

Sandwell Metropolitan Borough Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 12 March 2026

About Sandwell Metropolitan Borough Council

Demographics

Sandwell is a metropolitan borough which was formed in 1974 and is one of 14 local authorities that make up the West Midlands. It is made up of 6 towns, Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury and West Bromwich. Sandwell is characterised by a rich cultural diversity and vibrant communities but faces socioeconomic challenges and health inequalities. Sandwell is home to an estimated 342,000 people (2021 Census).

Sandwell is home to 49,700 people aged 65 and older, an increase of a little under 1% in the 10 years since 2011. Population projections indicate that by 2040 the older population of Sandwell will increase by 33.6%. The number of people aged 90 plus is forecast to increase by almost 50% to 3,400. Life expectancy at birth in Sandwell is 76.1 years for men and 80.7 years for women, compared with 79.4 for men and 83.1 for women in England.

Sandwell has a diverse population, with 57.23% White, 25.75% Asian, Asian British, 8.7% Black, Black British, Caribbean or African, 4.3% Mixed or Multiple, and 4% Other. Sandwell is the 12th most deprived local authority area in England. Sandwell has an Index of Multiple Deprivation (IMD) score of 10. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%).

Sandwell is part of the Black Country and West Birmingham Integrated Care System. This is made up of other local authorities, NHS trusts and health partners. Sandwell Council works in partnership with the Black Country Integrated Care Board (ICB) which covers the 4 areas of Dudley, Sandwell, Walsall and Wolverhampton.

Sandwell is divided into 24 wards represented by 72 Councillors. Following the 2024 elections, the Labour party holds a majority with 65 seats.

Financial facts

- The local authority's total spend was **£756,522,000** in 2023/24, in comparison to a total spend of **£632,168,000** in 2022/23. In 2023/24, **28.91%** of the spend was spent on adult social care.
- The local authority's total spend on Adult Social Care was **£125,933,000** in 2023/24, compared to a total spend on Adult Social Care of **£120,527,000** in 2022/23. The local authority spent **£48,302,751** (adult social care spend) per 100,000 adults in 2023/24.
- The local authority has raised the full Adult Social Care precept for 2023/24, with a value of **2%**. Please note that the amount raised through the Adult Social Care precept varies from local authority to local authority.
- Approximately **4825** people were accessing long-term Adult Social Care support, and approximately **2700** people were accessing short-term Adult Social Care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

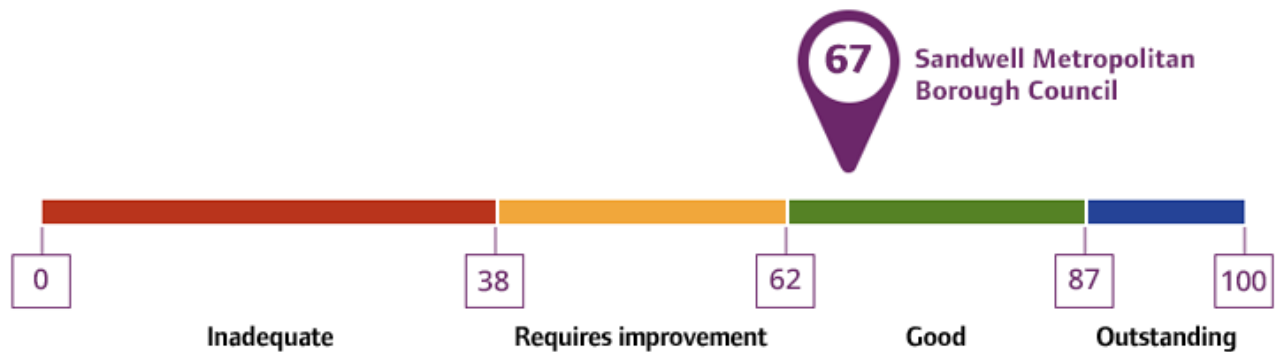
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Sandwell Metropolitan Borough Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People's experience of care and support was primarily positive in that they were involved throughout in decisions which were incorporated into care planning. People could share feedback and were able to contact the local authority where needed. Some staff were described by people as genuine and wanting to make positive changes to people's lives. However, other people had fewer positive experiences of the approach taken by some staff during assessments. Other issues people raised included having to repeat information to different staff. Delays for assessment for some people had caused stress and anxiety, however other people told us about better experiences.

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. However, feedback from people around this was mixed. People told us being given inconsistent information about care and respite or that information had not been given at all.

People were supported to have their cultural needs met with the care provided. However, feedback about inclusion and accessibility included people not feeling arrangements were always accessible for them, for example, information was not always translated into their preferred language, or people were not always clear they could request this.

People had mixed views about their experiences of care. One person told us they were happy with their flat at a local authority extra care facility where their independent living skills had increased. Other people struggled to find information about care, felt there were a lack of options available to them and they believed that some care agencies did not always have the training required to support them well.

Feedback about a 12-Week Pathway for people with a learning disability and/or autism was consistently positive, for example, in building people's skills and confidence and successfully linking them with community groups. People had been engaged in co-production activities in relation to this and felt this experience was positive. People's experience during transitions was more mixed, and one person who was moving from children to adult services told us the IT systems did not always talk to each other which meant they had to repeat information to staff.

Feedback from unpaid carers in Sandwell was more mixed. For example, in some cases people were not offered a carers assessment or waited long periods of time for assessments and reviews. Others had better experiences of support during assessments and felt listened to and more positive about the timeliness of these. Unpaid carers identified the need for support to be more responsive at key points of crisis. The importance of being able to access advocacy was understood and examples were given in practice. Care support received by unpaid carers was positive overall, for example, sitting services and wellbeing support offered. Other unpaid carers talked positively about their involvement in the development of the new carers service and hub.

Summary of strengths, areas for development and next steps

Data around timeliness of people's reviews and support for unpaid carers was worse overall than England averages. There were long waits for assessment and reviews, however a programme of work had been undertaken which was now improving these. Risks of harm or changes in needs were managed whilst people were waiting. People's feedback was primarily positive about care assessments with strength-based approaches being taken by staff. Work was underway to address the issues identified in supporting unpaid carers with a new carer's hub, and wider offer in Sandwell which had been developed in conjunction with people with lived experience. Use of advocacy was positive to ensure people were given the required support.

The local authority worked with people, partners and the local community to develop some services promoting independence, and to prevent, delay or reduce the need for care and support. Sandwell's Town's Directory documented resources to help and support people in terms of prevention. Intermediate care and reablement services supported people to return to their optimal independence. A number of changes and improvements in relation to occupational therapy were having a positive impact on outcomes for people. Accessible information was provided for people however it was felt this could be increased and improved further. Uptake of direct payments was lower in Sandwell with some areas for improvement identified which the local authority had identified and was in the process of addressing.

The local authority understood its local population profile and demographics and took a strategic approach in their work to reduce inequalities. Population and demographic data was used to consider equality, diversity and inclusion and to address differences identified. It was recognised that there were groups of people where further work was needed. People were supported to have their cultural needs met with the care provided. Local authority staff involved in carrying out Care Act duties had good cultural competency. The local authority was committed to creating a diverse workforce that reflected their local population. Both people and partners felt improvements were required in inclusion and accessibility arrangements in Sandwell. By contrast staff were much more positive, for example, describing interpreting services as responsive and easy to access. Information was provided for people in different formats. Staff had an awareness of how to support people using methods like Makaton to communicate effectively.

People had access to a range of local support options to meet their care and support needs and there were no significant delays in arranging care for people. However, there were some gaps identified in service provision which the local authority were working to address. A local authority flagship service had been developed from a need identified for people who did not require long term care and this enabled them to maximise their independence before hopefully returning home. Commissioning staff were provided with data and intelligence to support oversight and strategic commissioning. The local authority had clear arrangements to monitor the quality and impact of the care and support service improvements where needed. Meetings were held with relevant partner organisations to share intelligence and to ensure effective oversight of risk. Workforce resilience was a priority, with actions planned to build capacity and respond well to future service demands.

The local authority had integrated aspects of its care and support functions with partner agencies evidencing improved outcomes for people. Staff worked closely with partners in a range of ways, such as sharing data and working with other local authority teams, health teams and community groups to achieve shared goals. Some partners felt there was a need for better pathways and communication between adult social care, health and providers, to align priorities across the system. The local authority helped people to understand and access available support in the community. The local authority worked with the Voluntary, Community and Social Enterprise sector (VCSE) to understand and meet local social care needs, providing funding and other support opportunities, however some VCSE partners felt there were some areas of improvement needed.

Contingency planning was in place should there be a provider failure. Work had taken place to develop the offer for unpaid carers in an emergency which included the use of a carers emergency card. An established emergency duty team worked out of hours to ensure people who required adult social care support were being supported. Alongside this team, Approved Mental Health Professionals (AMHPs) supported people with mental health needs living in the community. In relation to transitions of services for young people moving to adult services, some further work was being done as part of the transformation programme at the local authority to improve processes and partnership working. Hospital discharge pathways were working well overall.

Working with the Safeguarding Adults Board and other partners enabled the local authority to deliver a coordinated approach to safeguarding adults in the area. Effective systems, processes and practices made sure people were protected from abuse along with robust quality assurance systems. Staff were suitably skilled and supported to undertake safeguarding duties effectively. Lessons were learned when people had experienced serious abuse or neglect and action taken to reduce future risks. The Vulnerable Adults Risk Management (VARM) process aimed at supporting people at risk because of their behaviours and was deemed to be effective by staff and partners. There was a clear understanding of safeguarding risks in the area with a range of work underway in areas such as hoarding. Improved safeguarding processes had resulted in no overall waiting lists for safeguarding assessments. Safeguarding enquiries were carried out keeping the wishes and best interests of the person at the centre.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible and transparent. In 2022, the council had been placed under government intervention for 2 years and since then there had been a positive change in the culture at Sandwell, a culture where staff now felt able to raise issues and where improvements were taking place and progressing with a positive trajectory. Challenges across the local authority workforce were easing and there were clear and effective governance, management and accountability arrangements in place. A range of corporate strategies had been co-produced with people and partners and were data driven.

A transformation programme was underway with some improvements already taking place and more work continuing. Partners felt the local authority had come a long way in terms of positive change and direction. People told us of positive experiences of co-production activities with the local authority which included involvement in the Carers Strategy and the developing a digital tool to support unpaid carers. Most partners felt that when feedback was given to the local authority or complaints were made, action was taken, and these were learnt from. There were policies and planned opportunities for staff to feedback and share learning across the local authority. Most staff felt positive about training and development opportunities and felt there was a learning culture at the local authority which supported them to be creative and innovative.

Theme 1: How Sandwell Metropolitan Borough Council works with people

This theme includes these quality statements:

- Assessing needs

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

National data for Sandwell from the Adult Social Care Survey for 2023/24 was similar to the England average. For example, 65.85% of people were satisfied with the care and support they received (65.39%) and 79.40% of people felt they had control over their daily life (77.62%). However, from the same data source, 54.20% of people reported having as much social contact as they wanted with people they like. This was better than the England average (45.56%).

People's experiences of care and support was primarily positive in that they were involved throughout in decisions which were incorporated into care planning. Some relatives (where this was appropriate) were involved in decisions about their family members care, with people's choices being respected. People told us they could contact the local authority, speak with someone within an appropriate timeframe and were allocated social workers quickly. Some staff were described as genuine and wanting to make positive changes to people's lives. However, some people had less positive experiences, for example, having to tell their story again with each change of social worker, another person struggled to get a call back from the local authority and someone else felt their assessment was completed with a lack of empathy. Another person had not discussed any long-term plans as part of their assessment so was unaware of what these might be.

People could access the local authority's care and support services and the front door to adult social care was through an Enquiry Service. Here, 75% of contacts were either resolved or triaged on the same or following day, with one third of contacts resolved through advice, information and signposting from over 11,000 contacts each month.

From 1 January 2024 to 31 December 2024, 55% of requests progressed to an assessment or review, with 45% resulting in no further action being taken following advice or information being given. The local authority told us the number of referrals received had resulted in a substantial demand and had been identified by them as an area for improvement. Consequently, they were transforming this service and implementing a new digital call handling system. Plans were to introduce social workers and occupational therapy to the front door in the coming months.

The Enquiry Service team had been trained in relation to 'trusted triage', which meant as well as being able to order small pieces of equipment themselves to support people, they could also refer to other teams such as prevention officers or occupational therapy for support. Staff reported feeling confident in their approach with people, ensuring their interactions were person-centred. Further feedback from the local authority was the introduction of trusted triage was designed to reduce unnecessary referrals to therapy teams and avoid delays in meeting people's needs. This meant staff were empowered to be able to resolve issues immediately, while also identifying and referring more complex cases to the appropriate team, ensuring people received timely, proportionate support and that professional capacity was focused where it was most needed.

Staffs approach to assessment and care planning was person-centred and strength-based. Staff told us they considered what the person could do for themselves rather than what they may need support with and co-produced their care plan. Where appropriate, staff worked as appointees for people living in Sandwell, communicating with them and completing practical tasks to support them. Staff gave examples of ensuring they had a good understanding of the person and what was important to them when taking an actions on their behalf.

The local authority had teams who were competent to carry out assessments, including specialist assessments for physical disability, learning disability and autism, and mental health. The community social work teams were split into north and south areas, aligned with the 6 towns within Sandwell. Sensory teams carried out specialist assessments with rehabilitation officers. Staff felt they were given autonomy in this area of work and felt their offer to the people of Sandwell was particularly good.

Partners' feedback to us was that improvements were needed. With a turnover of staff at Sandwell, unplanned reviews could be carried out by staff who did not always know the services available or the person's background. Feedback from the local authority was that staff turnover for 2024/25 was 7.96%, which was significantly below the West Midlands local authority median of 15.1%, evidencing a stable and well-retained workforce. Unplanned reviews were allocated within the team that completed the most recent assessment and, wherever possible, to the same worker to ensure continuity. Robust processes ensured assessments and reviews were timely, person-centred, and informed by accurate and up-to-date information.

