
Adult Social Care Scrutiny Committee – 22nd September 2025

Report of the Interim Director of Adult Social Care

Proposed Redesign of the Adult Social Care Service to deliver improved outcomes for the people who use services

Purpose of report

1. To provide Scrutiny with an overview of the statutory functions primarily governed by the Care Act 2014 that are required to be delivered by Adult Social Care, which will inform the future of our service in Dudley.
2. To provide Scrutiny of the future vision of Adult Social Care that has been developed in co-production with staff and the people who use our services to meet the forecasted demand in the Dudley borough.
3. To seek approval from Scrutiny for the progression of the service redesign and approach of co-production involving all key stakeholders.

Recommendations

4. It is recommended that Scrutiny:
 - Note the statutory functions required to be provided by Adult Social Care.
 - Approves the future vision of Adult Social Care in Dudley.
 - Approves progression of the service redesign, as part of the consultation, prior to delegated authority being sought from Cabinet to approve the restructure.

Background

5. Statutory duties in Adult Social Care, primarily defined by the Care Act 2014, require Local Authorities to promote wellbeing and independence by providing information, assessing needs, and planning support. We must

prevent needs from escalating, safeguard adults at risk from abuse, integrate services, and assess financial means to determine charges.

6. Our Key Statutory Duties include:

- **Promote Wellbeing:** we must ensure decisions are made with an individual's wellbeing in mind, which includes their dignity, health, social, and economic wellbeing.
- **Prevent and Delay Needs:** we must provide services and support that prevent care and support needs from becoming more serious and also delay the impact of those needs.
- **Provide Information and Advice:** we are obligated to offer accessible information and advice to everyone in their area about care and support services, including advice for carers.
- **Assess Needs:** a duty exists to carry out assessments of an adult's needs for care and support when it appears they have those needs.
- **Determine Eligibility:** after an assessment, we must decide if an individual meets the eligibility criteria for receiving funded care and support.
- **Care and Support Planning:** we must plan how an individual's needs will be met and regularly review those plans, which may include setting up personal budgets.
- **Financial Assessment and Charges:** we must also assess an individual's financial situation to determine how much they can contribute to their care.
- **Safeguarding:** we have a duty to make inquiries and conduct investigations if we believe an adult is at risk of abuse or neglect.
- **Integration:** Promoting the integration of care and support with health services is a core duty.
- **Quality and Diversity:** there is a duty to promote diversity and quality in the provision of services.
- **Safeguarding Adults Boards (SABs):** we must establish a SAB to coordinate efforts and improve safeguarding practices within Dudley.
- **Investigations:** if an adult is believed to be at risk, we must make inquiries to determine if action is needed, which may involve interviewing the person or reviewing records.
- **Advocacy:** if someone is the subject of a safeguarding enquiry or review and needs support to make their voice heard, we must arrange for an independent advocate.

7. Our Adult Social Care Vision and Strategy, developed through co-production, reflects input from the workforce, people who use our services, carers, and providers. It ensures a shared understanding of the current landscape and future goals. Adult Social Care should “**support Dudley**

borough residents to lead happy, dignified, safe and independent lives through quality Adult Social Care and community services”.

8. Our vision and ambitions for Adult Social Care are aligned to the core messages in the People at the Heart of Care white paper 2021:
 - People have choice, control, and support to live independent lives.
 - People can access outstanding quality and tailored care and support.
 - People find Adult Social Care fair and accessible.
9. Figure 1 provides some facts in relation to our population of Dudley and those that are supported by Adult Social Care.
10. There are currently 331,900 residents living in Dudley, 1 in 5 of these or 19% are over 65 which is slightly higher than the national average of 1 in 6. This varies sharply from ward to ward within Dudley with for example Kingswinford North and Wall Heath at 29% and Kingswinford South, Halesowen South and Norton all over 27% whilst St Thomas and Castle and Priory are both only 12%.
11. In terms of healthy life expectancy, we are slightly below the national average but not an outlier. For men, the latest figure is 60.7 years old in Dudley compared to 61.5 nationally, and for women 60.6 years old in Dudley compared to 61.9 nationally. We do have challenges though in relation to some earlier preventable deaths, in particular those from circulatory disease, hence this being a Health and Wellbeing Board priority.
12. We supported 1965 residents to safely discharge from hospital last year and we are currently supporting 3422 residents to sustain informal carer provision. 1,125 adults are known to us with a learning disability and or Autism.

