Walsall Council assessment

How we assess local authorities.

Assessment published: Friday 23 January

About Walsall Council

Demographics

Walsall Council is a metropolitan borough situated in the West Midlands and is one of 4 local authorities comprising the Black Country. It contains 6 urban district centres. Walsall Town Centre lies at the heart of the borough, surrounded by Aldridge, Bloxwich, Brownhills, Darlaston, and Willenhall. The borough covers 40 square miles and is bisected by the M6 motorway. Socio-economically, there is a stark geographical divide between the more deprived West, and the less deprived East.

Walsall has a proud, diverse community and is home to 182,271 people. 59.44% of the population are of working age (18-64), with 19.32% aged 65 and over and 21.24% under 18. The majority of the population are White British 71.35% with 18.72% Asian, 4.6% Black, Caribbean, or African, 3.30% mixed, and 2.10% Other. Walsall has an Index Multiple Deprivation score of 9 (with 10 being the highest and most deprived) and is rated 25th out of 153 local authorities (1st being most deprived). Life expectancy is 76.6 years for men and 81.2 years for women, with men expected to live 17.6 years, and women 22.8 years with poor health. Approximately 20% of people in Walsall identify as disabled due to experiencing a long-term condition limiting their daily lives. 1 in 50 (2%) of people aged 16+ identified as LGBTQ+ in the 2021 census, and 11.4% of all adults in Walsall provided unpaid care for a family member, friend, or neighbour.

Walsall Council is located within the Black Country Integrated Care System (ICS) which covers Walsall, Dudley, Sandwell, and Wolverhampton. The local authority has strong links with the Black Country Integrated Care Board (ICB) which is made up of 4 local authorities, 3 NHS trusts, multiple hospitals including Walsall Manor Hospital and the new Midland Metropolitan University Hospital, based in Sandwell which opened in October 2024, and 1 regional ambulance service.

Walsall is a Conservative-led local authority, which has 60 Councillors, 3 for each of the 20 wards. There are currently 37 Conservative, 13 Labour, 8 Walsall Independent Group, and 1 Independent Group Councillor, with 1 Councillor not affiliated to any political group.

Financial facts

- The local authority estimated in 2023-2024, its total budget would be **£543,497,000**. Its actual spend for the year was **£563,648,000**, which was **£26,151,000** more than estimated.

- The local authority estimated it would spend **£97,355,000** of its total budget on Adult Social Care in 2023-2024. Its actual spend was **£121,912,000**, which was **£24,557,000** more than estimated.

- In 2023-2024, **21.63%** of the budget was spent on Adult Social Care.

- The local authority has raised the full Adult Social Care precept for 2023-2024, with a value of **2%.** Please note the amount raised through Adult Social Care precept varies from local authority to local authority.

- Approximately **4,320** people were accessing long-term Adult Social Care support, and approximately **1,670** people were accessing short-term Adult Social Care support in 2023-2024. It is standard for local authorities to spend money on a range of Adult Social Care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local Authority rating and quality statement scores

Score of 53% overall

Requires Improvement: Evidence shows some shortfalls

Summary of people's experiences

People told us they valued the help provided by the local authority, as well as the services available in their communities through health, housing, and community and voluntary sector partners. This support enabled them to live independently at home for longer, and to live their lives the way they wanted to.

People felt Care Act assessments and reviews were completed in a timely manner, with person-centred, strengths-based conversations enabling them to have control of their care and support. However, some people had experienced inconsistencies in approach, with areas for improvement highlighted including seeking consent to share information, consideration of the support family members may need, and communication around direct payments. People also told us knowledge of community-based services to signpost people to for information and advice could be developed further.

Unpaid carers in particular told us the support offered by the local authority could be improved. Whilst we heard positive feedback about the commissioned carers services, which included low-level support, advice, and well-being assessments, the support offered by the local authority was inconsistent. Unpaid carers told us of a lack of knowledge about the support available to them, often finding out about carers services through friends and

family rather than through the assessment of the people they cared for. Unpaid carers told us it was hard to access carers assessments, direct payments and respite services.

People gave positive examples of person-centred service provision, with their needs and wishes recorded as well as feedback on concerns. People told us they felt like they had control of their support provision, and we heard examples of positive outcomes following short-term support. For example, people requiring less or no support following reablement, and opportunities to reduce 2:1 care to once daily support following reviews and reassessment of needs.

People told us there were enough services to meet their needs and to give them a choice about who supported them. However, we heard of shortages in support for younger people with early onset dementia, people with more complex needs, and more bespoke respite options. People also told us of a lack of quality in provision of some services and more focus required in supporting people with learning disabilities, mental health needs, and autistic people.

Partnerships with health services were seen as effective, with good outcomes seen through reablement and rehabilitation services. However, clarity was often needed on who people should contact when intermediate services were working together, with people telling us of having to 'share their story' multiple times, and difficulties in contacting frontline teams.

People and unpaid carers told us whilst hospital discharges were effective, they could happen quickly and did not always enable unpaid carers to make the necessary arrangements to support the people they cared for to return home. People felt this was a communication rather than process issue but sometimes led to inconsistencies in support provision.

People told us they felt safe living in Walsall and felt supported through safeguarding processes. Safeguarding enquiries were person-centred and included opportunities to provide feedback and identify people's expected outcomes. Data provided by the local authority showed 90% of people were asked about their desired outcomes.

There were mixed views about learning from feedback. Coproduction in the local authority was at an early stage and did not reflect the diversity of local communities. However, people with lived experience were consulted and included in decision making processes. Care recording systems were effective at capturing people's voice through assessment and review processes, but support for unpaid carers did not have the same level of reflective practice.

Summary of strengths, areas for development and next steps

Walsall Council had a clear vision for adult social care in the borough, with new and developing strategies identifying priorities and joint working arrangements with partner organisations to address local and regional health and social care inequalities. There was a focus on improving the experience of people who used care and support services,

informed by data-driven decision making and corporate support for adult social care investment.

Senior leaders at Walsall Council told us they were committed to strengths-based, holistic assessments, focusing on prevention and 'home-first' support to promote people's independence and to draw on community-based support for unpaid carers and people using services. However, processes were not always embedded in practice. We heard examples of assessments which did not look at the person's whole support needs, focusing on specific tasks rather than outcomes, and not always incorporating holistic support for family members, and carers to ensure unpaid support arrangements were robust and ensured people were living the life they wanted.

Care Act assessments and reviews were completed in a timely manner, enabling people to plan, organise and access the support they needed to keep them safe and to live the lives they wanted. Senior leaders told us of delays in financial assessments, and occupational therapy assessments, with an improving picture emerging across 2025 as resources were focused to address these delays.

The support available for unpaid carers was identified as an area for development, with the newly launched All-Age Carers Strategy and action plan setting out the local authority's priorities for identifying, educating, and supporting unpaid carers across the borough as well as improving the uptake of carers assessments and direct payments. Feedback from people with lived experience of caring for their loved ones told us of inconsistencies in the approach to carers' assessments.

Staff and leaders told us there was a need to reach out more effectively to communities within the borough. They highlighted a lack of awareness about the support available to unpaid carers, and the need to further educate teams to enable better signposting and more effective sharing of advice and information, as part of the local authority's commitment to holistic assessment processes and an 'every contact counts' approach. Partners told us of a need to improve the approach to self-directed support (including direct payments), particularly for unpaid carers.

Walsall Council was a founding member of Walsall Together, a partnership with health, housing, and the voluntary and community sector, using Better Care Funding (BCF) to improve people's outcomes and to promote wellbeing and equity across the borough. Staff and leaders told us how proud they were of the joint working relationships with health partners around hospital discharge, rehabilitation and reablement services. Partners shared this vision of success, with multiple examples of regional good practice and shared learning given as part of the assessment.

In January 2025 Walsall recruited a coproduction lead as part of their approach to inclusion and continuous improvement. People with lived experience of using services were supported to work with senior leaders and frontline teams to review, redesign and implement strategic approaches to adult social care provision and to provide constructive challenge to decision making and resource allocation.

We heard mixed feedback about how the local authority worked with providers and partners to ensure quality provision of safe and effective community services, with a recognition of sufficient supply of provider services but a need to support safety and quality improvements in the market. Staff and leaders told us improving provider quality in Walsall

was a local authority strategic priority. The local authority had explored 'what good looked like' with people accessing care provision and had engaged with partners to agree new quality measures. The local authority had been working on a new clearer quality framework to support providers to understand what good quality care looked like, with senior leaders aiming for completion of the new framework by September 2025.

Walsall Council worked in collaboration with the Walsall Safeguarding Partnership and Safer Walsall Partnership to ensure people using services felt safe, and to manage safeguarding processes and concerns. Senior leaders told us higher than expected levels of safeguarding concerns had led to increased waiting times for enquiry completion.

There were clear arrangements for oversight and scrutiny, and accountability, with the local authority prioritising effective leadership at all levels and supporting the development of an inclusive workforce committed to continuous professional development. Staff and leaders told us of good access to data dashboards and daily and weekly meetings with peers and partners to support effective decision making and to identify learning opportunities. However, people's experience and partner feedback identified gaps in the implementation of processes and the knowledge of available support showing strategic planning was not always embedded in operational practice. Quality assurance processes were not yet embedded and were therefore not always effective in identifying areas of learning.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together, and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Whilst people could access the local authority's care and support services through multiple channels, including online, emails, and by telephone, people told us knowledge of where to go for advice and support often relied on word of mouth. This meant people did not always access the information they needed to maintain their health, wellbeing, and independence. For example, people told us contacting the local authority through the main contact number could be challenging and centrally located First-Stop-Shop service had recently been closed. Senior leaders explained the closure was in support of more community-based, neighbourhood-focused support hubs but the communication around this change, had impacted people living in the communities being targeted. This was particularly true for unpaid carers and for people from different ethnic backgrounds.

The published approach to assessment and care planning was person-centred and strength-based, with strategic policies and procedures focused on holistic, family-based support to deliver outcome-focused support. The approach reflected people's right to choice, built on their strengths and assets, and reflected what they wanted to achieve and how they wish to live their lives. However, we heard of inconsistent approaches to

assessments and reviews. Some people told us of person-centred assessments which met their needs whilst promoting their independence and empowering them to take control of their lives. However, we also heard from people who told us about multiple changes in named workers, assessments that focused on individual tasks rather than the person's overall needs or existing support networks, and delays in receiving their support plans. The local authority provided data showing 92.74% of support plans were shared on the same day they were completed. Unpaid carers told us their needs were often recorded within the notes of the person they supported, rather than being captured separately in a way that recognised them as individuals with their own support needs. This meant opportunities for early intervention and prevention approaches were sometimes missed, and people's knowledge of community-based support available was limited, reducing their independence opportunities and increasing their reliance on more formal care arrangements. National Data provided by the Adult Social Care Survey (ASCS 2023-2024) showed 60.54% of people said they were satisfied with their care and support. This was somewhat worse than the England average of 65.39%.

