

Adult Social Care Market Position Statement 2025-2040 Introduction



Walsall Council

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Foreword

We are delighted to be able to share our Adult Social Care Market Position Statements (MPSs) 2025-2040 for community-based services, residential and nursing care and services for working age adults with life-long needs. These market position statements set out the current and future landscape for key care and support services in the Borough and set clear aspirations and intentions for the future.

These documents are intended for providers to support business intentions and development of future models but they also set a key platform and foundation for Council plans and investment to 2040. They have been drafted in collaboration with staff within Adult Social Care, partners and providers and these documents will be updated annually with data and insights as progress builds in delivery of intentions.

Balancing an affordable budget with continuous improvement and driving innovation in the sector is challenging. We believe that services and interventions that meet people's needs as early as possible in an outcomes-focussed way and that are personalised will provide improved value for money for the public purse. We wish to sustain the market of good quality providers we have in Walsall, to encourage new providers to the Borough with progressive models of care and support and to right size and shape the market to future predicted demand and needs. Fee levels need continuous review and we aim to continually improve the quality of care and support in the Borough to ensure the best offer for Walsall citizens.

Across the MPSs, there is clear aspiration for good quality, sustainable, outcomes-focussed care and support that meets current and future needs identified in the MPS across age ranges, geographies, needs and other demographic factors.

The information contained within this document is our best estimation at the time of writing with the intelligence available to us.

We hope that you find the documents useful and interesting. We believe they set the right foundation to 're-imagine' care and support into the future based on demand projections and what evidence suggests we need from the care market moving forward.

Section 1: Purpose of this Document

This document is for providers of adult social care and support. It signals Walsall Council's intentions in relation to care and support into the future. We hope this gives useful information for care providers to help with your planning as well as more general information for people interested in the services we commission and market shape.

What is a Market Position Statement?

A Market Position Statement also known as 'MPS' is information produced by Local Authorities to comply with our market shaping duties under the Care Act 2014.

This information is for:

- Existing providers working with Walsall
- New providers who are looking for opportunities within Walsall
- Other businesses or organisations such as the Walsall Together Partnership, NHS, ICB, voluntary and community organisations working with Walsall
- People and families of adults that are using or want to know more about our service offers
- Commissioners across the region to see and understand Walsall's local picture.

Care Act Duties in Relation to Commissioning and the Market

A key piece of legislation that underpins and drives this Market Position Statement is The Care Act 2014. This places duties on local authorities for various responsibilities, including market development of care and support services. The list below shows a summary of key Local Authority duties under the Care Act 2014:

- Providing preventative services and information and advice to reduce, prevent or delaying the need for care and support
- Adult Social care has a duty to promote individual wellbeing – known as the well being principle- to put wellbeing at the heart of care and support



- Assessment of people's needs, the creation of care and support plans; financial assessments; and a duty to meet eligible needs
- To safeguard adults at risk of abuse, harm or neglect and establish a Safeguarding Adults Board to ensure the safety of those with additional needs
- To promote integration between health and social care services including integrated commissioning of care and support
- To engage in 'market shaping' to promote quality, choice, ensure sufficiency of provision; and establish contingencies for provider failure.

Our suite of MPSs set out information on the different types of care and support services commissioned by Walsall Council Adult Social Care for people in Walsall and information on non-commissioned services that citizens of Walsall can access with direct payments or as self-funders.

The MPSs reflect a summary of Walsall Council's current social care market in late 2024/early 2025 and projects forward to 2040. The MPSs provide an overview of Adult Social Care's current commissioning intentions, market pressures and ambitions and opportunities that support strategic objectives for Adult Social Care.

There are several different markets that deliver different services or support to Adults in Walsall within the community or within an accommodation-based setting. It is acknowledged that each market has varying levels of complexities, including local pressures, market demand, capacity, quality, and overall stability.

The MPS's also describe how we see demand for care and support changing in the next 15 years and what sort of service provision we believe we will need to meet it. It sets our direction for key overarching priorities such as quality improvement across the market and the commitment required from ourselves and providers working in Walsall to make this happen.

In summary, the MPSs contain information on:

- Context within which Walsall Adult Social Care operates
- Our Walsall demography, population, trends, Adult Social Care financial context, market spend, current market pressures and workforce

- The needs of adults 18+ that require services both now and by 2040 using forecasts of demand and predicted supply, primarily for Council commissioned care and support but also self-funders
- Current market supply, quality and workforce analyses and financial forecasts
- Community-based services markets; short term and long-term services
- Residential and nursing care markets; short term, long-term and specialist
- Services for working age adults with long-term needs, for example, services such as Supported Living and Shared Lives
- Enabling mechanisms such as direct payments, digital and TEC offers that give people choice and control in their services
- High-level information on accommodation and housing requirements for people with adult social care needs.

The content of the Market Position Statements will be updated periodically and the data for each market will be updated annually.

Section 2: Walsall Demographics

Walsall Borough is made up of six towns:

- Aldridge
- Bloxwich
- Brownhills
- Darlaston
- Walsall
- Willenhall



Figure 1: Map of key towns in Walsall

The Borough had an estimated 286,700 residents in 2021 (2021 Census).

The population comprised approximately 21.7% children 0-15 (62,300), 60.8% working-aged 16-64 (174,300), 17.5% 65 years & over (50,100). Hence the adult population 18+ was estimated to be 224,100 people in 2021.

It is currently estimated in 2024 that the Walsall population is 294,800.

Each of our 20 wards has its own distinct identity and diverse characteristics. This brings a vibrant character to the borough, but also means we need to understand the range of needs faced by those living within all our communities.

[Walsall Council Locality profiles.](#)

Walsall is expected to see continued & consistent population growth, projected to increase by 7% to an estimated 304,400 by 2030 & further by 13% to an estimated 320,400 by 2040 (2020 ONS, 2018-based projections). The largest increases are expected within older age groups; the population over 65 years of age will increase their share of the population from approximately 18% to 20% by 2040.

Walsall is one of the most socially deprived areas of the West Midlands, ranking 3rd for both the Indices of Multiple Deprivation (IMD) and the Income Deprivation Affecting Older People (IDAOP) measures. In terms of health-related indicators, Walsall takes the 4th position, reflecting its ongoing commitment to addressing social and health disparities within the community.

Walsall stands as the 7th largest Local Authority within the West Midlands region when considering the size of its adult population. Additionally, it holds the 10th largest proportion of adults aged 65 and over among all Local Authorities in the West Midlands.

[Walsall Ward Profiles](#)

This insight website gives more detail on Borough-wide and ward level demographics. Walsall Borough comprises 20 wards, many of which vary greatly from one another. By understanding their characteristics, we can better determine what the needs of its residents may be, and the services that they may require. This is best shown through the ward profiles, which have been created using a wide variety of data to give a snapshot of each ward's demographic, residential and economic composition.

Walsall is culturally diverse where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic group. 19% of the Walsall population is Asian. Walsall also has a small Eastern European community of around 1% of residents (2,700). White British comprise the largest ethnic group at approximately 67.4% of the Borough population, and more broadly the wider White ethnic category at 71.4%. Minority ethnic groups have seen substantial increases, now accounting for 32.6% (1 in 3) of Walsall's population, compared to 23.1% (1 in 4) a decade prior in 2011.

Ethnic composition varies substantially when viewed by Walsall's individual wards. In Palfrey, for instance, at 61%, the Asian population is the largest ethnic group, with Pakistani the largest Asian ethnicity: 4,262 people residing there (25.6%, or 1 in 4 people). White British (22.8%), Indian (16.3%) and Bangladeshi (16.1%) are the other major ethnicities residing in Palfrey. Much of Southern Walsall is similarly mixed.

Conversely, Pelsall has the largest White British population, comprising 92.6% of the population (10,586 people).

This weblink gives more information on the demographic and ethnicity profile of Walsall citizens: [Walsall Census 2021](#)

This information is crucial in ensuring that adult social care services are shaped and commissioned to meet ethnic and cultural needs.

Sexual Orientation and Gender of Walsall Citizens

The 2021 census provides an estimate of the sexual orientation of people within the Borough of Walsall which shows:

- 90.24% straight
- 0.84% bisexual
- 1.08% gay or lesbian
- 0.25% other sexual orientations

7.6% of residents didn't answer the question.

Data on gender identity was also released, confirming the following statistics for the Walsall Borough:

- 92.90 % (207,254) identify with the gender they were born with
- 0.27% (592) identify with a different gender than from their sex at birth
- 0.09% (196) identify as a trans woman
- 0.09% (207) identify as a trans man
- 0.03% (57) identify as non-binary
- 0.02% (34) identify as "other gender identities".

This intelligence is important in ensuring that commissioned adult social care services are accessible to people of different genders and sexual orientations.

Disadvantage and deprivation

Walsall is one of the most socially deprived areas of the West Midlands ranking 3rd in the Indices for Multiple Deprivation and the Income Deprivation Affecting for Older People measure. Walsall is the 17th poorest Local Authority area nationally and 14th poorest Local Authority affecting children; high number of worklessness households and lower than average GCSE or higher attainment. The intra-Borough inequality is therefore very stark in Walsall. In the West of the Borough in places such as Darlaston the % of low income households is over 40% whereas in Streetly in the East of the Borough, this figure is 6%.

