

Minutes of the Social Care and Health Overview and Scrutiny Committee held in the Conference Room 2, Walsall Council House

Thursday, 16 October 2025 at 6.00PM

Committee Members present:

Councillor K. Hussain (Chair)
Councillor T. Jukes (Vice-Chair)
Councillor R.K. Mehmi
Councillor A. Nawaz
Councillor A. Parkes
Councillor L. Rattigan
Councillor V. Waters

Portfolio Holder:

Councillor K. Pedley – Adult Social Care (*in person*)

Officers Present:

Kerrie Allward – Executive Director of Adult Social Care and Health (Walsall Council)
(*in person*)

Dr Nadia Inglis – Director of Public Health (Walsall Council) (*in person*)

Tina Hames – Group Manager – Adult Social Care (Walsall Council) (*in person*)

Suzanne Letts – Strategic Finance Business Partner (Walsall Council) (*in person*)

Jack Thompson – Democratic Services Officer (Walsall Council) (*in person*)

Stephanine Cartwright - Group Director of Place (Walsall and Wolverhampton)
(Walsall Healthcare NHS Trust) (*in person*)

Aileen Farer - Manager Healthwatch Walsall (*online*)

179 **Apologies**

The Chair welcomed all those attending the meeting.

Apologies were received from Councillor R. Martin.

180 **Substitutions**

There were no substitutions for this meeting.

181 **Declarations of Interest and Party Whip**

There were no declarations of interest or party whip for the duration of the meeting.

182 **Local Government (Access to Information) Act 1985 (as amended)**

There were no agenda items requiring the exclusion of the public.

183 **Minutes**

A copy of the Minutes of the meeting held on the 25 September 2025 were submitted [annexed].

Resolved

That the minutes of the meeting held on the 25 September 2025, a copy previously having been circulated be approved and signed by the Chair as a true and accurate record.

184 **Pathways to Independence**

At the invitation of the Chair, the Executive Director for Adult Social Care and Health introduced the report/presentation [see annexed].

The Group Manager – Adult Social Care then took the Committee through the presentation including the approach of the Pathways to Independence service, the structure of the service, how residents can access and are assessed by the service. Furthermore, the data on the how the service had performed, case studies and the savings it had achieved were shared with the Committee.

Following the presentation a discussion took place between Members and Officers.

Occupational Therapists (OTs) supported residents with increased independence including with young adults and individuals with disabilities. OTs with specialist experience in these areas had been recruited, and it was recognised that each referral to the Community Reablement Service (CRS) would require varying levels of time and support. Low-level equipment provided to service users was assessed for effectiveness, and reassessments were made available when needed and could be requested either through care providers, families, or Council Officers. Assessment and reassessment times had been reduced to improve responsiveness.

Care packages were provided when residents needs could not be met through other means, with no upper limit of what could be provided under the Care Act 2014. The Council took strength-based approach in assessing residents, which considered each individual's support network and personal goals. Young adults were not charged for services, as the focus remained on achieving positive outcomes. Residents continued to receive the packages they required based on thorough assessments.

It was clarified that Disabled Facilities Grants (DFGs) were available for private housing, although there remained uncertainty around funding responsibilities for housing associations. Officers agreed to seek further information on DFG and how it was facilitated by the Council.

Staff had responded very positively to the CRS, particularly appreciating the person-centred approach. Members conveyed how pleased the team had been with the new service, and that the Council should maintain its momentum in this area with the establishment of the 'Enablement Service'.

The staff consultation for the Enablement Service was originally scheduled to end by the 8 October 2025 but had been extended by a week to allow for broader input. The majority of staff wanted reassurance on what a therapy led service entailed but there was recognition that there was a gap in the therapy currently offered. Staff had used the consultation process to request a change in the proposed staffing structure. The experience of the staff on the CRS had been used to help explain how the new Enablement Service would operate.

Individuals were able to self-refer to Pathways to Independence, though permission was required to access health records from sources such as GPs. The Council's award-winning integrated care team had continued to deliver clear pathways, enabling same-day discharge from hospital when appropriate. Patients were assessed jointly by health and social care professionals to ensure comprehensive support.

In preparation for anticipated demand, the Council had reviewed the data and settled on a ceiling of sixteen cases per week. Robust exit strategies had been developed, and locality teams were engaged when residents likely to require long-term packages were identified. Low-level support had also been offered without OT involvement, and agency cover had been scalable when necessary.

There had been some individuals who did not want to engage with the CRS and just wanted to be allocated a care package. It was important to explain to those individuals how the CRS could help them and to put them in touch with other community services. Most residents were keen to participate in the CRS and appreciated the holistic approach taken by the Council.

