one of the care and support pathways.

4.1.2 'Living Well' in Sandwell is a whole system approach to supporting people to live and age well and ensure everyone has access to the information, resources, and skills to enable them to do this. Sandwell Council is proactively investing in prevention and early intervention to support residents to live independently for as long as possible. Our approach focuses on providing the right support at the right time, reducing demand on formal care services while improving outcomes for individuals. For example, the Community and Voluntary Sector Community Offer and Intermediate Care Support, this new service is a stronger offer than previously, with a lead provider, and local organisations working in all the six towns in Sandwell. The service will link residents to support that addresses everything from welfare rights to mental wellbeing. It is funded through the Better Care Fund and is intended to compliment formal intermediate care and hospital discharge support. The service actively finds people in Sandwell who might be isolated, particularly those from different ethnic and cultural groups, as well as those who might otherwise be isolated due to their social circumstances. The new service went live in January 2025 and is a collaboration between us, health and the voluntary sector.

4.1.3 The Sandwell Community Voluntary Organisation (SCVO) has a directory of services to support people with access to the rich variety of voluntary, community and faith services on offer in Sandwell entitled **Route2wellbeing**. We recognise that there is a greater role for us to play in increasing and supporting the role volunteers play in supporting those in need within our community, working with SCVO to recruit and support more volunteers across our services.

4.1.4 CQC observed that people's experiences of inclusion and accessibility were mixed, with inconsistencies in how information was provided or adapted to meet individual needs. We will embed accessibility and inclusion requirements more strongly within service specifications and contract monitoring.

CI4: Enhance access to information through online tools, directories and clear 'way finding' opportunities that will guide people to local opportunities and support.

4.1.5 We will need our partners, providers, and community organisations to embrace working in a strengths-based way, promoting independence and wider wellbeing to maximise the benefit for local people. Public Health fund substantial community-based prevention services, captured in the Prevention in Towns Directory, which is regularly updated; services include:

- 4.1.6 Healthy Ageing - Public Health provide strength and balance exercise for older people, with the aim to prevent slips, trips and falls called FallsFree4life.
 - 4.1.7 Health checks help to identify residents aged 40-73 yrs who have an undiagnosed condition. These people are then assured of good health or supported through a referral to their GP to get treatment and management for their condition if diagnosed.
 - 4.1.8 Physical Activity and Move More - Sandwell offers free swimming, and concessionary gym passes for adults with disabilities and the over 60s. They also run local cycling, walking and rambling groups to get people more active from all walks of life and capabilities.
 - 4.1.9 Public Health Development Officers work in each town supporting GP practices to link in with local offers, attending GP multi-disciplinary team meetings to link individual patients with local offers.
 - 4.1.10 All these offers will not only help to prevent, reduce or delay future demand but will also help promote independence of those residents who are in receipt of adult social care support. Presently, we do not make best use of this wealth of resources, particularly across our existing client base. We also recognise that there is more we can do to support and signpost residents and people who access our services to help with benefits, debt management, and maximizing income.
- C15: Strengthen our working relationships with Primary Care, Public Health and Housing, ensuring we are co-ordinating and utilising the experience of our partners.**
- 4.1.11 Consolidation and expansion of our prevention and early intervention offer will help to manage the unsustainable growth in demand. Working with our strategic partners, local businesses and people, and further investing in our community and voluntary sector organisations, we will redesign the way we support individuals, providing the right support, in the right place, at the right time, building on the strengths of individuals and their communities.
 - 4.1.12 We are committed to delivering improvements to the way our young people transition into adult services, working with our partners 'at place' we will strengthen the offer of support to enable young people to live independent lives through targeted support. We have also identified a series of service improvements to ensure timely and effective assessment of care needs is undertaken through our Young Adults Team (YAT).

4.2 Supporting people to remain independent at home

- 4.2.1 Playing our part in the Sandwell 'Place' programme, we are committed to building on the success of our 'Home First' ethos⁶ and intermediate care (IMC) services, in recognition that managing need early will ensure that people are offered the right support at the right time.
- 4.2.2 We have an established Integrated Discharge Hub, bringing together professionals from community health, social care, VCS, Sandwell Council, the ICB and Sandwell and West

⁶ Home First ethos ensures individuals are assessed in a familiar environment rather than in a hospital bed. This gives people the best chance of regaining independence and avoiding long-term reliance on care services.

Birmingham Hospitals NHS Trust. The Hub is funded by the Better Care Fund and serves as a central point for coordinating hospital discharges, enabling seamless and person-centred care planning and delivery. Commissioning of the voluntary sector to support people with hospital discharge (primarily on Pathway 0), as well as admission avoidance, has enhanced the overall pathway for discharge.

- 4.2.3 Reablement provision is provided by our STAR service in partnership with the Birmingham and Sandwell NHS Trust's Home-Based Intermediate Care (HBIC) rehabilitation service. The Promoting Independence Pathway supplements this with external care providers offering short-term reablement⁷. For those requiring long-term care, many first receive reablement support, reducing risks and ensuring their needs are fully understood before long-term care planning.
- 4.2.4 Investment in Harvest View, an integrated Intermediate Care Centre, has strengthened our offer to people who require more intensive support for a short period of time and has reduced our reliance on high cost beds in the private market.
- 4.2.5 Nearly 3,700 reablement episodes were completed in 2024/25, with 72% linked to hospital discharges. 22% of reablement episodes resulted in no further care needs, around a third went onto long term support funded by adult social care, with the remaining people either withdrawing or self-funding their care.
- 4.2.6 Benchmarking data⁸ from 2023/24 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 regional averages. Discussions at regional performance networks highlight that while differences exist in the ways councils are recording and reporting requests for support, there is a notable difference in the model of care and support provided in Sandwell, with a higher proportion of people being offered reablement as a sequel to a request for support.
- 4.2.7 Sandwell spends over 3 times more on short-term interventions per 100,000 adults than our statistical neighbours. In 2023/4, 66.3% of people who received reablement were still at home 91 days after discharge, this is in contrast with 81.65% and 82.3% for regional and national figures respectively. Ensuring that we have effective and efficient pathways through intermediate care, both step up (avoiding emergency admissions) and step down (discharge), that represent value for money is essential.

CI6: Work with our partners to ensure intermediate care (IMC) services are efficient, effective and are right sized to meet the needs of Sandwell residents; implementing the recommendations from the recent review of services.

- 4.2.8 Sandwell ensures rapid equipment provision, individuals receive the support they need to stay at home, avoid unnecessary hospital admissions, and return home safely after a hospital stay. Over 41,000 items of equipment were delivered in 2024/25, with 95% arriving within seven days, and support for hospital discharge or hospital avoidance actioned in 4 hours, reflecting the council's focus on responsive service delivery. In addition, our Sensory Service ensures appropriate equipment is available to support people with sight or hearing impairment to live independently in the community.

⁷ Sandwell's Community Alarm Service also provides a Rapid Response Service from 8 am to 8 pm, 7 days per week.

⁸ Short and long term (SALT) data return available from [NHS Digital](#)

4.2.9 In 2024/25, over 1,000 OT assessments and 3,500 prevention assessments were completed, showing the high volume of work being undertaken despite workforce challenges. While OT waiting lists remain a challenge, the council is actively addressing recruitment and workforce pressures while delivering a high volume of assessments. The use of a 'Demo House' in our Independent Living Centre for OT clinics is being promoted to support other initiatives to manage demand. This has the advantage of people being able to 'test' solutions and equipment and to coproduce their own solutions, with OTs including participating in the assessment of their home environment. The Trusted Triage pilot commenced at initial point of contact (Sandwell Connect) in December 2024 and is now business as usual, with 150 of the 387 contacts awaiting Prevention Assessment passed to Triage; this has resulted in the Prevention Assessor waiting list reducing from 17 weeks to 5 weeks.

4.2.10 Telecare services are assessed, installed and provided by our Community Alarm Service. The Community Alarm Service provides a full 24-hour response service through mobile wardens for a small weekly charge. The Community Alarms Service handles 9,500 calls per month, with a 98% response rate within 60 seconds, ensuring people get the support they need quickly. The switch from analogue to digital is currently underway and will build a strong digital platform from which to further develop our technology enabled care offer. Further developments in digital and technology enabled support (TEC) are underway in Sandwell to offer an increased range of options for people to live with independence and remain safe.

CI7: Implement our strategy for TEC digital and AI, to support people to live independent lives and to reduce the need for formal care and support, whilst improving the efficiency through the modernisation of our operations. This includes developing processes and increased awareness for front-line staff to assess and deliver technology enabled support and physical adaptations swiftly and confidently.

4.2.11 The ONS census (2021) indicates that around 3.8% of Sandwell residents (aged five years and over) reported providing up to 19 hours of unpaid care each week (this figure decreased from 6.5% in 2011). Around 1 in 40 people (2.5%) reported providing between 20 and 49 hours of unpaid care each week, compared with 2.2% in 2011. The proportion of providing at least 50 hours of weekly unpaid care decreased from 3.9% to 3.5%.

4.2.12 Carers contribution to supporting vulnerable people cannot be understated, despite this, in 2023/4, only 28.4% of carers were extremely satisfied or very satisfied with social services (compared with 38.6% for the West Midlands and 36.8% nationally). This is a reduction from 35.5% in the previous survey in 2021/22. Similarly, only 50.4% of carers said that they find it easy to access information and advice (compared with 60.8% for the West Midlands and 59.1% nationally), whilst 86.8% of carers found the information and advice they received helpful.

4.2.13 Sandwell has identified support for carers as a key area of development for the Council. We have targeted carer assessments as part of our work on reducing the time people are waiting for an assessment and have used extra resources to reduce the number of people waiting from 530 in March 2024 to 83 in March 25.

4.2.14 The proportion of carers accessing a direct payment in 2023/24 was substantially greater than either regional or national averages (Sandwell 100%, regional average 89.7% and national 77.4%). Data for 2023/4 shows that only 11% of carers are accessing support to take a break of up to 24 hours (as compared with 16.3% in the West Midlands and 21.2% nationally), whilst 14.46% of carers are able to take a longer break of over 24 hours.

- 4.2.15 Carers have told us that our offer for Carers needed to be improved, and we are committed to achieving this. Sandwell launched the joint Carers' Strategy, co-produced in 2022 with 9 key promises to improve carer support in Sandwell. Following 24 months working with carers and co-producing our carer offer; three deliverables were identified: (1) a single point of contact; (2) information, advice and guidance to support quick and correct signposting; and (3) plan and co-ordinate informal support for carers.
- 4.2.16 A new community support service for carers was launched in September 2025. The service is responsible for co-ordinating a database of carers which enable regular communications to be sent out to carers in Sandwell and to keep them updated on latest developments, events and opportunities of interest. We are also revising the pathways and processes to fulfil our statutory duty to carers, and this will result in a more holistic assessment and outcomes for carers, ensuring carers' needs are appropriately met.
- 4.2.17 The implementation of our new Carer Support Service will enhance the experience of carers through being the first point of contact for any referral (except a carer in crisis) and the service will explore all options for support to maximise our prevention offer to carers. If the service, and the carer, believe a statutory carers assessment is appropriate, then a referral will be made to Adult Social Care.
- 4.2.18 The Council has also invested in an Online Carers resource called Bridget which is available 24 hours a day 7 days a week to support carers access support and information about their own wellbeing as well as their caring role.

CI8: Improve the identification and support to unpaid carers; through delivery of the new carers register, roll out of Bridget (a digital carers support app) and the new carers service.

- 4.2.19 Timely assessment is an integral aspect of ensuring that people can remain independent in their own homes for as long as possible. People who are waiting for an assessment are actively risk-assessed and contacted to ensure any changes in circumstances are identified, enabling swift action where necessary, including immediate allocation where risks indicate this is necessary. We use our Promoting Independence Pathway's to provide immediate short-term care where this is needed to keep people safe. This explains why data shows a higher number of people receiving short-term care than elsewhere. However, we must ensure timely assessments and reviews so that people do not become dependent upon short term support.

CI9: Ensure we are delivering timely assessment and review of people, which are strengths-based and maximise independence.

4.3 Good local housing with care and support

- 4.3.1 Intervening early enough to help and ensure that people either stay in their own home or are provided with support that enables them to maintain quality of life in a new one. We will bring all partners together across the voluntary and statutory sector to integrate approaches and services where this will impact positively on increasing local choice and providing support for those with complex needs to live full and independent lives.

4.3.2 There are close ties with our housing colleagues in Sandwell and a number of joint initiatives are in place to support the wellbeing of our residents. In partnership with the Housing Directorate, Adult Social Care supports the provision of home adaptations to ensure people can remain safely in their homes for as long as possible. Sandwell's Home Improvement Agency supports owner occupiers and private landlords through the Disabled Facilities Grant (DFG), whilst the Major Adaptation Team supports council tenants who require modifications to their homes. Both teams work closely with Occupational Therapists who undertake assessments to establish the right solutions with individuals to meet their needs. A multi-disciplinary Panel meets monthly to review complex and higher cost projects. Nearly 400 major adaptations were completed between October 2023 and September 2024. Key achievements include:

- £7.7m of DFG monies paid out in 2023/24 following an OT assessment.
- Programme of home checks to council tenants including checks on health and wellbeing and signposting to other support.
- Discharge to assess (D2A) flats commissioned in extra care and the community.
- Creation of a housing link worker supporting hospital discharges.
- 91 units of supported accommodation recommissioned in 2024.
- 1192 referrals received by floating support in 2023/24, 46% supported to find accommodation or prevent homelessness.

4.3.3 Our Shared Lives service is also expanding to support more people with Learning Disabilities with an alternative for independent living. Following a review in 22/23, the service now supports young adults to move from foster placement to shared lives. In addition, the scheme now offers day respite for carers. This works by providing unpaid carers with opportunities to make appointments, time to relax or go shopping, without overprescription of day services. This service also acts as a 'try before you buy' to help some people who have never been away from home before, get used to different support and help with future planning. Both elements of the scheme have been hugely successful in terms of feedback and number of carers registering to provide support. Our new [shared lives website](#) and offer was launched in 2024.

CI10: Increase options for targeted respite (replacement care) and short breaks for young adults, adults with a learning disability, and for people living with dementia. This includes expansion of the 'Shared Lives' offer.

4.3.4 By communicating with individuals to better identify future need and building on work already completed through the council's housing and market reviews, we will ensure that there are 'pipeline' future developments that will meet the needs of people with more complexity. For example, the development of new supported housing and support services to meet the needs of people who have complex needs such as learning disabilities, dementia, mental health needs, and acquired brain injury.

CI11: Review our model for extra care to ensure that the offer is efficient and effective at maximising people's independence.

CI12: Forecast and invest to develop sufficient supported accommodation that can meet known needs across the borough.

4.4 Good, affordable, quality care near to home to meet long-term needs

- 4.4.1 As we allude to in section 3, we have a diverse market and do not experience any significant difficulties in finding support for our residents when required other than for more traditional forms of respite.
- 4.4.2 While overall sufficiency is strong, gaps in specific service areas and variability in experience remain. These include areas linked to carers, transitions and some community based support. We will utilise commissioning to reduce variation, strengthen personalised offers and address known pressure points.
- 4.4.3 Where required, we commission a range of culturally specific services that we fund through contracts or grants, we also provide translation and interpretation services to people who need them to access services from first enquiry through a person's journey with adult social care.
- 4.4.4 Further work is required to drive improvements in quality, but we appear to be getting the basics right, which gives us a sound foundation to build upon and develop new and innovative solutions to combat the challenges the system faces.
- 4.4.5 The care and support market has to change in the coming years; it must be affordable and shaped to fit with the needs and aspirations of the communities that it serves. We will work with people, practitioners, and providers to develop a changed market that, wherever possible, offers a choice of care and support, with a focus on quality and value for money. We will also look to continuously support improvement of quality through our commissioning activity, improved intelligence gathering, and listening to feedback from people, including those that use/deliver services, unpaid carers, and other stakeholders. We need to find more creative ways to help providers innovate and adopt new or best practice, encouraging the use of local pilot models for care and support.
- 4.4.6 The proportion of people with care and support needs accessing direct payments is below regional and national averages (in 2023/24 19.2% in people in Sandwell, whilst regional and national averages were 25.8% and 25.5% respectively). CQC identified lower uptake of direct payments, indicating the need for further development in commissioning support models that maximise choice and control. We will redesign commissioning approaches to direct payments support, including market development and clearer outcomes for people.

CI13: Implement mechanisms to capture and ensure that all people with assessed needs are given the opportunity to access a direct payment.

- 4.4.7 While there has been a declining trend in Direct Payment usage over recent years, we have identified this as a priority and we are actively working to ensure they remain a viable and attractive option for more people, particularly as an alternative to traditional commissioned services and therefore offering greater choice and control. Improvements include:
- Streamlining processes to make Direct Payments easier to access and manage; this will be overseen by a direct payments panel.
 - Enhancing support for people to recruit and retain Personal Assistant's through the newly commissioned support contract.
- 4.4.8 Proactive engagement to understand and address any barriers to uptake. Further development of the model for direct payments (self-directed support), as an effective and realistic alternative

to commissioned services, will be essential if people are to take control of their care and make informed choices as 'consumers' in the marketplace, making purchasing decisions around their own care. However, in delivering this aspiration, we must be cognisant that offering individual choice in the 'truest' of senses, namely, designing personalised support with a 'blank sheet of paper' poses a risk to market development and predicting future needs and volumes of care. It will require providers and service offerings to be malleable, which poses a greater challenge to physical services such as accommodation.

CI14:Develop our short and long-term local provision for people with more complex needs such as challenging behaviour and dementia.

CI15:Implement Dynamic Purchasing System (DPS) for Supported Living and Day Care, which addresses approval of providers, refresh of service specifications and efficient processes for allocation such as the E-brokerage System.

CI16:Develop an age appropriate tiered model for day support that ranges from community activities and short-term enablement to specialist services for complex needs.

4.5 Creating a workforce fit for the future

- 4.5.1 Alongside our partners and the independent sector, we will work together to ensure that there is a unified approach to recruitment and retention of staff, and all available resources are managed as efficiently and effectively as possible. There will be a focus on approaches that recognise existing staff as an asset and do more to make them feel valued for the work that they do and the commitment they bring. We also want to ensure that we provide positive opportunities for all those who wish to work or volunteer in adult social care.
- 4.5.2 Through contracting and regular quality assurance reviews, we will ensure that skills and knowledge are a key aspect of induction and training for staff supporting people with complex needs; whilst adopting best and innovative practice from local and national sources, such as Skills for Care and ADASS. A strong and skilled workforce will be supported by a comprehensive and positive training and development offer, and we aim to bring more career structures and pathways to all care and support roles.

CI17:We will commission strategically to support workforce stability, innovation and future demand; integrating wider health and social care workforce considerations into our Adult Care Workforce Strategy and programme of improvement.

CI18:Increase the use of positive pathways to employment within the health and social care sector, e.g., apprenticeships, work placements, and supporting college leavers into caring roles.

5 Our Commissioning Practice

5.1 Our commissioning principles

- 5.1.1 Adult social care commissioning is changing in light of the pressures we face, as such, we are committed to delivering significant improvements and changes to the way that we commission; these changes are underpinned by **7 key principles** and enablers (figure 9) which will support an effective commissioning organisation.



Figure 9: commissioning principles

- 5.1.2 Take a **collaborative approach to design and problem solving**, prioritising engagement with the market and our residents. Building on our recently published [Coproduction Charter](#), we know that the experts in care are often the people that receive it and we recognise that we need to listen to and utilise this knowledge; therefore, we will increase opportunities for people in Sandwell who have used or might use our services to get involved. We also recognise the rich diversity of the population in Sandwell. We provide or commission many services for specific groups, but must ensure that our approach to equality, diversity and inclusion fosters equity of access and outcome. This involves talking to people about what is meaningful to them, both on an individual and community level.
- 5.1.3 Through building positive partnerships, providers are open and transparent about the challenges they face, without concern that this could advertently impact their position. **Regular information and communication** supports providers' understanding of the market, internal structures and challenges. We are committed to on-going engagement with the care and support market through the Better Together Programme.
- 5.1.4 Embed and strengthen our approach to **intelligence led commissioning**. We have a well-established and highly skilled team of analysts to support us with this work, although more work is required to make data and intelligence 'everyone's business', utilising the suite of Power BI dashboards and the wealth of data we collect. We will continue to develop and refine our market

intelligence through future iterations of our market position statement and regular analysis of our communities to understand what is working well and where gaps arise; enhancing our data and intelligence on impact to assist in shaping services fit for the future.

