

Adult Social Care Services for Working-Age Adults with Long-Term Needs Market Position Statement 2025-2040



Walsall Council

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Section 1: Introduction

This Services for Working Age Adults with Long-Term Needs Market Position Statement (MPS) sets out information on current and future projected demand and supply of these commissioned services in Walsall from 2025-2040.

We are ambitious for progressive, good quality, outcomes-focussed and responsive services in the Borough of Walsall and want to ensure that Walsall citizens with long-term care and support needs can remain in Walsall and receive appropriate care and support.

We seek to create the right conditions for a sustainable market that is 'right sized' to meet the current and future projected needs of Walsall citizens with these needs. We welcome new providers to the Borough as well as working with existing good quality providers of these services.

The development of the workforce for these services in Walsall is of pivotal importance. We seek to support the retention and recruitment of carers with more specialist care and support skills e.g. positive behaviour support through strategic workforce and skills development with partners and providers.

Definition of Services for Adults of Working Age with Long Term Needs

These services can be defined as services that support people aged 18-64 years of age who:

- Have lifelong needs that mean they need health and social care services e.g. learning disabilities, autism and mental ill-health
- Have assessed social care needs eligible under the Care Act 2014
- Require care, treatment and support due to physical or neurological illnesses, cognitive impairments or injuries that are unlikely to improve and people with enduring mental ill-health. These conditions may have been inherited or acquired and may not necessarily be life-limiting. People using these services require the support of medical practitioners and a range of other healthcare professionals, and their care, treatment and support may involve highly technical interventions
- Have spent time in a hospital in-patient setting where their needs cannot be met by standard commissioned services such as Supported Living without significant extra support

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- Display significant specialist conditions and/or behaviours
- Pose risks to themselves or others and do not require detention under the Mental Health Act
- Have a history of offending or are at significant risk of contact with the criminal justice system
- Have experienced multiple placement breakdowns in the community
- Have enablement potential not being met through current commissioned service(s)
- May have recently transitioned from childhood to adulthood (18-25 years old).

Core Working Principles

Walsall Council's aspirations for people with these needs are based around good practice core principles that are stated from the perspective of someone who might use these services.

Quality of life – people should be treated with dignity and respect. Care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations; it should be about maximising the person's quality of life regardless of the nature of their conditions. There should be a focus on supporting people to live in their own homes within the community, supported by local services

Keeping people safe – people should be supported to take positive risks whilst ensuring that they are protected from harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparency and open reporting, ensuring lessons are learned and acted upon

Choice and control – people should have choice and control over their own health and care services; it is they who should make decisions, wherever possible, about every aspect of their life. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well such as advocates

Support and interventions – support should always be provided in the least restrictive manner. Where an individual needs to be restrained in any way, this needs to be supported by appropriate professionals and planning. Restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with positive and proactive care.

Scope of this Market Position Statement

- **Supported Living** - Supported Living is housing with care and support. It is based on service users having a tenancy or license agreement preferably separate from their care provider. People receiving care and support should have the right to remain in their own home and change their support provider if they wish
- **Shared Lives** - Shared Lives Care is delivered through local regulated Shared Lives schemes who recruit and assess Shared Lives carers. The scheme matches carers with adults who need support, based on their compatibility as people, with both parties having the final choice on the match. The adult moves in with, or visits, their Shared Lives carer and together they share home, family, and community life. People with support needs associated with a learning disability continue to be the largest single group supported by Shared Lives
- **Enablement Services/ Pathways to Independence** – this in-house Walsall Council Adult Social Care service supports younger adults to be as independent as possible in community settings and to maximise their outcomes in terms of their health, care, travel, employment and education
- **Small supports** – Small supports are designed to support people with specialist needs. It is National Health Service England (NHSE) funded linked to Transforming Care and is focussed on learning disability and autistic needs. It is a Black Country-wide project including 3 Councils and the Integrated Care Board (ICB). Small supports provide an alternative offer and design that is bespoke and tailored to needs. Families are included in small supports and is seeking to put the person at the centre of the decision-making process
- **Micro-commissioning of specialist packages of support** - for the most specialist needs and packages of care, this is an approach to shaping packages of support that are very specialist and specific to clients where the standard provider market cannot meet these needs and where costs of packages are high. This is done in an integrated way with ICB commissioners and other bodies
- **NHS Specialist commissioned services** - these are services commissioned by the NHS/ ICB to meet health and social care needs for people with learning disabilities, mental ill-health and other needs.



Section 2: Vision and Intentions

Vision

“Ensuring the right support at the right time in the right place”

“The ambition is for people, where possible, to be living in their own homes with little or no support because they have maximised their independence. Where working age adults with longer-term needs do need care and support in supported living, shared lives and other services, ensure that this is good quality, progressive, flexible and meets needs and desired outcomes.”

Intentions

1. To ensure that these services are co-produced with people with lived experience and with the greatest degree of integrated partnership working possible
2. To ensure that the current and future needs and protected characteristics of people receiving these services are understood and met by the Council and providers
3. To clearly define and specify primary support reasons and sub-specialisms of care and support required in support plans, specifications and tenders for these services
4. To jointly commission more locality-based and Borough-wide support services for people to meet these needs as close to home as possible, in a timely, outcomes-focussed way and to prevent escalation of conditions and to maximise people's independence
5. To grow Pathways to Independence and associated services such as enablement to meet a range of needs and to shape and deliver on a new vision for these crucial services (e.g. transitions from Children's Services, referrals from localities, maximised use of Assistive Technology)
6. To expand the Shared Lives offers and better use this service to meet a range of needs and to expand the micro-provider market of tailored support developing the Small Supports Programme
7. To redesign Supported Living from its current commissioned model to remodelled services that are outcomes-focussed, high quality, progressive and value for money with clients supported in General Needs Housing as the preferred accommodation model, where possible

8. To ensure that accommodation is modern and high quality, preferably based on a core and cluster model, with people having the option of changing their care provider while maintaining their tenancy. Develop long-term relationships with providers of Supported Living and between providers, developers, landlords and tenants
9. To shape a more tailored, personalised approach to commissioning and brokering these services
10. To seek to return Walsall citizens back to Walsall from in-patient care in other parts of the Country to receive their specialist care in-Borough and to develop improved forensic pathways and support
11. To shape more NHS-led and funded services jointly with Adult Social Care where there are gaps e.g. personality disorder services, crisis pad interventions, step –up and down and support for people caught in the revolving door of services leading chaotic lives but without formal diagnoses
12. To continue to create a more joined up, effective and equitable pricing strategy and agreements for these services across the Council and NHS (following current case work underway)
13. To ensure continued partnership working between the NHS and Council in jointly specifying, commissioning and shaping joined-up, effective services in the more specialist provider market, building on the long-term collaboration with Black Country Councils to manage the sub-regional market more effectively.

Achieving this vision and these intentions will be a journey. It will require commitment from providers as well as commitment from the Council, ICB and other partners to drive this vision and invest in its delivery.





Section 3: Commitment To Service Providers

The relationship, dialogue and joint planning between commissioners and providers of services for working age adults with long-term needs, both existing and new providers, is crucial to achieve this vision and intentions. Walsall Council will offer:

Leadership and Commitment

- Clear intentions regarding services required starting with this Market Position Statement
- A more detailed accommodation- focussed Market Position Statement will follow that will guide developers, investors, housing associations, landlords and providers in knowing what accommodation is needed where, in what quantity and what type
- Yearly, updated market insight including demand and supply analysis, analysis of service quality, gaps in provision and location of provision needed
- Frequent communication and improved relationship management with the working age adults commissioned service sector
- Honesty and evidence about de-commissioning decisions based on supply and demand, poor quality services or other criteria
- Improved Council services brokerage processes that are transparent, equitable, consistent and efficient and have a dedicated specialist services brokerage function
- Improved partnerships with NHSE, Hospital Trusts, ICB and other Councils for specialist services
- Effective working with the ICB and NHS regarding data insights, specialist services commissioning and placements and quality assurance
- Commitment to affordable but fair rates for these commissioned services
- Continued and improved support for providers with quality assurance and service improvement
- Marketing and communications expertise to promote specialist services including to those with direct payments, personal health budgets, ISFs and small supports.

Diversification of provision and new developments

- Expertise in development, local planning authority and engagement with the community and local elected members
- Secure trusted, effective relationships with providers to ensure that specialist services are provisioned and developed in the right locations to meet current and projected future needs
- Support for service design to meet varied and complex needs
- Support on assistive technology developments for these commissioned services.

Our approach to working with providers and people with lived experience of these services

- To support our vision and intentions around these services, we want to engage and co-design plans for future services with providers and people with lived experience of specialist services
- This will ensure the 'right size and type market' that meets varying needs in different locations, is what people need and want and is based on projected demand for the different types of specialist services needed for people in Walsall over the next 15 years
- We will continue to work constructively with providers to commission specialist services, support quality and market development and to monitor sustainability.

Provider perspectives as to what is needed from the Council and partners:

What is needed from Council, NHS and public sector partners?

- Identification of gaps in service provision
- Prompt responses to proposals
- Input in design
- Collaborative working

How best to co-design care and support for the next 15 years

- Continuous and regular dialogue
- Collaborative working with preferred providers
- Establishment of steering groups which include commissioning and health and social care representatives to input and review existing services and new proposals
- Establish what is already working well within the Borough and see if can be replicated
- Establish Council and ICB requirements in terms of outcomes and "reverse engineer" to establish how the outcomes can be achieved:
 1. Establish the outcome
 2. Establish the timescale to achieve the outcome
 3. Establish what is needed to achieve the outcome
 4. Establish what is missing in what is needed to achieve the outcome and how this is addressed
 5. Establish how the achievement of the outcome will be monitored and subsequently achieved

This is the perspective from another provider as to what do is needed from the Council, NHS and other public sector partners to support providers in strategic developments:

- More collaboration
- Clear communication
- Joint Frameworks
- Visibility of needs – continually updated
- Public sector partners strategically aligned to each other.



Section 4: Current position 2024/early 2025

Walsall Council Adult Social Care - overall position

There are an estimated 3,524 Walsall citizens in receipt of long-term costing adult social care support as of the end of December 2024.

The total number of contacts received during April – December 2024 (10,617) was 3.2% higher than during April – December 2023 (10,279). The number of contacts received by 2024/25 financial year end is currently projected to be 16.2% higher than the 2023/24 total. This is evidence of an increase in demand for adult social care.

The number of people receiving a long-term service during 2023/24 increased for the second year in a row, with the cumulative figure for 2023/24 standing 7.3% higher than 2022/23. Cumulative figures for 2024/25 April – December 2024 are 4.1% higher than the cumulative total for the equivalent period in 2023/24.

Below gives a summary of key aspects of Adult Social Care business and key performance measures to December 2024 (Walsall Story, December 2024). It tells a story of improvements against historical performance and in-year so far 2024-2025 and some decreases in performance in key service areas against historical performance and in year so far 2024-2025.

In terms of improvements in performance against key measures so far in 2024-2025:

- Improvements in the total number of assessments conducted albeit significant process changes have been implemented since April 2023/24, making it difficult to compare directly 2023/24 to 2024/25
- % of CQC assessments rating providers Good or Better

In terms of decreases in performance against key measures so far in 2024-2025:

- More people accessing long-term support (more adults of all ages in long-term support)
- Less people using direct payments.

Section 5: Walsall Council Commissioned and Provided Services

Supported Living

Supported living can be defined as “Accommodation which is provided alongside care, support or supervision to help people with specific needs to live as independently as possible in the community”.

Supported Living schemes are for adults with learning disabilities, autism, mental ill-health, physical, sensory impairments, acquired brain injuries and other needs. The service provides adults with a tenancy in their own home and focuses on increasing each individual's independence and skills over a period of time.

The schemes can be either a group of single occupancy units clustered together or a scheme for tenants who live in a shared house. Within these schemes there is usually shared or ‘core’ support provided as well as 1-1, 2-1 support for individuals. All properties are tenancy based, and there should be no direct link between the adult's tenancy and the provision of care from a specific provider.

Housing Benefit is at the heart of the funding of supported housing. In almost all cases, it provides the revenue stream covering the housing-related costs involved, i.e. rent and service charges.

In adult social care, this service is primarily commissioned via the Supported Living Framework which was originally procured in 2021. As of late 2024/early 2025 there are 64 providers who have secured a place on the Walsall Framework and 33 providers with active packages of care and support. We are now working towards the replacement Supported Living Framework in early 2027.

We need to continue to grow Supported Living to meet demand within Walsall: appropriate services are sought for adults with behaviours that challenge. There is currently a lack of appropriate services in some parts of the Borough which leads to adults being moved further away from families and communities out of Borough.

Supported Living is the highest volume commissioned service for working age adults with long-term needs commissioned by Walsall Adult Social Care. Supported Living is a critical service that encompasses accommodation and care and support for individuals with eligible care needs.



- As of April 2025, there were 320 clients receiving Supported Living commissioned by Walsall Council
- There are 7 LOTS in the Supported Living Framework. Learning disability is the LOT with the majority of service users followed by mental health then physical disability, sensory support, social support and memory and cognition
- The average weekly cost of Supported Living placements has increased over time, particularly for younger adults 18-64 years of age. The current average weekly cost of a Council commissioned placement for an 18- 64 year old placement is £1,491.46. For a person with a learning disability, the average weekly package cost of Supported Living is £1,943.65 a week.

Many providers only have 1 or a few packages of care commissioned by the Council with the exception of 5 providers that have 57% market share combined.

Current challenges with Supported Living

- High proportion of high-cost packages with service quality an issue in some provision
- Not always a clear distinction between the accommodation and support elements of provider provision: the preferred model is for a separation between a landlord and care and support provider
- A lack of providers on the current Supported Living Framework to support the people with more specialist needs. This is because there is no significant difference in the commissioned specification between the LOTS which has resulted in some providers without the necessary skills, experience and training to deliver specialist support
- Assessment / Support planning / Brokering processes and documentation do not always promote person centred and outcome focused ways of working
- The location and quality of some supported Living provision in Walsall is not where and what it needs to be
- Some housing providers suggest insufficient knowledge and understanding on the part of some commissioners of the supported housing development and delivery process, key hurdles and milestones, the timescales

associated with new build supported housing development and what needs to be in place in order to achieve a successful and sustainable approach

- There have been recent hand-backs of packages and short-term notifications by providers of intention to close services leaving vulnerable people without a home sometimes and care and support from their provider. Part of the challenge is an absence of legal rights through a separate tenancy and the lack of transparency with provider and landlord and workforce instability caused by changes to international recruitment policies.

Shared Lives

As of late 2024, there were 53 Shared Lives Carer Households and 61 Council service users supported in shared lives arrangements, including long-term, day opportunities and short breaks arrangements. The existing service primarily focuses on adults with learning disabilities. There is a review and project currently led by Adult Social Care to grow Shared Lives provision, recruit more Shared Lives carers and households and diversify provision to meet a variety of needs.

Small Supports

Small supports are an innovative way to shape and fund care and support for people with specialist needs. Referrals to Small Supports have commenced having recruited 3 providers. This Black Country-wide project is across 3 Councils, not just Walsall Council. There are 2 Walsall based providers, 1 of which has just received their first referral. 3 possible additional referrals are being discussed and there are 2 other potential providers in the application process. ISFs are being set up as the funding model around Small Supports. The intention is to make Small Supports mainstream within Walsall and for use by all service user groups as appropriate. Currently it is just for people with learning disabilities and autism.

Current service:

- Three small supports providers are officially approved: 2 are Walsall based and 1 is Dudley based
- A robust application process includes a co-produced Development Plan for each provider which has been recognised as an excellent element of the programme boosting the focus on quality of care and continuous improvement and development

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- A number of referrals for Small Supports have been received. One provider has received a referral, has met the individual and is working towards supporting them to leave a long stay hospital bed. A second provider is working with a family carer looking at how their organisation can support the individual and their family using a Direct Payment
- A Quality Framework has been co-produced which will provide a toolkit that is focused on person-centred quality checking. This includes how Small Supports are reviewed and uses the locally co-produced 'I' Statements
- The Referral and Matching Protocols for each local authority are being designed and will then be embedded within local teams; work has also taken place with health teams.

Micro-commissioning of specialist packages of care and support

There is a project led by Walsall Adult Social Care and in partnership with the ICB focussed on specific cases where there are joint funding arrangements. Recent work on micro-commissioning approaches to people with the most specialist needs includes:

- National consultancy engaged to support practitioners to have the tools to have person centred conversations and identify outcomes for vulnerable adults with complex needs
- Agreed that Multi-Disciplinary Team meetings (MDTs) are needed for clients with specialist needs
- New support planning documents to support a new approach
- A new Brokerage process is in development that will lead to more choice and control
- Soft market engagement and procurement exercise to identify 4 providers able to support people with the most specialist needs (micro-commissioning).

Pathways to Independence

Pathways to Independence Services - Enablement

Walsall Council has its own in-house enablement service based at the Goscote Centre that seeks to maximise people's independence through individual assessment and support. It has the following assets and services:



- Sensory Room
- AT room
- Training Kitchen
- Meeting Room
- OT training room/facilities

Services include:

Living at Home Safely – looking at how a person is living in their home/ their understanding around home safety, for example, fire safety checks, information and advice and where needed additional use of AT and other low-level support where this may be of use to support independence

Maximising Independence - looking at how an individual can increase their independence skills from a strength-based approach. Keeping the person safe at home and also when in the local community by utilising support via universal offers and local community groups. Tapping into the locality health and wellbeing plans that also help to keep communities and people safe, well and connected. Supporting relationships, personal safety and signposting as required

Travel and Connectivity – looking at accessing local forms of transport such as support to access a bus pass, identifying alternative ways of getting around and supporting with Road safety. Full Independent Travel Training to ensure an individual can get to the places and people that matter to them

Community inclusion - supporting people to access a range of universal local offers and introductions to those things where this will benefit the individual and their carer. Reducing social isolation and supporting with friendships/group activities

Nutrition, diet, healthy eating and cooking - links into health action plans, GP well person checks and local community resources and clubs available for people to utilise. Support to access local shops as part of healthy eating and looking at budgeting, meal planning, meal preparation, safe cooking and storage of food

Shopping - support to help a person to access local shops and observe how they interact and cope in these situations. Including online shopping, budgeting, planning and travel

Money management – supporting with money, budgeting and safety. Help to understand letters and statements that come from the bank. Looking at bills and how to help keep on top of these. Support to make contact with utilities and how to complain if they are not satisfied with something they are purchasing or receiving

E-Safety - Helping an individual to gain knowledge and skills to use the internet in a safe way.