The Portfolio Holder for Adult Social Care added that Council services needed to adapt to the needs of residents, and the CRS was an example of the how the Council was doing so. In addition, the savings from the Pathways to Independence initiative was about using funding differently and not reducing delivery. He was extremely proud of the work delivered so far and thanked the team.

Resolved

That the Committee note the presentation and a future update be provided to the Committee on Pathways to Independence in the future.

185 Corporate Financial Performance – P6 September Financial Monitoring position for 2025/26

The Strategic Finance Business Partner outlined the report [see annexed] and drew Members attention to the £1.76 million overspend. Further attention was drawn to increases in demand, delays to savings and provider uplifts.

A discussion took place between officers and Members of the Committee.

Proposed savings in the budget were carefully developed, sometimes piloted, and supported by external consultants to model changes and associated costs. Finance officers acted prudently when estimating what could realistically be saved. It was acknowledged that predicting demand was challenging, and typically around 25% of proposed savings were difficult to achieve. To address this, parallel savings initiatives were introduced to offset any shortfalls, although any unmitigated gaps were carried forward. A total of £1.3 million in savings had been successfully mitigated despite various contributing factors.

It was confirmed that Impower (external contractors) had been engaged across multiple projects and delivered a healthy return on investment. Their support was considered valuable in progressing key initiatives in both Adult Social Care and Childrens Services. Officers agreed to share more details on the cost of the Impower contract, and the associated savings outside of the meeting.

Finance officers monitored demand and attrition monthly to assess financial risk. Budget risks were regularly reviewed and adjusted based on emerging circumstances to ensure effective financial management.

Regarding client contributions and debt, it was noted that £8 million had accrued, with £4.7 million of that being over a year old. Debt was realised as soon as invoices were issued, with durations ranging from 30 days to two years. The recovery of long-term debt posed additional challenges due to legal complexities and collection issues, although efforts continued to improve aged debt recovery.

80% of financial assessments were completed within 20 days, while the remaining 20% involved more complex cases. NHS partner contributions to care were not in dispute, although the process of agreeing care contributions remained complex.

Councillor Nawaz left the meeting at 19:04.

Resolved

That the Committee note the revenue and capital forecast for the financial year end 2025/26 for the services under its remit.

186 Update on the 2026/27 – 2029/30 Medium Term Financial Plan

The Portfolio Holder for Adult Social Care was invited to outline the proposals set out in the report. The Portfolio Holder highlighted that it was challenging for the Council to predict the amount of demand there would be for Adult Social Care services and that national government did not provide additional funding if actual demand was higher than predicted.

Officers emphasised that whilst savings were being made in certain areas, overall, a net investment of £13 million was planned for the service for the next financial year 2026/27. Furthermore, that large savings had been realised and were planned thanks to the success of the Pathways to Independence initiative.

A brief discussion took place between Members and Officers.

Members raised concerns around whether further improvements would be made under the proposal for a new model of care by using less care providers and whether this would offer further potential savings in the future. Officers confirmed that any changes to model of care would be piloted first and would take time to implement if the pilot was successful.

Year on year Council budgets were becoming more stretched with a larger proportion of budgets being spent on Adult Social Care and Children's Services. It was therefore important for Members to raise the profile and importance of Adult Social Care in relation to the sum of Council delivered services.

In response to Members' concerns in relation to the proposed saving they were informed that when drafting the medium financial plan options officers

used data collected delivering services to model future demand for services. Risk assessments on this modelling were carried out and the proposals were stress tested to help manage potential risks.

The Committee also noted the one-off contribution to the overall Council budget from the Public Health grant and also that under the current public health grant funding formula Walsall was not supported well in comparison to other Boroughs.

Resolved

That the Committee note the proposals outlined in the Medium Term Financial.

187 Recommendation Tracker

The Democratic Services Officer outlined the items added to the recommendation tracker from the previous meeting and highlighted the completed recommendations.

Resolved

That the Recommendation Tracker be noted.

188 Areas of Focus

The Democratic Services Officer drew Members attention the item scheduled for the next meeting of the Committee, including a report on the proposed changes to stroke rehabilitation and on the implementation of new national NHS changes.

It was conveyed that the report on the CQC (Care Quality Commission) assessment of the Council's Adult Social Care service may not be presented at the next meeting as it was dependent on when the final assessment report would be approved by the CQC.

Resolved

That the Areas of Focus be noted.

189 Forward Plans

The Democratic Services Officer outlined the Council forward plan and informed Members that if there were any decisions contained on the forward plan within the remit of the Committee that they wished the Committee to

consider, they could raise this in the meeting or outside it by contacting the Chair or clerk.

Resolved

That the Committee note the Forward Plans.

190 **Date of next meeting**

The date of the next meeting was scheduled for the 4 December 2025.

There being no further business, the meeting terminated at 19:53.

Signed:

Date: