

# Solihull Adult Social Care

Making a difference in the right way, every day

Local Account 2024-25



# Solihull's Local Account

## our annual report for Adult Social Care

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# Foreword

Welcome to Solihull's Adult Social Care Local Account for 2024/25. This annual report is our opportunity to share with residents, carers, and partners how we have supported people over 2024/25 and our plans to build on this progress in 2025/26. In 2024/25 our work has focused on making a tangible difference for local people and carers by supporting greater independence, safety, and day-to-day wellbeing. It has been a year of progress and partnership.

We continue to maintain an effective approach to safeguarding, with clear arrangements in place to prevent harm and respond promptly to any concerns. Working closely together with partners, such as health, through the Solihull Safeguarding Adults Board we oversee our multi-agency arrangements so that we can act promptly and appropriately whenever there are signs of abuse or neglect.

Supporting carers has been central to our work this year. We introduced the new Respite at Home service. This provides short-term support at home, giving carers more chances to take a break, recharge, and access support that helps them continue in their caring role. We also improved access and take-up of respite care and flexibility of carers' direct payments, giving more choice and control. More carers are now using these services and telling us they feel the benefits.

We would like to highlight one example of support to help people remain as independent as possible, which is our work to bring specialist employment support in-house. Through this change, we're opening up more opportunities for people with learning disabilities to find paid or voluntary work. We'll continue to develop and improve our services in the year ahead.

Working together with health partners, care providers, and the voluntary sector, we're building a stronger, more joined-up system of support for everyone in Solihull.

Most importantly, at the heart of what we do is listening to residents and using views and feedback to continue developing our services in the way local people want. A good example of this is how people who use Care at Home and Extra Care services were directly involved throughout the process of establishing new contract arrangements. We ensured people's views shaped the contracts and people's needs were reflected in the new contract arrangements. This year we also launched the Carers Forum, so more carers can share their experiences and help shape the future of our services.

Our achievements this year are a testament to the dedication of our teams and the power of partnership and collaboration. We'd like to thank everyone who has been involved – people with lived experience, partners and staff - for helping us make our services better and more responsive. We look forward to continuing this work together so that every day, we make a difference in the right way.



**Cllr Karen Grinsell**

Leader of the Council  
and Lead Member for  
Children and Education



**Cllr Tony Diccico**

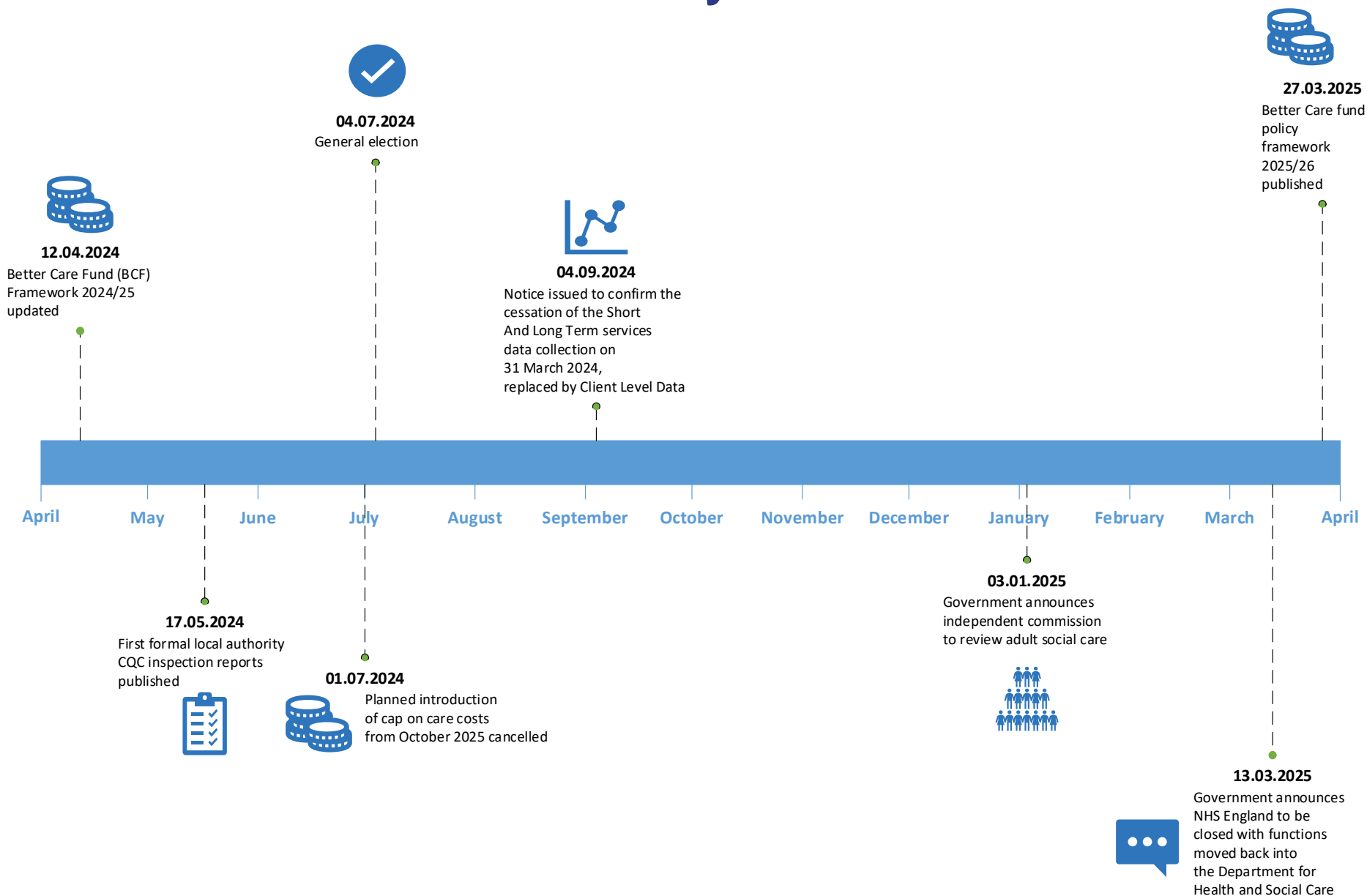
Cabinet Portfolio Holder  
Adult Social Care  
and Health