- 5.1.5 Linked to the above, utilising the intelligence we gather we will undertake market impact assessments for all new and recommissioned, or changing services to ensure we understand the intended and potential unintended consequences of our decisions and how risks may be mitigated; this includes our in-house provision.
- 5.1.6 Embed the **principles of commissioning throughout the organisation**, recognising the role all functions in adult social care play in the commissioning cycle. It was not clear if the current approach to strength-based assessments is influencing commissioning and purchasing decisions in a structured fashion. Like most areas there is work required to ensure individual caseloads and intelligence is aggregated up to inform 'macro' commissioning. Internally, work is already underway through our weekly operational heads meetings to connect the various teams together and establish how we work together through the analyse-plan-do-review cycle at a macro (whole population and specific cohorts) and micro (individual) level. Practitioners have first-hand experience of what people need and the quality of the service, so their voice is important to the process.
- 5.1.7 Lead and **encourage innovation** in the face of challenging financial constraints; this is further compounded by a potential risk aversion and a lack of clarity where providers should take their ideas and the support that may be available to them to test and implement. The responsiveness and flexibility of the market, in part, is governed by the systems and processes that we have put in place, such as remuneration based on time and task and the use of formalised frameworks. There needs to be more education internally around what is in the market and how providers differentiate, including how we can maximise the benefits of utilising our extensive voluntary and community sector to deliver our objectives.
- 5.1.8 Join and **align our priorities** and investments with our partners, we already have a well-established BCF which forms a central pillar of Sandwell's approach to integrated commissioning, alluded to above. Work has also commenced with our children's colleagues to review the preparing for adulthood pathway.
- 5.1.9 All decisions will consider the impact on **outcomes** for people, together with **value for money**. Outcomes, such as focus on independence, choice, control and quality of life, will have a greater role in assessing the quality of provision. We will embrace the principles of outcomes-based commissioning, in particular, funding for packages should be person-centred, responsive to needs and consider unique outcomes for the individual, moving away from funding packages that don't sufficiently promote independence. Similarly, unnecessary and bureaucratic processes that do not improve individual outcomes, create a seamless customer journey or are not required through statutory legislation should be removed.
- 5.1.10 Support and develop a **sustainable workforce** in the face of recruitment and retention challenges. Competition is increasing from other markets, together with providers who through a 'specialist' provision badge, command higher rates and in-turn can offer more attractive remuneration. Further work is required to raise the profile and value of the profession. Providers are reporting that roles are increasingly being professionalised without a recognition of this change in status, our approach to commissioning needs to consider the health and social care workforce as a whole and opportunities to support and develop will be extended throughout the

sector to help ensure the highest calibre of people. Approaches for training, skills, retention and attraction are co-produced with providers, including the sharing of resources and expertise.

5.2 How we will work with the market

- 5.2.1 Building on our principle that we will strengthen our arrangements for working together within the care and support market. If we are to deliver the new models of provision needed in Sandwell to improve quality, increase choice and control for individuals and deliver a much more responsive and efficient commissioning; we must:
 - 5.2.1.1 Strengthening the voice of providers in the development of the market; early 2025 we launched our **Better Together** programme to improve communication and channels of feedback, whilst offering ongoing support to the market. We have committed to holding quarterly events, underpinned by service type forums between the quarterly events. The focus is on overarching strategic issues, such as communication, safeguarding, recruitment, training, and retention, budget setting and technology.
 - 5.2.1.2 Understand and acknowledge the **cost to conduct business** for providers, we will achieve this through a collaborative approach to fee setting, open book accountancy and use of robust financial intelligence. As per recent years, we are committed to setting a 3-year forward plan for fees, underpinned by an annual fee review across the market.
 - 5.2.1.3 We will **review procurement and contracting processes**, evaluate their impact on the provider market and explore how improvements can be made that will help promote flexibility in service provision, proportionality and responsiveness.
- 5.2.2 We will enhance the support provided by the Voluntary and Community sector, building on their current service contracts and through their independently funded work, to enable people to connect to a wider range of non-regulated support, including the use of direct payments.
- 5.2.3 Longer term we will consider creative and novel approaches to contracting and procurement that support the delivery of the adult social care strategy. We will explore developments such as new outcome-based contracting, including examples like individual service funds (ISF's) and dynamic purchasing system (DPS) for provision of care services. Conceptually, this would avoid profiling by service type or client group as removing these labels would enhance the focus on needs and outcomes for individuals and would allow providers flexibility to respond with new and innovative service offers.

6 Looking Ahead

6.1 What does success look like?



1. Independent living

1. People are supported to live independently for longer

Success means more people are able to remain in their own homes and communities, with less reliance on regulated care services for as long as possible.



2. Care home placements

2. Growth in care home placements stabilises

Reduce the rate of growth in residential and nursing care by developing more flexible support at home, community-based alternatives and preventative services.



3. Short-term support

3. More people benefit from short-term support that restores independence

A key measure will be an increase in people still at home 91 days after reablement or other short-term interventions.



4. First contact resolution

4. More issues are resolved at first contact

Success will include more calls and enquiries being resolved at the point of contact, reducing unnecessary escalation into formal assessment or long-term services.



5. Resident and carer outcomes

5. People and carers report better outcomes and satisfaction

ASCOF measures, service monitoring and lived experience feedback will be used to track improvements in satisfaction, control, safety, social contact and overall outcomes.



6. Provider quality

6. Quality across the provider market improves

The number of providers rated CQC “Requires Improvement” should reduce, supported by stronger local quality assurance and market oversight.



7. Market sustainability

7. The care market remains stable and sustainable

Low levels of provider exits, and contract hand-backs will indicate that the local market remains resilient and able to meet need.



8. Timely reviews

8. Reviews are timely and support remains proportionate

A reduction in cases not reviewed within 18 months will show that people’s support is being actively reviewed, adjusted and focused on maximising independence.



9. Direct payments

9. Direct Payments increase as a measure of choice and control

An upward trend in Direct Payment referrals will show that practitioners are having strengths-based conversations around options, networks and control over support.



10. Support for carers

10. More carers are identified and supported

Increased carer assessments and improved carer outcomes will demonstrate stronger identification, support and prevention for unpaid carers.



11. Technology Enabled Care

11. Technology Enabled Care becomes a mainstream part of the support offer

Increased referrals will show that TEC is becoming a standard option to help people remain independent and reduce reliance on formal care.



12. Community and prevention

12. Community, voluntary and Public Health offers are used more effectively

Increased referrals into community and Public Health offers will show that Sandwell is building community resilience and making better use of preventative support.



13. Data and stories

13. Success is measured through both data and stories

The document makes clear that numbers alone are not enough; success will also be shown through stories of impact on people’s lives and on the local care market.

6.2 How we will measure success

6.2.1 Figure 10 provides a new conceptual continuum of need and support where care services respond to and collaborate around the strengths and potential of people in their community thus enabling people to live in their own home, independently of regulated services for as long as possible by maximizing their wellbeing and life-skills, together with flexible models of support that respond to the changes in people's lives. We envisage under this model that the growth in placements into care homes (which has been increasing) will stabilise with a more graduated growth in support to live at home as more people are supported with wider community offers.

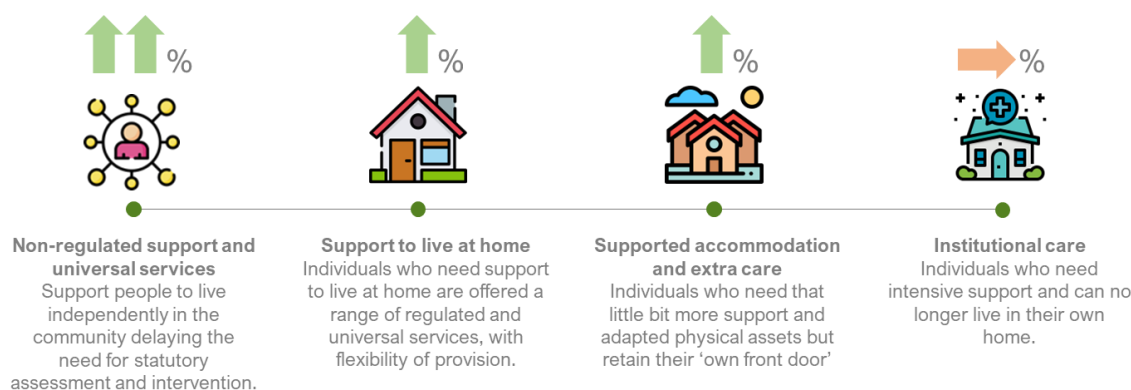


Figure 10: a new continuum of care

6.2.2 We are proposing a series of metrics which will assist us to monitor and review the impact of our work and this strategy (table 3, below). Whilst the 'numbers' are a useful measure of success, we will also capture the stories of how we have impacted the lives of people and the impact we are having within the market.

Indicator	Underpinning Logic/Trend
Client satisfaction and outcomes	ASCOF measures indicated earlier as used as a proxy for satisfaction and we see increases in the responses. This is supplemented by service monitoring (annex 1).
Carer satisfaction and outcomes	
CQC ratings	The number of providers rated CQC 'Requires Improvement' reduces.
Demand management	We see more people still at home after 91 days following a short term intervention (reablement). The number of calls resolved at the point of contact increases.
Use of volunteers	Increases in the use of and support for volunteers is demonstrating that we are building resilience in our community services.
Provider sustainability	The number of market exits and contract hand backs remain low.
Cases which haven't been reviewed in 18+ months	People have varying/fluctuating needs, reviews at timely intervals ensures support is provided at the correct level to meet needs and maximise independence.
# new POC not reviewed at 6 weeks	
#DP referrals	Upwards trend shows that we are considering/assessing for needs and having discussions with the person about the environment and connections around them. This is a proxy measure for strengths-based discussions.
# carers assessments	
# referrals for TEC	
# referrals to community and PH offers	

Table 3: impact measures

6.3 Governance and accountability

- 6.3.1 Regular monitoring and reporting of the underpinning action plans (see figure 11) will be undertaken through our Commissioning Board, which meets monthly and will act as the vehicle for overseeing activity and overcoming barriers encountered. Anchoring the strategy within this board will support the development of our principle that we are a commissioning organisation, strengthening the feedback loops between commissioning and operational functions.
- 6.3.2 Our strategy will provide annual reporting on progress through our existing internal oversight and arrangements (figure 11), providing progress reports to DMT on a 6-monthly basis. Comments and observations from partners and stakeholders will be invited on an annual basis to help inform the review of this strategy.

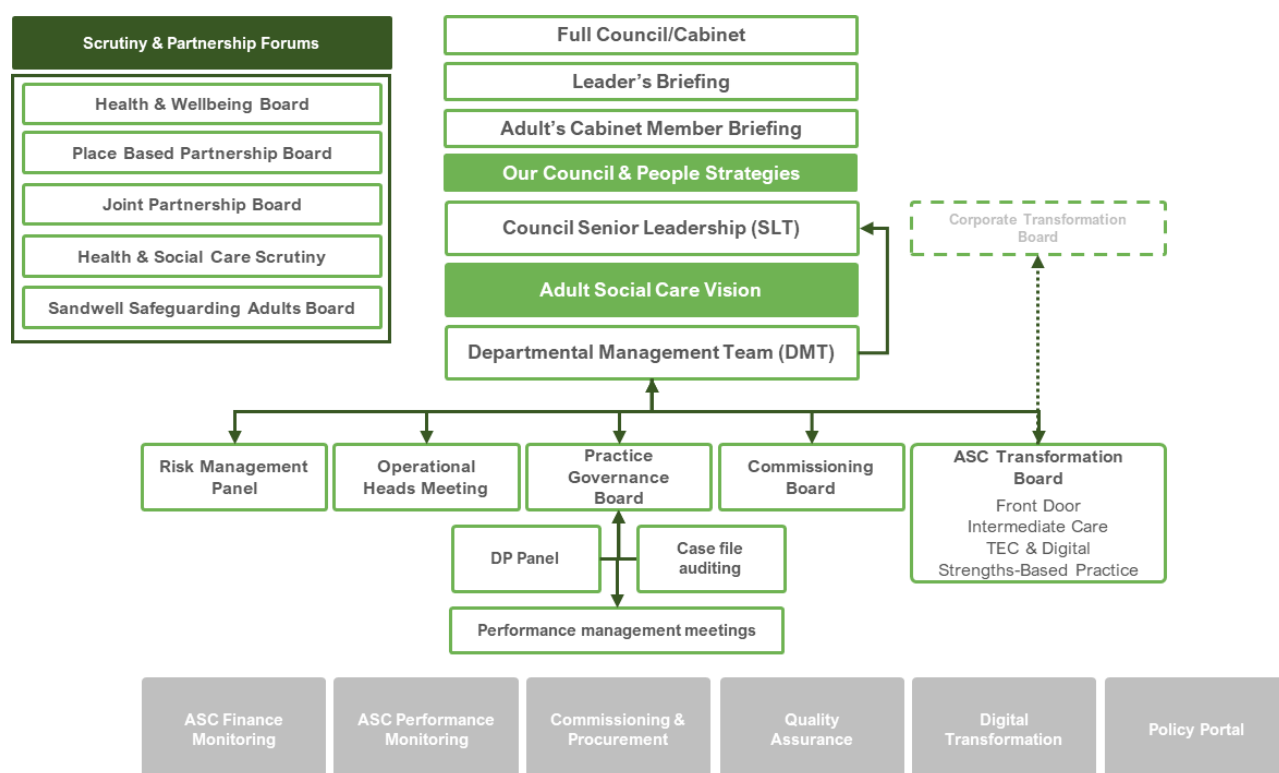


Figure 11: adult social care governance structure

6.4 Key strategies and plans

- 6.4.1 Underpinning this strategy are assessments of the needs of Sandwell residents which have been conducted by relevant experts, in line with recognised needs assessment methodologies. This strategy should be read alongside the following key documents:

- [Sandwell's Council Plan 2024-27](#)
- [Sandwell Health & Wellbeing Strategy](#)
- [Sandwell's Carers Strategy](#)
- [Better Lives: Sandwell's Dementia Strategy](#)
- [Sandwell's Homelessness and Rough Sleeping Strategy 2022](#)
- [Sandwell's Market Positions Statement 2024](#)
- [Sandwell Market Sustainability Plan 2023-2025](#)
- [Sandwell Trends JSNA](#)

Appendix 1: Commissioning Intentions

Commissioning Intention 1	Commissioning Intention 2	Commissioning Intention 3
Modernise contracting systems/frameworks to reflect changes in the <u>Procurement Regulations 2024</u> , including the conversion of grants to service contracts.	Deliver a 3 year forward investment programme to the market, providing greater certainty in respect to our fees to support a sustainable care and support sector.	Continue the review of our front door 'Sandwell Connect', identifying and delivering opportunities to support resolution of issues at first contact.
Commissioning Intention 4	Commissioning Intention 5	Commissioning Intention 6
Enhance access to information through online tools, directories and clear 'way finding' opportunities that will guide people to local opportunities and support.	Strengthen our working relationships with Primary Care, Public Health and Housing, ensuring we are co-ordinating and utilising the experience of our partners.	Work with our partners to ensure intermediate care (IMC) services are efficient, effective and are right sized to meet the needs of Sandwell residents.
Commissioning Intention 7	Commissioning Intention 8	Commissioning Intention 9
Implement our strategy for TEC digital and AI, to support people to live independent lives and modernising our operations.	Improve the identification and support to unpaid carers; through delivery of the new carers register, Bridget app and the new carers service.	Ensure we are delivering timely assessment and review of people, which are strengths-based and maximise independence.
Commissioning Intention 10	Commissioning Intention 11	Commissioning Intention 12
Increase options for targeted respite and short breaks, this includes expansion of the 'Shared Lives' offer.	Review our model for extra care to ensure that the offer is efficient and effective at maximising people's independence.	Forecast and invest to develop sufficient supported accommodation that can meet known needs across the borough.
Commissioning Intention 13	Commissioning Intention 14	Commissioning Intention 15
Implement mechanisms to capture and ensure that all people with assessed needs are given the opportunity to access a direct payment.	Develop our short and long-term local provision for people with more complex needs such as challenging behaviour and dementia.	Implement Dynamic Purchasing System for Supported Living and Day Care, refresh of service specifications and develop efficient processes for allocation such as the E-brokerage System.
Commissioning Intention 16	Commissioning Intention 17	Commissioning Intention 18
Develop an age appropriate tiered model for day support that ranges from community activities and short-term enablement to specialist services for complex needs.	Commission strategically to support workforce stability, innovation and future demand; integrating wider workforce considerations into our Workforce Strategy and programme of improvement.	Increase the use of positive pathways to employment within the health and social care sector, e.g., apprenticeships, work placements, and supporting college leavers into caring roles.