Assistive Technology - looking at technology and gadgets that support and maximise independence and skills that can be personalised to an individual. Consideration of self-serve options around assistive technology. Looking at apps and online resources/ support that can be accessed.

An example of use of TEC is The Brain in Hand app which is designed to support adults who have autism, mental health conditions, cognitive impairments and other needs. It offers personalised support, anxiety management tools, a daily planner, emergency support, access to strategies, progress monitoring, and remote connectivity. The app helps individuals manage their daily lives, reduce anxiety, stay organised, access coping strategies, seek emergency assistance, track progress, and connect with their support network. It promotes independence, well-being and overall quality of life. Another example of assistive technology is 'Just Checking'.

Section 6: Needs Analysis

Council Funded Supported Living Clients

There are 320 people in Walsall ASC commissioned Supported Living services supported by 60+ providers on the Supported Living Framework as well as some additional spot contract providers. 47 people also use their direct payment to buy supported living. The overall weekly cost of Supported Living to the Council is currently £529,802.

This section provides information on the primary needs of Walsall Council supported service users in receipt of supported living services.

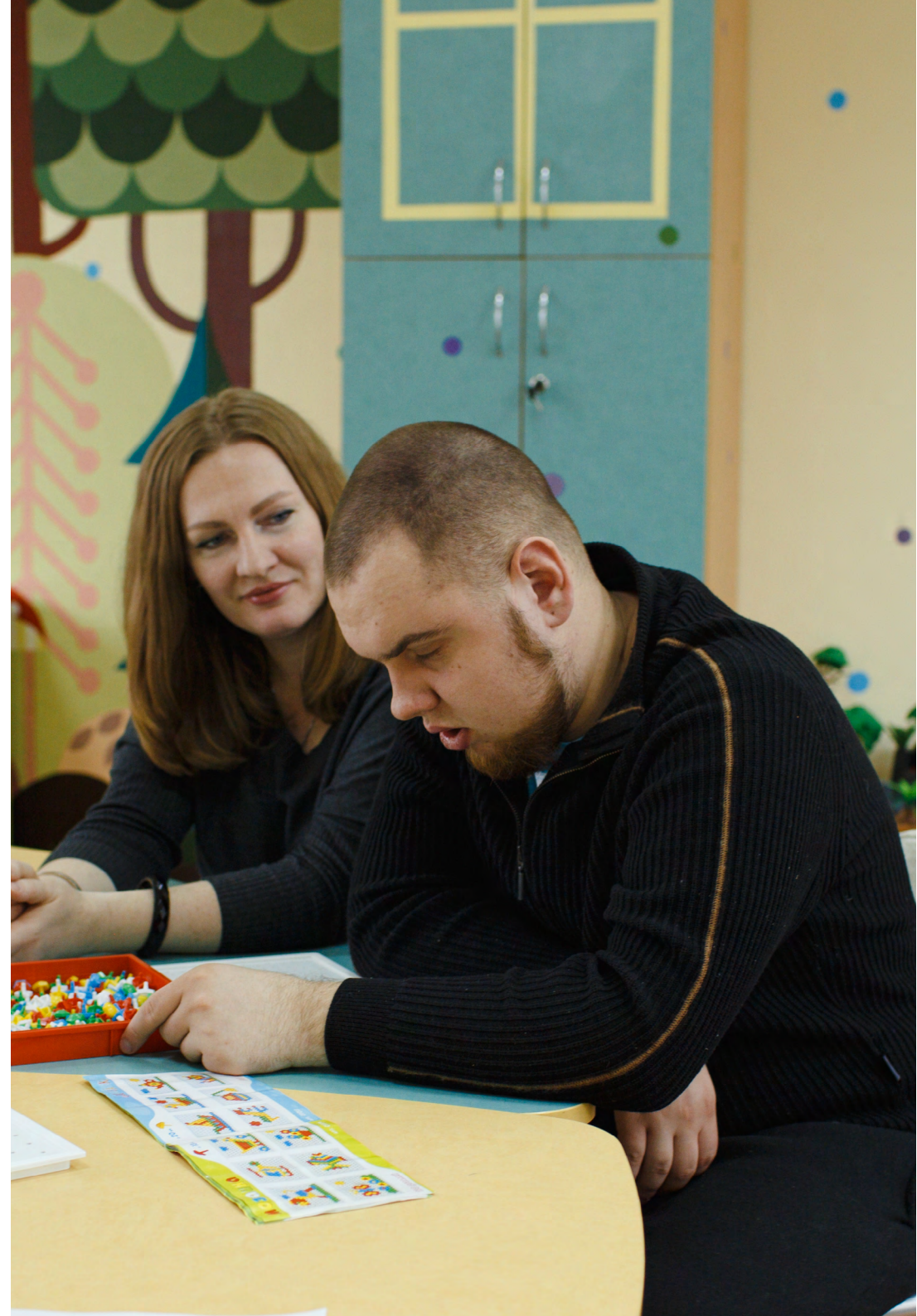
The main primary needs of people receiving supported living 18+ is listed below in the table.

Primary need	Number of clients
Access and mobility	15
Mental health	66
Learning disability	195
Social inclusion	12
Memory and cognition	4
Visual impairment	2
Substance misuse	1
Personal care	25
Total	320

Demand for supported living services has grown recently with key sources of demand from Children's Services (Transitions), direct payment clients, the NHS Trust, probation, residential and nursing providers, community social work teams, family and other referring organisations.

Age of Walsall Council Supported Living clients

Age	Supported Living packages
18-64	290
65+	30



Ethnicity Of Walsall Supported Living Clients

Ethnicity of supported living clients	Number of supported living clients
Asian/ Asian British	27 (8.2%)
Black/ Black British	6 (1.8%)
Mixed heritage	17 (5.2%)
White	275 (83.8%)
Other ethnicity/ not recorded	3 (1%)

This data suggests an under-representation of non-white service users in receipt of supported living compared to the broader demographic and ethnic profile of Walsall.

Geographic spread of supported living packages

This link is to be a map showing the geographical location of Walsall Council commissioned Support Living service users.

[Click here to view map showing Individuals placed in Supported Living Settings](#)

This map shows the predominance of Supported Living placements in the centre, south and west of the Borough with very few in the East and less in the North of the Borough. It also shows placements outside of the Borough.

Shared Lives

As of late 2024 as a whole cohort (include 65s+) there were 53 Shared Lives Carer Households and 61 Council service users supported in shared lives arrangements, including long-term, day opportunities and short breaks arrangements. The existing service primarily focuses on adults with learning disabilities.

Primary need	% of clients
Learning disability	74%
Autism	5%
Mental Health	5%
Physical disability	3%
Abuse/ neglect	2%

Primary need	% of clients
Sensory support	2%
Social support	2%
Dementia	1%
Other	6%

Over the period of just over 6 years, there has been minimal growth of the service from 53 up to 69 as of late 2024 (this includes people with occasional care as well as ongoing care).

There is a good cross section of ages of individuals with 20-29 year olds making up the largest proportion. In terms of ethnicity, white British individuals make up the largest proportion and there are slightly more females within the service. Within many other Shared Lives services across the Country, individuals with a learning disability are the cohort of individuals that seem to access Shared Lives Support the most, which is also evidenced within Walsall as there are 74% of individuals with a learning disability accessing the service in a variety of ways. Over the last 5 years, of those service users who have left the Walsall Shared Lives service, 9 have gone into Supported Living accommodation, 4 had deterioration in their dementia and 3 individuals passed away.

Enablement In-House Service

The data below shows the primary needs of people using the Enablement In-House Service.

Primary need	Number of clients
Physical support	95
Mental health	73
Learning disability	93
Social support	62
Sensory support	3
Memory and cognition	5
Children's primary support reason	46
Unknown primary support reason	46
Total	423

Age of Walsall Council Enablement Clients

Age	In-House service referrals
16-18	57
18-64	324
65+	42
Total	423

This shows that for in-house enablement services that physical support, learning disability, social support and mental ill-health are the key needs presenting and that the majority of clients are in the working age adult category 18-64 years of age.

Needs Of People Receiving Micro-Commissioned Bespoke Care And Support Packages

Within the project being led by Adult Social Care, there are 14 specialist packages of care for people with learning disabilities, mental ill-health, physical disabilities, sensory and social support needs. Five of these cases are in Supported Living, 3 in homecare, 2 with direct payments and 4 in residential and nursing care. These packages range in cost from £11,500 a week to £3,064 a week. Some of the packages are joint funded with the NHS through Section 117 Joint Funding or other ICB joint funding to meet health needs with an overall cost of £3,023,519 per annum spent on these 14 cases alone: 3.27% of ASC budget.