Summary of Walsall's demographics

- 44 out of 167 Walsall neighbourhoods (LSOAs) are amongst the most deprived 10% in England compared to 34 in 2015
- The 2019 Index of Multiple Deprivation ranks Walsall as the 17th most deprived English local authority (out of 317), placing Walsall within the most deprived 10% of districts in the country (33rd in 2015, 30th in 2010 and 45th in 2007)
- There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the Borough
- Walsall fares particularly badly in terms of income (16th), education, skills & training deprivation (11th) and employment (38th) and many of the issues that challenge the Borough match the geography of deprivation
- The high and increasing levels of child poverty puts additional demands on services. Walsall ranks 17th for income deprivation affecting children index (IDACI 2019) with the Borough's relative deprivation increasing over time (27th in 2015)
- 1 in 3 (29.9%) aged under 16 years are living in low -income families, higher than the national average of 20.1% (HMRC, 2016)
- By the end of January 2017, 20.8% of primary school pupils were entitled to free school meals compared to the national average of 14.5% and 30.2% of secondary school pupils.

Health Profile of Walsall Citizens

Across the West Midlands Combined Authority (WMCA), both life expectancy and healthy life expectancy remain lower the national average. This has been exacerbated by the coronavirus pandemic, with our Black, Asian and Minority Ethnic communities among those most affected in line with national findings.

Life expectancy at birth for men in Walsall is 77.8 and 79.8 nationally which is 2 years less than the national average. The latest figure for life expectancy for women in Walsall is 82 which is lower than the England figure of 83.4 years by 1.4 years.

Overall health in Walsall is poorer than the average for England, with 77.3% of residents saying their health is good or very good, compared to 81.2% nationally. Current “healthy life expectancy” – the number of years lived in good health – is 57.7 for men and 57.2 for women, below the England average of 63.3 and 63.9 years respectively, and lower than Wolverhampton, Dudley and (for women) Sandwell. One in five Walsall residents has a limiting health condition. There will be different rates for different minority ethnic groups.

Other Public Health indicators [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

- 75.3% of the Walsall adult population is obese -higher than England and West Midlands averages
- According to an obesity rate table for UK, Walsall has the 4th highest obesity rate in the UK
- Walsall’s adult population is consistently more inactive than England’s sample population
- Opiate and crack cocaine use is high in Walsall compared to West Midlands and England average rates
- Recorded prevalence of diabetes is higher in Walsall compared to West Midlands and England average rates
- Premature mortality rates due to cancer, cardiovascular disease primarily heart disease are high in Walsall compared to England and West Midlands averages other than for colorectal cancer which sees comparable rates to other areas
- Most conditions are worse and more prevalent in the West of the Borough linked to disadvantage and deprivation in that area
- Emergency hospital admissions due to falls have risen in Walsall in the past 10 years but is lower than West Midlands and England average fall rates.

Life limiting long-term illness

It is estimated that 16,600 Walsall residents currently live with a life limiting long-term illness in 2024 (5.6% of the Walsall population).

Mental Health

It is estimated that 1 in 4 Adults in Walsall experiences a mental health condition in any given year. According to the Walsall Mental Health Strategy, 28% of people in Walsall rate their mental-wellbeing as low and 19.4% of Walsall residents experience anxiety and depression. (Source: Walsall Mental Health Strategy). In Walsall, the most common mental health problem is, and continues to be, “common mental disorder”. “Two or more psychiatric disorders” is the second most common mental health problem with a starting base of 12,065 in 2020 (Source: People Too Analysis, 2023).

Neurodiversity and Learning Disability

The Walsall population with an Autistic Spectrum Disorder (ASD) condition is estimated to be 1,660 people. The highest population with ASD is the 25-34 group (Source: People Too Analysis, 2023). It is estimated that 19.1 % of Walsall residents are registered disabled.

Dementia and dementia prevalence

Dementia is a disease of the brain that affects memory, thinking, comprehension, calculation, language, learning capacity, personality and movement. In the UK it is estimated that 944,000 people have dementia and that 1 in 3 people over 65 will have dementia. Walsall has high prevalence of dementia and risk factors among citizens that increase the risk of dementia: obesity, smoking, excessive, alcohol consumption, hyper-tension, diabetes, an ageing population, significant disadvantage and deprivation and ethnic diversity. Smoking, for example, doubles the risk of getting dementia and people with diabetes are 60% more likely to get dementia. People with learning disabilities are also at higher risk of dementia.