People's experiences of care and support often ensured their human rights were respected and protected. People told us they were involved throughout the assessment process in decisions; however, their voice was not always captured in case recording processes. This meant their protected characteristics under the Equality Act 2010 were not always fully understood and incorporated into care planning. Staff and partners told us understanding of the Mental Capacity Act 2005 was an area for development and unpaid carers were not always offered a statutory carers assessment, with local carers organisations completing wellbeing assessments instead.

The local authority had pathways and processes in place to support coordinated cross-agency care, and assessment teams had access to training and systems to ensure they were competent to conduct assessments, including specialist assessments. However, people told us when their support involved multiple services, communication was a concern. They gave examples of having to repeat their story several times before receiving the support they needed.

Timeliness of assessments, care planning and reviews

Care Act assessments, reviews and care planning arrangements were timely and up to date. Whilst we heard from some people about delayed reviews, most people told us the local authority carried out regular, planned annual reviews, and Care Act assessment were completed in a timely way. National Data from Short and Long-Term Support (SALT 2023-2024) showed 93.06% of people in Walsall receiving long-term support had received a review of their care and support needs in the last year (planned or unplanned). This was significantly better than the England average of 58.77%. This meant people contacting the local authority for support received timely interventions to keep them safe and to ensure their care and support needs were met. Data provided by the local authority for Care Act assessments completed in 2024-2025 showed a median average wait of 27 days for an assessment, with a maximum waiting time of 486 days. Planned annual reviews were completed in a median average waiting time of 48 days of the planned date, with a maximum waiting time of 30 months. Delays were due to agreed extended timescales for assessment and review due to complexity of support needs (for example people with

repeated or long-term stays in hospital), delayed transitions, and reallocation due to staffing capacity. There were minimal numbers of people waiting beyond target time scales and the local authority worked closely with partners to ensure these people were kept safe and supported effectively.

Senior leaders told us there were 3 distinct services offering people ways to contact adult social care for information, advice, and support. In addition to the Initial Intake Team which offered professional contact handling, Walsall Connected offered a borough-wide network of 29 core centres and 28 linked centres offering accessible support, signposting, and referrals, backed up by an online digital Walsall Wellbeing Directory. The third service was Making Connections Walsall which was partially funded by the local authority and offered support to tackle loneliness and social isolation. Data provided by the local authority showed the Making Connections service received 1,636 contacts in 2024-2025, with 479 Care Act assessments completed. 45% of referrals received came via GP surgeries, with 12.4% of all referrals leading to provision of local authority support and 52.4% being signposted to the voluntary and community sector. The local authority acted to manage and reduce waiting times for assessments, care planning, and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. Whilst we heard of delays in Care Act assessment and reviews, staff and leaders shared examples of how people were kept safe and supported whilst waiting for assessments. Waiting lists were managed and prioritised based on need and risk, with regular reviews and keeping in touch processes in place. Data provided by the local authority showed that as of 1 August 2025 88% of Care Act assessments were completed within 28 days, and 97% of annual reviews were completed on time.

Assessment and care planning for unpaid carers, child's carers, and child carers

The needs of unpaid carers were not always recognised as distinct from the person with care needs; statutory carers assessments, support plans and reviews for unpaid carers were not always offered, and when they were, they were often undertaken and recorded jointly within the care records of the person they cared for. National data provided by the Survey of Adult Carers in England (SACE 2023-2024) showed 57.50% of unpaid carers in Walsall felt involved or consulted as much as they wanted to be in discussions. This was somewhat worse than the England average of 66.56%. However, 32.56% of unpaid carers in Walsall were still satisfied with adult social care services. This was similar to the England average of 36.83%.

Unpaid carers told us there was a lack of understanding of carers' needs in Walsall. They reported limited access to information and advice in the community, low awareness of available support services, and fewer statutory carers' assessments being completed than the local authority expected. This meant unpaid carers were often unable to access the support they needed for themselves, including direct payments to help provide respite or to access activities which were meaningful to them in their lives. National data provided by SACE (2023-2024) showed 25.00% of unpaid carers reported they had as much social contact as they desired. This was somewhat worse than the England average of 30.02%. When the local authority identified a need to complete carers' assessments, data provided by the local authority showed these were carried out in a timely way, with a median waiting

time of 20 days in 2024–2025, against a target of 28 days. Where there were delays these were due to staffing capacity and the maximum waiting time for the same period was 495 days. There were minimal numbers of people waiting beyond target time scales and the local authority worked closely with partners to ensure these people were kept safe and supported effectively.

Senior leaders told us support for unpaid carers was a key priority for Walsall Council and adult social care, with a newly launched All-Age Carers Strategy setting out the local authority's priorities for identifying, educating, and supporting unpaid carers across the borough. The Walsall Carers Hub was commissioned by the local authority to provide well-being assessments, advice, support services, and practical support for unpaid carers. The organisation held a register of unpaid carers, supporting 1,182 people in 2024-2025. However, the local authority was responsible for carrying out statutory assessments and offering direct payment options as part of a self-directed support process. National data provided by the Adult Social Care Outcomes Framework (ASCOF 2024-2025) showed statistically 0% of unpaid carers in Walsall received direct payments. Senior leaders told us they were working with partners to improve this.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs. For example, people we spoke to told us of a dedicated support offer helping them to find employment, education, and training in the borough. This meant people were more able to support themselves and reduced the need for adult social care support.

Staff and leaders told us they supported a range of non-eligible needs, collaborating with partner organisations to offer advice and support around aging well, preventative interventions and supporting people with no recourse to public funds. Senior leaders told us this formed part of the 'One Council' approach as set out in the Borough Plan (We Are Walsall 2040) and Council Plan (2025-2029).

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent. Policies and guidelines met the threshold for the minimum national eligibility criteria for adult social care and support needs, and unpaid carer support needs as set out in the Care Act 2014. This meant eligibility decisions were consistent and transparent. National data provided by ASCS (2024-2025) showed 65.36% of people in Walsall did not buy any additional care or support privately or pay more to 'top up' their care and support. This was similar to the England average of 64.39%. Staff and leaders told us they received training and ongoing supervision, which enabled them to maintain competency and consistency.

Local authority policies showed how eligibility criteria formed part of the assessment process and highlighted people's right to appeal their eligibility decisions through established complaints processes. The oversight of assessment eligibility and compliance with the Care Act 2014 was managed by Advanced Practitioners and Team Managers, following the local authority's strength-based assessment handbook.

The local authority did not operate a separate appeals process for eligibility criteria. However, people with care and support needs, their family and unpaid carers were able to appeal using the adult social care complaints process. Data provided by the local authority showed there had been 14 complaints related to eligibility criteria in 2023-2024. This represented 7% of all adult social care complaints received in this time period. Senior leaders told us this represented 0.31% of all eligibility decisions made in 2023-2024.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent, and consistently applied. People with care and support needs, their family and unpaid carers were able to appeal using the adult social care complaints process. Data provided by the local authority showed there had been 16 complaints related to financial decisions, including charging inaccuracies, in 2023-2024. This represented 8% of all adult social care complaints received in this time period. Senior leaders also shared examples of informal concerns raised with the local authority during the same time period relating to financial assessments. For example, delays in resolving charges which were deemed not appropriate, and incorrect charges for care. In both these instances informal approaches were taken to find resolutions which met the needs of the people raising concerns.

People told us financial assessment decisions and outcomes were not always timely. This meant people had to wait for decisions on the cost of their care and whether they would have to contribute to the overall cost, but this did not delay their access to the care and support they needed to keep them safe. Data provided by the local authority showed in 2024-2025 the median average waiting time for a financial assessment was 41 days, with a maximum waiting time of 623 days. Senior leaders told us 80% of financial assessments were completed within the target waiting time of 28 days. Reasons recorded for delays in assessment decisions included benefits disputes, incomplete information submissions, and the Court of Protection process, as well as internal process issues and staffing capacity. Staff and leaders told us the local authority had increased capacity within the assessment process in 2025, reducing the number of people waiting for a financial assessment by 40% from 926 in April 2025 to 556 in August 2025.

Provision of independent advocacy

The local authority commissioned an external provider to deliver advocacy services and ensure timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. Partners, staff and leaders told us of positive statutory support being available to support assessments, safeguarding concerns, and Deprivation of Liberty Safeguard (DoLS) applications. However, people told us of difficulties accessing more general advocacy support and some delays in accessing statutory support, particularly around Mental Capacity Act (2005) decisions. Senior leaders told us funding had recently been agreed to increase the availability of advocacy support in the borough by 50% in recognition of the feedback from people using services and the increase in demand for advocacy.

Supporting people to lead healthier lives

Score:

2 - Evidence shows some shortfalls

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence and to prevent, delay or reduce the need for care and support. Specific consideration was given to people at greatest risk of a decline in their independence and wellbeing. The 'One Council' approach to adult social care provided staff and leaders with a vision and values which enabled them to focus whole-council resources on a preventative, home-first, early intervention approach to care and support. To support this approach, adult social care sat within the same senior leadership structure as Public Health and worked closely with Housing and Children's services to support the Council's 5 cross-cutting principles focusing on prevention, equity, partnership, sustainability, and insight-led decision-making.

Senior leaders told us they were committed to strengths-based, holistic assessments, focusing on community-based support for people using services and unpaid carers. However, whilst staff spoke confidently about the importance of taking a relational approach when engaging with people to understand what was important to them and what they wanted to achieve, people's experiences suggested processes were not always embedded in practice. Unpaid carers told us of a lack of knowledge about the support available to them, often finding out about carers services through friends and family rather than through local authority and partner information sharing. Unpaid carers told us it was hard to access carers assessments, direct payments, and respite services. National data provided by SACE (2024-2025) showed 78.79% of unpaid carers in Walsall found information and advice helpful. This was somewhat worse than the England average of 85.22%

Preventative services were having a positive impact on well-being outcomes for people. The local authority had taken steps to identify people with needs for care and support which were not being met. People told us how the local authority was focusing on community mapping and building relationships with community leaders, supported by the voluntary and community sector and people with lived experience of support services. This meant strategic decision making was influenced by feedback from people in the community and enabled senior leaders to plan more effective support services to meet people's needs. Adult social care leaders collaborated closely with partners, including other Walsall Council directorates to support informed decisions and pool resources to address local inequalities. For example, Public Health joint funding was used to tackle obesity, with a campaign raising awareness and encouraging healthier lifestyles. This project was shared across the region as good practice. The local authority was also working with partners, including probation services and organisations supporting rough sleepers to review and develop a needle exchange and wound management service.

Walsall Council was a founding member of Walsall Together, using Better Care Funding (BCF) to improve people's outcomes and to promote wellbeing and equity across the borough. The voluntary and community sector supported a number of preventative strategies to reduce the need for adult social care services and promote people's independence. For example, partners told us how a Resilient Communities Partnership focused on social isolation, engagement, and common health inequalities as well as promoting access to housing and cost-of-living support. Community-led social prescribing programmes offered extra support to promote mental health and wellbeing, including referrals to adult social care teams where appropriate. Services were based in community hubs and offered befriending schemes, peer support, practical advice, and help, and were seen as an alternative resource to those who struggled to access services digitally. National data provided by SALT (2023-2024) showed 76.55% of people in Walsall who had received short-term support no longer required support. This was similar to the England average of 79.39%.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver the intermediate care service which enabled people to return to their optimal independence. People and partners told us how the 'Pathway to Independence' service, established in 2024, supported prevention and early intervention, as well as community-based reablement, through the provision of low-level support and interventions, equipment and adaptations, and independence promotion. This meant people were able to return home from hospital sooner and were supported to improve or maintain their independence. Data provided by the local authority showed in 2024-2025 the service consistently achieved one-day hospital discharge standards, and the number of people medically fit for discharge each day was less than half the average it was before the service was launched. Further data showed 85% of people receiving intermediate care were discharged home, reducing the reliance on residential and nursing care and further improving people's experience of support. In 2024-2025 the community reablement service supported 164 people with reablement plans, with only 12 people requiring ongoing support.

People told us they had control of their support provision, and we heard examples of positive outcomes following short-term support. For example, people we spoke to required less or no support following reablement and told us how their daily support was reduced following reviews and reassessments of need, which included provision of assistive technologies. National data provided by ASCOF (2023-2024) showed 4.71% of people in Walsall aged 65+ received reablement/rehabilitation services after discharge from hospital. This was better than the England average of 3.00%. Data showed that 86.17% of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This was similar to the England average of 83.70%.

Senior leaders told us the Pathway to Independence services had been expanded to include an enablement service focusing on supporting younger people with learning disabilities, mental health needs and autistic people with daily living skills, training, and employment. The enablement service promoted independence through goal-oriented, person-centered plans and outcomes, with the outreach service seeing a 55% increase in referrals for support with promoting independence in daily living skills in 2024-2025. Employment service had seen a 91% increase in the number of young adults with assessed adult social care needs accessing employment, education, training, or volunteer opportunities.

Access to equipment and home adaptations

People told us they had access to equipment and minor home adaptations to maintain their independence and continue living in their own homes. We heard examples of how occupational therapy assessments, equipment, adaptations, and access to assistive technologies reduced people's risk of injury or harm, whilst promoting their independence and allowing them to access their local community. For example, people told us of support offered to reduce the risk of falls, including information and advice, equipment assessments, and provision of assistive technologies.

Staff and leaders told us how occupational therapists and occupational therapy assistants worked closely with housing and equipment services to provide minor adaptations, and major house rebuilds to meet people's mobility needs using funding from the Disabled Facilities Grant (DFG) process. Senior leaders told us how the local authority's 'One Council' focus on prevention strategies had enabled additional funding to be used to support the timely completion of adaptations. This meant people were not waiting for adjustments to their homes which enabled them to live more independent lives. Data provided by the local authority for 2024-2025 showed the median average waiting time for these adaptations was 14 weeks, which was in line with the local authority's target time scale, and 60% of adaptations completed within 8 weeks.

Partners told us equipment provision was a joint service managed by health partners. Senior leaders told us the local authority were developing an action plan to empower people to access self-directed support options including digital access, assistive technologies, and community support. People and unpaid carers told us however they experienced some delays in occupational therapy assessments. The Market Position Statement for Community-Based Services (2025-2040) identified the supply of equipment as an area for improvement due to a recent review which suggested limited and outdated

equipment and some evidence of delays in people receiving equipment due to constraints with the infrastructure and operating model. Data provided by the local authority showed a median average waiting time for all equipment provision of 35 days compared to a target of 28 days, and a maximum waiting time of 397 days. Staff and leaders told us how the reablement team promoted people's independence and supported people to 'wait well' if further assessments were required, ensuring they were supported and safe where assessments were delayed and providing low-level equipment to aid short-term independence. Senior leaders told us how extra resources had been provided to support occupational therapy assessments, including additional staffing, upskilling of practitioners as Trusted Assessors for basic equipment, support from prevention services, and the introduction of occupational therapy assistant clinics to promote early assessments and equipment provision. The clinics offered direct access to occupational assessments for low-level equipment, minor adaptations, and other adjustments, and including same-day appointments through community hubs. Updated data provided by the local authority in August 2025 showed these interventions had reduced the number of people waiting for an occupational therapy assessment by 15% from 498 in March 2025 to 424 people in July 2025. Further data provided by the local authority in October 2025 showed the number of people waiting for an occupational therapy assessment had been reduced further to 267 people.

Provision of accessible information and advice

The local authority had clear information and advice on people's rights under the Care Act 2014 and ways to meet their care and support needs, including for unpaid carers and people who fund or arrange their own care and support. This included online information, community hubs, and through telephone contact with the local authority's first contact team. However, people and unpaid carers told us these contact options were not always easily accessible or well known within communities and people often relied on word-of-mouth, GP surgeries, and other community leaders for advice and information signposting. Data provided by the local authority showed in 2024-2025 45.52% of referrals for advice and information received were via GP surgeries.

Partners told us the local authority's online Walsall Wellbeing Directory was easy to read and often recommended by people using services, giving regular updates on community activities and support available in the borough. Carers voice sessions showed a high level of 'digital poverty' in Walsall and a fear of misuse of data amongst people in the area. Senior leaders told us how contact centres were being used to enable people to understand how data sharing safeguards protected their personal information and the benefits of digital advice systems, whilst still offering face-to-face support. However, Partners told us that knowledge of Community Hubs needed to improve within communities and unpaid carers told us of a significant impact on their knowledge of how to access information following the closure of the central civic centre. National data showed 68.02% of people who used services in Walsall found it easy to find information about support. This was similar to the England average of 67.12% (ASCS 2023-2024). However, only 52.78% of unpaid carers said they found it easy to access information and advice. This was somewhat worse than the average for England of 59.06% (SACE 2023-2024).

The Walsall Joint Local Health and Wellbeing Strategy (2022-2025) recognised the importance of digital inclusion and aimed to create a borough-wide well-being offer by focusing on areas such as mental well-being and continuing to develop digital approaches to improve access and information for all. For example, more than 1,500 devices had been distributed to people and community organisations in the Walsall Borough since April 2023.

Direct payments

There was not always good uptake of direct payments by people using services in Walsall. Whilst direct payments were used to improve people's control about how their care and support needs were met, people and unpaid carers told us they were not always offered the option to use direct payments as part of a self-directed approach to meeting their needs. This meant people did not always feel they had control over how their support was delivered and did not feel empowered to access more innovative ways of promoting their independence. This was particularly true for unpaid carers who statistically rarely accessed direct payments in Walsall. Data provided by the local authority showed, at the end of the 2024–2025 financial year, 648 people in Walsall were receiving direct payments, and 69 payments had ended during that time. These were due to people passing away or no longer requiring support.

Senior leaders told us they were actively working on diversifying how direct payments were used to meet people's needs and were reviewing and enhancing the self-directed support offer in the borough. Staff and leaders told us the project aimed to simplify the local authority's processes and infrastructure, making it easier for people to access and manage direct payments and use the funding to access one-off activities and equipment which would make their lives more meaningful. National data provided by ASCOF showed the uptake of direct payments was more prevalent in younger people, with 43.36% of people aged 18 - 64 accessing long-term support receiving direct payments. This was somewhat better than the average for England of 37.12%.

People told us their experience of direct payments was mixed, with examples of positive outcomes balanced by delays in receiving a copy of their assessment or waiting extended periods to receive funding. Others told us of difficulties accessing monies leading to issues in paying and retaining personal assistants.

Partners told us people did not always have ongoing access to information, advice, and support to use direct payments, and felt the local authority did not effectively promote the benefits of direct payments or the processes available to support the employment of personal assistants. Senior leaders told us there were a number of commissioned providers supporting different levels of direct payment support, from advice and guidance to payroll services, and nominated accounts. Senior leaders also told us the options available for supporting people employing personal assistants were being looked at as part of a self-directed support process review. New payments systems, a personal assistant register including training and quality assurance processes, and use of assistive technologies were all being considered.

Equity in experience and outcomes

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. Staff and leaders analysed equality data on adult social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. For example, people told us of mental wellbeing grants supporting women from ethnic minority backgrounds, including refugees, migrants, and new arrivals from African communities. However, people told us of high demand for support and an oversubscription to such projects, saying more could be done to raise awareness of mental health as a barrier to accessing support. Partners told us there was a perception stigma leading some people to be more reluctant to seeking support from the local authority. This meant some people from diverse backgrounds were less likely to access adult social care services. Staff and senior leaders told us the local authority's Resilient Communities model had been set up to address this.

The Local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act 2014 functions. There were equality objectives and a coproduced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care. Walsall Council showed a strategic commitment to equality, diversity, and inclusion (EDI), with the EDI Strategy (2025) reflecting the priorities identified in collaboration with local voluntary and community sector organisations. Walsall for All and Walsall Council worked together with local communities to develop the Walsall Community Cohesion Strategy (2025-2035) which was the long-term strategic approach to creating strong and integrated communities in Walsall in recognition of the diverse populations represented across the borough. The 'Ensuring Equity' Action Plan (2025-2027) set out objectives in line with the borough's

long-term vision, with a focus on communities, workforce, leadership and services and progress was published annually in the Public Sector Equality Duty report. Key area of focus included reducing social isolation for older people and improving community inclusion, which senior leaders told us was impacting on equity in outcomes across the borough. Senior leaders also told us whilst frontline teams were culturally competent the directorate and the local authority was not as representative amongst heads of service and above. Partners told us there was also a focus on addressing the causes of hate crime for the LGBTQ+ community and people from minority ethnic backgrounds and improving outcomes on safety and violence against women.

The local authority sought to proactively engage with the people and groups where inequalities had been identified to understand and address the specific risks and issues experienced by them. For example, partners told us how a commissioned neurodiversity project was working to raise awareness of people who were being exploited or at risk of exploitation. However, people told us the local authority needed to do more to understand people's different religious and cultural needs when completing assessments, and to use community resources more effectively when reaching out to local communities. Coproduction approaches and engagement with people who had lived experience of services was in its early stages in Walsall, with a need to expand the pool of contacts to more effectively represent the diverse cultures and needs found in the borough.

Staff and leaders told us the local authority had included care leavers and armed forces veterans as groups with protected characteristics due to inequalities in accessing health and care services, and an increased prevalence of mental health needs and homelessness in these communities. Senior leaders met with community leaders to support their understanding of diverse communities, with a particular focus on refugees and asylum seekers. For example, the local authority and health partners offered talking therapy drop-in sessions to support people's mental wellbeing. Occupational therapy assessments supported the Gypsy, Roma, Traveller community, raising awareness of the support available and building trust in the community.

However, partners told us not all local authority staff involved in conducting Care Act 2014 duties had a good understanding of diversity within the area or how to engage appropriately. Whilst many staff and leaders were clear about the strategic intent of the local authority to include different cultural and religious needs, people told us of less robust inclusion practices for people with some protected characteristics, with work to support the LGBTQ+ community highlighted as needing further time to embed. Senior leaders told us there was a strong focus on embedding equality, diversity and inclusion in frontline practice through bespoke training sessions on topics like inclusive language, anti-racism, neurodiversity, and transgender awareness. People also shared a reactive rather than proactive experience of local authority support meaning preventative strategies were not always having the desired impact in some communities. For example, partners told us of a need for more localised access to mental health support in the South of the borough, and shared people's experiences of difficulties accessing adult social care support due to digital exclusion and communication issues.

Inclusion and accessibility arrangements

People told us there were not always appropriate inclusion and accessibility arrangements in place for people to engage with the local authority in ways which worked for them, for example British Sign Language or interpreter services. People told us of assessments and support plans being emailed to unpaid carers or family members rather than providing them to the person receiving support in hard copy or large print which would have enabled them to read their own support agreements. This meant people did not always feel included or in control of decisions which impacted on their lives.

Staff and leaders told us the local authority was working to reduce barriers to engagement using digital inclusion projects, raising awareness of translation services, and improving the profile and accessibility of information available in alternative formats on request. Artificial Intelligence (AI) programmes allowed customer advisers to use 'chat' functions available in over 100 languages and a commitment to 'named' workers encouraged relationship building between the local authority and people using services. Senior leaders spoke of strategic decisions to support inclusion such as the decision to close the town centre one-stop-shop based in the civic centre to focus on a neighbourhood approach to community support through the Community Hubs. However, people and partners told us the closure of the one-stop-shop had led to negative impacts on people's access to information and advice as the community hubs were not well known to all communities. The local authority shared data with us showing feedback from partners who felt Walsall Connected was working well within community centres and libraries to offer adult social care services at a local level to people living across the borough.

Partners told us about many people from ethnic backgrounds, including growing Central and Eastern European communities, did not know where to go to get support and needed better representation of their needs. This lack of understanding of support systems and where to go for support was seen as a significant barrier to accessing adult social care and preventative support options. Partners also told us how it was more difficult to access translation support for less common languages and that British Sign Language (BSL) interpreters could take several weeks to organise. Senior leaders told us a working group had been established through the Overview and Scrutiny Committee, with a report commissioned identifying areas of inequity in service provision. Senior leaders told us the Health and Social Care Scrutiny Committee working group was set up to look at equity of access to health service, rather than adult social care but was supported by the local authority.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities, including people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers, and people who funded or arranged their own care, now and in the future. Data provided by the local authority showed a diverse mix of urban, suburban, and semi-rural communities with an estimated population of 182,271 people. The primary areas of focus in the Joint Strategic Needs Assessment (JSNA) were the increasing demands presented by an ageing population, with future resources targeting dementia support, falls prevention, and independence promotion for people aged 65 and over. The JSNA was used to inform commissioning strategies, resource allocation, and partnership working. Ward Profiles offered a summary of key themes for each of the 20 Wards in the borough, such as demographics, deprivation, and adult social care needs. Data from Public Health, experts by experience, community engagement opportunities, and partnership working strengthened senior leader's knowledge and supported data-driven decision making. Walsall's JSNA covered health and wellbeing, healthy starts, adult wellbeing, ageing well, place-based partnerships, and housing, with most adult social care data contained within the ageing well domain.

Data provided by the local authority showed a projected increase of 22% of people over 65 years of age living in Walsall by 2040, with a 26% increase in people diagnosed with

dementia, the majority of which would be women over 75 years of age. Data provided by the local authority for the 10 years running from 2011 to 2021 showed falls were the largest cause of hospital admissions for older people, a significant marker for the number of people requiring adult social care support. The data showed increasing numbers of emergency hospital admissions for fall injuries in people over 65 across the time period. This was opposite to the national average, which had slightly reduced over the same time. Mortality rates for people aged under 75 were worse than national averages in all health areas monitored by the local authority, with conditions generally worse in the West of the borough where deprivation rates were also worse than national averages.

Walsall's Market Position Statement Introduction (2025-2040) was one of 4 market position statements published in 2025, with a further statement on housing expected in the Autumn 2025. It highlighted other areas of inequality in the borough. Data showed 75.3% of adults in Walsall were categorised as obese, with Walsall having the 4th highest obesity rate in England and an adult population who were consistently more inactive than the average for England. It was estimated 16,600 people in Walsall were living with life-limiting, long-term illness in 2024 (5.6% of the population). 19.1% of people were registered disabled, 11.4% of people provided unpaid care, and, according to the Walsall Mental Health Strategy, 28% of people rated their mental wellbeing as 'low'. The highest rate of people living with autism was in people aged 25 to 34 years of age. It was expected there would be a 10% increase in the number of people living in Walsall with a learning disability by 2040, with an 8% increase in autistic people, and an 8% increase in people living with mental health needs.

The Market Position Statement for Community-Based Services identified current and future need and areas for developing commissioned and non-commissioned services. The local authority worked closely with partner sector to provide early intervention and prevention services for local communities. For example, a Live Well at Home and in Your Community pilot project was implemented in collaboration with Walsall Together Partnership, the NHS Trust, ICB, Resilient Communities, and service providers. The initiative aimed to improve the knowledge of community assets and services in Walsall. Senior leaders told us they were mapping early intervention provision in community settings with the support of the voluntary and community sector. Market shaping and commissioning to meet local needs

People had access to a diverse range of safe local support options to meet their care and support needs. National data provided by ASCS (2023-2024) showed 75.98% of people who used services in Walsall felt they had choice over services. This was somewhat better than the average for England of 70.28%. However, these were not always high-quality or effective. Walsall's commissioning strategies and market shaping activity did not always support people's changing care and support needs. For example, the Market Position Statement for Services for Working Aged Adults identified a 16.2% increase in demand in 2024-2025 compared to the previous year. There were 64 Supported Living providers on the commissioning framework, with 33 providers holding 'active' care packages and a high proportion of high-cost packages of care. A lack of support for people with more specialist needs and a need to identify separate accommodation and care provision to improve the quality monitoring process had been highlighted.

Senior leaders told us commissioning was undergoing a number of developments to support strength-based approaches and to support more outcome-focused models of care and support. Commissioned models of care and support were not always in line with recognised best practice, however new strategies were being coproduced and aligned with the strategic objectives of partner agencies and included the provision of suitable, local housing with support options for adults with care and support needs. The Market Position Statement Introduction predicted an increase in demand for adult social care services for people aged 18-64 of 29% by 2038, with a 57% increase over the same time period for people aged 65 and over. However, staff and leaders told us there were already challenges around finding enough suitable housing to meet people's needs and to support the Council's aim to reduce the risk of self-neglect and hoarding in the borough. Providers told us they did not always have the flexibility to deliver services in ways which met people's preferences and outdated models of care were not always decommissioned in a timely manner to release funding for newer models. For example, providers told us it was difficult to provide bespoke support for one-off events where commissioned hours needed to be used flexibly as the commissioning model did not facilitate this approach.

Walsall's Market Position Statement Introduction identified a currently limited strategic market management and development plan with some fragmented, lower quality provision concerns and an over-reliance on bed-based, long-term services. The new strategic focus aimed to reduce the number of people in long-term care, with more support available in people's homes and improved strategic relationships with providers. Senior leaders told us a comprehensive strategic commissioning programme had begun to address some of these areas of development. For example, there had been a reduction in the number of supported living providers in the market to consolidate the viability of those remaining.

Commissioning approaches did not always currently support new and innovative care provision. This meant there were missed opportunities to provide better outcomes for people. For example, the Market Position Statement for Community-Based Services (2025-2040) identified funding for extra care services to ensure the continuity of a less intrusive model of care. Extra care provision in Walsall was currently underused as a commissioning option for the local authority, with 38% of placements in extra care schemes commissioned by Walsall. Data provided by the local authority showed the number of people receiving long-term services in 2023-2024 increased for the second year in a row, with figures showing a 7.3% increase in usage from the previous year. The Market Position Statement for Residential and Nursing Care (2025-2040) identified carer breakdown, falls, deterioration in mental health, and depletion in the available monies of self-funders as the main reasons for people moving to bed-based services.

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available to meet demand, and people could access it when, where and how they need it. However, this did not apply to all service types. For example, the Market Positions statements identified there was enough capacity in the Supported Living market, but providers could not meet the nature of the needs people in Walsall were presenting. Shared Lives supply needed improvement to meet future demand, and a pipeline of shared lives carers was needed to sustain this service provision type. The local authority's analysis of the residential and nursing care market showed there

was enough supply to meet current and future demand but there was a concern around the quality of provision. Data showed consideration needed to be given to whether there was too much homecare supply to meet current and future demand and how supply was re-shaped to ensure sustainability. And whilst there was more than enough supply of extra care housing within the borough, the contracting arrangements meant this was not always prioritised to meet the commissioned needs of people in Walsall. Senior leaders told us a review of shared lives services was completed in early 2025, following which a 5-year development plan was developed to extend the offer to include people with mental health needs, support for unpaid carers, people who were neurodivergent, young people who had previous experience of care, and people living with dementia.

Unpaid carers told us there was not always a specific consideration for the provision of services to meet their needs, and there was not always sufficient capacity for unpaid carers to have access to replacement care for the person they care for, in both planned and unplanned situations. However national data provided by SACE (2023-2024) showed 20.00% of carers in Walsall accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was better than the average for England of 12.08%. People told us that whilst more traditional respite services were available, there was high demand for these, and access was often restricted due to issues with transport. According to the Market Position Statement for Residential and Nursing Care there were 399 people receiving bed-based respite in Walsall in 2023-2024, with 277 of those people under the age of 65 years old. Unpaid carers told us they would like to see more bespoke, home-based respite options to meet their needs as well as the needs of the people they cared for. Senior leaders told us support for unpaid carers was a priority for the local authority.

Data provided by the local authority showed the average waiting time for an adult social care placement in April 2025 was 2.61 days. There had been no delays in people returning home following discharge from hospital in the 3 months leading to the end of April 2025. However, staff and leaders told us there were gaps in residential care provision for people with physical disabilities, and younger people with complex needs. People with lived experience told us of being involved in recommissioning and retendering reviews of all service provision in Walsall but that these were at an early stage. Some services were commissioned jointly with other agencies. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

There was minimal need for people to use services or support in places outside of their local area. The local authority had arrangements in place to support, monitor, and manage risks for out-of-area placement. Annual reviews considered people's holistic needs were met by the best possible suitable provider. When support was being accessed from outside of the area, there were plans to provide it in the local area, so people could move back there if they wish to do so. However, this was a long-term goal rather than something the local authority could accommodate currently. Staff and leaders told us there was not enough suitable housing in the borough which was resulting in long waiting lists and people moving out-of-area. Senior leaders told us the local authority was conducting a housing needs analysis for people with care and support needs which would inform the Council Housing Strategy. Data provided by the local authority showed as of 30 April 2025,

there were 310 permanent and 32 long-stay residential and nursing care out-of-area placements. There had been 92 residential and nursing placements agreed in the past 12 months. Reasons included market capacity, personal choice, cost effectiveness and placement arranged by health. The local authority did not own any housing stock and the waiting list for 'general needs' was backed up to September 2023. There was a collaborative approach when prioritising housing decisions and people in 24-hour care settings who were ready to live independently were prioritised for housing, with extra funding provided for adaptations. Partners told us there were also concerns around out-dated models of housing with care. Senior leaders explained there was a current review of all housing provision in Walsall with a market position statement due in the Autumn (2025).

Ensuring quality of local services

The local authority did not always have clear arrangements to monitor the quality and impact of the care and support services being commissioned for people. The support available from the local authority had not always led to improvements where needed. Staff and leaders told us there were a high number of service providers considered poor quality, or requiring improvements. This meant there was a higher risk to people using services. Partners told us the quality of services had not improved over time for several providers. Staff and leaders told us there had historically been a lack of investment in quality assurance, with poor relationships with local providers and difficulties in engagement and enforcement of improvement actions. However, a retendering process had begun to enable the local authority to improve joint working processes with providers. Providers told us there was a flexible approach to quality assurance and provider improvement plans. The frequency of quality assurance visits depended on the level of risk, with visits scheduled weekly, monthly, quarterly or annually. Improvement plans were proportionate to the level of risk but always identified what actions needed to be taken to improve, what support was being offered by the local authority, and timescales for change

The local authority's Market Position Statements identified quality improvements needed in residential care, with 19 care homes having local quality improvement plans in place. The main areas of quality concerns were organisational abuse, medication errors, falls, supervisions, and delayed care and treatment. The local authority also reported some lower-level service quality concerns. For example, providers sometimes agreed to support people without staff having the skills and experience to safely and effectively manage more complex needs, resulting in poorer quality services and outcomes for people in bed-based care. There were similar quality concerns with homecare services in the area. Processes showed an over-reliance on CQC ratings, with a lack of oversight of quality within non-registered services such as day care.

Senior leaders told us improving provider quality in Walsall was a local authority strategic priority. The local authority had explored what good looked like with people accessing care and support and had engaged with partners, providers, and people with lived experience to agree new quality measures. The local authority had been working on a new clearer quality framework to support providers to understand what good quality care looked like and were aiming for completion of a new Provider Quality Framework in September 2025. It was hoped the new framework would help providers to improve so people had access to

better quality care. Staff and leaders told us they would like to develop an award scheme to encourage quality service provision and reduce the reliance on CQC ratings.

The Quality in Care Team offered multidisciplinary targeted support in collaboration with health partners to residential and nursing providers. The local authority led the development of the team with partners to improve the management of quality concerns following the system review. Support offered to providers included quality audits, improvement plans, review visits, training and guidance. Training sessions in 2025 included falls prevention, medication management and skin integrity. Data provided by the local authority showed these training sessions resulted in a 48.9% reduction in falls across services, an 80.36% reduction in medication errors, a 25.93% decrease in quality concerns, and a 55.6% reduction in acquired pressure injuries.

. Data provided by the local authority showed there were relatively few provider contracts handed back in 2024-2025 given the scale of the market with 3 homecare providers and 2 Supported Living providers receiving commissioning suspensions due to financial viability or care quality concerns. There were no suspensions identified for residential and nursing care services in the same time period.

Ensuring local services are sustainable

The local authority collaborated with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure people had continuity of care provision in this event.

The local authority collaborated with care providers to ensure the cost of care was transparent and fair. The local authority approved a 3-year pricing and quality strategy, detailing a gradual escalation of fees to an equitable level for all 'good' providers by the end of the financial year 2026-2027 which aimed to improve historically and comparatively low fees. Senior leaders told us they were focusing on allocating placements and care packages based on CQC ratings combined with locally assessed quality based on the new quality assessment framework, supporting providers with quality concerns via access to training and quality assurance support.

The local authority's contracting arrangements were efficient; they provided stability for providers and allowed them to plan ahead. Partners told us the local authority had established Provider Forums to improve engagement, communication, and sharing of good practice across the borough. The previous task-based call monitoring system had been decommissioned to support the new outcome-focused commissioning approach and the local authority had worked with providers to review and refresh the new Market Position Statements to support the adaptation of service provision to meet future demand and to address known service gaps such as dementia care, respite, step-down support from Supported Living services, and complex bed-based care.

The local authority understood its current and future social care workforce needs. Senior leaders told us they had collaborated with providers and partners to complete a workforce skills and capabilities audit, particularly around dementia and specialist care. Staff and leaders told us they worked with care providers, including personal assistants and other

agencies, to maintain and support capacity and capability. However, partners told us the local authority did not always support staff recruitment in the sector and the adult social care workforce in the borough was not always seen as robust or stable. National data provided by Skills for Care Workforce Estimates (2023-2024) showed 12.18% of all adult social care jobs in Walsall were vacant posts. This was slightly worse than the average for England of 8.06%. Market Position Statements showed retention and recruitment difficulties in residential and nursing care, with international recruitment issues putting workforce stability across all service types at some risk. There was a Black Country-wide international recruitment action plan and local action in Walsall aiming to mitigate these risks.

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together, and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority collaborated with partners to agree and align strategic priorities, plans, and responsibilities for people in the area. Partnerships included health, education, housing, police, fire, the voluntary and community sector. Senior leaders told us Walsall was enthusiastic about collaborating with partners to improve the experience and outcomes of the people of Walsall. The strategic aims of Walsall Together included improving health and wellbeing outcomes, providing high-quality care and support, supporting the adult social care workforce, and making the best use of collective resources through the development of the coproduced Walsall Wellbeing Outcomes Framework. This framework built on the 'One Council' approach identified in the Borough Plan, using the jointly developed Better Care Fund (BCF) programme to support joint commissioning and working arrangements.

The local authority had integrated aspects of its care and support functions, with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. For example, the Intermediate Care service was supported by pooled budgets to enable fully integrated services, including the Transfer of Care Hub based at the local hospital. Partners told us how the hospital discharge pathway continued to focus on a home-first approach, with 85% of people receiving intermediate care support discharged home with equipment and care support. Staff and leaders told us this service could be implemented within 2 hours of referral with a home assessment arranged within 2 hours of discharge from hospital.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. The local authority used

opportunities to pool budgets and jointly funded services with partners to achieve better outcomes. The Place Integrated Commissioning Committee (PICC) managed associated pooled budgets, seeking to identify opportunities for collaboration and integration. Senior leaders told us of a new Integrated Commissioning Transformation Plan, developed to unify strategies between the Health and Wellbeing Board and Walsall Together. The partnership's aim was to work together to tackle health and adult social care inequalities by focusing on preventive and early intervention strategies.

Partners told us how Walsall Together was led by a single management team, convened by the local authority to have oversight and accountability for Better Care Fund spending and the development of integrated services. The Walsall Together executive team met weekly to ensure strategic oversight with project outcomes and areas of development discussed and issues escalated where appropriate. Mental health services were supported by joint-commissioning arrangements which improved communications and facilitated monthly strategic meetings supporting effective partnership working. For example, senior leaders told us they were reviewing section 75 arrangements for equipment provision to improve delivery times, and monitoring processes.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of adult social care and the outcomes for people. This informed ongoing development and continuous improvement. Senior leaders told us how they were currently working on the next Joint Health and Wellbeing Strategy as the current plan was ending in 2025. Priorities in the current strategy included mental health support, dementia prevalence, diabetes detection, and a digital approach to infrastructure changes. To achieve this Walsall Together had been tasked with developing the voluntary and community sector and integrated neighbourhood teams and streamlining care navigation across the local authority and Integrated Care System (ICS). For example, the resilient communities team worked with partners to support people at risk of social isolation, resulting in 427 people receiving support in 2024-2025. Social prescribers working with housing partners supported 277 people with their mental wellbeing, including supporting them to find employment, training, and education opportunities. Community advisors supported community engagement and feedback which supported future strategic decision making.

Senior leaders told us how the BCF programme was being used to develop data dashboards to support data-driven decisions on future strategic directions, including the recent publication of Market Position Statements influencing and shaping the provider market for the next 3 years. Funds were also being used to support a focus on dementia services, rapid response teams, advocacy resources, and reporting of 'fit for hospital discharge, not ready for rehabilitation' processes. Key projects included support for unpaid carers, end of life care, and mental health support. For example, the Walsall Care Navigation Centre served as a central point of contact for people in urgent need of assistance, with support offered through community-based care planning to support people at home and to avoid unnecessary hospital visits. Staff and leaders told us how same-day support, offering direct access to health and adult social care staff reduced

waiting times at local accident and emergency departments, and virtual wards supported people at home with access to the same level of specialist care available in hospital.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local adult social care needs. Senior leaders told us they provided funding and other support opportunities to encourage growth and innovation. People told us how accessing voluntary and community sector support had enabled them to find advice and support to improve their independence and reduce social isolation risks.

Partners told us of positive relationships and working arrangements with the local authority, with community organisations coming together to share best practice and prioritise funding to meet community needs under the umbrella of Walsall Together. Staff and leaders told us meetings took place every 2 months with guest speakers and training opportunities included as part of the agenda. The local authority provided grant funding although there were also more formal, commissioned projects. For example, a safe place project supporting vulnerable people when they felt scared or at risk whilst they were out and about in the community and needed support right away.

Staff and leaders told us how they worked with the voluntary and community sector through 4 locality-based infrastructure organisations, to provide early intervention and prevention support for people who accessed the 50 community hubs accessible across the borough. For example, the small grants programme had recently supported healthy lifestyles awareness through the funding of projects supporting food access and healthy eating to reduce obesity and improve people's health and wellbeing. There were also projects supporting mental wellbeing, through the provision of cooking workshops, gardening, literacy, and community engagement. However, partners told us more work was needed to map local communities to understand people's needs and to reach out to groups who found it difficult to contact the local authority. Partners felt without this work there was potential for commissioning bias, with the local authority investing in well-known communities at the expense of seldom heard groups.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- *Safe pathways, systems and transitions*
- *Safeguarding*

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score:

2 - Evidence shows some shortfalls

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for everyone, and the local authority understood the risks to people across their care journeys. Risks were identified and managed proactively. The views of people who used services, partners and staff were listened to and considered. Walsall Council worked in collaboration with the Walsall Safeguarding Partnership and Safer Walsall Partnership, together with a number of associated organisations and other bodies to provide overview and scrutiny as well as joint approaches to safety management systems.