Needs of people using NHS commissioned Services

The NHS commissions services (Tier 2 and Tier 3 services) for a range of needs including learning disabilities, autism and mental ill-health, under a lead provider arrangement with Black Country Healthcare NHS Foundation Trust (BCHFT). Between April 2023 and the end of March 2024 there were 1298 people with a learning disability referred to the BCHFT Tier 2 Specialist Learning Disability Team (LD). These referrals came from LD Community Nursing, LD Acute Liaison, LD Behaviour, LD Physiotherapists and Occupational Therapists, LD Psychology, LD Transitions, LD Dementia, LD Single Point of Referral and LD Dysphagic Services.

There is also a 'crash pad' provision for citizens in need for short-term crisis support. The main need using this crash pad is for autistic adults with additional mental health needs, although it is also available for people with learning disabilities and the age range of clients has been from 20 years of age to 47. The amount of time spent in the crash pad ranges from a few days to a couple of months. Tier 3 specialist services are the Black Country Healthcare Foundation Trust services– Forensic Community Team (FCT) and the intensive Support Teams: one for Learning Disability; one for ASD and one for Children and Young People.





Section 7: Current Supply of Services

Supported Living

The current position (Early 2025) with Supported Living commissioned by Adult Social Care is shown in the below table.

Supported Living Provider Market in Walsall	Number
Estimated number of CQC registered Supported Living providers in Walsall (WM ADASS Hub)	60
Estimated number of providers on Walsall Council's Supported Living Framework	75 (not all in Borough)
Council contracts being continued with Supported Living Framework (to Jan 2027)	34 providers
Number of LOTS on the Supported Living Framework	7
Number of Walsall service users of Council commissioned Supported Living	320 (34 are not Walsall citizens 10.6%)
In Borough Supported Living placements	255
Out of Borough Supported Living placements	65 (20% of placements)
Number of vacancies in Walsall Supported Living Framework	65 vacancies in 27 locations
Number of supported living providers onboarded to work with the Council since 1st April 2024	0
Number of supported living providers exiting the market since 1st April 2024	2
Budget for supported living (24/25)	£23.626m
Estimated spend on supported living (24/25)	£25.617m

Shared Lives Provider Market

Shared Lives is a Council in-house provider market. This is the most recent data (Early 2025) below on the Shared Lives household/ provider market.

Shared Lives Provider market in Walsall	Number
Estimated number of Shared Lives households/ providers in Walsall	46
Number of Council supported adults in Shared Lives	63
Number of Shared Lives households onboarded to work with the Council since 1st April 2024	2
Number of Shared Lives households exiting the market since 1st April 2024	1
Budget for Shared Lives (24/25)	£1.321m
Spend on Shared Lives (24/25)	£1.33m

Below is a breakdown of the types of support currently provided by the Walsall Shared Lives carers cohort. The highest proportion of support is long-term care which equates to 38% of all support, with day and evening support at 17%. Some Shared Lives carers provide a mixture of support. Only 1 carer provides all types of support.

Over 73% of the carers are over the age of 50 highlighting a risk factor with regards to longevity of the service provision being able to be provided, particularly where the service provision is high needs. In addition to the age profiling, 32% of people have been a Shared Lives Carer for over 10 years, with only 9% of individuals having been a carer for less than a year.

In light of this, it highlights a need to seek to develop younger carers, particularly as 7% of service users are under 30, highlighting a risk to the sustainability of these packages of care. Of the carers who have stopped being a Shared Lives Carer in the past 5 years within Walsall, half of those were due to retirement or passing away which also highlights an age factor impact.

Enablement Service

Enablement Provider market in Walsall - Early 2025	Numbers
Enablement, Employment Support -in-house provider	1
Number of Council supported adults whose packages are provided by this provider	423
Enablement service	267
Employment service	134
Costed enablement	14
Brain in Hand	27
Just Checking	21
Travel Training	0

Micro-Commissioned Bespoke Services

Micro-Commissioned Provider market in Walsall - based on 14 Local Authority Cases - Early 2025	Numbers
Estimated number of micro-commissioned highly specialist providers in Walsall	1 with a new tender for 4 more specialist providers
Number of Council supported adults whose packages are micro-commissioned individually	14
Number of providers onboarded to work with the Council since 1st April 2024	1
Estimated spend on individually micro-commissioned packages (24/25)	£3.024m



Section 8: Market Assessment Of Services

Each of these services and provider market has been assessed on the following criteria by Adult Social Care commissioning leads:

- **Market Quality:** The rating is defined by current local quality assurance, CQC ratings and commissioner intelligence. Walsall Council aims to use primarily Good or Outstanding providers
- **Market Supply:** This rating is defined by current capacity/ supply of services
- **Market Workforce:** This rating is defined by our current understanding of workforce capacity and pressures within these services in Walsall.

Supported Living

Market Rating – Supply Of Supported Living

Current supply of supported living in Walsall is rated 'Amber'. This is because there is ample capacity on the Supported Living Framework, but it is not necessarily all of the right nature for needs presenting.



Market Rating – Quality Of Supported Living

The current quality of supported living in Walsall is judged as 'Amber'. Four of the five providers with largest market share in Walsall are rated CQC 'Good'. However, local Quality in Care Team reports show that there are an estimated 14 Supported Living providers with improvement plans for issues linked to policies and procedures, medication, care plans, staff supervisions, quality assurance and recruitment practices. In addition, a review of Supported Living by commissioners in 2023 highlighted areas of practice that could be more progressive and care managers report of some poor accommodation and examples of care and support in the Borough in need of improvement.

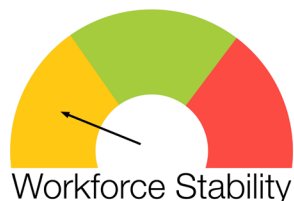


There needs to be a new approach to driving up the quality of all supported living provision (accommodation and support) in the Borough with progressive, maximising independence models of care and support and good quality accommodation.

Please contact us if you want to work with the Council and partner agencies on continually driving up the quality of your supported living services.

Market Rating - Workforce Stability

The current stability of the supported living workforce in its entirety is unknown. However, this area is also rated as 'Amber' because in the care and support workforce it is difficult to recruit and retain employees and because supported living often requires skill levels to work with more challenging and specialist conditions. There has also been a recent case of provider failure due, in part, to loss of international workforce in a supported living service in Walsall.



Current Market Status

There is capacity in the market with a number of vacancies, however, not all of these vacancies are suitable for adults seeking accommodation and support. In addition, matching and compatibility will always be a key consideration. Some vacancies may also be present in services that are not contracted or are unlikely to be onboarded which presents a risk to these schemes in the immediate future. There are shortages of some categories of support, especially for specialist provision and for those who require their own individual living space. There are several providers who are currently looking to expand and develop new services, and property developers are showing interest in setting up schemes within Walsall. Processes for ensuring quality of housing stock and care provision are now implemented and embedded.

The Supported Living Framework has circa 60 providers and there is an ongoing flow of providers approaching us about development of services. Exits from the market are rare although there has been a recent case.

Market risks

- Development of schemes tends to be focused in areas where land and property is cheaper which is usually in the vicinity of the Town Centre. This presents issues in terms of the potential greater level of criminal activity and anti-social behaviour which can impact upon vulnerable individuals

- Staffing remains a challenge to providers and a potential blocker to development or in some cases making use of existing stock
- It is likely that supported accommodation in Walsall which currently house adults and operates as supported living does not comply with the current Accommodation Standards and in some cases may not be able to in future. This poses the risk that services may become unstable if adults move out and are not replaced with new referrals, leading to closure and move-on activity
- Increases to National Insurance contributions and National Living Wage rises means operating costs for providers have increased.

Distance from vision for the future for Supported Living

A new vision for supported living needs to be co-designed with service users, providers, partners, developers and commissioners. This MPS provides an over-arching vision for change, but a more specific vision will be developed as part of a separate and new MPS on supported accommodation in the Borough and as part of the strategic re-commissioning of Supported Living by 2027.

- We require more provision for growing numbers of individuals with more specialist needs requiring accommodation. Key drivers of demand are through transitions from younger people services into adult settings and Transforming Care pathways
- We also need to improve the rate at which individuals are enabled to independence and into general needs housing with or without support. The move-on teams within social care are now supporting this process but we need providers to continue to promote achievement of outcomes and develop independent skills for adults they support with incentives and stability of investment and incoming packages of support to enable providers to do this
- Development of new services has continued at a steady pace but viable services for adults coming through Transforming Care Pathways presents an ongoing challenge and options are limited for these adults due to the specialist support they may require.

Future of Supported Living

Raising Walsall's Ambition

Ambitions

1. Agreed a co-produced vision of the market, choice/diversity of service models and ownership of Supported Living developments with ASC Operations and other key stakeholders
2. Clarity on what good looks like for continuous improvement – best practice – support and housing drawing on Housing LIN, BILD, PBS and market engagement (national, regional and local innovations)
3. Secure partnership- orientated providers with the right values, right skills and specialist expertise to enable the best outcomes for people with Learning Disabilities, Mental -Ill Health, Autism and other needs
4. Our providers have the right positive behaviour to 'never give up' and be flexible in providing high-quality specialist support for all cohorts of need
5. Council to have 100% nomination rights to a diverse range of accommodation units which are specifically designed for learning disability, mental ill-health and autism. Council to hold a list of people for vacancies and prioritise for being referred
6. Programme of new development of supported housing up to 2040 which providers, landlords and the Council work in partnership in delivering and managing
7. Regional/sub-regional collaboration to develop cross-boundary provision for very specialist cohorts
8. Continuous Quality and Improvement Programme to support providers to have higher service quality levels (not just CQC)
9. Outcomes developed as performance measures and piloted with providers
10. To develop the small and medium sized Supported Living sector including Shared Lives, Small Supports and using Individual Service Funds (ISFs)
11. Approach to planning new supported living for the Transition to Adulthood cohorts

12. Clear agreed approach on how the Council and health specialisms will support people in Supported Living

13. Agree future commissioning model and tender specification – have a very clear approach to different specialisms.

Market Opportunities

- To jointly commission more community-based and Borough-wide support services for people with autism, mental ill-health and other assessed needs to meet support requirements as close to home as possible and in a timely, outcomes-focussed way; to promote and sustain health and wellbeing, and maximising independence
- To co-design and co-produce Supported Living services that are outcomes-focussed, high quality and progressive, preferably with clients supported in General Needs Housing with associated commissioning and payment mechanisms that reward outcomes achieved, increase enablement and transitions onto independence
- Where accommodation is commissioned from a Supported Living provider to ensure that it is high quality, modern accommodation preferably based on a core and cluster model
- We would expect service providers to have explored the role and potential of technology enabled care (TEC) and assistive technologies to complement traditional models of care, bringing associated efficiencies; improved oversight and intelligence across the supported living market improving the care and support experience of our Walsall citizens.

Provider Dimension

Below is a table of information about the Supported Living Framework contract.

Original Contract Start Date	01/04/2021
Original Contract End Date	26/01/2023
1st Contracts Extension End Date	26/01/2024
2nd Contracts Extension End Date	26/01/2025
Contract Variation (subject to approval)	To vary the contracts to extend the period for a further 24 months from 27/01/2025 to 26/01/2027.

Market Position Statement 2025 - 2040: Services for Adults with Long-Term Needs

The current Supported Living Framework commenced on 1st April 2021 for an initial 2- year term. The Framework was re-opened in January 2023 and there have been 3 subsequent one-year extensions up until 26th January 2026.

The Supported Living Framework contract has been further extended for up to 12 months to January 2027 at which point the contract for supported living will be re-commissioned. Providers will need to re-tender for this Framework. There will be market co-design of future models and market engagement and testing in the next 21 months. The Council and providers will work together to co-design new models of supported living and events are being put in place soon to facilitate this.

Some commissioned supported living providers are using digital technology to manage care provision and to support service users' independence. Commissioners are about to audit current usage of TEC, digital and AI with supported living providers. However, the extent to which TEC is currently used is unknown. We want more providers to be using digital methods to operate their businesses and to support service users, and there is support for this now from a dedicated commissioning lead for digital. Contact adultsocialcarecommissioning@walsall.gov.uk for more information and support on TEC and digital.

Shared Lives

Market Rating – Supply Of Shared Lives Services

The diagrams below are a judgement by commissioners of the supply, quality and stability of the shared lives provision in Walsall.

Current supply of Shared Lives in Walsall is rated 'Amber' from the perspective of supply as there needs to be more Shared Lives carers and households to meet demand.



Market Rating – Quality Of Shared Lives Services

The current quality of Shared Lives in Walsall is judged as 'green' rating / good. Managers complete direct observations with scheme workers through standard documentation to ensure that support is consistent throughout the

service. Walsall's Shared Lives processes including initial matching and individual placements and carers reviews encourage feedback from people using the services and carers. All documents completed by the workers are signed off by a member of the management team meaning documents are read for quality assurance.



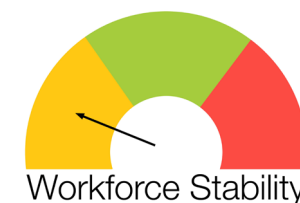
The scheme also utilises a quality assurance tool, which is completed by the service operational manager across provider services and the findings and recommendations from that are discussed at regular managers meetings. People in a shared lives placement have regular placement reviews which include a multi-disciplinary approach. Annual questionnaires are sent out to carers and service users to obtain feedback about the service, this is with support from the community department who will support with collating the answers which are then fed back as appropriate. People living in a long-term placement are supported to complete the questionnaires by other representatives outside of the placement.

The latest CQC inspection for the Walsall Shared Lives Service was on the 5th June 2019. The CQC rated the service as overall "Good." The CQC inspection report was overall very positive and identified many good practices and evidenced working towards promoting independence for individuals:

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Market Rating - Stability In Shared Lives Carers

Shared Lives carers stability is considered 'amber' given the ageing nature of Shared Lives carers and households and a need to drive recruitment for new Shared Lives carers. Not having a pipeline of Shared Lives carers threatens the stability of this provider market.



Current Market Status

Shared Lives is an in-house service. As part of an ongoing review, a market analysis exercise is being completed to gauge provider interest and capacity within Walsall. Provider engagement on this is being planned.

Market Risks

- Levels of funding paid to Shared Lives carers in Walsall is below the National average
- Banding levels need to be reviewed as there are inconsistencies within payments across the different support offers and are not considered equitable
- Inability to recruit Shared Lives carers
- Not enough new “younger” carers are being recruited

Market Data And Insight

- The current service is predominantly providing support for people with a learning disability
- There is a demographic of older carers within the Walsall service who have been Shared Lives carers a long time
- Financial data indicates Walsall is below average costs in comparison to other Councils
- In phase 3 of the Shared Lives review, an implementation plan will be compiled outlining the future direction of travel for the service. This will incorporate all the innovation researched and show the incremental growth within the service
- This is due to be completed in Spring 2025 with actual implementation commencing from April 2025 onwards with the support of Shared Lives Plus.

Market Opportunities

- Widening the offer of Shared Lives service depending on the outcome of the market analysis exercise completed
- Consideration of Shared Lives support for those with complex care

Shared Lives Future Service Objectives:

- To increase the number of people in a Shared Lives Placement
- To expand the Shared Lives offer and increase the number of Shared Lives Carers
- To increase individual choice and independence
- To improve knowledge and skills of Shared Lives carers
- To facilitate co-production of potential future service offers
- To identify options around monitoring and evaluation
- To promote and raise awareness of the Shared Lives service and offer
- To ensure future proofing of existing services and to meet identified future needs
- To implement a marketing and growth plan
- To complete a business case/implementation plan for the future delivery of the Shared Lives Service.

Pathways to Independence

Pathways to Independence is a new initiative led by Walsall Adult Social Care that aims to support adults who need social care services to achieve their personal goals and to live as independently as possible. The service is based on the principles of person-centred care, choice, control and prevention and early intervention. The service contains three components:

1. Prevention and Early Intervention
2. Community-Based Reablement
3. Enablement

This MPS section is focussed on enablement and the potential to grow and re-shape enablement services to support younger adults with learning disabilities, mental ill-health, autism and other life- long conditions and those transitioning from Children’s Services to Adult Social Care.

Market Context

The current enablement service run by Adult Social Care is an in-house provided service based at the Goscote Centre. Outreach services provide community- based assessments over a time limited period. The Enablement Team is able to assess in several areas in order to promote and maximise a person's independence. The service covers Living at home safely, maximising Independence, Travel training and connectivity, Community Inclusion, Nutrition diet and healthy eating, cooking, shopping, money management, E-safety and Assistive Technology. A costed service is provided when periods of longer support are required to achieve a specific outcome. There is Independent Travel Training for children aged 16 years and over, as well as adults with special educational needs and/or disabilities giving the confidence and skills to travel safely on the bus, train, tram, walking. Current issues are lack of referrals from social work teams and some under-utilisation of capacity. There is also considered to be a lack of join-up with health professionals and services. Expansion of the service is being considered currently and different options to re-shape and grow the enablement offer in partnership with health and potentially with other providers.

Market Rating - Supply

Current capacity and supply of enablement at the Goscote Centre is considered good. This is because there is sufficient supply of services and a need for greater utilisation and awareness of these services. These services are not understood to be provided by the externally commissioned market in Walsall currently.



Market Rating – Quality

The quality of enablement services at the Goscote Centre is considered good. This is as determined through a current review of the service offer at Goscote and through local quality assurance and user feedback.



Vision for the Future

The vision is to have a Community Enablement and Community Reablement service that is positioned at the forefront of adult social care services. The enablement model should be catering for different skills sets to support our residents of Walsall.

- Alignment with reablement - Community reablement focus is functional ability. Community enablement will be focused on skills for people with learning disabilities and mental ill-health and for younger adult cohorts (including transitions from Children's Services)
- Research is currently identifying what provision is provided today, for example, where current individuals are placed, where the gaps are and what is needed for the future
- A new business case will incorporate the existing provision at Goscote and other offers, areas which require developing and to address gaps in provision
- Joint-working with health - Forward looking and aspirational in regard to what a community enablement service would look like in the future with our health services in Walsall
- Cohort – all new adults or working age/ younger adults, learning disability and mental health cohorts
- A focus on young people transitioning from SEND provision. Options are being drafted for a future service model for promoting life-long well-being and independence for 18 – 64 adults with additional needs (mental ill-health, physical needs and learning disability).