Appendix 2: Client feedback summary

Care home user feedback (2024-25):

	 Always	 Some Extent	 Never	 No Response
The home is clean, tidy and fresh	92.7%	6.8%	0.5%	
Home offers and encourages me to take part in activities that I enjoy and are important to me	71.0%	10.9%	4.5%	13.6%
Do you feel safe and secure from harm or abuse?	89.2%	9.4%		1.4%
Care staff enable me to do as much for myself as possible	83.3%	8.1%	2.3%	6.3%
Care needs are met and I am are well looked after	90.0%	8.6%	0.9%	0.5%
Supported to take my medication	94.6%	1.3%	0.5%	3.6%
Staff refer to you by your preferred name?	99.5%	0.5%		
Supported to access outside areas or areas within the community, e.g. parks, shops, pubs etc.	39.4%	24.9%	21.7%	14.0%
Feel you can talk to staff about problems	85.5%	9.1%	1.8%	3.6%
Choice when I get up	77.8%	13.2%	3.6%	5.4%
Choice when I go to bed	82.8%	9.1%	2.7%	5.4%
Choose how often you have a wash, bath or shower	78.3%	14.9%	2.3%	4.5%
Choose how I like to present myself e.g. how I dress, perfume, aftershave, shaving, hairstyle etc.	89.1%	4.5%	1.8%	4.6%
Choose how I spend your day	85.5%	7.2%	2.7%	4.6%
Have enough privacy	87.8%	8.6%	0.4%	3.2%
Feel respected and treated with dignity	89.6%	6.3%	0.5%	3.6%
Can talk about the things that are important to me, to staff and residents	64.9%	25.1%	2.6%	7.4%
There are enough carers on shift to meet my care needs	60.7%	27.9%	6.8%	4.6%
Staff make enough checks to ensure I am well	85.8%	5.9%	3.23%	5.0%
Have regular meetings to review my care needs	30.0%	17.7%	45.0%	7.3%

Extra care user feedback (2024-25):

	 Always	 Some Extent	 Never	 No Response
Supports and enables me to keep well and healthy	94%	4%	2%	
Supports my mental health and wellbeing by listening to my concerns, and ensures that I lead a fulfilling life	86%	6%	6%	2%
Staff enable me to do as much for myself as possible	100%			
I feel I am respected and treated with dignity	96%	4%		
I feel my privacy is respected	96%	4%		
Scheme has clubs and activities	78%	18%		4%
Supports me to start/develop friendships	80%	8%	2%	10%
Communal areas kept clean, tidy and fresh	100%			
I always know the carers who visit	88%	10%	2%	
Cares arrive and leave within the times I expect	94%	6%		
Staff are friendly and polite	100%			
I am happy with the standard of care	98%	2%		
Staff have sufficient time to complete the care I require	88%	12%		

I am aware of my care plan	44%		54%	2%
There are enough carers to help with my care needs	96%	4%		
I am kept informed of changes in arrangements for care	76%	4%	2%	18%
Staff are always available on-site to assist outside the times of my planned care visits	100%			

Daycare user feedback (2024-25):

	 Always	 Some Extent	 Never	 No Response
A clean and tidy place to come to	96.4%	3.6%		
A safe environment to come to	98.2%			1.8%
An opportunity to have new interests or skills	72.7%	14.5%	3.6%	9.1%
Opportunity to enjoy life by offering activities I like	96.4%	1.8%		1.8%
Opportunity to keep independent for as long as possible	69.1%	7.3%	1.8%	21.8%
As much support as you need whilst at the day centre	94.5%	3.6%		1.8%
Good value food and drinks to your satisfaction	76.4%	10.9%		12.7%
Helps me to be part of your local community	47.3%	12.7%	14.5%	25.5%
Feel safe and secure from harm or abuse	98.2%	1.8%		
Feel respected and treated with dignity	96.4%	3.6%		
Able to approach staff to talk about problems you have	83.6%	5.5%		10.9%
Day centre offers you a choice of activities	80.8%	11.5%	1.9%	5.8%
Have the opportunity to attend service meetings	52.7%	12.7%	16.4%	18.2%
Day centre is open at the time you want or need	56.8%	5.4%		37.8%
Transport arrives and leaves on time to collect me	32.4%	13.5%		54.1%

Homecare user feedback (2024-25):

	 Always	 Most Times	 Sometimes	 Never
I have regular carers	64.6%	25.1%	9.5%	0.8%
I always know the staff who call	65.9%	21.1%	10.7%	2.3%
Staff friendly, polite and engage whilst providing support	84.2%	10.8%	5.0%	
Staff hygienic and professional in appearance	92.1%	4.7%	2.9%	0.3%
Staff complete the tasks as identified in my support plan	81.5%	13.9%	4.0%	0.6%
Care is provided up to a good standard	77.2%	17.1%	4.8%	0.9%
Always enough staff to assist me with my care needs	95.9%	3.8%	0.3%	
Staff have sufficient time to complete the care I require	88.9%	8.0%	2.6%	0.5%
Care staff arrive and leave on time	55.2%	28.7%	14.1%	2.0%
I am kept informed of changes in care arrangements	61.0%	15.6%	11.0%	12.4%
I often see family members or friends	73.5%	17.7%	6.0%	2.8%