However, processes were not always effective at keeping people safe. People told us risk assessments could be improved to enhance their safety, with further consideration of equipment and assistive technologies highlighted as an area they would like to see promoted more frequently. Key learning themes identified in Safeguarding Adult Reviews (SARs) across 2023-2025 highlighted information sharing, professional curiosity, and the application of the Mental Capacity Act (2005) as areas for learning for the local authority and their partners.

The local authority's corporate Strategic Risk Register (2024-2025) identified a number of risks linked to adult social care. These included transformation and continuous improvement concerns such as embedding change, partner relationships, particularly in the provider market, delays in responding to safeguarding concerns, community cohesion

and resilience, and health and social care inequalities, worsened by the cost of living. Risks were monitored monthly, with updated reports shared with the Executive Board and Cabinet monthly. The Adult Social Care and Public Health Directorate Risk Register (April 2025) expanded on these risks, identifying existing mitigation and plans to address concerns. For example, provider market capacity and viability concerns had led to a review of commissioning arrangements, the introduction of updated Market Position Statements, and a commitment to develop a wider range of community opportunities using assistive technologies and aids for independent living. Reviews of provider quality assurance monitoring, safeguarding processes, financial assessments, and occupational therapy arrangements were also identified to improve provider failure protocols, ensure robust safeguarding arrangements, and reduce waiting times for assessments and enquiries.

Staff and leaders told us adult social care risks were categorised and managed at service level, with the Directorate Risk Register analysed and reviewed by the Executive Directorate Management Team. Relevant directorate risks were escalated to the Corporate Risk Register where appropriate, capturing the most significant strategic risks for the Council to ensure actions were taken to address risk areas. Policies and processes about safety were aligned with other partners who were involved in people's care journey. This enabled shared learning and drove improvement.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways which protected people's rights and privacy. For example, health and local authority staff and leaders had access to people's care records which supported joint working arrangements and reduced the risk of duplication or omission of support.

Partners told us Walsall Safeguarding Partnership priorities included raising awareness around exploitation, forced marriages, female genital mutilation, modern slavery, self-neglect, and hoarding. Strategies were coproduced by all partner organisations and supported best practice. For example, the Self-Neglect and Hoarding Strategy, Pathway and Toolkit identified key definitions, risks, and intervention approaches, including governance and escalation processes.

However, partners told us actions and mitigations were not always successful in reducing people's risk. For example, data provided by the local authority showed since the decommissioning of the joint Falls Service in Walsall in 2019-2020, hospital admissions due to falls had seen a continued increase. In 2023-2024 there were 375 new admissions to residential and nursing homes, of which 20% were triggered by a fall. In 2024-2025 (up to December 2024) 1,970 new packages of community-based care were issued, with 12% triggered by a fall. Over the same time period there was a steady increase in emergency hospital admissions by 0.83% attributed to an ageing population, increased complexity of need, increases in falls and comorbidity of people aged over 65. Senior leaders told us they recognised the importance of robust jointly commissioned falls prevention work and were using the Better Care Fund Plan (2025-2026) to support this as part of a wider 'one council' approach including adult social care, public health and Walsall Healthcare Trust. The Corporate Management team and Transformation Board provided oversight of falls and frailty work across the Walsall borough.

Safety during transitions

Care and support arrangements were planned and organised together with partners and communities, with consideration given to improve people's safety across their care journeys and ensured continuity in care. This included referrals, admissions, and

discharge, and where people were moving between services. However, people told us they were not always included in planning their transitions, with examples given of young people moving into adult social care, without the information they felt they needed to make informed choices and incidents of hospital discharges taking place before support arrangements were in place to keep them safe at home. This meant people were not always in control of their support and did not receive person-centred, holistic transitions.

The Directorate Risk Register identified the timeliness of referrals and a lack of market shaping risks to support young people during their transition into adult social care. Staff and leaders told us a Younger Adults team had been established to strengthen the support offered to young people transitioning from children to adult services. The team worked with both directorates and other partner organisations to offer a coordinated approach, with monthly operational transitions panels ensuring oversight and future planning arrangements. The local authority had introduced a toolkit providing practice guidance for frontline teams, and senior leaders told us they were building on existing pathways to improve people's experience as part of the Continuous Improvement Plan project. For example, a new Exploitation Transition Protocol aimed to identify vulnerabilities and risks to young people, and the enablement pathway focused on young people with learning disabilities and autistic young people, providing support around independence, employment, education, and training. Partners and people told us they found it hard to access advocacy for community care decisions. This meant people did not always get the support they needed to make important life decisions or to have their needs and wishes heard when decisions about where they lived were being made. This included community Deprivation of Liberty (DoLS) decisions, where partners told us uptake figures showed low advocacy input.

Feedback from people and unpaid carers around hospital discharge processes was mixed. Whilst there was universal praise for the intermediate care process, people told us there were communication issues between health and local authority teams leading to some discharges taking place before support arrangements were in place. Partners told us people's care packages were sometimes re-brokered when a person had been in hospital for more than 24 hours. People were not always offered the option to remain with the previous support provider in these instances, leading to concerns around consistent approaches to person-centred care. Partners told us the local authority was not always actively involved in hospital discharges to residential and nursing care where the person had been a resident prior to hospital admission. This meant changes in need were not always known by the local authority, leading to risks providers were supporting people they did not have the skills to care for. Whilst the local authority had a brokerage service, not all placements were arranged by them, with frontline teams and health partners also able to identify providers to meet people's needs. Senior leaders told us they were working closely with health partners to review and learn from hospital discharge concerns.

Staff and leaders told us mental health demand was an area for development, with a lack of secure mental health provision leading to people being supported in the community for longer than appropriate for their safety and mental wellbeing. Partners also told us about delays in section 117 aftercare annual reviews, meaning people's mental health needs following discharge from hospital were not always reviewed to ensure their needs were being met. Senior leaders told us they were working closely with health partners to address this concern and data provided by the local authority showed there were effective assessment processes in place for people known to adult social care services. Data presented by the local authority showed 13% of section 117 annual reviews were overdue, with each person being carefully tracked and 'waiting well'.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. Staff and leaders told us how they supported referrals and provided copies of assessments and support plans, to ensure the new local authority had all the information they needed to support the person moving to their support services. Processes showed it was an expectation the new local authority would complete Care Act assessments and reviews following transition. The local authority worked closely with out-of-area placements to carry out due diligence and ensure the quality and sustainability of placements.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support. Staff and leaders told us they had guidance for managing provider closures and failures. The guidance aimed to ensure a joined-up response to ensure minimal impact on people using services and those supporting them during changes. The local authority provided an example of the process in action when a provider had their CQC registration removed. Staff told us how they successfully transferred staff and all packages of care to other agencies and put in place a suspension notice to mitigate future risk. The local authority updated their own contingency plan in April 2025. The plan set out the process for managing risks in the event of a major disruption to local authority systems, to maintain services and support recovery.

Feedback from people and unpaid carers on the inclusion of contingency planning as part of their care and support packages was mixed with some people giving us clear examples of emergency support arrangements being in place and others highlighting a lack of detail in support plans to mitigate risks associated with the breakdown of care. Partners told us they felt the local authority were not always effective at responding to emergency situations. They gave examples of delays where assessments were requested to address changes in care needs, and where delays in the provision of appropriate additional support led to unnecessary anxiety for the person and their support provider.

Safeguarding

Score:

2 - Evidence shows some shortfalls

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. People told us they felt safe living in Walsall and felt supported through safeguarding processes. National data provided by ASCS (2023-2024) showed 77.11% of people who used services in Walsall felt safe. This was somewhat better than the average for England of 71.06%. ASCS data showed 92.77% of people who used services said those services had made them feel safe and secure. This was also somewhat better than the average for England of 87.82%. However, staff and leaders told us of process duplication leading to delays in enquiries, and people told us of inconsistencies in understanding and management of risk. National data provided by SACE (2023-2024) showed only 71.15% of unpaid carers in Walsall said they felt safe. This was worse than the average for England of 80.93% and showed further development was needed to support carers in the borough.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place, so concerns were raised quickly, however these were not always investigated without delay. The local authority worked with the Walsall Safeguarding Adults Board (WSAB) and partners to deliver a coordinated approach to safeguarding adults in the area. The board met every 4-6 weeks. Senior leaders told us joint-working arrangements with the WSAB needed further development to ensure Safeguarding Adult Reviews (SARs) were robust and learning was embedded in frontline team practice. Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. However, the adult social care practice priority action plan (2025) highlighted Mental Capacity Act 2025 awareness as an area for staff development.

Staff and leaders told us safeguarding concerns were screened, risk-rated, prioritised, and allocated within the local authority's safeguarding hub with action taken to mitigate risk

where required. Concerns which did not require progression under safeguarding processes were signposted to other relevant services, such as the quality in care team or external agencies. Further checks were conducted once concerns were allocated to frontline teams, with advanced practitioners and manager deciding whether a Section 42 (2) enquiry was required. However, staff and leaders told us there was some duplication of work identifying concerns and assessing eligibility for s42(2) enquiries which could be addressed to reduce waiting times further. Senior leaders told us changes were being made to processes to streamline referral and review processes and reduced administrative duplication. A portal was being developed for safeguarding referrals. Safeguarding enquiries were undertaken across all operational teams, and the s42(2) enquiry was transferred to the most appropriate team. A memorandum of understanding was in place to provide further detail and clarification regarding allocations, particularly when people were in hospital, to reduce any potential delays.

The Safeguarding Adult Team had a weekly presence at Multi-Agency Risk Assessment Conferences (MARAC) and attended the All-Age Exploitation Panel. Staff and leaders told us they held regular multi-disciplinary team meetings together with the police and health partners, with a real drive for SARs learning and effective communication. Staff gave examples of exploitation training and being able to signpost to external agencies.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority collaborated with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. The WSAB Annual Report (2022-2023) identified key priorities for the local authority and partners to support to keep people safe. These included neglect, self-neglect and hoarding, and all-age exploitation. Sub-groups of the WSAB led the response to each risk area, with risk assessments, toolkits, frameworks, and awareness training supporting frontline team practice. There were clear oversight and scrutiny arrangements in place, supported by dashboard data accessible to all. For example, partners told us how the local authority was working to reduce the risks of domestic abuse, substance misuse, and psychological abuse through joint approaches to homelessness and a multi-agency approach to mental wellbeing. Workshops in early 2025 focused on frailty and falls awareness, and the WSAB supported further workshops supporting frontline teams to understand the signs of hoarding and self-neglect.

Staff and leaders told us they regularly interrogated and analysed s42 information to identify themes and outcomes and to ensure appropriate referrals were being received. Where they believed this was not the case, they worked with referrers to provide advice and support in appropriate referring. Data provided by the local authority showed the top 3 abuse allegation types in 2024-2025 were neglect, physical abuse, and psychological abuse. Partners told us the WSAB were considering reviews of financial abuse and transitions safety to support understanding of the levels of risk in the borough. Systems did not currently facilitate 24 hours reporting of safeguarding concerns, however the Emergency Duty Team supported urgent risks.