Market Opportunities

- Enablement reducing long-term care and support packages through maximising people's independence
- To prove the enhanced outcomes and return on investment on enablement services
- Opportunity to work with the NHS to have integrated enablement services for the citizens of Walsall
- Opportunity to tailor enablement to care leavers, those transitioning from Children's Services and other cohorts to support the maximising of independence
- Widen the offer and to work in partnership with other providers in Walsall to enhance the in-house offer
- To better utilise existing enablement services at Goscote
- To invest in and drive -up use of TEC and AI in enablement services

Market Risks

- Risk of lack of awareness of the enablement offer and service currently
- Risk of lack of join up and utilisation by NHS services
- Risk of lack of connectivity with other assets and services to support people in communities.

Section 9: What Walsall Providers Have Told Us

Several MPS sessions have held with providers, primarily Supported Living providers to seek inputs to this Market Position Statement. Below is a summary of key issues and inputs from Supported Living providers:

- It is good that communication and engagement is happening with providers
- Supported Living is fast paced and growing as a sector
- Need clarity of definitions of complex and specialist care
- Commissioners with providers need to break down complexity and specialisms further and skills and services required now and into the future
- Compatibility and matching of clients are key issues
- Systems deem individuals 'complex' – people are not inherently complex
- There are too many inaccurate pen pictures and support plans – providers need better transparency of needs before placements are agreed
- Need to incentivise providers to step people down from high 1-1s, 2-1s, 3-1s and out of supported accommodation if they can – incentives for this are not there at moment. Providers still have core staff costs to cover and running costs
- There will always be new demand for supported accommodation and care given demand projections
- Providers wish to co-produce a model with the Council that looks at incentivising package reductions and step-down
- Need for different types of tenancies and different pathways for people to move into e.g. straight from in-patient stays, short-term stays, crisis interventions
- Need enhanced rates for social landlords
- Need more strategic planning across agencies to develop pipelines of supported living developments in association with Housing Associations, private registered landlords and developers.

Discussions between providers and the Council:

- Need to consider the split between accommodation and care and support costs
- Need to revise the approach to the brokering of Supported Living placements
- Need to reduce/ stop landlords and / or providers giving notice on vulnerable people's packages at short notice
- We need to look at the 'HOLD' model where people with learning disabilities have their own home. Sheffield, for example, has a model of Supported Living for people with mental ill-health needs (Housing Association accommodation)
- Need the Council to bring forward capital and sites for new developments
- Supported Living providers need to be sustainable in Walsall - may be that we need less Supported Living providers who have more packages
- Continual review of demand and supply to determine new net growth of Supported Living required and of what type, location and quality.

This input from providers is crucial in shaping this MPS. There is a mixture of current operational and strategic issues being flagged here by Walsall Supported Living providers as well as future state and transformational issues and suggestions. These will flow through into the future state section of this MPS.



Section 10: Future Projected Demand for These Services

Adult Social Care demand projections

The graph below shows possible scenarios in terms of estimated increase of adult social care service users each year through to 2040/2041.

The light blue circle line shows historical trends in numbers of people in receipt of ASC services tracked to date and the dark blue circle line continues this trajectory. This dark blue circle shows that by March 2040 there could be 4,221 service users from a baseline position now of circa 3,500 (17% increase)

The dark red line is based on the increase in the ASC service users in the past 18 months (May 2023 – November 2024). This line is much steeper and number of projected service users is higher because it shows estimated number of service users through to 2040 on a fixed rate if this growth continues. This dark diamond red line shows that by 2040 there could be 8,074 service users from a baseline position now of circa 3,500 (57% increase).

This scenario is a doubling of the size of ASC clients from now to 2040, with an increase of circa 300 clients a year.

The orange circle line is a mid-point estimate. It estimates that the number of ASC clients by 2040/2041 could be 5,699 (39% increase). The orange circle line is the projection line that Adult Social Care is using to seek to predict overall demand to 2040/2041.

Market Position Statement 2025 - 2040: Services for Adults with Long-Term Needs

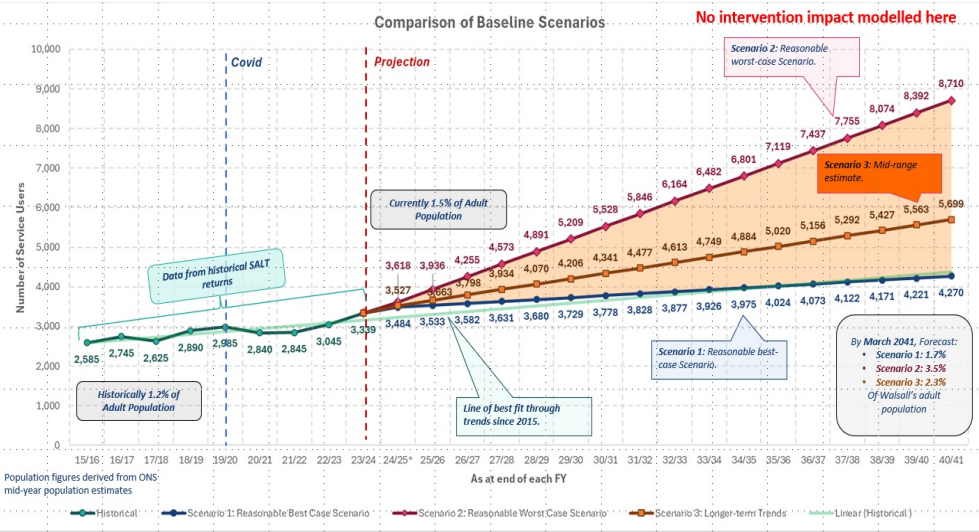


Figure 1: Projected demand for Walsall Council Adult Social Care to 2040/2041.

Estimating future demand for different types of services for working age adults with long-term needs over the next 15 years is predictive based on a variety of factors. Factors include:

- Projected population growth in Walsall to 2040 (ONS estimated, Poppi and Pansi data)
- Adult Social Care demand data - historical, last 18 months, last 12 months as per the scenarios presented above
- Children's Services data such as Education and Health Care Plan (EHCP) projected rates to 2040
- Taking into account the impact and lag that covid had on demand
- Public health data such co-morbidities data, mental health, learning disability and other needs analysis in the JSNA and other documents [JSNA - Walsall Insight](#)
- Different scenarios that could play out between now and 2040.

Projected Demand For Supported Living

The table and graph below show scenarios that could play out in terms of demand supported living from a baseline position of November 2024. There is a 3-year estimation and an estimation to March 2040.

This scenario is based on:

- Using supported living demand data for the last 12-18 months
- Assume this rate of growth continues and is fixed at this rate (not exponential growth)
- This table represents a 'mid-point scenario' for the growth in demand for supported living (orange line on the graph below)
- It is based on a non-interventionist 'do nothing' scenario i.e. not changing the course of demand for supported living and/ or creating the right type of supported living to meet needs.

Type of specialist service	Baseline Nov 1st 2024	End March 2028	End March 2040
Supported Living	323	385	558 (73% increase)

The graph below shows this increase on the orange square line. It shows from a baseline now what the year on year increased are projected to be for supported living clients funded by Adult Social Care up to 2024/2041

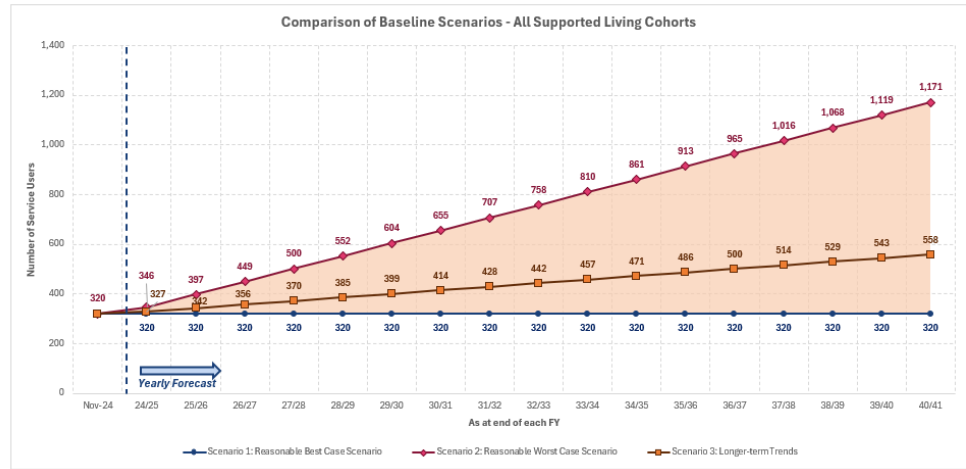


Figure 2: Estimated demand projections for Supported Living to 2040/2041

This data does not directly include Council Children's Services projections on the number of 0-25 year olds with EHCPs for a range of needs including autistic spectrum conditions and social emotional and mental health but this is a relevant factor in looking forward to possible demand for adult social care services by 2040.