Partners told us some people did not receive copies of their assessments or reviews, or in some cases these had been taken from partners assessments, so were not always personalised. They shared they felt there was some reluctance from staff to provide interim support if people were awaiting a diagnosis, such as for dementia or autism.

Other feedback from partners more positively was about a consistency in social workers which provided stability and allowed for relationships to be built, reducing duplication. Also, some staff went out of their way to get the voices of others involved in care services for people's reviews, to ensure they had gathered a full picture of the situation.

Timeliness of assessments, care planning and reviews

National data from the Short and Long Term Support for 2023/24 showed 41.54% of long-term support clients received a review (planned or unplanned). This was somewhat worse than the England average (England: 58.77%).

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. Data provided by the local authority in July 2025, showed 92 people were waiting for a Care Act Assessment, with a median wait time of 30 days and a maximum wait time of 115 days. This was a reduction from 129 people in March 2025.

In terms of reviews, 787 people were waiting for a review in July 2025, with a median wait time of 169 days and a maximum wait time of 1,028 days (which was the wait time since the previous assessment). Figures for time since the review was actually due, showed a median wait time of 83 days and longest wait time of 663 days. This was a reduction from 995 days in March 2025.

People's experiences of assessments were mixed. One relative told us about the delays for assessment for one person which had caused them stress and anxiety and led to them having to contact the local authority several times to chase this up. Other people had also experienced similar long waits for assessments. However, other people had better experiences where they had been assessed, then visited again after this by staff to review their care and support.

Staff confirmed there were waiting lists for assessment and reviews, a contact assessment team contacted and supported those who are on the waiting list, focusing first on the people who had been waiting the longest. Data was actively used to manage flow, risk and quality whilst also considering data was about 'people' and not just about numbers. The analysis of call volume and contact types was used to inform staffing levels within the contact centre and this intelligence supported effective triage to ensure enquiries were responded to promptly and appropriately.

Partners told us about people's experiences of long waits following referrals for assessments and reviews. Although timeliness had improved significantly over the last 2 years, there could still be a wait for an assessment and these delays were not specific to certain teams. Also, people in short term placements did not always receive a full Care Act assessment before the end of the placement which hindered post placement planning.

Feedback from the local authority was data reports on longest waits were reviewed by senior staff, providing oversight of pressures and the reallocation of resources where required. Monthly performance meetings were held to maintain focus on timeliness and quality. If a delay in assessment was unavoidable, interim arrangements were extended to ensure that no person is placed at risk.

The local authority told us the number of people waiting for a Care Act Assessment had reduced significantly in the past year due to additional resources targeting waiting lists and improved risk management and they were confident this could be sustained in the longer term. Further improvements were being made such as developing a Practice Framework with tools aimed at improving workflow in teams. The local authority had several other measures in place, as well as longer-term plans to prevent waiting lists from escalating. For example, utilising some further digital and prevention initiatives. The local authority waiting list tool included a risk rating system of High, Medium and Low with subsequent actions aligned to manage the risk. Feedback from the local authority following our site visit to Sandwell was, with the exception of 1 person who was in hospital who was considered high risk, the waiting list comprised of people living with either medium or low risks.

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

National data from the Survey of Adult Carers in England for 2023/24 showed 28.33% of unpaid carers were satisfied with social services. This was somewhat worse than the England average (36.83%). Some other national data relating to support for unpaid carers was more positive. For example, the Survey of Adult Carers in England for 2023/24 showed 30.12% of carers felt they received encouragement and support which was similar to the England average (32.44%) and data from the same source showed 32.53% of carers reported having as much social contact as they desired which was also similar to the England average (30.02%).

According to data provided by the local authority documented in March 2025, 83 people were waiting for carer assessments, the median waiting time was 31 days, and the maximum waiting time was 304 days. By July 2025, this had reduced to 78 people waiting for a carer assessment, with the median waiting time of 24 days and maximum waiting time of 93 days. Feedback from the local authority was that a backlog of waits for carers assessments was created during the time of the Covid-19 pandemic, with staff prioritising those who were assessed as being most at risk. The local authority had employed temporary staff to address the backlog of people waiting from over 600 to the current figures.

Feedback from unpaid carers in Sandwell was mixed. For example, in some cases people were not offered a carers assessment, said they felt forgotten about, and one person had felt their mental health was at risk due to their caring role so they had made a complaint but had no response. Other people had to wait long periods of time for assessments and reviews. Others had a better experience, feeling supported and listened to during assessments, and more positive about the timeliness of these. Feedback about the support of occupational therapy was positive, however the front door to access the local authority was felt to be difficult to navigate by some.

The local authority told us unpaid carers were routinely identified and considered as part of every assessment and review. All formal complaints were logged and tracked, with response standards and any delays escalated to senior staff. Unpaid carers waiting for assessment were contacted regularly to check for any changes in risk or need, and other mechanisms to support them were also available.

Unpaid carers had fed back to the local authority they wanted a service which addressed the issue of long waits for assessments, support and reviews of care. Carers identified the need for support to be more responsive at key points of crisis, including around hospital discharge and during transitions. Unpaid carers were confused over the next steps, in some cases in contacting services and getting support so wanted clearer guidance. They fed back they were tired, especially from chasing up the local authority and there was a need for quick, effective support for the cared for person and solutions to presenting issues.

The local authority told us data from surveys they carried out from 2021 to 2024 showed unpaid carers did not experience good support services in Sandwell and therefore support for unpaid carers was a key area of development for them. Their strategy for unpaid carers had been refreshed with input from unpaid carers and they were commissioning a new community support service to commence in August 2025 which hoped to offer unpaid carers more choice and control. The new service would initially assess and signpost people to align with services including financial support where relevant. Care Act assessments would be passed to community social work teams and a proposed carers support team then manage oversight of the assessment process, completing urgent assessments when required.

The local authority Joint Carers Strategy Action plan 2024 brought together plans for improvements to support for unpaid carers with quarterly updates. These included early identification of carers through local hubs and other routes, a review of respite care, development of an app for unpaid carers to monitor wellbeing, and development of initiatives to encourage registering with GPs to access the support offered there. Also, use of an emergency unpaid carers card, to alert others to a carer's status. There was a plan for targeted support in each of the 6 towns in the borough and to identify areas of the community where support was required to target the greatest need.

Senior staff told us support for unpaid carers was part of their broader improvement plans. Audits of staff practice had shown the need for a broader offer involving community organisations which the new carers service would facilitate. Staff told us they understood identifying and supporting unpaid carers was a key part of their role and that the most helpful work was to support the cared for person as quickly as possible.

Partners told us they felt there had been a lack of ongoing support for unpaid carers, giving an example where an unpaid carer needed practical support after a bereavement but had not received this. This had been highlighted to the local authority who felt this would be addressed by the new Carers Strategy.

The local authority fed back how they provided support to unpaid carers and the action they had taken to strengthen this work based on direct feedback, which included funding to 2 VCSE organisations. Some grant funding had been used to increase support for bereaved unpaid carers and those caring for people at the end of life with a range of support provided through the new Carers Support Service.

Targeted work was planned for young unpaid carers, to ensure they received educational, mental health, and social support to prevent caregiving responsibilities from negatively impacting their personal development. A young unpaid carers advocacy project had been set up and included awareness and outreach work focusing on issues which mattered to young carers, for example navigating challenges at school and removing barriers which may prevent school attendance.

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

People were given help, advice and information about accessing services, facilities and other agencies for help with non-eligible care and support needs. However, feedback from people around this was mixed. Some people fed back positively about the support they received to access a work placement and travel training which had increased their independence. However, a person who was supported in moving accommodation felt they would have benefitted from more help in this process.

Staff provided support to people to access suitable information. The local authority Welfare Rights Team helped people access benefits they were entitled to with several referral routes open to them from adult social care, voluntary sector organisations, and care provider networks. Staff working with young people told us people with non-eligible needs required careful explanation of the support available, as often young people and families were not aware of possible financial contributions. As a result, staff delivered Care Act and Mental Capacity Act 2005 training to children's staff to enhance their understanding of the role of transitions staff.

The local authority's practice guidance for staff included a section on people self-funding their care which set out clearly the circumstances when the local authority must arrange and provide services. Feedback from the local authority was they had commissioned improved services for people, funded through the Better Care Fund, to support those with non-eligible needs, to reduce social isolation and supplement more formal care packages.

A partner told us about services being commissioned by the local authority to provide crisis prevention support to communities. This addressed people's non-eligible needs and a wider cohort of people whose needs were high, but not high enough to be eligible for statutory support. The service worked to prevent low and medium needs from escalating into high-level needs and then health and social care crises. Other partners felt the local authority's wider strategies did not always encompass people with non-eligible needs, whereas smaller Voluntary, Community and Social Enterprise (VCSE) organisations did this. A lack of accessible information about the range of community support and services available could be another barrier, particularly for people facing social isolation. The local authority highlighted there were a number of public health initiatives available in Sandwell aimed at reducing loneliness and social isolation which included activity based and wellbeing initiatives.

Feedback from the local authority was they invested in preventative and community-based support, which was specifically designed to meet the needs of people who fell below Care Act eligibility thresholds. For example, through the VCSE grant programme and Better Care Fund. A Community Offer Plus service, provided tailored, short-term, person-centred support to adults who did not meet eligibility for formal services, but required help to maintain their independence and wellbeing. Community Navigators provided up to 12 weeks of personalised, practical support, helping people connect to community networks, manage daily tasks, and access emotional and social support. This is delivered through a borough-wide network of trusted local VCSE organisations.

The local authority told us a Corporate VCSE Grant Review in 2024 evidenced their commitment to maintaining and modernising funding for the sector, ensuring that resources were distributed equitably, duplication was minimised, and outcomes were clearly defined. This demonstrated their continued commitment to prevention, early help, and in supporting people with non-eligible needs through partnerships with the voluntary and community sector.

Eligibility decisions for care and support

National data from the Adult Social Care Survey for 2023/24 showed 64.77% of people did not buy additional care or support privately or pay more to top up their care and support. This was considered similar to the England average (64.39%).

Local authority Statutory Care and Support Guidance provided the basis for determining eligibility under the Care Act. This criterion was embedded in assessment documentation and formed part of the assessment conversation. There was no specific appeals process for eligibility decisions as any person not satisfied with the outcome of their assessment was able to challenge the decision through direct discussions with the social work teams or through the local authority's complaints procedure.

The local authority told us all assessments, reviews, and care plans were subject to management approval to ensure decisions were lawful, consistent, and evidence based. Social work case progression was monitored through supervision and data performance dashboards, allowing managers to review decisions and ensure they remained proportionate and person-centred. Monthly case file audits were supported by follow-up telephone calls from senior staff to confirm people's experiences and outcomes. This approach provided early, informal resolution opportunities reducing the need for formal appeals. If a person wished to challenge an eligibility decision, the complaints process ensured cases were reviewed transparently and independently.

A review of information was undertaken to ensure there was consistency in eligibility decisions taken by staff. Local authority data was analysed during 2024 to 2025 for unpaid carers and assessment outcomes for people by age, gender and ethnicity showed the proportion of assessments that were eligible or non-eligible decisions were broadly similar. Case file audits were completed monthly by senior staff which supported consistency of the application of the Care Act eligibility criteria.

The local authority and Integrated Care Board (ICB) partners reviewed the way in which Continuing Health Care (CHC) was aligned to the national framework to ensure people received the appropriate level of CHC funding entitlement. Dispute resolution protocols and procedures aimed to ensure the ICB and local authority had clear guidance to ensure consistency in the event of a dispute between them and, in these situations, the prime consideration was to ensure the interests of people were protected and care was provided first.

Financial assessment and charging policy for care and support

The framework for assessing and charging adults for care and support was clear, transparent and consistently applied. An adult social care contributions policy could be accessed by people on the local authority website. For financial assessments a person could challenge the decision through a review and appeals procedure.

According to the Sandwell Adults Board Annual Report 2023 to 2024, people had fed back to the local authority they wanted timely reassessment of funding when their needs changed. In similar feedback from engagement with unpaid carers, they felt the design for the new carers service needed to explain the social care financial assessment to manage people's expectations. One person told us they had been waiting for an update about a request for additional funding but had not heard back and time scales were not clear.

On 11 March 2025 there were 355 people waiting for a financial assessment. In an update given by the local authority in July 2025, 243 of these people had a meeting booked, had received a visit or were scheduled to receive a visit in July 2025. Feedback from the local authority was the waiting list for financial assessments had built up due to a mix of staffing changes and proactive service improvements. Visiting officers conducted financial assessments via both telephone and face to face visits and the team were fully staffed. Advocacy was offered at the point of initial contact.

The local authority's practice guidance for staff was detailed and included information on financial assessments and contributions including consideration of mental capacity and managing and preventing debt. Staff told us named officers coordinated all work relating to people who were deceased, supporting families through the various processes required. There was a current backlog of this work, which was described as significant. Services of specialists such as heir hunters were procured if there was no family involved, which had resulted in more cases being closed. Staff referred to specialist support, for example, legal services, to ensure the best outcomes for people whose cases were complex.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. Feedback from unpaid carers as part of a local authority engagement activity reinforced the importance of being able to access advocacy to support them when dealing with professionals, for example, one person had been provided with an advocate to support them successfully with care planning to move from living with their family to managing a tenancy themselves.

Where people struggled to engage with the assessment process staff referred them for advocacy support with the commissioned advocacy partner. Staff told us when initially contacting someone lacking capacity with no family present, an advocate was always used and there were no issues in being able to get an advocate. The commissioned advocacy service was described as good with no waiting lists and a range of advocates to meet people's needs. Some examples were given where advocacy was used in relation to hoarding and self-neglect, resulting in positive outcomes for people.

Information sessions were delivered to staff to enable better understanding of the different types of advocacy. Senior staff told us this had made a tangible difference and data showed a 19% increase in the Care Act advocacy following training dates.

Partners fed back there was a good understanding about the use of advocacy to support Care Act processes across teams, and referrals from staff were made appropriately, contained relevant information and were timely. There was less assurance about the use of advocacy in relation to community Deprivation of Liberty (DoLS) cases as it was felt staff could lack some confidence and understanding in these situations. Local authority feedback was that in May, June and July 2025 staff received further training in relation to Community DoLS via an external provider to improve their knowledge and confidence. Weekly risk surgeries also supported practice discussions with guidance given to staff when a Community DoLS required progression.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

National data from the Adult Social Care Outcomes Framework for 2023/24 showed that 52.66% of people who have received short term support no longer require this support. This was considered significantly worse than the England average (79.39%). However, national data from the Survey of Adult Carers in England for 2023/24 showed 85% of unpaid carers found information and advice helpful. This was considered similar to the England average (85.22%).

Plans were in place in the local authority adult social care strategy for 2024 to 2028 setting out intentions to prevent, reduce and delay people's needs. The local authority had seen a population increase of 11% in the last 10 years. With the metropolitan borough being the 12th most deprived area out of 317 across England and having higher than average numbers of poorer outcomes and health inequalities, the impact on wellbeing and socio-economic inequalities were evident and impacted on the risk factors for adult social care. Five strategic themes were being implemented which were of early intervention programmes, supporting people to remain as independent as possible, unpaid carers being supported in their caring roles, people being protected from issues impacting on their health and wellbeing, and increasing the health and wellbeing of the most vulnerable groups. Although plans were in place, feedback from some people about their care and support remained more mixed.

The launch of an initiative known as the 'Sandwell Story' provided the narrative of a significantly deprived area where health and social care were the key pillars. People need to be able to navigate access to adult social care and so local authority officers were placed in each of the 6 towns to provide people with links to support and advice to help them live well. This was funded by the Better Care Fund and began in January 2025.

Part of local authority plans related to digital strategy and the better use of technology, with the aim of promoting independence and improving care outcomes for people. However, currently just 20% of people had technology enabled care support in their adult social care provision with the local authority aiming to achieve 70% by 2027 to 2028.

Some measures were taken to prevent, reduce and delay people's needs, however in some cases, this could be improved further. For example, there was feedback from people where a local authority supported 12-Week Pathway, had helped them in a variety of ways including with work experience, however other people felt they could have been supported to access longer term options which could have improved the outcomes for them.

The local authority worked with people, partners and the local community to make services available, to promote independence, and to prevent, delay or reduce the need for care and support. For example, one service offered lower-level support to prevent the need for adult social care and another provided prevention crisis support to the deaf community. Some partners felt more services could be offered by the local authority to work in more of a preventative way and that they did not always prioritise prevention, being more reactive to crisis.

Other feedback however noted recent investment in this area, with a new community contract focused on prevention in areas such as housing support, mental health care, food and fuel poverty relief, and debt management. Responses to demand had also led to the creation of some peer support groups such as community hubs and food pantries. Other prevention work had taken place with the VCSE, for example, a drug and alcohol partnership and some other partners felt the local authority had a strong focus on prevention.

Staff worked in partnership with others including the public health team and were kept informed of services to support people in relation to prevention. A multi-disciplinary team meeting was held monthly to gain knowledge of service provision and to make staff aware of what was available locally. This included key local charities, organisations and events offering support to people.

Several publications were aimed at preventing people's needs in Sandwell including a Winter booklet which amongst other areas included information about hoarding and Ageing Well in Sandwell. Sandwell's Town's Directory August 2024 documented the available resources, including local authority services, with its statutory and non-statutory support groups, voluntary and community organisations that were available to help and support people in terms of prevention. There was training for staff at the front door enquiry service to promote services and embed the preventative approach. Issues covered included reducing inequalities, promoting wellbeing activities and directing people to support, advice and information on matters such as safeguarding, domestic abuse and homelessness.

Provision and impact of intermediate care and reablement services

National data from the Adult Social Care Outcomes Framework for 2023/24 showed 5.81% of people aged 65+ received reablement or rehabilitation services after discharge from hospital. This was significantly better than the England average (3.00%). However, by contrast, national data from the Short and Long Term Support for 2023/24 showed 67.06% of people aged 65+ were still at home 91 days after discharge from hospital into reablement or rehabilitation and this was significantly worse than the England average (83.70%). Further context provided by the local authority in relation to this data, showed Sandwell delivered approximately 1,220 episodes per 100,000 of the population, compared with the England average of 617. This showed an intentional strategy to promote independence and enabled more people to leave hospital earlier or receive a rapid response in the community, avoiding hospital admission and reducing the need for ongoing long-term care. This model prioritised prevention, ensuring people benefited from reablement wherever there was potential for recovery.

The local authority told us the demand for its services had increased with 5% more people receiving care and support in the last 5 years and 82% of its requests being from people in the community. From July 2024 to June 2025 there were 3,715 reablement episodes of which 73% were people being discharged from hospital, 21% of people did not require further care following this. The local authority was clear in its 'home first' ethos. Feedback from people about the reablement care offered and the adaptations provided were very positive. Comments included the Occupational Therapist (OT) that supported them was 'wonderful'.

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The local authority STAR (Short Term Assessment and Reablement) service and external promoting independence pathways ensured people received timely short-term support, reducing long term reliance on care services. The STAR service had a current Care Quality Commission (CQC) rating of Good. The demand for these services had increased from 2024 and response times from contact assessments to STAR assessments were quick with a median response of the same day which meant people continued to receive support and risks were reduced while they waited for a full Care Act assessment.

The local authority had a well-developed highly performing reablement service. They had built and co-delivered an integrated reablement centre of which they were the care provider. This 80 bedded flagship health and social care facility was described as the first of its kind in the West Midlands. The service aimed to support people back home from hospital and prevent hospital admissions, supporting 600 people since opening in November 2022. Future developments to this were being explored through the local authority transformation programme.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. People told us in their experience occupational therapy assessments and equipment delivery was swift without any significant waiting time. An unpaid carer told us when unsuitable equipment was being used by their family member to walk, the social worker had acted quickly to ensure more appropriate equipment was provided along with moving and handling training for the unpaid carer.

In 2024 to 2025 there were 259 disabled facilities grant awarded. Over 41,000 items of equipment were delivered in 2024 to 2025, with 95% arriving within 7 days. On 1 August 2025, 312 people had one or more equipment orders pending delivery of which, 81 people were waiting longer than delivery timescales. In most cases, delays occurred either because the person had requested a later delivery date or because the item was a special order. Waits were monitored by senior staff, providing visibility of delivery performance and an escalation route.

A trusted triage pilot was now delivering small equipment adaptation requests and from April to June 2025, 10,000 items were requested with 88% arriving within 7 days. Staff told us this was having a positive effect on the waiting list for OT assessment. The pilot enabled minor equipment requests to be fulfilled and had already reduced the waiting list from 17 weeks to 5 weeks.

Despite more positive feedback from people, the local authority reported 675 people waiting for an OT assessment in July 2025 with a median waiting time of 102 days and maximum of 265 days. The pathway through to OTs was reported by staff as being quick and easy, however people had been on a waiting list from April 2025. The aim of staff was to contact everybody on the list every 6 weeks to review their status and any changes. Staffing had been an issue previously but had been addressed through recruitment and a redesign of the service. At the time of our visit there was 1 vacant OT post covered by an agency staff member.

Challenges in recruitment of occupational therapists and waiting lists had created a backlog in terms of Disabled Facilities Grant funding awards and delays for contractors, however, recent extra capacity had resulted in cases coming through more quickly than the previous year. Feedback from the local authority was that while there were periods of vacancy, agency occupational therapists were used to maintain capacity. This meant complex cases and disabled facilities grant assessments continued to be prioritised.

Staff gave positive feedback about recent changes to improve OT services. A clinic had been introduced where people could come and see what equipment was on offer. Staff felt the local authority were good at providing equipment options compared to other areas with offers included community alarms, key safes, fall detectors, flood detectors and movement sensors. In-house community alarms offered a 24/7 service, 365 days a year for assessment, installation and mobile response, including an emergency response to people who had fallen.

A separate sensory and therapy team delivered statutory services and supported people with visual or hearing impairments in addition to those who had dual sensory loss, seeking to maximise their independence, via equipment, training and annual planned reviews. Prevention Assessors picked up urgent work, for example, if someone had fallen, providing further support and advice.

The local authority had begun to integrate technology into its care offer through piloting an online self-help guide. Further development was planned to provide a digital platform to assess the need for equipment and respond to requests in a more timely way, which would contribute to reducing waiting times.

Provision of accessible information and advice

National data from the Adult Social Care Survey for 2023/24 showed 69.65% of people who use services found it easy to find information about support. This was similar to the England average (67.12%). However national data from the Survey of Adult Carers in England for 2023/24 showed 52.00% of carers found it easy to access information and advice. This was somewhat worse than the England average (59.06%).

Information from the Sandwell Adult user Survey 2023 to 2024 found for people that had tried to find information or advice, 69.9% found it very easy or easy to find. This was an increase from 67.3% in 2022 to 2023.

People using services fed back there had been inconsistent information provided to them at times, for example, in one case about dementia care, which had left people feeling unclear about their options. Other people felt like they had not been provided with all the information they needed and had to chase staff to get the correct care in place. Other feedback was the website for Sandwell had improved and that a list of available activities were published, but these could be out of date at times. People wanted correct, clear and timely information and advice in a variety of formats, as some people did not access IT.

A range of leaflets and information about adult social care services had been developed. These were accessible in a variety of ways including Braille, video or audio messages if this was preferred and some staff were trained in using sign language. Key updates and service information was distributed 4 times a year to all residents via a local newspaper delivered free of charge.

Staff told us there was a high proportion of people without English as their first language, so a language network had been developed to help people alongside translation, interpretation and training. This offered community-based English language learning, aiding vulnerable people in connecting with the community and accessing services. This meant people were now better able to tell professionals how they were feeling in English and the success of this had meant some people now volunteered to work with others as a result of improving confidence.

The biggest challenge for people in Sandwell was knowing which services were available to them. Staff told us there had been a focus on improving information over the last 12 months to let people know how to access support and the website had been significantly updated with translation options and easier navigation.

Senior staff told us issues of accessibility of information for people had been raised before and although digital accessibility was comprehensive and new technology utilised, they were aware not all people were able to access information in digital form and that monitoring was needed to prevent people from becoming isolated. They also wanted to keep reviewing the availability of languages on offer and access for those with sensory needs. As a result, ambassadors were being identified in the community and used as conduits to identify and support those with poor access to adult social care information and referral routes.

Staff provided information to people they visited, for example, offering a resource pack for the use of direct payments. Staff commonly made use of the technology already present in people's homes and had easy read versions of resources and a library of resources specific to people's needs.

Some partners felt there was a lack of collaboration with the local authority and staff did not always utilise their skills or knowledge to support people effectively. Other partners fed back reliance on some automated services which meant a lack of human contact. Website information was not always easy to access and information sharing felt uneven across language and cultural contexts.

Direct payments

Uptake of direct payments was lower in Sandwell. The majority of national data from the Adult Social Care Outcomes Framework for 2023/24 was considered worse or somewhat worse than the England average. For example, 29.04% of people aged 18 to 64 received direct payments. This was somewhat worse than the England average of 37.12% and for the same data source, 11.09% of people aged 65 and over received direct payments, which was again considered somewhat worse than the England average of 14.32%. From the same data source, 19.16% of people received direct payments, which was considered worse than the England average of 25.48%.

Data from the local authority showed as of 30 July 2025, 12 new people were waiting to attend decision panel for a direct payment with an average wait time of 20 days. Three direct payment processes were being set up at this time with an average time taken of 3.7 weeks to do this. When direct payments ceased it was usually for people who had passed away, moved to commissioned support or had gone into 24-hour care settings.

The local authority was developing their direct payments offer acknowledging lower uptake than the regional and national averages. Direct payment support services had been redesigned and retendered and there was a dedicated service to help people manage their direct payments with support such as employment and retention of personal assistants and further advice and information.

People had ongoing access to information, advice and support to use direct payments. This included a checklist and a number of fact sheets with subject matters such as getting started with direct payments, employing a personal assistant (PA) and using pre-paid cards.

Feedback from people who had used direct payments was mixed. One unpaid carer felt there was more of an emphasis on the financial details in their experience, rather than explaining and discussing direct payment opportunities during the assessment process.

Senior staff confirmed direct payments were part of the transformation programme and had been a key focus over the last 2 years. There had been a decrease in people taking up direct payments so increasing uptake was a key priority. The local authority felt staff had lost confidence and so had been carrying out training sessions for them to help improve this alongside other measures. A panel was set up around 3 months ago to improve direct payment practice by helping staff understand how to get the best out of using direct payments and reduce delays in their set up. Staff fed back this had significantly increased their knowledge of quality, creativity and clarity in direct payments usage.

There were problems recruiting PA's in Sandwell with most people employing family and friends instead. Staff supported people with employment issues and in other areas practically, however there was a current wait as the support team were small. A recently changed commissioned service who now managed the payments for personal assistants had created some initial challenges too.

Staff were aware of current work to promote flexibility around options for direct payment usage. Staff told us about the creative use of direct payments, for example, by funding additional hours for a person with mobility issues to meet their needs on a holiday.

Partners felt support for people accessing direct payments could perhaps be more accessible for some communities as it could take up a lot of time for voluntary organisations to support people with processes. The system in place was described as inflexible and bureaucratic and not easy to adapt to people's individual and fluctuating needs. There had also been a lack of understanding within teams about the purpose and potential of direct payments, leading to restrictive practices which could undermine individual choice and control. Innovation in service delivery, such as flexible use of direct payments for creative or therapeutic purposes, had not been supported by the local authority in the past and had been more restrictive.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. Sandwell was the 12th most deprived borough in the country and services were shaped around the complexity of people's needs and differing groups. The 6 towns that made up the borough were very varied with different ethnicities in each area and vibrant communities. The local authority used intelligence to forecast and identify emerging hotspots of need. Resources were spread across the 6 towns aligning with the equity of deprivation and the placing of services considered accessibility and location, for people who were the most in need.