Partners told us the Safer Walsall Partnership had launched VOICES, a virtual platform for victims and survivors to influence change and improve the lives of others affected by domestic abuse. This platform allowed victims, survivors, and those bereaved by domestic abuse to access relevant information and share their experiences and expertise.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. Partners and staff told us there

were robust processes in place for learning from SARs. Data provided by the local authority showed there had been 10 published SARs since April 2023 with key areas for learning including person-centered approaches, engagement with people who declined support, quality monitoring of learning disabilities services, professional curiosity, record keeping, and the completion of mental capacity assessments. The WSAB cascaded learning through the publication of independent reports, newsletters, staff and partnership briefings, and web-based information, advice, and support. Staff and leaders told us the local authority embedded learning through safeguarding managers meetings, practice forums, team meetings, participation in SAR learning events and individual and team feedback.

A number of SARs published by the Safeguarding Adults Partnership identified Rapid Review SARs in 2024 which had met the criteria for SARs but had not led to the commissioning of traditional SARs. The oversight reports for these reviews stated the partnership were confident learning objectives had been achieved. Partners and senior leaders told us the criteria for SARs had since been reviewed to ensure consistency in approach. There had been 3 rapid SARs in 2025 which did not meet the criteria under the Care Act 2014 for example, a recent rapid review looked at a single agency issue where joint working was not considered a factor in the concerns raised. Another example was felt not to have met the criteria for a full SAR following a full meeting to gather information. Recommendations had been taken forward and formed an action plan to share learning across all partner organisations.

Responding to concerns and undertaking Section 42 enquiries

There was a clear rationale and outcome from initial enquiries, including those which did not progress to an s42 enquiry. There was clarity on what constituted a Section 42 safeguarding concern and when s42 enquiries were required, and this was applied consistently. There are clear standards and quality assurance arrangements in place for conducting Section 42 enquiries. When safeguarding enquiries were conducted by another agency, for example care or health providers, the local authority retained responsibility for the enquiries and the outcome for the people concerned.

Data provided by the local authority showed there had been a 5.3% increase in the number of safeguarding concerns received, from 4,046 in 2023-2024 to 4,261 in 2024-2025. However, 13.9% fewer s42 enquiries were concluded in 2024-2025 than the previous year. A higher than predicted number of referrals in the summer of 2025 had seen a short-term increase in the number of concerns being reviewed, leading to a delay in allocation and completion of s42 enquiries. The Adult Social Care and Public Health Risk Register detailed the local authority's response to waiting times for addressing safeguarding concerns and undertaking s42 enquiries due to levels of demand. Actions taken to address this included weekly monitoring of incoming demand and response times, weekly huddles to allocate enquiries and review resources, staff supervision and workload arrangements, improved data dashboards, the appointment of a safeguarding lead, and monthly team performance clinics focusing on support and learning. Staff and leaders told us there were processes in place to mitigate higher than expected demand for safeguarding support. Managers assessed the risk or potential risk of harm and allocated the highest risk concerns first. Lower risk enquiries were reviewed to see if mitigating arrangements could be put in place and were suitable. Waiting lists were continually reviewed and work was transferred between frontline teams where necessary.

Data showed the number of safeguarding referrals awaiting allocation in August 2025 was 85, up from 48 at the start of April 2025, with a median average waiting time of 4 days and a maximum of 169 days. This meant that some people waited longer than expected before their risks of harm were fully understood and mitigated. The number of s42 enquiries awaiting allocation at the start of August 2025 was 15, up from 8 in April 2025, with a median average waiting time of 2 days and a maximum waiting time of 37 days. National data provided by the Safeguarding Adults Collection (SAC) showed the average number of safeguarding concerns received by Walsall Council per year between 2019 and 2023 was 3,306, with a median average number of s42 enquiries over the same time period of 855 per year.

Safeguarding plans and actions to reduce future risks for individual people were in place and acted on. Data provided by the local authority showed, where risks were identified, these were reduced or removed in 82.05% of concerns in 2024-2025, down from 87.3% the previous year. However, partners told us whilst they felt the local authority's approach to safeguarding concerns was thorough, they were not always informed of the outcomes of safeguarding enquiries necessary to the ongoing safety of the person concerned. Partners told us of chasing the local authority for updates which created challenges for them in making the required changes needed to reduce the risk of future harm. Senior leaders told us safeguarding outcomes were communicated by letter to the person who initial referred the concerns. Partners received the information necessary to mitigate future risks and ensure ongoing safety.

Deprivation of Liberty Safeguards (DoLS) assessments were prioritised and completed in a timely manner to mitigate any build up or waiting lists. Applications were completed by a dedicated DoLS team and Best Interest Assessors (BIAs) providing additional resources. At the time of our assessment there was no significant waiting list for applications. Data provided by the local authority for DoLS applications showed at the start of August 2025 there were 34 DoLS applications awaiting allocation with a median average waiting time of 7 days and a maximum waiting time of 37 days. Walsall Council received a total of 1,194 DoLS applications in 2024-2025. Senior leaders told us DoLS waiting lists were seen as a prevention priority and were supported with additional resources and funding. Senior leaders told us whilst the number of DoLS applications had increased by 8.3% from 2023-2024 to 2024-2025 the number of applications awaiting allocation had decreased by 38.6%.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and kept the wishes and best interests of the person concerned at the centre of enquiries. However, enquiries were not always completed in a timely manner. People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe, or they had concerns about the safety of other people. Data provided by the local authority showed 90% of people were asked about their desired outcomes. Staff told us people were involved throughout safeguarding processes. This started with a conversation with the person at risk or their representative at the initial information-gathering stage. However, feedback from partners and people on Making Safeguarding Personal showed that outcomes were not always shared in a timely manner, meaning changes to support which would mitigate the risk of harm to people were not fully explored at the time.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported

to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices which balanced risks with positive choice and control in their lives. National data provided by SAC showed 89.04% of people in Walsall lacking capacity were supported by an advocate, family member or friend during safeguarding enquiries. This was similar to the average for England of 83.38%. Data provided by the local authority showed 250 people had been supported through their safeguarding journey by an advocate in 2024-2025. However, risk registers, SARs learning outcomes, and continuous improvement plans highlighted more work was needed to embed understanding and the application of the Mental Capacity Act 2005 and data provided by the local authority showed advocacy support was not always recorded as part of s42 enquiry records. Senior leaders told us they had identified the need to embed a person-centered approach to safeguarding intervention, record more outcomes, improve the completion of Mental Capacity Assessments, and improve record keeping.

Theme 4: Leadership

This theme includes these quality statements:

- *Governance, management and sustainability*
- *Learning, improvement and innovation*

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score:

2 - Evidence shows some shortfalls

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management, and accountability arrangements at all levels within the local authority. However, these did not always provide assurance on the delivery of Care Act 2014 duties, quality assurance, sustainability, and risks to service delivery to improve people's care and support experiences and outcomes.

Staff and leaders told us the local authority had established a new Quality Assurance Framework for practice. Staff received training and ongoing supervision, which enabled them to maintain competency and consistency in applying the Care Act 2014, and processes incorporated feedback questions into assessment and review forms. Audits were conducted every 2 months across all teams and included assessments, reviews, and safeguarding enquiries. Auditors contacted people involved to gather their feedback. Practice leader's forums were chaired by the Principal Social Worker (PSW) and Principal Occupational Therapist (POT). Forums consisted of all operational team managers and advanced practitioners with the Adult Social Care Assurance Board receiving updates on progress as part of a revised governance structure.

Feedback from people, and partners on inconsistent frontline practice around assessments, case recording, unpaid carers assessments, and knowledge of community support options showed the quality assurance process was not yet embedded in practice. The Case File Audit Report for 2024 detailed an adult social care practice priority action plan to provide oversight of improvement activity for 2025. Priority areas for staff development included risk enablement, making safeguarding personal, Mental Capacity Act 2005 awareness, case recording, partnership working, and support for unpaid carers.

The local authority approach to case file auditing was introduced in October 2023, building on previous audit activity undertaken and using the strengths-based audit tool developed regionally by the PSW network. This tool was used to undertake practice reviews across frontline teams. The local authority reported the number of lived experience questionnaires completed during 2024 had been low, with just 30 completed. File audit figures were also low, with 54 safeguarding case audits with 28% rated as requires improvement or inadequate, and 60 assessment case audits with 20% rated requires improvement or inadequate. Whilst individualised feedback was given, the report stated it was a challenge to identify specific themes for areas of good practice or areas of development from the audits due to the numbers completed.

Feedback from people, and partners on inconsistent frontline practice around assessments, case recording, unpaid carers assessments, and knowledge of community support options showed the quality assurance process was not yet embedded in practice. The Case File Audit Report for 2024 detailed an adult social care practice priority action plan to provide oversight of improvement activity for 2025. Priority areas for staff development included risk enablement, making safeguarding personal, Mental Capacity Act 2005 awareness, case recording, partnership working, and support for unpaid carers. Audit findings were triangulated with other assurance activity to inform 6 clear practice priorities. Senior leaders told us they were reviewing the approach to carers assessments to improve uptake and visibility of carers' needs and continuing to investment in digital tools.

Walsall Council had a corporate governance framework which included political governance structures and a 'one council' approach to resource allocation and decision making. Working groups and management structures ensured senior leaders were sighted on good practice and areas of development, with robust data dashboards enabling informed decision making. The Social Care and Health Overview and Scrutiny Committee was responsible for the monitoring and oversight of Care Act 2014 duties and functions, with strong links and regular open communication with adult social care leaders enabling the committee to undertake its role in scrutinising delivery of services. For example, In May 2025 the Scrutiny Committee supported the launch of the coproduced All-Age Carers Strategy.

Walsall's Health and Wellbeing Board (HWBB) was responsible for setting strategic direction, improving integration between partners at a place-based level across the health and adult social care. The board was chaired by a Councillor, and attended by the Director of Public Health, Executive Director of Adult Social Care, and other key senior leaders from partners within the Integrated Care Board (ICB), voluntary community sector, housing and police. The HWBB collectively pursued improved outcomes to reduce inequalities and explore opportunities for joint working.

The Executive Director of Adult Social Care and Public Health was the nominated Director of Adult Social Services (DASS) with oversight of governance, statutory requirements, and links to executive leadership and elected members. The DASS was supported by a Director of Adult Social Care who led strategic planning and supported oversight of operational approaches. The Principal Social Worker (PSW) and the Principal Occupational Therapist (POT) provided professional leadership to improve practice and ensure high standards for social workers and social care practitioners. The Director of Commissioning oversaw the adult social care commissioning function, and the Director of Public Health led on health inequalities.