As of February 2020, it was estimated that 9,158 people over 65 in the Black Country were diagnosed with dementia and in Walsall there was a recorded prevalence of 3.85% compared to a West Midlands rate of 3.77% (Dementia prevalence counts the number of cases in a population at any one time). The general predicted dementia trend in Walsall is increasing. By 2040 dementia is estimated to increase by 26% with the largest proportion of people with dementia age 80+ years of age. (Walsall Council Public Health Dementia Needs Analysis 2024).

Future projected population data

The following tables set out projected Walsall population increases to 2040 by age and different needs. This context is crucial in planning our adult social care services for the future. We will update this contextual information annually to assist providers in business planning.

Older people over 65	2023	2025	2030	2035	2040
People aged 65 and over	44,300	45,000	48,300	51,600	53,900
% Change from 2023	0%	2%	9%	16%	22%
People aged 85 and over	7,100	7,300	7,900	8,900	9,300
% Change from 2023	0%	3%	11%	25%	31%

Older people over 65	2023	2025	2030	2035	2040	% Change to 2040
People living with dementia aged 65+	3,713	3,824	4,049	4,350	4,687	26%
People living with limiting long term illness where daily activities are impacted a lot	16,366	16,672	17,797	19,086	20,212	23%
People unable to manage at least one personal care task	14,841	15,160	16,201	17,306	18,266	23%
People unable to manage at least one domestic care task	15,050	15,364	16,356	17,447	18,488	23%

People aged 18-64	2023	2025	2030	2035	2040	% Change to 2040
Total Population aged 18-64	170,100	172,000	176,200	180,100	183,800	8%
People with a moderate or severe learning disability	949	962	993	1,019	1,041	10%
People with autism spectrum disorder	1,689	1,708	1,749	1,786	1,823	8%
People with a serious or moderate personal care disability	8,048	8,178	8,268	8,303	8,549	6%
People with a common Mental Health disorder	32,212	32,621	33,392	34,096	34,791	8%
People predicted to have a borderline personality disorder	4,090	4,142	4,240	4,329	4,417	8%
People predicted to have an antisocial personality disorder	5,675	5,741	5,880	6,002	6,128	8%
People predicted to have a psychotic disorder	1,191	1,205	1,234	1,260	1,286	8%
People predicted to have two or more psychiatric disorders	12,252	12,404	12,699	12,965	13,232	8%
People with a learning disability predicted to display challenging behaviour	77	77	79	81	83	8%

Source: Poppi and Pansi Population Projections.

Section 3: Broader Strategic Context

Role of Adult Social Care in Society

Adult social care plays an important role in society, supporting adults of all ages, including young people moving into adulthood, those of working age, and older individuals. Adult social care supports people with a diverse range of needs such as autism, learning disabilities, physical disabilities, mental health conditions (including dementia), substance misuse challenges and other long-term conditions.

People utilise adult care social care differently and at various stages of their lives; some require lifelong assistance while others may develop care needs suddenly or gradually. Some people may only need short-term social care to regain or maintain independence after hospital discharge, whereas others need longer-term support.

Whenever people need adult social care, the purpose of our intervention is to improve a person's wellbeing by facilitating what is needed for them to achieve what matters most to them which they could not have done without our help.

Adult social care covers a wide range of activities to help people live independently and stay well and safe. It can include:

- Supporting people in their own homes (home care or 'domiciliary care')
- Supported accommodation such as Supported Living Schemes
- Support in day centres; as well as wider support to help people stay active and engaged in their communities
- Care provided in residential and nursing homes
- Services such as reablement that help people to retain or regain their skills and confidence so they can learn to manage again after a period of illness or stay in hospital
- Providing aids and adaptations for people's homes
- Providing information and advice
- Providing support for unpaid carers



- Supporting people to engage in work, training, education or volunteering and to socialise with family and friends
- Providing preventative services that help people stay well for longer
- Providing safeguarding services for people with care and support needs who may be at risk of abuse or harm.

Walsall Council Adult Social Care offers support to the following groups of people who are aged over 18 including:

- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- People with autistic spectrum conditions
- People experiencing mental ill health
- Older people
- Unpaid carers who support friends and family
- People receiving Children's Services who are approaching 18 years old and who may require adult social care.

Strategic Context

This MPS works to key strategy documents driving change, such as Pursuing Excellence our Council Plan 2025-2029; "We are Walsall 2040" our Borough Plan and the "Walsall Together," Plan: this is our place-based partnership encompassing health, social housing, voluntary and community sector organisations. It also sits within the context of the new Adult Social Care Strategy 2025-2030.