Population and demographic data were used to ensure equality, diversity and inclusion through the routine breakdown of service information by protected characteristics. Analysis had been undertaken to see whether gender or ethnicity influenced access to care and support, by age. This analysis highlighted potential areas of inequality around access to support and helped the local authority to identify areas for further exploration to ensure their practice and commissioning approaches were appropriately focused on challenging these inequalities and enabling an improved equity of access.

Staff understood which ethnic groups accessed care in Sandwell and which did not, for example, Black people showed the highest relative usage of adult social care long term services with Asian people being below the level expected. In term of equipment or adaptations during 2024 to 2025, usage was higher for Black people, slightly higher for Asian people, average for White people with other ethnic groups notably below average. Staff had begun to investigate additional factors, for example, awareness, cultural preferences and referral patterns to understand why these groups had notably lower usage rates.

Equality Impact Assessments (EIA's) were used when a new contract was considered and where there were proposed changes in service delivery with the focus on who was using the services and the impact of any changes or new initiatives. The EIA's were reviewed by the Equality and Diversity Lead to ensure they were robust and took account of all protected characteristic groups.

The local authority recognised that there were some groups that were 'hidden from sight', for example, some LGBTQ+ older people. Staff told us Sandwell were the first local authority to discuss LGBTQ+ in care home settings and there was a large event held in 2019 for staff and since then support had grown. Staff were involved in developing a LGBTQ+ level 2 qualification and encouraged care providers to have LGBTQ+ champions who could promote this work with confidence.

Other examples included the oversight of the imminent Carers service which would be through a suite of key performance indicators. Part of this would be identifying seldom heard unpaid carers, such as unpaid carers from South Asian and Eastern European communities whose numbers in Sandwell were increasing. Partners fed back around 37% of unpaid carers known to the local authority were from minority groups and there was ongoing need to identify unheard carers. Funding had been given specifically for further work within these communities.

People were supported to have their cultural needs met within care services provided. One local commissioned care service aimed to reduce inequalities by offering staff diversity training and awareness activities. An example given was of a Punjabi-speaking person with complex needs being supported alongside their family member. Support was provided by the service communicating in their language to arrange a financial assessment and support them by referring them to other suitable specialist services. There were other culturally competent care providers, for example for Afro-Caribbean communities. The local authority's cultural competency training offer had increased in response to increased recruitment of overseas care staff. In one example, a member of care staff attending dementia training fed back positively as dementia was not something that was recognised within their culture.

Local authority staff involved in carrying out Care Act duties had good understanding of cultural diversity within the area and how to engage appropriately with people. There was ongoing work with staff to help them to challenge racism and discrimination confidently. Staff recognised language could be a barrier at times, especially out of office hours when interpreters were less available. Gaps were identified where staff would like to have more training, for example, to support increasing numbers of people from neuro-diverse populations. There were other examples given of complex work with people to support cultural differences in areas such as mental capacity assessment. Wider learning, for example, in relation to discrimination some people faced, was shared amongst teams.

The local authority was aware that some areas of their work with minority groups could be improved. In one study undertaken, the local authority identified lack of communication between ethnic minority groups, service commissioners and providers and that understandings, expectations and provision did not align. This was reflected in some feedback we received. Some partners told us that gaps in service provision reflected how different people were accommodated within existing services rather than absent or insufficient services. The local authority had invested heavily in a comprehensive community offer and were now beginning to drill down into how the market was best serving vulnerable groups such as people from LGBTQ+ and neuro-diverse communities. The Better Care Fund was being repurposed for this work, however truly accessible services for all were not yet in place, but there were firm plans to work towards this. Senior staff told us about voluntary sector grants and micro commissioning being used for the groups of people yet unreached.

Partners felt more needed to be done to reduce inequalities. Comments included work could be done with VCSE as it was felt the local authority were missing a potential opportunity to identify, understand and support people from seldom heard groups who needed more support and recognition in commissioning and service design. More positively, other partners told us senior leaders and staff in Sandwell had a good understanding of local areas and people's needs. The local authority had previously engaged in joint initiatives to support ethnic minority communities. They were described as self-aware of their deficits and committed to making positive changes and improvements to address them.

The local authority took a strategic approach in their work to reduce inequalities. An Adult Social Care Culture Strategy 2025 to 2030 aimed to ensure staff provided people with care and support which focused on cultural awareness, unconscious bias and inclusive communication. The strategy was co-produced with partners, people with lived experience, and unpaid carers with the aim to deepen understanding of peoples' wider experiences, needs, and barriers to engagement. The local authority was committed to creating a diverse workforce that reflected the local population. Recruitment included outreach to under-represented communities and workforce monitoring to ensure equity. Inclusive recruitment practices and digital inclusion initiatives were planned to reduce barriers and promote equal access to employment opportunities. The strategy documented that people's cultural identities and experiences were central to how care was shaped and delivered, supporting a more inclusive and equitable approach across adult social care. Cultural champions were introduced to promote understanding across staff, share good practice and ensure ongoing development in how services addressed cultural needs across teams. A staff learning programme was developed incorporating case studies and real-life experiences to help practitioners understand how culture and identity impact care delivery and supported a deeper, person-centred insight.

Employee networks such as LGBTQ+, disability, women's and ethnic minority groups were used to inform organisational development. Emotional and spiritual support was available through these networks as well as training and awareness sessions for staff. These included culturally sensitive mental health approaches and helping staff to better understand how different backgrounds may influence how people expressed or managed mental distress.

Inclusion and accessibility arrangements

Appropriate inclusion and accessibility arrangements were lacking in areas, so that people could not always engage with the local authority in ways that worked for them. People told us that information did not always feel accessible to them, for example, one person said their family whose first language was not English had struggled to understand the terminology used by staff and a translator had been provided but this person had confused them more with the terms they used. Another person told us their assessment and support plans were not translated into their preferred language, and they were not aware they could ask for this as a legal right as no one had told them.

Most partners' feedback about inclusion and accessibility arrangements was poor. Examples included difficulties in getting translators or British Sign Language (BSL) services due to these not being arranged by staff, which had led to assessments being cancelled. People from seldom-heard groups felt excluded from engagement processes and faced some barriers to accessing support. Signposting and referral information was not always given in an accessible format. BSL interpreter conversations were not always understood by people as getting to know and understand someone could take time and such time was not always offered. Examples were given in relation to a mental capacity assessment which was felt to be completed without staff having adequate training in the person's preferred communication needs.

By contrast most staff considered the approach taken by the local authority to support people to be strong with any complaints made about equality, diversity and inclusion taken seriously. Staff were trained to be able to offer greater support to people, for example, understanding that if someone with a learning disability contacted them this may need a longer phone call and they did not feel under any pressure to deal with calls quickly if someone needed longer. Makaton (a sign and symbol system) was used by staff where appropriate.

A social work presence was also in towns, a One Stop Shop in Oldbury, in hospitals and intermediate care settings and an Independent Living Centre. These helped to provide accessible opportunities for local people to drop in or attend timed appointments enabling support closer to home and within local communities'.

Feedback from the local authority was many staff members were multilingual with several trained in BSL, including staff working outside the sensory service. Out of 834 staff working in adult social care at the local authority, 255 identified as from Black, Asian or Minority Ethnic communities which broadly represented the communities served in Sandwell.

A number of internal and commissioned services, projects and initiatives supported people with a sensory impairment including the local authority specialist team. The team worked in partnership with several organisations and signposted people to further specialist support where required. Staff confirmed good support, including out-of-hours, for interpreters including BSL interpreters. Interpreters could be accessed face to face, by telephone, and through video interpreting, also providing American Sign Language interpretation and translation and transcription services in over 250 languages as well as Braille. Teams praised the commissioned interpreter services.

Digital exclusion had been recognised and was being addressed. Senior staff were aware of the possibility of digital exclusion so access had been improved to some digital platforms to make them more user friendly whilst also improving information for people who did not have this digital access. Developments had been made to ensure people could find information online in accessible ways. Over 60 languages were available through website translation functionality. Easy read, braille and large print document formats were available where required. A free newspaper was delivered to households in Sandwell quarterly which included information and support for unpaid carers, safeguarding information and support for people living with dementia. Customisation tools enabled people to adapt content in several ways including using read aloud functionality. Other technology used such as Apps had voice activated settings for those who preferred this. More practically staff felt the provision of individual mobile work phones had added valuable texting options for people who preferred to communicate with them in this way.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 3

3 – Evidence shows a good standard.

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data (for example the Joint Strategic Needs Assessment) to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes.

Areas with high levels of need were documented in the Adult Social Care Strategy 2024 to 2028. This highlighted wards in the north of the borough particularly and data showed that Sandwell had significantly more requests for support than the national and regional averages. For example, there had been an increase in the number of people receiving home care from 1,553 in October 2023 to 1,737 in September 2024. Most people currently receiving care and support were aged over 65. Memory and cognition issues were the primary reason for support for 15% of people who accessed adult social care in Sandwell and was more likely once a person was over the age of 75. Most people who received support did so in their own homes through home care or other community-based services. Around 30% of people receiving long-term care were supported in care homes.

Senior staff told us about the work of the local authority to assess needs for care and support and ensure an equitable spread of services and review dementia pathways, which had resulted in Sandwell becoming a dementia friendly borough. This included use of a dementia planning toolkit for staff, dementia champions and ambassadors programmes, use of technology and community-based approaches, and access to a dementia bus to give people an experience of living with dementia. Local authority feedback was the dementia offer in Sandwell was held up nationally as good practice. Partners gave an example of housing developments matched to growing needs in a council owned extra care facility where individual flats and communal areas were upgraded to incorporate dementia friendly care practices and support people further. The facility was now at capacity with further developments planned to meet growing needs of the community.

Market shaping and commissioning to meet local needs

People had a range of local support options to meet their care and support needs. There were no significant delays in arranging care for people. Local authority commissioning arrangements and strong provider relationships ensured services were available when required.

National data from the Adult Social Care Survey for 2023/24 showed 70.56% of people who use services felt they had choice over services. This was similar to the England average (70.28%). However, national data from the Survey of Adult Carers in England for 2023/24 showed 7.41% of carers accessed support or services that allowed them to take a break from caring at short notice or in an emergency. This was considered somewhat worse than the England average (12.08%) and reflected in some of the feedback we received in Sandwell.

Feedback from people through the Sandwell Adult Social Care User Survey, 2023 to 2024 in relation to their experience of assessment and care provision was 65.9% of people were very or extremely satisfied with the care and support they received; however, this was a decrease from 71.6% in the previous year. The percentage of people who were very or extremely dissatisfied with the care and support they received increased to 3.5% in 2023 to 2024 from 2.4% in 2022 to 2023 indicating that people were less happy with care and support offered now than a year ago.

People had mixed views about their experiences of care in Sandwell. One person told us they were happy with their flat at a local authority extra care facility, their independent living skills had increased, and their needs had decreased, following support from care staff. Another family member told us the quality of care delivered by the care staff was good and once the package of care was right, it had been working well. Other people struggled to find information about care for their family members or felt there were a lack of options available to them.

Feedback from the local authority was that social workers began discussions about available options during the assessment process, ensuring that people were aware of direct payments, community-based options, and commissioned services. This enabled care and support plans to be tailored to individual needs and preferences. Where a residential or nursing placement was identified as the preferred outcome, social workers provided lists of approved providers so that the person, their family, unpaid carers, or advocates can make an informed choice.

Unpaid carers had been involved in the design of a new carers service and had been able to give feedback about the development of this. Experiences of the care support received by unpaid carers were positive, for example, good feedback was received about a sitting service which supported unpaid carers in their caring role. Other examples included support through a wellbeing call each week, which the person appreciated and enjoyment in taking part in a recent carers event. Several unpaid carers attended a carers support group and valued this for the opportunity to socialise with others, although not everyone felt equally supported there. Some unpaid carers told us they had benefitted from services previously, such as grants and respite care, however trying to speak with someone about accessing them again had proved more difficult.

Commissioning staff supported new approaches to care provision, leading to better outcomes for people in Sandwell. The local authority flagship 80 bedded service was developed from the identified needs of people who did not need long term care and this support enabled them to maximise their independence before hopefully returning home.

The local authority provided funding for a new safe place support group where members of the LGBTQ+ community could meet, socialise, get advice and access mental health support as needed. Although the funding provided some support to people it was felt to be insufficient for the level of support required. Other commissioned services included a mental health charity which supported people and provided safe spaces to talk and get support, counselling and advice.

Commissioning strategies considered the provision of suitable accommodation options for adults with care and support needs. The local authority was expanding their Shared Lives Scheme to support more alternative independent living options for people with learning disabilities. The scheme supported young people moving from foster placements as well as day respite for unpaid carers. Shared lives offers people with additional needs the opportunity to live in a family home with people who are trained to support them.

Some partners felt the local authority was stewarding the market well and their approach was strong in comparison to some neighbouring areas. There was no culture of people waiting for services in Sandwell, and very little 'spot' purchasing of care to fill gaps. Local authority commissioners were described as having the right spread of provision and good oversight of quality. Feedback from other partners was that changes to commissioning arrangements and personnel had been very positive in terms of relationships, and they had a better understanding of and interest in the work the partner was doing.

The local authority was committed to developing the market to ensure sufficiency and suitability for the needs of the community. Work was undertaken to ensure a fair cost of care in the provider market and there were plans to develop a new dynamic Market Position Statement. The local authority Market Position Statement, February 2024, was available on their website, aimed at current and potential providers of care and support services so that they could understand present and future demands and how services could plan personalised responses to people's changing needs. The local authority understood commissioning the same forms of care, in the same places and in the same way, would not be feasible in the future so the local authority recognised they needed to be open to a radical change in how they provided future services. This involved changing current methods of commissioning, procurement, and service delivery. The local authority wanted Sandwell care providers to work with them to address this challenge.

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available overall to meet demands, and people could access it when needed. As of July 2025, no one was waiting for a home care service, with individuals supported through the local authority Promoting Independence Service whilst long-term packages of care were arranged. No one was waiting for residential and nursing care and no one was waiting for supported living accommodation, and delays only occurred in exceptional cases. Feedback from the local authority was there were some challenges with sourcing more personalised support for people with more complex needs. This may take longer than the average package but there was provision available in the market to respond. Partners shared moving people into 24 hour care settings could be more difficult due to some providers not available to accept admissions at weekends, however there was capacity in the market.

There was not always sufficient capacity for unpaid carers to access replacement care for the person they cared for, in planned or unplanned situations. People told us of issues securing respite care in Sandwell and fed back there was a gap in respite care provision. The local authority recognised there were capacity issues for respite care locally and nationally and were working on developing a replacement care model that looked at multiple options for respite for both the unpaid carer and the cared for person. This may include short breaks, day opportunities or more traditional forms of residential respite. Their shared lives model was also being developed to support respite options further and there were negotiations with individual care providers to resolve any challenges experienced with resourcing.

Some people used services or support in places outside of their local area. As of July 2025, there were 285 out of borough placements out of a total of 1,261 long term care home placements. Most placements were just over the local authority border and the reasons for placements outside of the West Midlands were for 6 people to access a specialist provision and another 6 people to be close to their family members.

Staff told us the majority of out of area placements were in neighbouring authorities, and most people usually stayed in the Black Country. Placements were also a personal choice as there were no issues with capacity.

From 2024 to 2025 there were 33 people aged 18 to 64 placed into care homes with 3 of these placed out of borough. In 2025 to 2026 (for the first quarter) there were 12 people aged 18 to 64 newly placed into care homes with 2 of these placed out of borough indicating an increase compared to the previous year.

From 2024 to 2025 there were 422 people aged 65 plus placed into care homes with 72 of these placed out of borough. In 2025 to 2026 (for the first quarter) for people aged 65 plus there were 146 people aged 65 plus newly placed into care homes, with 20 of these placed out of borough, again indicating an increase compared to the previous year.

Staff told us about work completed in relation to out of area placements to ensure quality. A service rating would be considered and if this was a good rating a remote review process was completed. If the rating was lower than good, staff would aim to complete an in-person visit to check the service directly.

There were some gaps in services in some areas. For example, people with personality disorders, however, mental health commissioners were aware of this and staff told us they provided them with good advice and support. Although there was a range of good support available in a crisis there was a lack of mental health beds for people who were eligible to be sectioned under the Mental Health Act 1983, with Sandwell having no place of safety. However, there were 3 places of safety in other local authority areas which Sandwell had access to. Staff told us this was having a particularly detrimental effect on people and families affected as well as the police. A new scheme had been developed to support people with lower-level mental health needs as this had been identified as gap in the market. Partners fed back gaps in other areas, for example support for people with complex needs when leaving hospital and gaps in services and support for people from the LGBTQ+ community.

Some services were commissioned jointly with other agencies. For example, a dementia support service was funded by the local authority in conjunction with 8 partner organisations to provide care from pre-diagnosis through to end-of-life care. However, one family fed back that when discussing care options for people with dementia social workers appeared to be limited in what they offered to support the person staying in their own home, which led to tense discussions about care homes, despite this not being wanted by the person or their family.

'Better Together' events were launched in Sandwell in January 2025 to bring together a range of stakeholders in adult social care. Events were held focusing on a number of different themes. The third such event was planned for September 2025 and would focus on the workforce. Staff told us these events were a good source of information from care providers and voluntary sector services about gaps in support or services. Feedback from care providers was positive with platforms given for feedback on market shaping and quality improvement directly to local authority staff alongside other partners. Providers also found forums useful for networking and discussing collective challenges.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services commissioned for people and supported improvements where needed. A Quality and Safety Team providing oversight of the provider market. The team were originally formed through the Better Care Fund (BCF) secured to create an integrated team within the Council in response to market pressures and commissioning arrangements across Sandwell. The team included a pharmacist for medicines management, a Quality & Safety Nurse, Infection Prevention Nurses and a Health and Safety Officer recruited via secondment arrangements with NHS partners. The positive evaluation of this pilot had led to an agreement for substantive BCF funding to extend the team beyond the initial pilot phase to now be a permanent team.

Staff told us Sandwell's style of commissioning was changing and there was more of a collaborative and partnership approach being taken. Staff had positive relationships with providers and there was a balance of proactive and reactive work undertaken. In the borough 30% of services were not commissioned, however care providers were also able to access support from local authority staff if needed.

Sandwell had a high proportion of 'good' Care Quality Commission (CQC) rated services with no care provider currently rated as inadequate. The local authority's provider support team were clear in its remit to drive quality and improve outcomes for people and felt care providers were committed to the local authority's expectations for quality and performance.

Information provided in July 2025 was that minimal contracts were handed back by the local authority from providers. There were 12 suspensions of care services from March 2024 to May 2025, 7 due to quality issues, 1 due to safeguarding, 1 due to health and safety issues and 3 for fire risk assessment concerns. 6 suspensions had been lifted since and 1 contract terminated. Staff confirmed that if issues with a provider were raised, they were encouraged to conduct a voluntary pause of admissions, offering support to improve, rather than a suspension or embargo taking place.

There was a range of ways the local authority engaged with providers including auditing, surveys and meetings as well as via newsletters and events. The local authority evidenced quality monitoring via various methods including reviewing and supporting with care plans, quality standards, one to one interventions and training and development. Although a current challenge was to be able to offer in-depth and comprehensive training to provider staff.

Annual provider quality monitoring took place in person or remotely with an appropriate approach to quality or safeguarding issues. This ensured providers were meeting assessed and commissioned care plans and provision, ensuring both people using services and staffs safety was maintained and mitigating any issues before they developed. The team reported back to the Safeguarding Board as part of the adult social care safeguarding governance structure. In 2024, 181 monitoring visits were completed with a further 379 provider support interventions.

Meetings were held with relevant partner organisations to share intelligence and to ensure effective oversight. In one example a concern was raised in a neighbouring local authority area placement and so the teams jointly worked together to offer support even though only one person in the placement was funded by Sandwell.

People gave mixed feedback of care packages, with some positive experiences but others questioning if care staff always had the appropriate training. Feedback from partners on quality monitoring was generally good. For example, positive experiences of work with the quality team to identify and address service provision issues, share information and having a shared focus. Staff were described as incredibly supportive and always available to help with advice and guidance.

The local authority had a good understanding of the needs of the local market and responded to changes when needed, for example, they regularly suspended services they felt were failing and took steps to support improvement where they believed it was required. In one example, they had been instrumental in turning a provider service around during a difficult period. Staff listened to concerns in a non-judgmental way with a proactive attitude to finding solutions.

Contract monitoring was described as a supportive process, driven by quality of outcomes and quarterly meetings enabled challenges to be discussed in an open and transparent way, with forthcoming support and advice during times of pressure. Provider forums took place regularly and worked well. Representatives came to the forums to give talks about subjects or on particular organisations.

Ensuring local services are sustainable

National data for Sandwell was considered either similar to, or somewhat better, than the England average. For example, data from the Adult Social Care Workforce Estimates for 2023/24 showed 7.96% of adult social care job vacancies, which were similar to the England average (8.06%). Data from the same source showed a staff sickness absence rate of 5.26 which was again similar to the England average (5.33).

However, data from the Adult Social Care Workforce Estimates for 2023/24 showed 64.94% of adult social care staff had a Care Certificate in progress, partially completed or completed, which was considered somewhat better than the England average (55.53%). Data from the same source similarly showed a 0.19 adult social care staff turnover rate, which was also considered somewhat better than the England average (0.25).

Local authority managers used service activity data to assess how they were meeting people's local needs, evidence how resources were allocated and identify pressures in the system. A 'sustainability of care' prompt sheet was sent out to providers to consider the longevity of services with risk management meetings held if required.

In the local authority's People Strategy 2024 to 2027, workforce resilience was documented as a priority with actions set out to build capacity and respond to future service demand. The workforce planning approach aimed to ensure sustainable care delivery through targeted interventions in hard-to-fill roles. As part of the transformation programme the local authority were working with providers to find joint solutions to market sustainability through launching their 'Better Together' approach.

Partners fed back some concerns regarding sustainability. Some told us business continuity planning, staff recruitment, and access to training remained limited for them due to financial pressures. Care costs made it challenging to find quality members of staff and ensure sustainability moving forward. Feedback was as there were a lot of providers, meaning that sometimes provider staff they were not able to secure as many hours work as they would like. Other partners told us the local authority had created a challenge of having almost too many options, which could be overwhelming for people to navigate. However, they felt the local authority understood the need to ensure each service was delivering outcomes and would review services effectively and scale back where needed. Another partner told us their experience of longer-term contract arrangements provided financial stability which allowed them to plan ahead. Another partner described the support they received from commissioners as proactive and refreshing, within a positive and open relationship.

Feedback from the local authority was that they recognised the significant financial and workforce pressures affecting the care market nationally. In response, the local authority implemented a Market Sustainability Plan in 2022 to support providers across all sectors to ensure they provided equity across the sector and sustainability. For example, the Fair Cost of Care focused specifically on residential, nursing and domiciliary care. The direct payment amount was also uplifted to increase choice and control for people. This plan included uplifts across all care markets to help providers meet rising costs and maintain quality Standards. Following consultation with care providers, structural changes were made to the domiciliary care contract, improving the allocation and continuity of work.

Some care providers received support from the local authority with recruitment and retention of staff, through job fairs and adverts and the careers team offering support for the employment of care staff.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard.

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority integrated aspects of its care and support functions with partner agencies evidencing improved outcomes for people. As part of the 12-Week Pathway programme offered to people with learning disabilities and/or autism, staff worked closely with a range of community organisations such as those offering talking therapies, employment support and social groups, leading to a broad range of meaningful activities for people once the pathway ended and positive outcomes.

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The local authority was clear about the challenges it faced within its adult social care system, and its need to work with partners including the NHS and voluntary sector to deliver outcomes across strategies including commissioning, transformation, digital and technology, and the Adult Social Care strategy 2023 to 2027 with visions of prevention, rehabilitation and care.

The local authority recognised that improved recruitment and retention was essential to delivering consistent care. Planned recruitment campaigns were developed to increase reach and reduce vacancy pressures. Joint recruitment campaigns with NHS partners were in place to support integrated care roles. This ensured that health and care services could access the skills needed to deliver coordinated support.

The local authority recognised the importance of leadership in partnership and were actively engaged in working with partners such as the Health and Wellbeing Board and the Health and Care Partnership. Health partners felt Sandwell had a strong voice within partnership working and stressed the importance of this regarding Birmingham and the wider Black Country area. There was confidence Sandwell's voice would continue to grow in strength with local authority senior leaders raising its visibility and promoting the 'Sandwell Story'. The Director of Adult Social Services (DASS) attended the Sandwell Health and Care Partnership, and it was felt there was a will to be more collaborative with health partners, with respect and understanding of different roles. The partnership was keen to identify and explore greater opportunities for integrated working including an integrated health and social care model in each of the 6 towns of Sandwell. Health partners were represented on many local authority governance boards and feedback was there was evidence of thoughtful interlinking to ensure best practice. Strong relationships meant there were regular meetings and communication between senior leaders, which ensured close operational working relationships alongside formal arrangements.

The local authority supported the Black Country Integrated Care Board in the development of a Dementia Strategy. The focus in Sandwell during 2024 was co-production with people living with young onset dementia which was in response to higher than the national average of young onset dementia. Plans were to prioritise this work during 2025 in the refresh of the Sandwell Dementia Strategy.

Staff worked closely with partners in a range of ways, such as sharing data and working with other local authority teams, health and community groups to achieve shared goals. For example, there had been some recent work with health partners on breaking down barriers in the use of terminology by not using acronyms, but plain language to help teams with understanding each other.

Some partners felt there should be better pathways and communication between adult social care, health, and unpaid carer support providers, to help align priorities across the system. However, positive examples included consistent engagement from local authority leaders and constructive challenge from other partners.

Transition from social care to health funding was described as a problematic area by some with lack of coordination and clarity of responsibility for funding and support. Policies and processes were in place documenting where funding responsibility lay.

Arrangements to support effective partnership working

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes for people. The 2025 to 2026 integrated BCF utilised by the local authority was clear in its key priority of a preventative 'home first' approach which was evident in reducing hospital admissions and maintaining people, where possible, at home with preventative measures.

Integration with the local authority and health was mature across the West Midlands and partners told us Sandwell were at the forefront, although not always as proficient and insistent about celebrating and promoting their strengths. There was pride in partnership arrangements for the BCF and true integrated services where it was described as impossible to tell who was employed by health and who by the local authority, for example, in the integrated discharge hub where staff sat together to work for the best outcomes for people. There had been input into the BCF from wider engagement work involving a range of other partners, including voluntary and community organisations, care providers and user groups.

The local authority worked in partnerships with other agencies with clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. The place-based Sandwell Health and Care Partnership Board was established with all partners represented including the ICB, Acute Trust, Mental Health Trust, primary care, Public Health, Children's Trust and the community and voluntary sector. This Board met monthly and had an independent chair. Senior staff told us about strong relationships with the ICB, having been built for over 20 years. There were monthly meetings with senior leadership from both partners and felt to be equality in decision making over pooled budgets.

Joint work with health and social care was in progress to review funding for people with mental health needs. Feedback from staff was some partnership working arrangements could be improved, for example staff working in mental health teams could not always access partner IT systems which meant having to telephone for relevant information prior to visits. Feedback from the local authority was this had been addressed and was awaiting final resolution from partner agencies.

Partners praised front line teams, stating how responsive and supportive they were, especially when working with people whose needs were complex. It was felt that such partnership working was key to getting the best outcomes for the people they worked with. Communication had improved through direct telephone contact to commissioners. Previously contact was mainly through email and the change had been welcomed to strengthen partnership working.

Impact of partnership working

The impact of Partnership working was shared by the local authority, for example, close working with adult social care had encouraged increased use of the Better Care funding by Housing teams. An example was given of a young person with learning disabilities who was supported to purchase a property more suited to their needs through partnership working with adult social care and others.

A nationally recognised service to support people living with dementia had been developed following extensive engagement with stakeholders and people to design and reshape their dementia support services. The local authority said the implementation of the new model has led to improved outcomes for people, with waiting lists reducing and dementia diagnosis rates increasing due to people increasingly coming to be assessed.

The intermediate care bedded service in Sandwell jointly commissioned by the local authority and ICB was described by a VCSE partner as an example of good partnership working where the partner had received positive feedback from people and unpaid carers about the impact on them.

Local authority staff continued to review ways of working with partners to ensure efficiency. Staff had tried to reduce the work load for care providers by allowing more time for data to be collated when monitoring services, such as nursing homes. Striving to complete inspections jointly with health partners to reduce impact and duplication for providers.

Sharing of integrated performance data between health and the local authority took place and was described as 'dipping a toe in strategic data sharing' with mature data sharing as the goal. Partnership working across the Black Country and several neighbouring local authorities was part of working together to develop a risk strategy tool which, when finalised, hoped to provide an effective model across the region.

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. Partners told us they were aware of local authority grants being reviewed to ensure spending was not duplicated. Other partners reported commissioners diligence in incorporating feedback, particularly in the health contract and unpaid carers initiatives, with visible efforts made at stakeholder engagement.

Working with voluntary and charity sector groups

Support provided by the local authority helped people to understand and access available community resources. Some people fed back that the local authority helped them understand and navigate VCSE groups so they could choose support which was suitable for them.

The local authority worked with the VCSE to understand and meet local social care needs, providing funding and other support opportunities. The local authority provided funding to an umbrella organisation in Sandwell to facilitate a VCSE owned and led forum. The forum met to discuss issues the sector faced, provide information and advice to VCSE organisations regarding health and social care and to be a point of contact between the local authority and adult social care, public health, health and the ICB.

Partners told us the local authority were good at engaging with the forum and VCSE for pieces of work. Relationships were positive and valued. Examples given included involvement in development of the co-production strategy and it was felt the local authority were good at informing the forum of changes or new specific pieces of work. Senior local authority leaders attended the forum to engage with members, offering support with issues.

Key challenges identified by the VCSE were funding and barriers such as use of jargon with some feeling schemes were not always tailored to all. Feedback was the local authority could feel 'corporate' and they did not necessarily have the experience navigating a complex health and social care system. Although they were often specialists, partners felt they could work alongside the local authority more collaboratively in some cases. Local authority staff told us about the process for awarding grants to the VCSE now which included having more transparent meetings.

Other partners felt there was keenness to involve the VCSE in different projects and programmes of work. For example, some partners had successfully been involved in a task and finish group to review safeguarding systems and processes. Funding was provided by the local authority which included support to an organisation which supported the LGBTQ+ community and funding to support people with drug and alcohol addiction.

In the Sandwell Narrative Plan, 2025 to 2026, the local authority outlined plans for refinement of their governance framework to ensure systematic engagement with wider stakeholders, including voluntary and community sector organisations. They stated that, like many other local authorities, they were facing substantial financial and demographic pressures. Their challenge was enabling people to do as much for themselves as possible with the personal and community resources that were available to them. This involved changing current methods of commissioning and service delivery and meant activity was reduced or ceased in some areas, yet developed in others, and acknowledging this had created some uncertainty.

A review of Sandwell Council's funding of the VCSE in November 2024 identified areas for improvement which included the application processes, administration cost reductions and duplication in funding activities. This review had been welcomed by VCSE organisations and the findings emphasised the need for greater clarity and transparency in processes.

Health partners said there was a move from treatment to prevention where people were empowered to take responsibility for their health and wellbeing. They told us the local authority supported the VCSE to allow self-sufficiency and the strength of the community offer showed that support was not always needed from statutory partners. The challenge was to prevent offers from overwhelming people and supporting navigation. Opportunities for partnership working could result in a bigger offer to the VCSE following on from the work undertaken to better support unpaid carers.

Staff spoke positively about the range of focused work which had taken place in Sandwell communities, for example, in the Sikh communities, work with a local charity supporting Sikh men around alcohol use. VCSE groups were invited to local authority overview and scrutiny meetings to talk about their work and feedback on support received from the local authority. The local authority provided financial support for projects and pieces of work and it was felt by staff that partnership working was something they did well with good outcomes. Senior leaders told us about working with and alongside communities, working with leaders of all faiths, with close and valued working relationships. The impact of this work was measured via regular reviews and with feedback sought.

Theme 3: How Sandwell Metropolitan Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

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

The local authority commitment

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

Key findings for this quality statement

Safety management

Where concerns were raised in relation to people's safety, they were addressed swiftly. For example, one person raised some concerns about a piece of equipment incorrectly set up with the local authority and this issue was resolved quickly and to the person's satisfaction.

Staff worked to ensure people were supported and their safety managed. The mental health social work team and Approved Mental Health Professionals (AMHPs) ensured people with mental health needs living in the community stayed well and independent as far as possible. For example, AMHP's provided 24 hour 7 days a week cover.

In terms of the emergency duty service, effective exchanges of information took place between staff teams to the out-of-hours team and back again to the teams in the day. There was an established pool of sessional social workers used by the local authority on a long-standing basis with very few issues. All the staff were qualified and experienced social workers, however it was noted new recruits of social workers to the pool were scarce. All incoming calls were answered and triaged by the duty manager (with extra support staff over the weekend). Children's concerns were re-routed to children's workers and the manager screened adult concerns, re-routing mental health concerns to the mental health service. The manager managed low level concerns, which was around 90% of all calls concerning adults, and allocated cases requiring social worker support to the sessional social workers. Decision making, risk assessments and deployment of staff was arranged by managers. Workers handed over to the duty manager when their shift ended and the duty manager signposted further calls for allocation in the morning.

Partnership working ensured a system approach around safety with health colleagues. Teams told us where step up services were required, for example, to prevent hospital admission, 72 hour wrap around care could be provided swiftly and was reviewed at 48 hours by a member of a virtual ward team which included clinical staff.

Partners told us housing challenges such as hoarding and unsuitable environments had increasingly delayed hospital discharges, however the local authority provided wraparound support to people accordingly. The local authority also provided a community alarms service 24 hours a day, 7 days a week for people living in the community.

The local authority had a proactive Safeguarding Adults Board working with 4 other Boards such as the Health and Wellbeing Board and the Community Safety Partnership, to form the '5 Boards Arena' working together on themes to improve safe systems.

Leadership development programmes emphasised the role of managers in supporting safe practice, supervision and decision making. This aimed to reduce risk and promote high-quality pathways across teams. Frontline staff were provided with equipment including personal alarms to promote their personal safety when out in the community.

Safety during transitions

People's experience during periods of transitions varied. One person's experience of family members' transition from children to adult's was problematic, as was another person being discharged from hospital. However, for other people, their experiences were better. For example, people's experience of the 12-week pathway in building their skills and confidence.

The local authority aimed to ensure a safe and smooth transition of young people to adult services with system and partnership working. As part of their transformation programme and together with partners, the local authority was reviewing their current processes to ensure they were robust. Partners confirmed the local authority were planning to facilitate conversations between public health, the VCSE organisations and the children and young people's forum, along with other partners, to discuss transitions from children's to adult services. Their aim was to ensure people did not work in silos and had access to the necessary links for the VCSE to support people through this transition.

The local authority told us there were 2 transformation workstreams currently in place to address issues. A team specific transformation plan focusing on the processes and practices within the Young Adults Team to include collaboratively working with other teams and partners, so the most creative and person centred planning took place at the earliest possible point. Also, a wider transformation approach to review the pathways and partnership working.

The Young Adults Team worked with young people from 14 to 25 years of age with Learning Disabilities/Autism, mental health, physical and sensory disabilities and their families to enable a smooth transition as part of preparation for adulthood. The team promoted areas of development including independence, work/activities of interest and being part of the community. Referrals to the Young Adults Team came from a variety of places including a Preparing for Adulthood panel and schools. The team completed an assessment by the time the person was 18, then completed annual reviews until the person was transferred to the appropriate adult locality team at around 25.

Most referrals were received from children's services with assessments and support planning taking place from the ages of 17 to 18. Although Pathways to Adulthood began from the age of 14 officially, referrals had not always been forthcoming at this time from other agencies and a large volume of referrals were often received from young people's families via the front door service.

Staff feedback about the support offered was good. The team told us the 12-Week Pathway offered by the local authority was available for those with a learning disability diagnosis, dual diagnosis and autism only diagnosis, and was a valuable assessment tool which effectively managed risk and ensured recommendations were made enabling effective care planning at the earliest stages for young people. Referrals to the pathway focused on strengths as the basis for support which could range from areas like travel training, work experience or access to community facilities such as libraries.

Senior staff told us they had addressed the transitions waiting lists which were now down to 15 in July 2025. However, the caseload volumes of the teams holding these still needed to be reviewed.

Partners described transitions as an area where there could be disagreements over responsibilities at times. Feedback from the local authority, however, was they worked very closely with their partners who support children and young people with disabilities and those who are care experienced so that they can engage in their support planning at the earliest possible appropriate point from the age of 14 years. This enabled them to ensure that for the young person the transition process was well thought out and planned in advance of their 18th birthday and that they and their care givers have the maximum opportunity for choice and control over their future. This approach meant that young people were well supported throughout their transition. The local authority have also trained a number of children's services staff in relation to legal frameworks and strengths-based approaches when assessing and supporting adults to enable an enhanced understanding of the process and journey for the young person.

Young people were supported in a variety of settings and areas. Staff currently had a small number of cases of people detained in prison systems and visits to the young person were carried out as required. The young person's team told us of a small number of out-of-borough placements, where young people were placed mainly by Children's Services due to the need for specialist support. The team always looked at all possible ways to move the young person closer to home or to keep them where they were according to where their needs were best met and the person's preferences.

Although there were not usually waits for people in terms of hospital discharge in Sandwell, it was identified there could be improvements in communication and planning sometimes with partners. An Integrated Discharge Hub coordinated hospital discharges and care planning across health and social care. The Hub supported timely hospital discharges and prevented unnecessary admissions. Staff were borough wide and operated 7 days a week. The team had a 'Home first and why not today' approach working across locations including the 2 main hospitals in the area. The team carried out Care Act Assessments and support planning, unpaid carers assessments, mental capacity assessments, 4-week reviews, safeguarding, duty work, and DoLS assessments. The team operated a Discharge to Assess model which set out 4 pathways for discharge from hospital.

Contingency planning

Although we had feedback from people stating that there had not always been future planning in place for the care of their relative, in the local authority Joint Carers Strategy Action Plan there were measures to support carers at risk of exhaustion, stress or breakdown, including plans for better crisis response and targeted training for professionals. Carers emergency plans were introduced to manage crisis situations, helping prevent escalation and ensuring continuity of care during emergencies. Senior staff told us the unpaid carers contingency offer which was aligned to the emergency carers card scheme was currently managed by the local authority and 72 hour wrap around support in the event of carer breakdown or escalation of cared for person's needs with the option to build in an additional 10 hours onto the support plan to cover, for example, carer admission to hospital. The emergency carers card scheme provided direct access to information and contact details in the event of an emergency.

Staff supported people in emergency situations, for example, one person had gone into a short-term care placement whilst their property was made clean and safe. Staff had immediate access to in-house food stores and fuel payment cards for people in need of supplies and domiciliary care could be offered in emergencies, which staff said was usually straightforward to arrange.

Although the work of the Quality and Safety Team was to ensure that services were safe there was also a preventative element to mitigate against services failing because of quality or lack of compliance. The Provider Support Team could go into services and support with bespoke interventions to raise standards or offer training including around health and safety.

Engagement and monitoring arrangements provided the local authority with early warnings of potential service disruption or provider failure and contingency plans were in place to ensure people had continuity of care provision in such events. The local authority had a steering group which met at the earliest opportunity following the indication of a provider failure. There was a clear plan which set out the process, considering the most person-centered support for people who would be affected to ensure their needs were met. Procedures outlined the responsible teams and workers to ensure safe continuity of care for people.

A Health and Social Care Provider Failure Procedure had been developed to identify actions to be taken when there was an actual or prospective failure of one or more providers. This provided a framework for staff to ensure a joined up and effective response from all partners to minimise the impact on people. This procedure was followed for the first time since being developed in February 2025 when a service in Sandwell had issues including quality, leadership and competency of staff to support people with complex needs.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

National data from the Adult Social Care Survey for 2023/24 showed 83.74% of people who use services said those services made them feel safe and secure. This was somewhat worse than the England average (87.82%). However, the same data showed 76.69% of people who use services felt safe and this was somewhat better than the England average (71.06%).

The local authority worked with the Safeguarding Adults Board and partners to deliver a coordinated approach to safeguarding adults in the area. The Sandwell Safeguarding Adults Board (SAB) was a multiagency partnership made up of statutory and non-statutory partner organisations, who worked together to provide strategic leadership in adult safeguarding work and assurance of effective adult safeguarding procedures. The SAB Strategic Plan, 2022 to 2024, outlined 4 priorities of co-production, development of robust assurance processes, embedding learning from Safeguarding Adults Reviews, and governance. The local authority was represented at the SAB by the DASS, assistant directors of commissioning and the Principal Social Worker (PSW). Feedback from partners was the local authority was well represented at the Board and an active partner in shaping the agenda which helped to drive safeguarding forwards across all agencies.

Other multiagency partnerships aimed to prevent and respond to abuse in Sandwell. For example, the local authority was involved in a Slavery and Human Trafficking Operational Partnership and held regular multiagency meetings to review work in relation to modern slavery, human trafficking and sexual exploitation.