There were clear risk management and escalation arrangements. These include escalation internally and externally as required. Risk registers at directorate and corporate level showed clear understanding and sharing of risk, with mitigation and ongoing monitoring processes recorded. For example, lone working arrangements and wellbeing support had been strengthened following feedback from staff, and transitions arrangements for young people moving into adult social care services had been reviewed to improve communication between partners. Staff told us leaders were approachable and visible. Staff knew who the leadership team were and told us senior leaders had an open-door policy. Staff and partners gave examples where they had escalated issues to senior leaders. Feedback on the local application of Continuing Health Care processes had been acted on and changes made which improved the pathway, people's outcomes, and relationships with health partners.

There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Leaders were visible, capable, and compassionate. The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decision making across the wider council. For example, additional funding and resources had been provided to support the timely assessment and delivery of Disabled Facilities Grant programmes, DoLS assessments, occupational therapy support, and advocacy following feedback from people, partners, and staff.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform adult social care strategic planning, the allocation of resources, and to deliver the actions needed to improve care, and support outcomes for people and local communities. Senior leaders told us a refreshed Adults Social Care Strategy for 2025-2040 was due to be launched, setting the strategic direction in line with the Council Plan. Priorities included further development of reablement services, strengthening of prevention approaches including falls, frailty and support for unpaid carers, coproduction, and quality assurance.

Walsall's Adult Social Care directorate worked closely with the rest of the Council as part of a 'One Council' approach. The Borough Plan (We Are Walsall 2040) and Council Plan (2025-2029) provided an overarching framework for the future vision of Walsall, incorporating adult social care into all aspects of council planning. The Adult Social Care Continuous Improvement Programme had been in place since 2019, and was refreshed every year, overseeing all transformation activity within the directorate. Activities were underway in several areas, including prevention services, commissioning arrangements, and self-directed support. For example, senior leaders told us they were updating the commissioning approach to service provision, working with providers to ensure the support offered in Walsall aligned with the needs of local communities. A recent refresh of Market Position Statements supported longer-term approaches to service provision and enabled providers to plan ahead to meet the future vision for adult social care.

Walsall's Adult Social Care Commissioning Strategy (2024-2026) set out the local authority's vision, priorities, and methodology for measuring outcomes for people using services. The strategy focused on people's care journey and incorporated commissioning and safeguarding throughout the process. The Walsall Wellbeing Outcomes Framework defined wellbeing and monitored outcomes at a population level, enabling strategic decision making to reduce health and care inequalities by strengthening community

assets, improving collaborative working and focusing on independence promotion. Commissioning themes included market development to improve choice and diversity, prevention and early intervention, and monitoring quality and performance. Staff and leaders told us strategies were underpinned by coproduction, digitalisation, and a person-centered approach.

Senior leaders told us areas of future strategic priorities included supporting a stable adult social care workforce, clarity around roles in commissioning, a refocusing of relationships with providers, and further assurance on quality service provision. Corporate priorities included clarity on joint approaches to early intervention & prevention, an ongoing strong relationship with health partners and further integration at place. However, people told us more needed to be done with co-production to ensure their voice was heard within the local authority at an early stage.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Senior leaders told us information governance arrangements ensured appropriate controls over the collection, processing, sharing, retention, and deletion of personal and special category information. These measures helped ensure the local authority remained compliant with its obligations under relevant data protection, information rights, and security legislation. The Forum for Information Governance and Assurance acted as the local authority's governance board and ethics committee. It was responsible for reviewing and requesting regular reports and outcomes related to incidents, research, data changes, training, associated risks, and the sharing of lessons learned. The Director of Public Health served as the Caldicott Guardian.

Information Champions were a point of contact between the Information Governance Team and the Information Governance Board, supporting the Data Breach Reporting and Management procedure by acting as a mediator between service leads, investigating managers and the information governance and assurance officers. This ensured information flowed appropriately, transparently, and in a timely manner. Incidents were escalated quickly through directorate management in line with procedures, policies and legal obligations. The local authority had effective data sharing and processing agreements with health partners which ensured the timely, adequate, and lawful sharing of data where required and in support of collaborative service delivery.

Learning, improvement and innovation

Score:

2 - Evidence shows some shortfalls

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcomes and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement, and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support, so Care Act 2014 duties were delivered safely and effectively. There was support for continuous professional development. For example, an adult social care toolkit was available to leaders to assist supportive and reflective supervision, and a strengths-based practice handbook was in place to support frontline teams with assessment processes. Newly qualified social workers and occupational therapists were enrolled in the Assessed and Supported Year in Employment (ASYE) and Assessed and Supported Year in Practice (ASYP) programmes. The learning and development offer included the 18 hours required by Approved Mental Health Professionals (AMHPs) to maintain currency, annual updates for all Best Interest Assessors (BIAs). There were also social work and occupational therapy apprenticeship programmes available. Additionally, social work students in their final year placement benefit from a comprehensive range of workshops designed to help them apply the Care Act 2014 in practice. Senior leaders told us they encouraged staff to take up opportunities for secondment roles within the local authority. A learning needs analysis of all adult social care staff had taken place in February 2025 informing the adult social care workforce development plan 2025-2026.

Coproduction was not yet embedded throughout the local authority's work. People with lived experience had started to be consulted and included in decision making processes. Partners told us there had been a genuine shift from consultation to co-production and felt the local authority had shown a clear intent to incorporate lived experience into strategic processes. However, people told us coproduction was at an early stage within the local authority. Coproduction leads had been introduced in early 2025, and 6 people with lived experience had then been recruited and trained to form the initial membership of the Strategic Coproduction Group. The group had met a couple of times and had been involved in planning and strategic decision making on a number of strategic improvement plans, including the initial stages of a planned retendering of provider services, and the implementation of the local authority's new all-age Carers Strategy. The group were not yet representative of the diverse local community and did not have input on local authority decision-making or oversight boards. However, there was a clear strategic vision for

coproduction and a commitment to put coproduction at the heart of everything the local authority did.

Staff told us their workforce was diverse and inclusive, with good staff retention and professional development opportunities which fostered a community team atmosphere described as a ' happy place to work'. There were numerous wellbeing support pathways available for staff including counselling services, staff forums, and equality champions. For example, Black, Asian, and LGBTQ+ workers meetings, practice educators' groups and mental health first aiders could address people's concerns and support ideas for more inclusive ways of working. In April 2024 a named worker approach was introduced in the learning disability team based on best practice examples and evidence of better of outcomes for people. This enabled frontline teams to build relationships and respond in a timely and proportionate way, so people did not have to keep retelling their story. Research with older people undertaken in Walsall in 2022 and 2023 highlighted the importance of continuity led to the roll out of named workers across locality teams from Autumn 2025.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Senior leaders used data dashboards to monitor and review operational performance against strategic priorities. For example, in 2024 the local authority reviewed workloads and processes to enable a reallocation of resources to reduce waiting times for assessments. This meant most people received timely care act assessment and reviews in 2024-2025. Learning was shared through a range of opportunities including practice forums, quality and performance working groups, supervisions, briefings, newsletters, and peer reviews.

Staff and leaders told us there were opportunities to seek advice from one another and from other professionals. The local authority collaborated with people and partners to actively promote and support innovative and new ways of working which improved people's adult social care experiences and outcomes. Staff and leaders engaged in external work, including research to help embed evidence-based practice in the organisation. The local authority actively participated in peer review and sector-led improvement activities. It drew on external support when needed to strengthen practice. For example, it worked closely with the UK Centre for IMPACT to explore and review alternative approaches to supporting people aged 65 and over. This included co-productive approaches to working with older people supported by the local authority's strategic coproduction group. The local authority also worked collaboratively with the regional Association of Directors of Adult Social Services (ADASS) to develop best practice tools in response to the race riots in 2024. With the response of Walsall local authority's equality champions recognised as good practice.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. The Adult Social Care Continuous Improvement Programme was refreshed annually and oversaw all transformation activity within the directorate. The programme was supported by the corporate transformation team and was informed by the borough plan, We Are Walsall 2040, the Council Plan 2025-2029 and the Adult Social Care Strategic Intent. Senior leaders told us how the plan had incorporated changes to practice, introduced new and improved ways of working, established new care

pathways, and promoted innovations in digital and assistive technology. It also included new models of care, revised contractual arrangements, and the development of emerging roles. The Adult Social Care Workforce Strategy (2025-2028) set out the context, challenges and demands on the adult social care workforce as well as opportunities for partnership working, and feedback from people with lived experience.

Staff feedback highlighted a need for improved communication and engagement. In response, senior leaders introduced initiatives such as DASS chats, annual staff celebration events, and engagement forums to strengthen staff involvement and morale. Healthwatch were commissioned to ensure feedback from people using services, unpaid carers and family members were listened to. Leaders used data insight to inform process and identify best practice. For example, a reablement dashboard which collected compliments, complaints and people's feedback, including a reablement survey for those who had exited the service. Staff and leaders told us opportunities for learning were taken from multiple sources, including complaints and compliments, safeguarding concerns (including SARs), and public engagement forums. For example, Walsall Safeguarding Partnership produced a monthly magazine for all partners, including adult social care, to raise awareness of safeguarding issues, share updates on strategic priorities, provide resources, and promote training and learning from SAR reviews. The local authority also invited feedback from staff and partners. However, some staff we spoke to were unable to show their awareness of recent learning, for example from SARs, service user forums, equality, diversity and inclusion practice, or how to share quality assurance concerns with peers.

There were processes to ensure learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. The local authority's Corporate Business Insights Team provided senior leaders with data to monitor the effectiveness of strategic and operational processes to identify areas for development. Staff and leaders told us they used feedback as a tool for learning and improvement with quality assurance meetings used to identify themes, gaps, and areas for development. Staff and leaders told us how additional resources had been provided, following concerns raised by partners that there was no longer sufficient advocacy provision available to meet increasing demand. Data dashboards had been used to identify workload concerns leading to delays in occupational therapy assessments. This had enabled senior leaders to target support to set up clinics for people to access through local community hubs.

The local authority's annual adult social care compliments, comments, and complaints report (2023–2024) recorded 112 complaints and 214 compliments received by the quality assurance team. Of the complaints, 41 were statutory, 40 were informal concerns, and 1 related to safeguarding. The remaining concerns were related to partner organisations.

Across the 112 complaints, a total of 199 individual issues were raised. These primarily related to service delivery (50.5%), information concerns (24%), staff conduct (11%), financial matters (8%), and other issues (6.5%) including safeguarding, confidentiality, discrimination, and facilities.

Of the 41 statutory complaints, 27% were investigated and responded to within agreed timescales, 10% were upheld, and 49% were partially upheld. Learning from complaints led to several improvements, including staff training on data protection, new processes for statutory interventions, allocation of resources to the payments team, more robust and transparent oversight of safeguarding processes, and the implementation of further guidance around DoLS and safeguarding timescales.

National data from the Local Government and Social Care Ombudsman (LGSCO) for 2023–2024 showed 2 detailed investigations were conducted, both of which were upheld (100% uphold rate).

In May, June, and July 2025, the local authority distributed 330 surveys to gather feedback on people's experience of accessing the contact centre. A total of 94 responses were received, with customer satisfaction scores ranging between 70–85%.