Figure 1

OUR PEOPLE



One in five people are over the age of 65 which is higher than the England average of one in six



18% of Dudley residents are from ethnic groups other than White British. Almost half are from Asian ethnic groups



Healthy Life Expectancy for Males is 60.7 years and Females 60.6 years



234 adults with a mental health need eligible for a service from Dudley Council (2021/22 SALT data)



In 94.5% of Dudley households, all adults have English as their main language. In 2.3% of households, no one speaks English as their main language



There are approximately 1,125 people known to Dudley Council with a learning disability and autism (2021 Dudley Council data)



7351 safeguarding concerns. 8.62% have progressed to either a S42 or other enquiry



1965 people were supported with hospital discharge in 2024



3422 carers are supported in Dudley



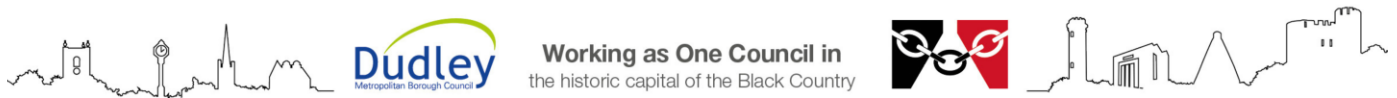
6548 active cases for Adult Social Care (plus 358 transitions) 4900 people are currently receiving a service



We commission care for 785 people over 65 in residential care homes and 327 people in nursing homes.



27% of residents in care homes are paying for their care privately



13. Dudley Council has a net budget of £367m for 2025/26 of which £139m is Adult Social Care budget.
14. We have 6548 active cases open to Adult Social Care plus 358 transitions and 4900 people are currently receiving a service. We commission care for 785 people over 65 in residential care homes and 327 people in nursing homes.
15. Adult Social Care has over 806 permanent employees. They are supported by agency workers and volunteers. 63% have worked for Dudley for more than 5 years showing a dedicated workforce. 63% of our workforce also live in the Dudley Borough so have a vested interest in the services that we provide.
16. Forecasts from the Dudley Adult Social Care Market Position Statement 2023–2028 highlight the scale of future demand. For older adults, the number of people aged 65+ living with dementia is projected to rise from 2,547 in 2020 to 3,744 by 2038, representing an annual growth rate of around 2.6%. This growth reflects both an ageing population and increased longevity with complex conditions, placing greater pressure on residential, community and carer support.
17. Among working age adults, demand is also set to rise. By 2040, the number of people aged 18–64 in Dudley predicted to have a common mental

disorder is expected to increase to 38,285, with similar upward trends across other conditions such as borderline personality disorder, antisocial personality disorder and psychotic disorders. These projections reinforce the urgent need for a prevention-first operating model that can both meet rising levels of need and reduce the likelihood of escalation into statutory services.

18. To ensure that we use our resources in the most efficient way we recognise that we need to:
 - Focus on prevention services and self-help, champion wellbeing and independence.
 - Reduce unnecessary waiting lists, working in collaboration with the private and voluntary sectors.
 - Avoid duplication and hand offs within our services to ensure people receive the right support and at the right time.
19. This change of delivery is supported by the feedback we have received from the people who use our services and staff during the coproduction events we have held to develop the redesign. We recognise that without reviewing and changing our operating model we will not be able to develop our service in Dudley.
20. In addition, our current structure does not align to the new Senior Management Structure (Figure 2), nor enable a fully strength-based outcomes focused approach. The structure is becoming increasingly inefficient, difficult for citizens to navigate and financially unsustainable, a new model will help us reduce demand and deliver better outcomes.

Figure 2



21. Our improvement journey began in 2022 with the creation of the Continuous Development Group that has helped to drive improvements across the Service, we developed a coproduced Self Assessment which identifies our areas of strength and areas for development from the perspective of the people who work and use our services. The Care Quality Commission (CQC)

carried out a Local Authority Assessment of Dudley in July 2025, and whilst we are waiting for the formal outcome report we have further developed our Continuous Improvement Plan with their informal feedback and consulted with staff and key stakeholders to ensure their views inform the future of Adult Social Care in Dudley. We recognise that without reviewing our current operating model we will not be able to develop our service in Dudley in line with the feedback received from CQC.

22. The national policy context is one where a lack of resources makes it difficult to meet current levels of demand for Adult Social Care in many service areas. In the [spring survey](#) 2025 the Association of Directors of Adult Social Services (ADASS) confirm the considerable pressures around demand reported by Local Authority Social Services Departments.
23. Other major drivers for innovation and change are being brought about by the Casey Commission that is considering the sustainability of Adult Social Care. [The NHS Plan Fit for the Future – 10 Year Health Plan](#) is focusing on three major themes: hospital to community, analogue to digital, sickness to prevention.
24. The move from hospital to community will mean even closer working with the NHS in local areas. This means the Adult Social Care Model will need to be adjusted to meet the challenges and partnership opportunities in a changing context. Likewise, there is a move to embed the use of digital and AI across health and social care to increase efficiency making it easier for people to access information and services.
25. The move towards focusing on prevention is driving much health and social care innovation, allowing people to stay well and independent and not have to enter services prematurely. The Local Government Association (LGA) recently published a report recommending the use of early intervention prevention to manage demand and maintain people's ability to remain independent without formal services. Not only is this good for people who need low levels of support but can make the whole system more financially sustainable. Research cited in the report suggests that for every £1 spent on prevention, £3.17 are saved. [LGA: Earlier Action and Support the Case for Prevention, November 2024.](#)
26. Evidence suggests that increasing demand can be managed very successfully by managing the access point to services. Good signposting to preventative support in the wider community can mean that people access what they want without going on an intensive social care journey. This has offered better outcomes for people who may not need to access services for some time to come.

27. Currently, at least 40% of people who are referred into the Adult Social Care front door are not found eligible for support. They are referred to other sources of help. A new model will be designed to make the Adult Social Care Access Point more effective in managing demand.
28. If changes are made to the structure at the point of access, major consideration can be given to prevent an escalation of individual problems in the community before people have the need to approach Adult Social Care. This is consistent with the development of Community Hubs and using community assets.
29. Adult Social Care Commissioning will lead on developing a prevention framework that aims to align community assets, voluntary and community sector delivery, housing and health partners.
30. Commissioning will also aim to reshape the provider market, work to secure partnerships and ensure prevention outcomes are delivered through clear grant and contractual arrangements that have outcome focused performance indicators. This will enable us to measure how well our services are doing in delivering a prevention approach and enabling people to achieve outcomes.
31. The prevention strategy will embrace a strength's based, outcome focused approach and will align with the support offered by operational services. We are committed to ensuring that the pre front door work is developed in partnership with citizens, their communities and other statutory and voluntary partners.

The Proposed Service Operating Model

Prevention and support in the community before the accessing Adult Social Care

32. From the co-production work already done we have recognised the need to strengthen the pre front door and to have a robust method of working with people in crisis. Citizens have told us that they want to be supported to help themselves.
33. Feedback from citizens, carers and partners through various engagement sessions and documented strategies, including the [Black Country Joint Forward Plan 2023-2028](#) and a Dudley Health & Care Partnership Workshop held in July, has consistently highlighted what people want from a new model.
34. They have emphasised the need for easily accessible services designed so that people can get timely support without always expecting the council to

be the provider. A hub-based approach has been suggested, bringing together community assets, voluntary sector organisations, and statutory services in a way that feel localised, approachable and joined up.

35. The design of the new operating model will need to consider the role of community hubs as it takes shape, they will be a vital part of the pre front door solution. These hubs can act as local touch down points providing early support and advise to citizens before they get to the point of coming to Adult Social Care. The exact form the hubs will take and how they will be resourced will need to be considered. This co-design will take place in collaboration with partners.

The Adult Social Care Initial Response at the Front Door Access Point:

36. Beyond the Front Door Access point, a model will be built enabling people to access the assessments and services they need in a timely manner, meaning fewer hand offs and unnecessary delays.
37. It is proposed that the new model will have to have an inbuilt staffing capacity, and relevant skills and competencies, to meet the service demand. The service model overall will have a multi-disciplinary approach, and workers from different disciplines will work together with the person to achieve outcomes.
38. After initial assessment and some service provision (where necessary to keep the person safe, or a safeguarding investigation), the care planning process will start.
39. There will be robust performance measures so that assessments are only carried out for those who genuinely need them. Where an assessment is required, it should be timely, proportionate, leading to a quick decision about the support available. For people not requiring assessment, alternative responses should be put in place to prevent escalation of need and to resolve the issue at the earliest point.
40. For some people there will be a need for crisis intervention working jointly with partners, and the new model will support people who need help quickly. This could be a short-term problem requiring support to resolve, and the service will adopt a multi-disciplinary approach involving workers who bring a range of knowledge and skills that help to support people.
41. Another consideration when designing the new model is to ensure that there is a flexible response outside traditional office hours. The service will need to complement the existing Emergency Duty Service. People have said to

us that they need to have greater access to our initial contact services over the week including weekends.

42. People will be involved in deciding how the outcomes that they need can be achieved using a strength-based approach. When the person's Care & Support Plan is in place, the new model will be structured in such a way that there is capacity to facilitate timely and effective reviews and reassessments. Within the structure there will be a focus on reablement that supports the maximisation of people's independence reducing the need for intense care and support input.
43. Within the model it is envisaged that there will be support for timely crisis intervention, care planning and longer-term ongoing support for people who need it. People will get the support they need at first contact, in a timely manner. The ethos of the service will be that no one waits for an assessment or has an unnecessary intrusive assessment, there will be a quick response to presenting needs. We will monitor response times reporting performance.
44. We will work closely with NHS services where there are joint points of access and a discharge pathway, to ensure the new model aligns and works efficiently. This will be done through the co-production process and will apply particularly to Mental Health, Learning Disability and General Hospital Discharge. Similarly, we will work with partners in the Multi-Agency Safeguarding Hub to align the model.
45. The underpinning values of the new model will ensure independence, choice and participation of people. Importantly the model of advocacy and people being involved in quality checking, will be embedded in the service operating procedures.

Working with stakeholders – Listening to Views:

46. As part of the co-production approach to designing services there have been interactive workshops to gather information that will influence the development of a new model. There have been a number of sessions involving people who access services, carers, local authority staff, providers from the statutory and voluntary sector.
47. All Adult Social Care staff were invited to a series of workshops and drop-in sessions to consider what is going well within the current model and to identify what aspects of the model are failing to deliver the desired outcomes for people who need care and support. Staff have been able to share their ideas about what improvements can be made and what features could be incorporated into a new model going forward. Appendix 1 provides an overview of feedback from these sessions

Finance

48. The remodel is expected to be cost neutral, with no specific savings target linked to the service remodelling. It is likely to be more sustainable given the impact of the pre-front door prevention on demand. Previously agreed MTFS efficiencies will need to be accounted for in the financial modelling for the project.
49. The remodel will need to be costed and verified as affordable within the current available budget by Accountancy prior to implementation. Any pressures or additional funding required will need to be requested as growth, usually done in August-October as part of the annual budget setting process.
50. The current budget for Adult Social Care is £138.103m. The current structure as at 31st July 2025 is:

Service Area	2025/26 Budget £'000
Access & Prevention	8,658
Adults Commissioning, Performance & Complaints	3,288
Adult Mental Health	14,027
Adult Safeguarding & Principal Social Worker	1,903
Assessment and Independence	48,498
Dudley Disability Service	69,902
Other ASC	-8,173
Adult Social Care	138,103

51. The current overall budget breakdown as at 31st July 2025 in terms of expenditure and income is as follows:

Budget Breakdown	Current Budget £'000
Direct/Indirect Employee Expenses	37,432
Running Costs inc. external care fees	170,971
Gross Costs	208,402
Grant Income	-37,841
Other Income	-32,458
Adult Social Care net Budget	138,103

Law

52. The local authority will continue to meet its obligations under the relevant legislation and guidance when the new model is implemented:
- 1) The Human Rights Act 1998
 - 2) The Mental Health Act 2007
 - 3) The Mental Capacity Act 2005
 - 4) The Care Act 2014
 - 5) The Mental Capacity Amendment Act 2019

This is not an exhaustive list.

Risk Management

53. There will be a project plan and a project risk register that will be overseen by the Continuous Development Group and the Corporate Transformation Board.
54. The ASC Departmental Risk Register is actively managed and all changes in high-risk areas are reviewed at Continuous Development Group each month. It contains all ASC risks, including the ASC corporate risks managed at a corporate level.
55. The project planning process will encompass a risk management process. Where appropriate risk will be escalated to the Corporate Risk Register.
56. It is proposed the remodel will be developed within existing budgets. The project's financial modelling will be linked to the Council's Financial Governance.
57. The project to remodel the service may have an impact on staffing resources when uncertainty about future structures can mean staff leave, however good communication and a positive HR strategy can mitigate against this.
58. Risks to the welfare of people who access services through the change period are not expected, these should be mitigated against through planning and a robust implementation plan.

Equality Impact

59. It is planned that any remodel of the Adult Social Care Operating model will improve access to services for all the people of Dudley including those with (age, disability, gender reassignment, marriage and civil partnership,

pregnancy and maternity, race, religion or belief, sex and sexual orientation).

60. We have noted in our co-production with carers that they would like to see services that take more account of cultural needs, this will be fed into our commissioning approach and represented in the prevention strategy.
61. An Equality Impact Assessment has been completed and will be reviewed as the project progresses.
62. A remodel of Adult Social Care within its objectives will look at how well the system is supporting the Transition Process from Children's Services to Adults and be able to consider ways processes can be improved.
63. The recommendations within this report support the Council's organisational development priorities, processes, and people to deliver a quality service by underpinning our ability to respond to and recover from incidents impacting Dudley Borough.

Human Resources/Organisational Development

64. This proposed change of model will have major impact on how staff and managers work. When a detailed model is fully outlined the full implications with regards to the staffing requirements. If there is a mismatch between the current staffing requirements (in terms of numbers and skill sets) and those required by the new model the appropriate HR policies will be followed.
65. It is possible that some redundancies may be necessary, together with the creation of new roles which creates new opportunities and the possibility of staff development. Staff and Trade Unions will be consulted throughout the process. A HR Strategy and Communications Strategy will be developed as part of the project planning for the change. It is intended that staff are fully involved in the project workstreams. There will be new operational policies and a related training programme offered to staff.

Commercial/Procurement

66. While this report does not trigger immediate procurement activity, there are likely to be commercial implications as the new operating model develops as follows:

Service Mapping and Review:

67. A comprehensive review of system-wide commissioned and non-commissioned services will be undertaken. This will:
- Distinguish clearly between commissioned contracts and non-commissioned or grant funded provision.
 - Map parallel services commissioned by partners, ensuring duplications and gaps are identified across the system, not just within Adult Social Care.
 - Provide a clear baseline of preventative activity, which will inform future commissioning, market development and partnership investment decisions.

Prevention Market Development:

68. A remodelled Adult Social Care front door with a stronger prevention offer will require commissioning of community-based, low-level support, advice and navigation services. This may involve market testing, spot purchasing, or reshaping existing grants/contracts with the voluntary and community sector.