Safeguarding quality assurance systems included an annual report presented to the Health and Wellbeing Board and Health and Social Care Committee, file audits and weekly high-risk surgeries and a new practice and quality assurance framework. The PSW operationally oversaw safeguarding and DoLS. There had been challenges previously in safeguarding at Sandwell, however, following a management restructure and establishment of a specific team, there were now improvements. A set of further improvement activities were planned which included an Adult Safeguarding Staff Development Framework. Plans were to continue to improve and learn from their DoLS processes, to strengthen Mental Capacity Act 2005 knowledge and competency, to share learning from the Vulnerable Adults Risk Management process and continue to apply the strength-based audit tool to support quality assurance and learning.

Partners felt some elements of the safeguarding process could still be unclear as to what constituted a safeguarding or not, which had led to them possibly over reporting concerns before. However, other partners told us safeguarding was smooth in terms of raising concerns, with no issues and the safeguarding team were described as very helpful and responsive in offering support. The local authority was actively working with stakeholders to improve understanding of safeguarding thresholds.

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Staff attended local and regional forums to share and learn from good practice. The local authority told us there was a rolling programme of training and refresher training throughout the year with a variety of training also offered to care providers.

In terms of staff training, national data from the Adult Social Care Workforce Estimates for 2023/24 showed 45.74% of independent or local authority staff completed safeguarding adults training. This was considered similar to the England average (48.70%). The same data showed 29.97% of independent or local authority staff completed MCA/DoLS training and this was somewhat worse than the England average (England: 37.58%) which linked into feedback we received from the local authority that this was an area they planned to strengthen further with staff.

Staff were assured that they could speak up about poor care or abuse without fear of being treated unfairly, helping to maintain a culture where safeguarding concerns were more likely to be reported. A Whistleblowing Policy was in place and applied not just to employees but also to contractors, agency workers, volunteers, and people using services, encouraging anyone with a concern about abuse, neglect or misconduct to come forward and report this.

Responding to local safeguarding risks and issues

Lessons were learned when people had experienced serious abuse or neglect with action taken to reduce future risks and drive best practice. People had been involved in the local authority learning from Safeguarding Adults Reviews (SARs) which had been fundamental to changes to practice at Sandwell. Safeguarding Adults Reviews consider whether serious harm experienced by a person at risk of abuse or neglect could have been prevented and identifies learning to prevent harm in the future. A safeguarding subgroup monitored the progress of the reviews where action plans were developed.

In the last 2 years, 4 SARs had been published which had led to numerous changes in practice by the local authority including the establishment of risk surgeries for frontline social care staff, improved multi agency working, the development of a Learning Disability and Autism Team, and reviews of the supervision policy. Recommendations also influenced the Carers Strategy. All actions demonstrated a commitment from the local authority to reflect and embed key learning points from SARs.

A Vulnerable Adult's Risk Management (VARM) had been developed in Sandwell from a SAR which aimed to support people with mental capacity to make decisions, who placed themselves at risk. During the process the person was supported by a group of professionals to better identify and manage risk. Partners fed back the VARM process was very positive, with their full involvement and that they were kept informed of outcomes at each stage. Local authority staff agreed this worked well. When cases were concluded, staff fed back any points of good practice and learning to the Safeguarding Adults Board.

Staff acknowledged previous challenges in relation to safeguarding work where the team comprised a high number of agency staff, however, they now had minimal vacancies. Senior staff said they were continually focused on performance improvement and whilst there were some excellent examples of Mental Capacity Act 2005 assessments, their quality assurance audits emphasised gaps and these were to be the focus of their learning and development programme for the next year.

There were clear understandings of safeguarding risks and issues in Sandwell. Staff told us there had been increases in some issues such as domestic abuse, modern day slavery and hoarding. Training was being offered for staff in response to this. Teams collected data in relation to safeguarding alongside providers to look at emerging themes.

As part of the Sandwell Hoarding Improvement Programme, a framework had been developed alongside a hoarding protocol and guidance to improve practitioners hoarding literacy. Hoarding training for staff had started in 2024 and was continuing. A hoarding conference took place in November 2024 involving key partners which led to the design and delivery of multi-agency foundation training workshops and hoarding improvement partnership events. This work had now begun to reach other Black Country districts and there were plans to involve people in this work who exhibited hoarding behaviours. From October 2025 a monthly multi-disciplinary hoarding hub was to be held for professionals to discuss cases where there were concerns about people's hoarding behaviours.

Some partners told us they had not consistently received learning from safeguarding adult's reviews and felt coordination with partner agencies could be better. The local authority confirmed training courses offered had included the learning from SAR's and many organisations had attended these.

Responding to concerns and undertaking Section 42 enquiries

Improved safeguarding processes resulted in no safeguarding concerns awaiting screening by staff. Safeguarding concerns and enquiries were managed effectively across teams. The majority of the safeguarding contacts came through the enquiry team and were screened by a duty lead worker. Between 1 April 2024 to 10 March 2025, 8669 contacts were received as initial safeguarding and of these 1,660 were referred after screening. A total of 442 progressed to section 42 enquiries which was a 27% conversion rate. If the initial contact did not meet the threshold for a safeguarding concern, it was closed, with appropriate signposting, most commonly to the quality team for further action.

If safeguarding concerns remained, the contact progressed, where it was allocated to a practitioner within 1 day, given a risk rating and dealt with having been considered against the eligibility threshold. The number of open contacts at the end of each month had steadily decreased from 560 on 1 April 2024, to 151 on 30 June 2025. The majority of abuse enquiries concerned occurrences in the person's own home where the alleged perpetrator was either a family member or a paid carer. The local authority reported that 98% of people's preferred outcomes were fully or partially met in relation to section 42 enquiries and 98% resulted in a reduction or removal of risk.

There were no people waiting for a DoLS assessment. Every DoLS application was allocated a DoLS coordinator on receipt, with 127 applications being processed on 10 July 2025. The median time from request to decision to approve was 22 days. The local authority reported 1801 DoLS referrals received from 2024 to 2025. From July 2024 to June 2025, 91% of standard requests were approved within 28 days and 31% of urgent applications were approved within 14 days. DoLS Coordinators tracked deadlines and managed case administration and legal compliance. The DoLS team manager was due to commence surgeries for staff to aid their development and provide advice on potential community DoLS applications. Partners confirmed the DoLS team was responsive to review requests and carried out reviews in a timely way.

All data was closely monitored by managers to ensure safety and oversight in the system. Trends in referral volumes, open cases, and section 42 outcomes were reviewed regularly, informed the work of the Safeguarding Quality and Excellence Subgroup and contributed to reporting to the Safeguarding Adults Board. If themes arose in referrals, such as several falls in a particular care service, staff would then inform the quality and safety team. Closures were agreed by the appropriate managers with ongoing audits taking place to ensure consistency. Staff told us they had a direct and easy route to managers to discuss risks.

Partners felt feedback on safeguarding enquiries was usually good, but not always consistent. However, the local authority was proactive in following up safeguarding referrals with requests for information. Care providers were supported by the local authority to share concerns around safeguarding and take required actions. It was raised by providers that sometimes when issues were raised with the local authority safeguarding team, responses could also be delayed, which was mainly due to cases being transferred to different staff and this resulting in further delays and miscommunication.

Making safeguarding personal

Safeguarding enquiries were carried out keeping the wishes and best interests of the person concerned at the centre. People had the information they needed to understand safeguarding. Data provided by the local authority from 1 July 2024 to 30 June 2025 stated 96% of individuals who expressed outcomes as part of Making Safeguarding Personal reported their outcomes were fully or partially met, and the risk reduced or removed in 97% of cases.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate. National data from the Safeguarding Adults Collection for 2023 to 2024 showed 100.00% of individuals lacking capacity were supported by an advocate, family, or friend. This was better than the England average of 83.38%. One partner told us they had been involved in the review of safeguarding systems and processes, and clear advocacy referral pathways were built into these which included a prompt for staff to consider advocacy at the start of the safeguarding process. There had been a positive increase in advocacy referrals since the changes were made and it was felt advocacy was supporting safeguarding processes appropriately.

Staff considered what a person wanted out of the safeguarding process, making sure they had a family member or advocate to ensure their voice was heard if they could not communicate this for themselves. In one example, through the VARM process, one person was involved in attending meetings and decision making which led to practical and emotional support being given to them resulting in a successful outcome.

Sandwell Safeguarding Adults Board Annual Report 2023 to 2024 highlighted the local authority were committed to making safeguarding personal. The local authority sought, obtained and used feedback to identify good practice and areas for improvement. Their safeguarding process and pathway document evidenced safeguarding practice was strength-based and the local authority was committed to ensuring the person was at the centre of the safeguarding enquiry process, recognised resources within the person's networks, took a whole family approach to support and obtained the person's preferred outcomes.

Partners told us the local authority offered safeguarding training to providers, with a range of training on offer including workshops. They were also given information on how to make safeguarding personal, which they applied. Providers found local authority staff to be knowledgeable and willing to share their knowledge and experience.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

A stable adult social care leadership team was now in place at Sandwell with clear roles, responsibilities and accountabilities. Senior leaders had faced a number of challenges since they had been in their roles. Previously the council had been placed under government intervention in relation to concerns about governance and leadership. Commissioners had left in March 2024 after 2 years at Sandwell overseeing improvements. A number of achievements and improvements had been made in adult social care by the local authority and were continuing to be made, driven by a strong leadership team and committed staff. However, these improvements needed to continue to embed further for this impact to be felt by people who use services and partners in Sandwell.

The Director of Adult Social Services (DASS) had been in post since 2021 and told us the culture had steadily changed since then for the better and continued to do so. It had taken time to move it forward, so people felt safe to raise issues. Now staff would come and raise concerns say if something had not gone well and consider what they could do differently. Currently leaders felt that progress had improved the local authority beyond recognition. Since the Covid-19 pandemic there had been numerous leadership changes but it was felt senior staff had gained resilience and learned about themselves and the abilities of others in the process. Leaders said they now needed to continue the pace for change and one of the next changes was the arrival of the Principal OT and planned improvements to the front door of the local authority. The Principal OT was described as the heart of future prevention, intervention and support with OT's which heralded a different way of working for them.

Further leadership changes took place in November 2022 when the Chief Executive came into post. He told us Sandwell was an authentic place that cared, and that adult social care was good, with the potential to improve further. They were ambitious and well-resourced with a good transformation programme underway. There had been a number of challenges faced and there were originally 9 directors but now only 1 director remained, who was the DASS. They acknowledged the local authority were still on a journey to make some improvements but on the right trajectory. They were a learning organisation and for them meeting and speaking with people was key to understanding the work.

The PSW had been in their role since 2020 and told us more staff now raised concerns, brought ideas and that these were listened to. They could draw on staff knowledge and experiences. They had monthly one to one meetings with the DASS and weekly managers meetings. They reviewed reports and were able to influence the staff practice approach. They attended a number of leadership meetings such as transformation and the Safeguarding Adults Board which enabled them to apply a practice lens to conversations and decisions. There had been challenges in terms of the previous culture, a lack of supervision and large caseloads, with the service predominantly run by agency staff. It had been about building trust with the teams and collectively working together. Now with the positive changes many agency staff had stayed permanently and felt like part of the team which they had redesigned.

The PSW was supported professionally in the PSW network in the West Midlands where they had good relationships and could share ideas and training. They completed peer reviews of each other's work, audited each other's cases and shared learning, including with the involvement of people with lived experience.

Workforce challenges had been an ongoing concern for the local authority. In 2024 to 2025 social work staff comprised of 64% permanent employees, 25% agency workers and 11% vacancies. Short term grant funding had been used to increase capacity of staff to assist with the management of waiting lists. In 2025 to 2026 staffing comprised of 76% permanent employees and 24% agency staff with a small number of short-term agency posts to support transformation work. Senior staff told us they were working towards increasing the numbers of permanent staff by carrying out targeted recruitment approaches for specific social work specialisms. There was a previous review of pay arrangements for Social Workers which identified inequity with comparable neighbours, which now addressed, had further helped with recruitment.

Clear and effective governance, management and accountability arrangements provided visibility and assurance on delivery of Care Act duties, quality and sustainability, and risks to delivery of people's care and support experiences and outcomes. Risks were documented in strategic and directorate risk registers and included internal and external escalation routes. The Adult Social Care Commissioning Board and Practice Governance Boards provided assurance to the Sandwell senior leadership team and people of Sandwell on service quality and safety in relation to adult social care. There were clear quality assurance processes in place with a range of practice and performance monitoring audit tools used. Performance meetings were held to maintain oversight of activity, identify themes and trends and monitor actions. Monitoring considered learning from the audits including concerns arising, training needs and good practice.

Political and executive leaders were kept informed about the potential risks facing adult social care which were considered in decisions across the wider council. Feedback from senior staff was the scrutiny function had been on a journey and was now a good function, however it could still be better, for example, involving subject matter experts from outside of the organisation to bring another aspect. Some partners felt scrutiny could be stronger still and used more as a mechanism of challenge. All board meetings started with a person's story delivered by different partners which grounded members by reminding them of the person at the heart of the decisions they were making.

Visible leadership and engagement with staff took place through a range of activities. Successes were celebrated in a number of ways such as employee of the year. In 2024 the local authority launched their new 'Team of the Year' award and were finalists in a 'Most Improved Council' category at a national awards in 2025 with a number of awards given to staff to celebrate their work and achievements. Staff fed back feeling well supported with manageable workloads and that Sandwell were a progressive council who were very customer focused and keen to offer the best possible support. The DASS led staff in displaying the right values about care and staff told us there was increasing stability in management who were very human rights focused, which meant they understood how important the work was and making staff feel valued. There had been a huge pace of change in Sandwell and feedback from staff was it did still feel like 'the paint was wet on everything' however there was a clear passion for providing high quality support.

Partners told us the local authority had come a long way in terms of change and positive direction. Although significant deprivation existed across the 6 towns in the borough, people did not feel deprived, and this has been captured in celebrating and promoting Sandwell as an attractive prospect, in meeting diverse needs and strengthening the adult social care workforce. The senior leadership team now seemed stable and in a state of consolidation. They had a shared commitment and vision and were working well together. Leaders were considered to be visible and transparent about their current position and future plans, which in turn gave partners confidence.