Between 2015 and 2024 there has been a significant increase in the % of Walsall children and young people with an EHCP: Walsall has the highest number of children and young people age 0-25 in the West Midlands with EHCPs. This is estimated to grow by a projected 36.6% of all 0-25 year-olds by 2040. This is not to say that all people with an EHCP will need adult social care support or supported living, but this information provides one additional indicator of potential increases in demand for the services covered in this MPS.

Implications Of These Scenarios For Supported Living

The implication of this 'do nothing' scenario is growth in demand for supported living from the current baseline. The predicted growth in this scenario is coming from a range of sources including Children's Services (Transitions to Adulthood), Locality Teams, Learning Disability and Mental Health Teams and from NHS services.

Implications for supply of supported living

This degree of growth has significant implications for the supply of supported living. The supply of Supported Living is unlikely to keep up with demand unless there is an expansion in supply, a planned pipeline of developments and the type of supported living needed to meet diverse and specialist needs.

Growing supported living is crucial in redirecting younger adults away from residential care, where possible, and enabling people to develop independent life skills and to have their own tenancy. The weekly costs of Supported Living have increased with core costs and 1-1, 2-1 and other costs escalating.

A transformation of Supported Living models is required in Walsall to meet the vision and intentions set out in this MPS. More detail on exact numbers of units needed, where and of what accommodation type will follow in an accommodation-based MPS being developed shortly supported by The Housing Lin.

Recent Review of Accommodation in Walsall

A recent Housing-led review of accommodation in Walsall supports these demand projections for working age adults and the projected need for accommodation by 2040. National demand projections when scaled by population to Walsall underscore the need to better understand the demand-supply imbalance in more detail. Walsall is expected to see significantly increased demand from working age adults for different forms of accommodation.

Below shows a summary of estimated supported housing units needed to meet need of working age adults in Walsall on scaling of National Housing Federation (NHF) projections for England 2025-2040.

Type of need	2025	2030	2035	2040	Change	% Change
Learning Disability	61	72	85	101	40	66%
Physical disability/sensory impairment	18	22	27	34	16	89%
Mental health problems	2,391	2,454	2,506	2,560	169	7%

Projected Demand for Shared Lives

The table below shows estimated demand projections for Shared Lives between now and 2040. These estimates are considered conservative with hopes of a 10% increase year on year being considered for this service.

Type of specialist service: Shared Lives	Baseline Nov 1st 2024	End March 2028	End March 2040	% increase
18-64 complex	55	57	62	12.7%
18-64 non-complex	6	6	8	25%
65+ complex	8	8	8	0%
65+ non-complex	0	0	0	0%

Section 11: Future Models Of Supported Living Services In Walsall

MPS co-design sessions with supported living providers explored future proofed models of supported living services. There are various models nationally and internationally that are being considered to inform the future of service design in Walsall. Below are some of the ideas and discussions to date that are informing future design and the re-commissioning of the Supported Living Framework in 2027.

Key issues for future design:

- Core and Cluster is an accommodation model that moves away from a shared housing environment to fully independent living quarters where residents have their own bathroom and kitchen facilities
- Care and support providers to work alongside Housing Associations and to develop strong partnerships with investors and developers alongside Council planners
- Diversity and choice of good quality housing with care and support where care and support will follow the person if they move
- Council to have contracts/partnership agreements with both care and support providers and landlords
- Modern, safe, TEC enabled and accessible accommodation with outdoor space
- Supported accommodation to be in areas close to shops, facilities and transport links
- Compatibility of clients to be a key consideration
- Have an agreed Supported Living Quality Standard including design for specialist provision
- Supported Housing Partnership could be put in place to co-produce a Walsall Housing with Care and Support Plan
- A Supported Living Market Development Plan could be put in place to ensure more Locality/Neighbourhood based Supported Living that links to local community assets. This needs leadership and direction from the Council



- Walsall Council could develop a 10-year Housing with Care and Support Prospectus to provide details of the housing we want local registered providers to develop.

Supported Accommodation: Key Principles From The Perspective Of A Tenant/ Recipient Of Supported Living

1. I feel safe and secure where I live and in my wider environment
2. My voice is respected, heard and advocated for, so I can influence the support I receive
3. I have confidence that the adults who support me understand me, are skilled and work effectively together to best meet my needs
4. I have my own space that I feel proud of and live in a comfortable, well maintained, and stable accommodation
5. I receive high-quality, tailored support that sustains my health and wellbeing
6. I have strong, trusting, and meaningful relationships within my support system and can rely on the adults around me
7. I feel supported to learn and apply skills for independent adult living
8. I feel positive about my future and opportunities as a result of the support I receive.

Supported Living Models being adopted by other Local Authorities

Birmingham City Council

The Council is aiming to get providers thinking about developing larger-scale supported living arrangements/environments on a core-and-cluster model. Taking its inspiration from large scale extra-care sheltered housing schemes, Upward Developments (West Midlands) Ltd have been encouraged to develop, at their own cost, a younger adults supported living development into which is incorporated a short stay/respite care 'hotel'. On the ground floor there are four apartments for people with learning and/or physical disabilities or complex needs and five business lets e.g. for a shop, charity, beautician, pharmacy or café which will bring in the local community and

support local business. Additionally, the council has invested £350,000 in developing a community hub on the ground floor including a hydrotherapy pool, potential for a local children's centre to re-locate and a centre for those living onsite and the wider community offering activities including art, music, meeting/ community rooms.

Upward Care Limited (the separate care arm of Upward Developments) is looking at offering crisis/ emergency beds using a 'tenancy at will' approach. On the first floor are 21 one or two bed apartments plus two communal areas and a housing management suite with a 'hotel' reception for the care hotel. Ten of these apartments will be the 'care hotel' for short breaks or respite breaks and the two-bedroom apartments provide scope for family members to also stay over. These can be used by anyone, not just Birmingham residents, although the council does have a priority nominations agreement linked to their £350,000 investment. On the second floor are 21 one or two bed apartments plus two communal areas and a housing management suite. There is also a short break element on this floor – these apartments are for temporary and long-term occupation.

Also in Birmingham, Bromford Housing has developed a 'MyPlace' model, which is supported living based around 14 self-contained apartments. Birmingham is the first MyPlace scheme for people with long-term conditions as an alternative to residential care. Bromford wishes to replicate this model in Walsall.

Lifeways are one of several providers in the City starting to develop 'core and cluster' models of care on a larger scale which are linked to more than one care delivery model. In March 2017 Lifeways (in conjunction with Inclusion Housing) opened its largest scheme in the country – two blocks of 16 supported living apartments; on the same site there is also a nine bed 'high and complex care'/autistic specialist residential suite. Birmingham City Council recognises that in future there will be reduced demand for residential care and more for extra-care housing for older age adults.

Aviary House, Solihull

Aviary House in North Solihull accommodates adults with a history of severe and enduring mental health needs through combined housing and onsite support. It aims to create a friendly, safe and supportive environment in which people can develop and improve their skills to live more independently. Aviary

House, run by Home Group is home to 24 long-term residents. There are also four Step Up, Step Down beds funded by the NHS, which offer short term accommodation and support to people with severe mental health needs.

This combined service model increases Aviary House's cost effectiveness by sharing staff across the Step Up, Step Down facility and supported living. By reducing the need for hospital admissions and out of area placements, Aviary House delivered a net saving of £71,000 in 2017/18.

Individuals reported a 52% improvement in their wellbeing after their stay in Aviary House.

"The Step Up and Step Down service offers people the time and space to recover from crisis delivering a therapeutic, effective, safe alternative to hospital for some people who would previously have been admitted. It has proven to be a very valuable resource to the NHS".

Billing Brook Road, Northamptonshire

This is a partnership between Northampton Partnership Homes, the County Council and NHS Partnership. There are 8 individual bungalow units plus one management and staff building. Each unit has its own front door, private garden, communal courtyard and garden. The scheme has been designed with service users to meet the needs of people with learning disabilities and autistic spectrum conditions.

Devon Transforming Care Partnership

NHS Devon Clinical Commissioning Group (CCG – now ICB) working with three local authorities as Devon Learning Disability and Autism Partnership (LDAP) formerly Transforming Care Partnership, has successfully supported 50 adults to return to live at home since 2015. The Partnership continues to work with NHS and community providers to source suitable packages of care for people with learning disabilities and autism.

The Partnership has facilitated seven property purchases since 2018, using NHS England capital, and jointly worked with a national housing association to provide homes for people within the programme. Properties are sourced based on the person's wishes and needs, support is commissioned on an individual basis and staff provide support 24/7.

NHS Devon CCG led a 'Test of Change' pilot that sought to encourage more quality supported living providers to the market by developing an enhanced

community support specification. Following extensive engagement with the supported living market, the enhanced specification contains a contingency fund to cover emergencies without the need to navigate around complex funding panels, a fixed funding model and the use of the 24/7 grid toolkit to monitor progression from hands on care to enabling care based on the progression model.

The CCG worked with providers and community partners to design services to meet the complex needs of each person, using Individual Service Designs (ISD) to capture the essence of the person and specific likes/dislikes to ensure that the care provided is both person centred and flexible. The CCG offered a clear indication of future need to providers and has encouraged providers to work together to share training costs and workforce plans.

Wandsworth Supported Living Schemes (Housing Lin Case Study)

Supported living schemes are part of the Council's 'Homes for Wandsworth' (1,000 homes programme) which is led by the Housing Development Team. This programme identifies council owned sites across the Borough as potential spaces for new council rent homes. Most are allocated for general needs, but sites are also earmarked for supported housing where appropriate. The Council's design standard is for all new homes to be built as inclusive, adaptable and accessible, with M4(2) homes future-proofed for adaptation and over 10% M4(3) wheelchair user homes built out as fully accessible. All homes are fitted with contemporary, inclusive and flexible products.

Stag House -a £7million development in Putney Vale -was the first of the Development Team's supported housing projects. In 2016, planning permission was granted for 21 new homes on a former disused council community centre site, following input from the local community who were supportive throughout. In 2021, 10 years after the original vision, the development was completed.

There are 10 self-contained homes for young people with physical and learning disabilities, and a ground floor community flat which also serves as staff office and sleepover. Alongside these homes are 11 new general needs flats which were prioritised for local residents seeking to downsize, including 2 fully accessible wheelchair user flats. The area is green and leafy and the scheme is located directly adjacent to Wimbledon Common. The



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supported flats at Stag House are all wheelchair accessible because double lift access is available (Wandsworth Council has insisted on double lifts for all new wheelchair homes above ground floor for the last 10+ years). The flats all have modern wet rooms and accessible kitchens with electric rise-fall worktops. They are spacious and light, with balconies jutting out amongst mature trees and overlooking the Common. Biodiverse roofs and photovoltaic panels were fitted to help the development exceed environmental planning requirements. The Council also completed significant improvements to landscaping, access paths, lighting and parking and provided a completely renewed multi-use games area opposite the new development. As a result of feedback from residents at Stag House, and in consultation with internal and external colleagues, the Housing Occupational Therapist produced a Supported Housing specification which is now used for all council schemes across both Wandsworth and Richmond Boroughs.

Kirkdale House, Stockton on Tees - Care home to Supported Living Transformation

This project developed the site of a former care home and over the course of just 12 months unlocked its potential by creating a facility with so much more to offer. Extensive grounds have been cleared, upgraded and given a new lease of life, whilst the secure internal courtyard provides a much-loved focal point.

Private garden areas provide a sense of freedom, whilst off street parking and secure access enables visitors to easily see loved ones. Kirkdale House has been carefully designed to accommodate individuals with differing care needs such as Mental Ill-Health, Autism and Learning Difficulties.

HOLD schemes (Home Ownership for People with Long-Term Disabilities)

The Government HOLD scheme provides a grant to support people to become homeowners. It does require a deposit of £16,000, however, which excludes some people. Council involvement in the planning of such arrangements might allow for the development of multi-unit schemes which would make care more economic. The provision of mixed tenure schemes can allow families who want the security of owning the property to access a model where shared care can be an option.

Under this model, when it has been used with people with a learning disability and/or autism, a housing association buys the chosen property with the individual and their family. To buy its share of the property, the housing association uses grant funding from the Homes and Communities Agency (HCA) which helps to keep the rent low.

On the day the property is purchased, the Housing Association sells a share of the home to the individual with a learning disability or autism. The individual gets a mortgage to pay for his or her share of the property, with mortgage repayments covered by a repayable loan called Support for Mortgage Interest (SMI). The shared owner with a disability pays rent on the share of the property owned by the Housing Association. The Housing Association may retain responsibility for many of the repairs and maintenance that shared owners may need help and support with. The cost of this is then included in a service charge. The rent and service charges are eligible to be covered by the person's housing benefit.

Benefits of the HOLD model

- **Security of tenure** - Ownership offers the most secure tenure available to people and promotes the separation of accommodation and support. This separation means that the individual can choose to change his/her care and support provider, without the risk of losing their home or facing eviction/notice on the property
- **Personalised** - It allows for an individualised environment that meets the specific needs of the person; bespoke accommodation, environment and location can be key to managing behaviours that challenge
- **Choice and control** - It allows for choice about where the individual wants to live and with whom. Some people may want to live with other people. However, some people don't want to. Shared living arrangements are not right for some people and can have an impact on behaviour which can lead to placement breakdown
- **Promotes natural relationships** - This model follows the principles of an 'ordinary house, in an ordinary street' – the same as anyone else and allows people to be a part of their community, with the right support

- **Long-term settled accommodation** - Many people with a learning disability and/or autism who have bought a house through HOLD have chosen to remain in the same place. Where people move on, this is usually because family moved, their needs changed due to ageing or they passed away.

Small Supports Case Study – Plymouth Beyond Limits Support

Sam lived a life of isolation and mistrust, spending most of his time alone, wary of strangers and new staff members. He rarely engaged with others, focusing instead on computer games. The hospital staff, unsure of how to connect with him, would clean his room and do his laundry while he slept, actions that only deepened his mistrust and led to aggressive outbursts. When the Beyond Limits Support Team began working with Sam, they were advised to leave him alone. However, they chose to actively engage with him instead. Despite initial resistance they persisted in trying to build a relationship. Over time, Sam began to wait for the staff he trusted before engaging in his daily routines, gradually developing a level of trust with the team, though he still struggled with new staff members.

Sam had a clear vision for his future: his own house, two cats, some fish, a garden, a chimney for Father Christmas, and his own set of keys. After a long search, a house was found opposite his mother's home, allowing for a gradual transition where Sam first moved in with his mother. This structured environment eased him into independent living. With the continued support of Beyond Limits, Sam started to socialize more. As Sam settled into his new home, he began to accept support more readily. Initially, he was supported 24/7 due to concerns about his frequent seizures and the risk of SUDEP (Sudden Unexpected Death in Epilepsy). However, Sam expressed a desire to reduce the level of support, which the team gradually implemented. This change positively impacted his mood and independence. Sam started doing his own shopping, engaging more socially, and taking control of his staffing by conducting interviews and managing staff schedules. Over time, Sam transformed from an isolated and distrustful individual into a sociable and independent person. He began hosting gatherings, including a 50th birthday party where he invited over fifteen people—a significant achievement for someone who previously reacted with extreme anxiety to unexpected visitors. Sam has been seizure-free for nearly four years, a stark contrast to the frequent hospital visits of his past. His new lifestyle, coupled with



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support tailored to his needs, has led to a happier and more fulfilled life. Sam continues to grow in independence, with plans to further reduce his support, including potentially eliminating night -time assistance. He now communicates confidently, makes decisions about his life, and actively participates in his community. The creative, person-centred approach of his support team has been instrumental in helping Sam achieve the life he once only dreamed of, with his own home, pets, and a sense of autonomy that has transformed his life.

Implications of these models for Walsall and likely re-design approaches

A transformation of more specialist service provision for working age adults with long-term needs is needed in Walsall. We need new providers to come forward as well as existing providers to re-imagine these services of the future and to build an action plan on the back of this Market Position Statement. Below summarises key requirements for each specialist service moving forward.

New Walsall Supported Living Models - Accommodation

- Community hub approaches to supported living that are inter-generational, accessible community assets, have good facilities and transport links in parts of Walsall that are safe and desirable
- Core and cluster models where people have their own flats and facilities with some sharing of communal space
- Split between landlord and care and support provider, where possible
- Supported Living accommodation standards and design influencing people's outcomes

New Walsall's Supported Living Care And Support Models

- Step up, step down flexible, progressive models of support
- Positive Behaviour Support and therapeutic approaches to supporting behaviour and enabling self-management skills such as health and nutrition
- Employment, volunteering and other life skills and opportunities
- A skilled, better remunerated specialist care and support workforce and effective management and leadership of services and in commissioning.

Walsall's Future Shared Lives Models

- Shared Lives Plus approach expanding the range of needs supported by shared lives carers
- Grow and support more shared lives carers in Walsall from a range of backgrounds and households
- Invest more in Shared Lives as an alternative to other forms of long and short-term care
- Invest in developing the Shared Lives workforce with continued skills to support people with more specialist needs.

Walsall's Future Enablement Services

- Maximise usage of existing in-house quality enablement services and grow the offer
- Generate more referrals into this service from social work teams and other professionals as well as from other providers
- Consider broadening the offer looking at other Local Authority offers
- Support more working age adults and young people transitioning from Children's Services with life skills.

Walsall's Future Micro-Commissioning Services

- Market develop and shape bespoke support for the most specialist needs
- Use the Council's planning and housing functions to allocate and develop bespoke housing for the most specialist needs in partnership with NHSE and housing developers and providers
- Ensure continued integration with the ICB on holistic packages of support for those with the most specialist needs
- Reduce the need for in-patient hospital services and for Walsall citizens to move away from the Borough for their care and support - more local bespoke specialist provision.

Walsall's Future Small Supports

- Continue the Black Country and Walsall Small Supports Scheme
- Continue to grow the small supports provider base and use of ISFs and personal budgets
- Social workers and brokers to increase small supports as an option
- Increase focus on personalisation and bespoke support using small supports as a catalyst.

These are all considerations that we welcome conversations about with providers, developers and partners. In order to achieve our vision and intentions for future services for working age adults with long-term needs, we need to transform and to commence that transformation process now.

Please do send comments on this Market Position Statement and market development ideas you have to adultsocialcarecommissioning@walsall.gov.uk We look forward to hearing from you.