To successfully deliver our Market Position Statement priorities, there is a need to connect with other strategies and plans. These strategies may be in other Directorates of the Council or in other organisations. Some of the strategies listed below further develop themes in the MPSs providing more detail on specific services or communities:

- Integrated Care Board – 5-year System Plan for Health Care 2023-2028
- Walsall's Equality, Diversity and Inclusion Strategy 2024-2029

- Walsall Multi-Agency Mental Wellbeing Place Based Strategy 2022-2032
- Housing Strategy 2020-2025
- Digital Strategy 2022-2025
- Customer Experience Strategy 2021-2026

Walsall 2040

Walsall 2040 sets out a longer-term vision of our Borough in 2040. We have an expectation that providers working in Walsall will support this vision and work with the Council, partners and commissioners to achieve it.

By 2040, the aim is that citizens of Walsall are:

- Thriving and happy
- Healthy and well
- Prosperous and innovative
- Proud of their Borough

The link below is to the new We Are Walsall 2040 webpage.

[We Are Walsall 2040](#)

The range of outcomes we want Walsall citizens to enjoy in their lives are also represented in the Walsall Wellbeing Outcomes Framework. We will commission care and support in line with this Framework and we want to ensure that providers deliver on these wellbeing outcomes in services provided.

From a health and social care integration point of view, Walsall Council is part of the Black Country Integrated Care System (ICS). As part of this ICS, we work with the NHS teams and 3 other local authorities in the Black Country to agree priorities, share learning and work to join together health and social care for individuals.



Figure 1: Integrated Care System (ICS) geography and purpose

The core purpose of our ICS is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

Our Integrated Care Strategy sets out how to meet the health and wellbeing needs of the population in the Black Country. The strategy builds on and compliments the work of the Health and Wellbeing Boards in each area but looks at the additionality that can be brought through system level working.

Council Plan 2025-2029 'Pursing Excellence'

Our Council Plan informs our overarching vision to be a continuously improving council, delivering excellence, reducing inequalities and improving life chances for all. Through engagement and consultation with our residents, four ambitions have been identified which are considered important for the future of the Borough. A set of cross cutting principles have also been developed to help achieve our overarching vision and ambitions.

The link below is to the new Walsall Council Plan in which there are statements and ambitions for health and social care.

[Our Council Plan](#)



Section 4: Current landscape in Adult Social Care

The National Context

Adult social care faces considerable pressures on its resources, capacity and ability to keep up with the increasing demand for services.

Growing Population And Demand For Adult Social Care

It is predicted that the demand for adult social care is projected to increase significantly, largely due to the UK's ageing population. The number of adults requiring care aged 18-64 is forecast to increase by 29% in 2038 compared with 2018. For people aged over 65 it is even higher at a 57% increase. The cost of care is also increasing, with a projected 90% increase in costs of care for adults aged 18 to 64 by 2038 compared with 2018 and a 106% increase for over 65s.

As is shown in the MPSs, we have seen in Walsall an increase in the numbers of people supported in their community and we expect this to continue. Those entering residential and nursing care generally need higher levels of care and support. Demand for supported living is growing and developing so is a key area of focus for the next few years. We want to increase the specialist housing options for people but also help more people to move into their own home. More people are being supported into employment despite the current economic challenges. People have told us they want to feel part of a community and develop friendships and their interests.

The past few years have had a huge impact on demand for care and support and on our care and support providers. The pandemic has increased the trend towards more care provided at home and increased use of short-term care in reablement and short-term care home placements. It has changed the way that some people have accessed day care services. The pandemic and the associated economic impact have had a major impact on care staff, and we are facing significant recruitment and retention issues across services. We want to work with people in Walsall and care providers and other partners to help tackle these issues together.

Government Funding

In recent years, the funding provided from the government for adult social care has reduced, which along with delays in government policy on future funding, has caused uncertainty.

Councils across the country spent £27.1 billion during 2023/2024, an increase of £3.4 billion (14.2%) from the previous year. All councils across the country are seeing increasing demand and costs. The Local Government Authority (LGA) latest projections show a gap of £2.3bn in council finances widening to £3.9bn in 2025/26 – the equivalent of around 3% and 5% of Councils' spending on services in those years, respectively.

The increasing prevalence of overspends points to long-term underfunding and increasing levels and complexity of need. Failure to close the adult social care resourcing gap has left Council's struggling to square their legal duty to set a balanced budget with their duty to provide statutory services.

Cost of Living and the Living Wage

The Association of Directors of Adult Social Services (ADASS) 2024 Autumn survey calculated that the National Living Wage increases added £1.4bn to the cost of commissioned adult social care services in 2023/24 and £1.6bn in 2024/25. The National Living Wage will rise to £12.21 in April 2025, representing an increase of 6.7%. The planned rise to employers' national insurance is due to come into force in April 2025. This is due to cost providers £940m in 2025-26, according to think-tank the Nuffield Trust, with organisations also facing a £1.85bn bill next year from the 6.7% rise in the National Living Wage (NLW).

These funding pressures are likely to be compounded by the current cost of living crisis and rising inflation which has an impact on the people we support, as well as putting pressure on the Council, care providers and partners in the voluntary and community sector.

System Responsibilities

There is significant expectation from central government and the wider health system to support safe and timely discharges from hospital care. At the same time, adult social care is required to maintain a focus on admission avoidance, strengthen the voluntary and community sector with growing its prevention offer to reduce or delay the need for formal health and social care.

Provider Workforce Challenges

Skills for Care's The State of the Adult Social Care Sector and Workforce 2023 report highlights that if the workforce grows in line with proposed demographic changes and demand, an extra 440,000 roles will be needed by 2035. During 2023 there were 440,000 posts filled by people who will reach retirement age in the next 10 years.

Independent providers recruited 18,000 international staff from April to September 2024, compared with 105,000 in the year to March 2024, a fall of roughly two-thirds in the quarterly average. Since last March, the number of international recruits has fallen which is attributed to the ban on overseas staff bringing dependents with them when taking up roles in the social care sector. Therefore, there needs to be a big push on not only recruiting younger people into the sector and local workforce but also focusing on retaining the existing care and support workforce.

Financial pressures

Adult Social Care faces considerable pressures on its resources, capacity, and ability to keep up with the increasing demand for services. Individuals are presenting with more complex needs, which is resulting in higher spend on care provision.

There are several factors which contributes to increasing costs for adult social care, one of the primary reasons over the previous two years has been due to provider fees (uplifts) and increasing acuity and complexity of needs.

In addition, the demographic pressures mentioned above and increasing demand mean that in the coming years we need to consider how we make best use of the available budget to meet the needs of those who are most vulnerable.

Walsall Adult Social Care's 2023/2024 expenditure

The 2023/2024 net expenditure for Adult Social Care in Walsall accounted for just over 21% of the Council's net expenditure.

Local Authority	Total revenue net expenditure £000s	Total ASC net expenditure £000s	ASC as a % of total net expenditure
Walsall	578,402	121,912	21.08%

Source: 2023/24 Local Government Revenue Outturn submission

Adult Social Care net expenditure for 2023/2024

Total Adult Social Care net expenditure for 2023/2024 was £121.9m. Proportion of spend on staffing costs amounted to 12.8% (£15.6m). People care provision amounted to 78.9% (£96.1m). Adult Social Care net expenditure has increased 42.4% since 2021 (24.5% in 2023/2024, 12.5% in 2022/2023 and 1.6% in 2021/2022).

Breakdown of 2023/2024 spend

Expenditure by area	Total net spend (£m)	Of which staff (£m)	Non-staff spend (£m)
People (provision of care)	96.1	0.3	95.9
Assistive equipment and technology	0.1	0.0	0.1
Social Work Teams & Safeguarding	13.2	12.7	0.6
Information and early intervention	0.9	0.3	0.6
Commissioning, strategy and support	11.6	2.4	9.2
Total	121.9	15.6	106.3

2023/24

Total gross expenditure	£150.4m
Less income	£28.5m
Net expenditure	£121.9m

The Walsall Adult Social Care net budget (excluding Public Health budget) for 2024/25 is £91.683m. As of March 2025, an overspend of £4.816m is forecast.

Adult Social Care Workforce

Nationally the Adult Social Care Workforce is estimated to be 1.59 million employees with 4.2% more filled posts in 2023-224 than the previous year. International recruitment has played a role in this with an estimated 105,000 international recruits working in the sector. However, there are an estimated 131,000 vacancies on any one day (8.3%). (Skills for Care, 2024).

The Adult Social Care workforce in Walsall is diverse and includes employees working directly for the Council, employees working for care providers

commissioned by the Council, those people employed via a direct payment, such as personal assistants, and care staff employed as part of any integrated arrangements with health bodies. There were approximately 8,500 jobs across the Adult Social Care workforce in Walsall in 2023/24, this figure encompassing both Walsall Council's Adult Social Care workforce and the independent provider market. 7,700 of these posts were filled and 800 vacant (Skills for Care, 2024).

As is the case nationally, the Council has experienced significant issues in terms of the external social care workforce who work for our care providers in Walsall. There are high levels of vacancies and staff turnover rates in the care sector, which could be attributed to the local availability of less stressful jobs, for example, in retail, hospitality and warehouses. These roles offer the same, or better, rates of pay which impacts on the recruitment and retention of staff.