Some partners fed back having to escalate concerns to senior level for action to be taken and concerns addressed. The majority of other feedback from partners was good however, citing positive and constructive engagement with senior leaders who demonstrated a genuine openness to learning and a commitment to ensuring that assessment processes and wider local authority services were accessible, with regular meetings held to offer assurances.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities. A range of corporate strategies were in place, which were data driven and co-produced with staff, people, and partners. The Adult Social Care Strategy 2024 to 2028 highlighted a programme of service improvement in relation to areas such as direct payments, Preparing for Adulthood (transitions) and supporting the customer journey. The local authorities adult social care vision was, 'The right support, at the right time and the right place, to maximise independence and empower people to remain safe and healthy'.

A transformation programme was underway with improvements already reported in areas. The 4 key workstreams were the front door, intermediate care, embedding strength-based practice, and digital and technology. The improvement priorities highlighted the local authority needed to change the way in which it operated in order to meet the many challenges that lay ahead.

The Adult Social Care Workforce Development Strategy had led to new ways of recruiting staff, including values-based recruitment and with a more innovative marketing of a career in Sandwell's Adult Social Care service. This included goals for staff employed to better reflect the cultural diversity of the population by encouraging inclusive recruitment. The result had meant vacancy rates, retention and sickness absence were all improving.

The Chief Executive told us about challenges they had faced such as funding, investment, transformation and around demand. In transformation they wanted to achieve capacity and skills, having the right workforce. The DASS was described as strong and they had confidence in them and their new leadership team. Prevention was seen as critical in the transformation and although there had been year on year improvements, they still wanted to build on these. They told us adult social care was not in a good place about 2 years ago and they wanted it to be front and centre now, so had been laying a lot of foundation blocks to move this forward. Relationships were much improved with people and partners, however with challenges still in place. Improvement work was continuing in relation to the workforce, for example, approximately a quarter of social work staff were agency workers. They needed to do more training around culture, involvement and engagement, building on what they had done and looking at the leadership structure.

Feedback from the local authority was that further work had been undertaken so agency staff reliance had reduced significantly as targeted recruitment has stabilised key service areas. Attendance at recruitment events had strengthened Sandwell's visibility and attracted new permanent staff. Sandwell had also invested in an 'Allyship Programme' aimed at leaders and senior managers with 30 places secured. The programme was designed to offer a safe and supportive space where senior leaders could grow their inclusive leadership skills through the lens of allyship with the aim to assist in improving the retention of staff.

In 2023 the DASS commissioned a diagnostic exercise at the front door to the local authority where there were several issues identified including the referral route for safeguarding and DoLs. They considered what they could learn from other local authorities and now ensured staff contact details were provided to people directly. The front door remained the current focus for improvement work. For example, a new telephone service and a digitalised option would become live in October 2025, which would reduce a further 15% of the calls coming in.

A large amount of work had been led by the PSW and other practice leads to improve practice. As part of a wider strength-based transformation programme, the PSW sought external input from a specialist social care organisation alongside introducing a Quality Assurance Framework. Assessments, support planning and the application of the eligibility criteria were reviewed to support enhanced practice. Amended Mental Capacity Act 2005 guidance was produced and a case load waiting tool put in place.

The lead member for adult social care told us they would still like to see direct payments used more, intelligence and IT, however they felt they had come a long way as a local authority. Since the commissioners came, they had learnt, investing more in staff and communities. The cabinet was described as close and supportive, the leader always available, scrutiny was utilised and the Chief Executive was near and engaged. They knew what their relationships should be and were proud of these.

In relation to Overview and Scrutiny, senior staff told us the work of the committee was planned for the next 12 months, councillors put forward issues and the key focus was established collectively but this was also flexible if required. Detailed safeguarding reporting and data was given to committee members. Risk strategy reporting formed part of regular information given before quarterly meetings. Other data such as for waiting lists was provided. If further information was requested by committee members, leaders were described as very responsive in supplying and explaining this. For example, the committee had requested a review of the impact of the refreshed Autism strategy and expected to see the recommendation that the committee put forward included before the strategy was finalised.

Information security

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. The local authority told us they had information governance arrangements in place overseen and managed by their Governance Team. There was a range of information sharing agreements and memorandums of understanding with system partners and other relevant organisations. They also had clear arrangements for audit, fraud and risk management.

Staff told us governance arrangements for information security included the use of security in data systems, data sharing agreements and protocols, passwords, encryption, and secure email practices. Systems allowed the data team to apply security measures and manage the distribution of data to the appropriate people. There were instances where the data team had made reports available to external people and partners, providing them with restricted views of data without revealing personal information. This approach ensured the local authority and partners were looking at one version of a record whilst maintaining data confidentiality.

One person who was moving from children to adult services told us the IT systems did not talk to each other which meant they had to phone and retell their history to adult social staff. Staff told us they had access to the children's services system records, once cases were referred to them, but the children's system was very different from their one and difficult to navigate. Consequently, the team had carried out their own training on this and had established sessions with children's team partners to provide a regular forum for information exchange and learning.

Staff told us the use of digital services had improved over time with the introduction of tools to support this. For example, staff now used bespoke dashboards where they could effectively monitor data stating they would like to share this with partners eventually but at present there was no data protection information sharing agreement in place. Other staff told us about the use of electronic systems which did not always align with each other or with the adult social care system. However, there were early discussions around ways to merge systems better which would cut down on the time taken to update information. Staff undertook data protection training each year. There was a secure email used to share information with partners such as health.

Feedback from partners was sharing operational data was a 'work in progress'. In the integrated hospital discharge hub, health and adult social care staff had access to each other's systems but this was not seamless and could be slow. Local authority staff had been given access to several devices and the local authority reablement service used different hardware to that of the hub. Partners told us that barriers related more to their own systems than the local authority ones, and work was underway to establish an improved network.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

People were given opportunities to feedback their experiences of adult social care. Unpaid carers had taken an active part in work to develop the new carers offer in Sandwell and fed back that plans for the new carer's hub would have a positive effect on outcomes for unpaid carers, in terms of better identification of them and access to assessment. We were told that people with lived experience helped with the design of the logo and some of the posters for the 12 week programme.

An Assembly event was held recently in which the leads for different stakeholders in the community met with people who drew on care and support. The Chief Executive of the local authority attended, inviting questions from people to hear about their experiences.

The local authority told us about their improvement priorities going forward. They included improving mechanisms for engagement with people, improving staff experiences and developing the Principal Occupational Therapy position. Other areas of focus included building on coproduction work and workforce development.

Co-production work was ongoing, including working with people who used services to co-design learning content for staff. The Sandwell approach to co-production had been shared as a best practice example with the local Association of Directors of Adult Social Services (ADASS). The local authority highlighted they already involved people with lived experience but they wanted to do more, changing their culture to work in greater partnership with people as standard. A new Co-production Charter for Sandwell had been launched, which included the local authority commitment, guidance, and pathway to co-production and it was proposed this would be developed across the wider council. Feedback from some partners in Sandwell told us about the work on the co-production charter and an intention for this area to be developed with 2 new co-production leads was good. Some people with lived experience were invited to sit on an interview panel for the new co-production workers, developed a task for candidates and supported with questions. Other work had taken place in relation to direct payments and blue badges.

Technology was another area of focus for development. The Sandwell Digital and Technology Strategy 2024 to 2028 detailed how people and professionals in Sandwell will shape technology solutions for social care. For example, implementing a TEC User Panel to co-design solutions and provide continuous feedback on any TEC adopted. The local authority had set a goal to embed TEC across 70% of care packages by 2027/28. They had also launched new technology aimed to support people's independence at home. Partners told us of close working with staff and proactive conversations taking place around technology enabled care with a joint willingness to see where the adult social care digital offer could take people. A digital strategy group had been set up focusing on digitisation of services and staff were heading towards using more technology available including use of some apps.

Local authority data teams had taken the lead in regional and national work towards adult social care data development, learning and improvement and were proud of this achievement, developing and delivering training for over 30 Social Care Analysts across the West Midlands.

A number of activities were underway which demonstrated a commitment to learning with others. For example, the local authority was asked to partner a university research project exploring a dementia community. The local authority had also carried out research to evaluate an approach to working collaboratively with people from ethnic minority communities and develop a place-based model for improving dementia support.

Staff were encouraged to be creative and bring thoughts and ideas to meetings and share them with leaders. There was an embedded learning culture across the service and staff were encouraged to be bold with innovation, as seen during 'quick win Wednesday's' where staff met each week to share any learning.

A structured learning offer was in place for staff delivered through e-learning, face-to-face and blended formats, increasing flexibility and access across staff roles. Staff were supported to understand legislative changes, such as Liberty Protection Safeguards through targeted sessions which ensured practice aligned with current legal requirements and supported safe care. Further training was planned in relation to supporting the deaf community led by a local commissioned partner.

Staff feedback about support for learning, improvement and professional development was positive. The training offer for staff was considered of high quality with regular mandatory refreshment. Staff gave us other examples of bespoke training they received specific to their roles, and the local authority strategic priorities linked with the training plan for the year. Senior leaders also attended this training which encouraged other staff members to do so. There had been a redesign of leadership and management development pathways concentrating on equipping managers with people-focused skills and supporting leadership across changing service environments.

A Sandwell Social Work Academy was launched in March 2023 to embed a learning culture at the local authority. This supported the continuous professional development of the workforce in line with statutory requirements. The Academy supported all the development programmes such as the Assessed and Supported Year (ASYE) Apprenticeship Programme, Practice Educators and Best Interest Assessors. Staff told us this offered structured support and comprehensive learning plans with ample shadowing opportunities and a culture of progression. Regular Social Work Forums took place throughout the year with sessions held on areas, such as risk assessment, case recording and supervision. The Social Work Academy held a celebration event in March 2025 for all staff who had completed ASYE, apprenticeship programmes and continued professional development modules, with a further event planned for early 2026.

Senior staff provided analysis and feedback following audits of assessments and supervision ensuring a consistent approach was taken, so all staff had regular feedback which was reflective, and focused on wellbeing. Strength-based practice remained a key priority for staff development however feedback from senior staff was significant progress had been made in this area with the introduction of new supervision tools, risk enablement assessments and a quality assurance framework.

Partners told us there was an intention for the local authority to improve but there had been a lack of culture of learning in social care. Other partners were more positive having been involved in recent work which they felt led to the local authority listening. Also, the training offer for providers was described as person-centred, comprehensive and appropriate.

Learning from feedback

People had engaged in co-production activities at the local authority and fed back positive experiences about the differences this had made in improving services. We were told that what the local authority had to offer was very good, the issue was making sure that people knew about services.

Some unpaid carers told us about their involvement in the development of the new carers service and hub that was due to commence in September 2025 to ensure it was fitting for unpaid carers needs. The engagement process captured feedback from 157 individuals and professionals via online surveys and face-to-face events. This informed the ongoing development of the Carers Strategy and the 9 promises made to unpaid carers, with work underpinned by the Co-production Charter.

Senior staff told us that, in contrast to the previous year, the local authority were seeing an increase in the number of compliments received about support for unpaid carers and that this heralded a notable shift in feedback. An online support tool for unpaid carers was being launched. The tool was trialed by groups of unpaid carers whose feedback was used to personalise this for the needs and preferences of unpaid carers in Sandwell. This was due to go live on 1 September 2025 when the new independent Carers Service would be in place.

Staff teams completed quarterly customer service surveys which were co-produced with partners, to better understand the needs of people. There had been a recent piece of work in relation to support for young people with a learning disability, where staff met with some parent carers to consider replacement care options and then used their feedback to influence and shape how they worked with partners in the children's services.

Complaints received were managed consistently and responsively. The local authority told us they used learning from compliments and complaints to celebrate good practice and make improvements where needed. There was a single stage process in complaint management, and people were able to approach the Local Government and Social Care Ombudsman if they were not satisfied with the local authority complaints outcome. The uphold rate for complaints was 100%, which was above the average of 81.01%. A total of 2 detailed investigations were carried out, which was fewer than the average of 5 for this type of local authority. The compliance rate was 100%, with 1 incident of late compliance. The percentage of late remedies being 50% with the average late compliance rate across all local authorities being 18.20%.

Partners told us they sometimes supported people to complain to the local authority and concerns were taken seriously with processes for escalation. Other partners gave examples of the local authority learning from feedback and recommendations to improve services. For example, some care staff training was implemented to improve people's experiences and outcomes in care homes.

The annual Adult Social Care Feedback Report examined the trend in complaints. The 2023/2024 report showed an increase in complaints of 141% compared to the previous year. The local authority acknowledged this was a concern, however stated this indicated the impact of increased demand and complexity of work undertaken. Of the 107 concluded complaints there were 3 key themes. These were delays in service provision, poor communication of information and quality of service. Challenges which could impact on complaints were staff recruitment issues which had led to action in addressing some of these.

The adult social care staff engagement survey results in December 2023 was completed by 249 out of 613 staff members requested. From the survey, 32% believed the local authority would act on the findings, 35% were neutral and 33% believed it would not take any action. 30% of staff said they were proud to work for the local authority and 74% felt supported by management. The local authority was clear in its action following its staff survey results. It was clear that with any findings showing under 50% satisfaction would be reviewed and action taken.

There were a range of other ways for staff to give feedback, which included staff briefings, roadshow and wellbeing events. Staff could attend workshops, complete online surveys or meet with the Communications and Engagement Team. Integral to conversations with staff was ensuring effective opportunities existed to capture feedback from staff across the year and staff had regular opportunities to network, engage with senior management and share their thoughts and experiences with each other. Additionally, 'Chance to Chat' sessions were held with senior staff, with live events held periodically, where key updates were given and feedback was invited from staff across all service areas. Senior staff also visited offices, operational teams and staff groups to discuss current priorities and listen to staff concerns directly.