Social Value Opportunities:

69. Any new or re-procured contracts should embed social value, particularly around reducing health inequalities, creating local volunteering/employment opportunities, and strengthening community resilience.

Partnering Commissioning:

70. Closer alignment with the Integrated Care Board, Housing and Public Health could lead to joint commissioning arrangements. This may require pooled budgets, joint procurement exercises, or shared frameworks to support integrated pathways.

Contract management and Risk:

71. As services are reconfigured, there may be implications for existing providers. This will need active contract management to mitigate risks of market destabilisation or provider exits, especially in domiciliary care, reablement and preventative support markets.

Innovation & Digital Solutions:

72. Procurement and digital tools e.g. triage, self-service, data analytics, assistive technology may be needed to support early help and efficient front-door operations. All such innovative tools will need to comply with the Council's corporate ICT and procurement standards.

73. Overall, while no direct commercial decisions are required at this stage, it is important to recognise that successful delivery of a prevention first front door will depend on reshaping the market and securing value for money contracts.

Environment / Climate Change

74. In the current model there are multiple teams/roles covering overlapping areas equates to unnecessary resource waste. Travel heavy model equates to longer travel for services users and staff.
75. The restructured operating model should:
- Reduce duplication, fewer unnecessary journeys, more efficient use of staff time and resources.
 - Localised area-based teams equates to shorter travel distances and lower emissions.
 - Prevention and early intervention focus, reduces crises, emergency admissions and high-carbon interventions (ambulance use, hospital stays).
76. The restructured operating model should directly reduce environmental impacts by cutting duplication, localising delivery and shifting to prevention, with greener benefits leading to lower emissions and waste.

Council Plan

78. Adult Social Care will support the delivery of the Dudley Council Plan through its service redesign.
79. The service remodel is planned to be very community focused through having a preventative service and basing prevention in community hubs. Co-production when designing services is the approach involving all stakeholders, citizens who use services, carers, staff, and care providers across the health and social care economy.
80. Changing the service model is consistent with delivering sustainable services within budgets and maximizing the use of resources. The new model seeks to connect people to their communities and make them feel safe with their needs being met in a timelier manner.
81. Leaders of the service are promoting innovation to improve the service offer, working in partnership and learning from others. This may inspire people to come to work for Dudley council's Adult Social Care Service. Staff have

indicated that they welcome having an approach that will make the whole system work better.

82. The suggested redesign is very much within the culture of using community and individual strengths that translates into strength's-based support. This way of working with citizen's and partners will be empowering for communities.
83. The new model will be implemented because of feedback from stakeholders and data from performance indicators, inspections and audits. This is part of the Continuous Development Programme.
84. The approach in this project to manage demand by increasing the prevention offer and making the service model more efficient will make the whole service more sustainable within current budgets.
85. The service remodel is very consistent with our close monitoring and auditing of services. This project aligns with the council's commitment to continuous improvement. The purpose of the project is to improve the way citizen's outcomes are met, the need to do this is a response to citizen feedback.



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List of Background Documents:

1. Association of Directors of Adult social Services Spring Survey 2025:
<https://www.adass.org.uk/documents/adass-spring-survey-2025/>
2. NHS Plan for England Fit for the Future 2025:
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

3. Local government Association: Earlier Action and Support the Case for Prevention, November 2024:
<https://www.local.gov.uk/publications/earlier-action-and-support-case-prevention-adult-social-care-and-beyond>
4. Black Country Joint Forward Plan 2023-2028:
<https://blackcountry.icb.nhs.uk/about-us/our-priorities/our-5-year-joint-forward-plan>
5. Dudley Self Assessment:
<https://www.dudley.gov.uk/media/ogaj4k1y/dudley-self-assessment-exec-summary-2.pptx>
<https://www.dudley.gov.uk/media/ty5dgi5s/dudley-self-assessment-public.pdf>

Appendices

Appendix 1 – Feedback from Co-Production Events