There are also challenges and opportunities in ensuring a pipeline of new recruits to the care and support sector. It is a sector that is not always seen as attractive as the NHS, for example and people often leave the sector to pursue what are seen as more structured career paths in the NHS. As an overarching priority, we are committed to training and development of the social care workforce in Walsall to support market sustainability and the local workforce and economy. Projections show that, regionally we will need 26% more posts by 2040 (from 194,000 to 245,000 posts) if the number of adult social care posts grows proportionally to the projected number of people aged over 65 in the population, according to Skills for Care 2023.

As part of our strategy to maintain, increase and ensure the workforce have appropriate skills to meet local population needs, we remain committed to fully engaging with regional and national campaigns and initiatives. Locally, we will work with the market to provide strategic leadership and support with key challenges such as recruitment and retention to establish a clear market sustainability model, aligned to the external workforce strategy. We are committed to working in partnership with the market, using a co-design approach through a new Provider Reference Group and Provider Forums to develop an external workforce training and development programme. Our Place partners and key stakeholders will contribute to this, to help develop a workforce with the capability to meet future care and support needs. This will address the increasing complexity of need and allow greater choice in local services.

Our commitment extends to our own workforce, across a range of in-house services and social work teams. We will continue to improve our business processes through the introduction of a Quality Assurance Framework and a Workforce Development Strategy, fostering a continuous learning environment and sharing of best practice. This will be with a view of implementing clearly defined career pathways.

Quality of Care and Sustainability of the Care Market

Quality of services is a key priority nationally and is a key issue in Walsall. A review of the quality assurance of commissioned provision across the Walsall system has been undertaken in 2024 with a resulting Improvement Plan. We are developing our local Quality Assurance and Improvement approaches working towards continuous improvement. This will ensure good quality across the market is embedded. There are measures to manage quality concerns, including monitoring of quality across the sector. Our ambition in Walsall is to work in partnership with good providers, delivering good quality services. We want to improve on our provider CQC ratings across the Borough and want to work with the market to achieve this.

Strategic improvement priority: Quality and Quality Assurance

One vision is for improved quality of services delivered by the provider market with support from the Council and Walsall Together, our Place Based Partnership.

Key priorities are:

1. Delivering our planned quality improvement programme for Adult Social Care.
2. Improved quality service performance across the Social Care provider market for commissioned services and other provision
3. Improved challenge, accountability, leadership and decision-making across quality assurance and improvement.

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It is important that we provide transparency around our budgets and commissioning practices. We will move to outcomes focused commissioning, establishing closer working relationships with stakeholders to implement strengths-based approaches, work jointly to shape the market to respond to local needs and improve the transparency of brokerage arrangements and placement processes. We will also take an evidenced based approach to understanding care costs and setting fees, as this will be vital in developing and sustaining new models of care.

We will continue to engage in sector-led improvement work at a regional level and with providers which will support all in a journey of continuous improvement. Alongside this, we will seek to innovate, introducing more preventative based approaches and exploring the implementation of new technology as a potential route to improving quality and efficiency. Our forward-looking intentions and vision are set out in these Market Position Statements for key services.



Section 5: Our Long-Term Vision for Adult Social Care in Walsall

Our Adult Social Care Vision

“Working Together, we promote health, wellbeing and independence for Walsall’s residents. We provide the right support at the right place at the right time for those who need it. We respect and listen to the voice of our residents and their carers.”

Adult Social Care Customer Journey

The first stages of a person’s care and support journey should be self-care and support from networks in communities with use of assistive technology and adaptations and community offers, then into short-term Adult Social Care support if someone has assessed eligible needs and into long-term care and support, if needed.

The Support Sequence



Figure 3: Circle of support for an individual and care and support sequence

We believe that with the right networks and targeted, timely support, citizens will:

- Feel supported as individuals
- Be supported to make good choices for healthy and active lives
- Find new ways to achieve their goals
- Feel more independent and connected to their communities.

Our Commissioning Principles

Adult social care commissioning will be based on these principles:

1. Use ‘Think Local and Act Personal’ (TLAP) principles. These are used to support people in their own communities, increase independence, wellbeing and build resilience
2. Be inclusive, flexible and aim to have fair and accessible care
3. Look at the whole system to understand the complexity of the environment to secure lasting change
4. Make sure services are person centred, strengths and asset based and co-produced with people with lived experience
5. Have a well led and ethical approach to commissioning services
6. Be commercially minded, maximise innovation and social value to develop services that are sustainable and value for money
7. Use an evidence based and outcomes focused commissioning approach
8. Work collaboratively with partners and jointly commission services as part of an integrated care and support approach

We are committed to shaping good quality, diverse, accessible and personalised social care supported by:

- Commissioning on the basis of better outcomes
- Creating resilient communities
- Linking with people and communities to co-produce care and support
- Making the best use of available resources.

Our Approach to Commissioning of Adult Social Care Services

Commissioning is an enabling function with Adult Social Care. Its purpose is to review, plan and procure a wide variety of care and support services and to assure the effective delivery of commissioned provision. This is to enable choice of support and a variety of services for Walsall citizens who need adult social care services.

Adult Social Care Commissioning Strategy 2025-2028

Strategic priorities	Current status	Action	Metric KPIs	Outcomes
Market management and shaping	<ul style="list-style-type: none"> Limited strategic market management and development Fragmented, some lower quality provision Too many long-term service users e.g. 18-64 in bed-based out-of-Borough Average actual rates paid for bed-based care higher than agreed rates Price negotiations with bed-based providers in place Quality action plan & new governance in place MPSs being drafted 	<ul style="list-style-type: none"> 3 year pricing strategy linked to quality improvement 2025/2026 onwards Reviews of key services underway Key re-commissions 2027 Reductions in long-term care, especially bed-based care Improved market relationships with providers and co-production with citizens via Forums and targeted engagement MPS as a driver to re-shape markets 	<ul style="list-style-type: none"> % providers rated CQC Good & Outstanding Average weekly cost of service users (SU) in long term care Number of SU in long-term care % SU receiving long-term care at home or in a tenancy % SU who feel they have choice and control over their daily life Number of contracted providers Number of out-of-Borough placements 	<ul style="list-style-type: none"> Less people in long-term care More people supported in their own home Improved, more strategic relationships with providers Fewer contracted providers Placements at agreed rates Good & Outstanding providers rewarded Requires Improvement and Inadequate providers moved to Good New progressive services in Walsall
Prevention and early help	<ul style="list-style-type: none"> Limited ASC funded prevention and early help services Unknown impact of these services Need for an overview of all community-based early help services across Walsall & more dialogue with sector 	<ul style="list-style-type: none"> Walsall Wellbeing Outcomes to be embedded in all service specifications and evaluated Further develop the Prevention and Early Help Strategy Joint market shaping and service gap filling with Resilient Communities, Public Health, VCSE, ICB 	<ul style="list-style-type: none"> % of contacts to ASC that result in signposting to a preventative/early help service Number of Prevention and Early Intervention contracts funded by ASC Feedback from service users on impact of these services on their wellbeing and not needing ongoing services 	<ul style="list-style-type: none"> More people supported at the earliest stage Increased ASC investment in Prevention and Early Intervention services funded through less spend on long-term care New progressive services in Walsall Improved budget position in ASC due to improved service offer earlier in customer journey

Strategic priorities	Current status	Action	Metric KPIs	Outcomes
Targeted support	<ul style="list-style-type: none"> Good developments with new Pathways to Independence services Non-Council commissioned day services: lack of market oversight and review Carers support offer adequate but need to drive for more/better (demand management) 	<ul style="list-style-type: none"> Embed well the new Pathways to Independence services Re-commission ICS Reablement targeted & outcomes focussed providers 2027 New outreach as well as building –based day opportunities to be included in new Community Based Services (CBS) re-commissioning 2027 	<ul style="list-style-type: none"> % of contacts to ASC that result in a short-term targeted service % carers supported year on year by ASC Less people in long –term care Proportion of day & outreach opportunities as part of CBS offer Quality of targeted support services –CQC and local QA 	<ul style="list-style-type: none"> More people receiving targeted support as a proportion of ASC commissioned support Less people in long term care Increased ASC investment in targeted support funded through less spend on long-term care More carers supported to care for loved ones in own home/less carer breakdowns
Support for Life-Long Needs	<ul style="list-style-type: none"> Higher-cost specialist services – work underway of key packages Needs not always being met through specialist services (revolving door) Supported living offer – fragmented and not always progressive Lack of modern, suitable accommodation is a key issue 	<ul style="list-style-type: none"> Continued focus on key specialist packages and cost Supported Living review and prep for re-commissioning 2027 New bespoke provider market developments Strategic housing & accommodation planning 	<ul style="list-style-type: none"> Proportion of ASC and ICB spend on specialist services % SU receiving long-term specialist care at home or in a tenancy Number of contracted Supported Living providers Number of out-of-Borough placements 	<ul style="list-style-type: none"> Better outcomes for people in receipt of specialist services More people able to move out of specialist services to targeted support Better value for money for public purse

This highlights 4 key strategic priorities for Adult Social Care commissioners, with a summary of current position, action, key measures of success and key service and individual outcomes sought. Quality improvement sits as a strategic theme across all priorities as does personalisation and choice, financial viability of provision, equality, diversity and inclusion.

We hope that this Market Position Statement introduction has been useful for you. It will be updated annually with fresh data and information as available. If you have any comments or questions, please contact adultsocialcarecommissioning@walsall.gov.uk