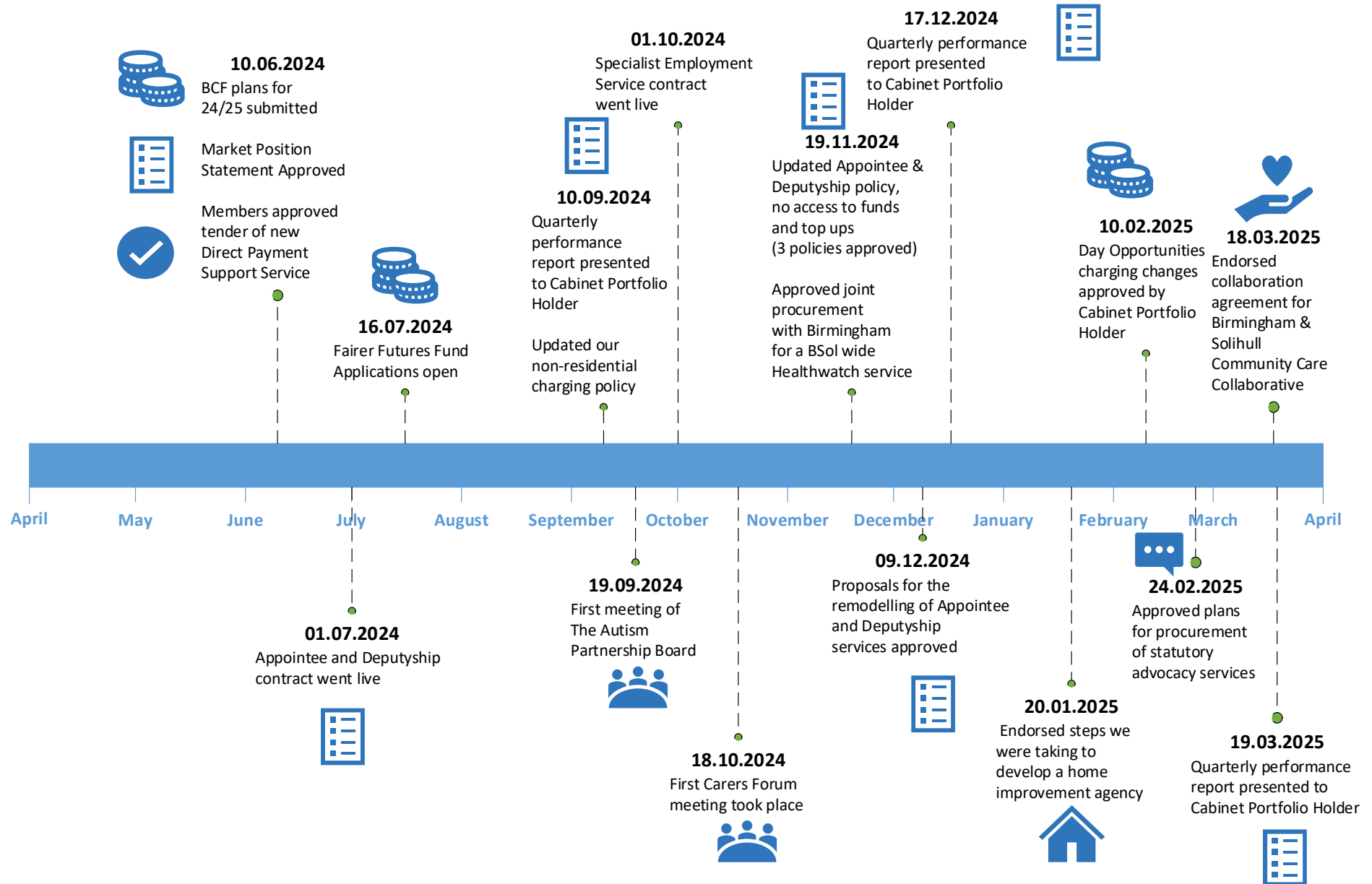
**Jenny Wood**

Director for Adult  
Social Care and  
Deputy Chief

# National context – key events from 2024/25



# Local context – key events from 2024/25





- Solihull has around **216,245 residents**



- Solihull has slightly fewer younger adults (aged 18 – 39) compared to the national average and **more people aged 65+**



- In 2021 there were around **20,000** Solihull residents providing at least some unpaid care



- The number of people from an ethnic minority background in Solihull increased by 72% between 2011 and 2021 and this upward trend is expected to continue



- Overall, life expectancy in Solihull is **longer** than national, however there is more than a 10-year difference, between least and most deprived areas of Solihull



- It is estimated that over **4,000** adults aged 18 or over in Solihull have a learning disability.



- It is estimated that over **5,000** Solihull adults (aged 18-64) are physically disabled.



- In 2023 around 42,800 Solihull adults (aged 18-64) were estimated to have a diagnosed mental health condition, and this is **expected to increase**



- In 2023 it was estimated that around 1,200 Solihull adults (aged 18-64) are autistic and this is also **projected to increase**



- Solihull has a higher-than-average rate of care providers who have been assessed as 'good' or 'outstanding' by the Care Quality Commission (CQC)

All of the figures above are drawn from the Council's own data, or the most recently available information from a range of public information sources such as the national census as of June 2022. This is a summary of a wider set of information we use to help develop the right services for Solihull residents.

# Facts & Figures

# What is adult social care?

Solihull Council works with adults and carers who need care and support, helping people and families to access the right services and resources to live as independently as possible. We work with other council departments, such as Housing, Public Health, and Children's Services, to support people in our community. Solihull Council works closely with our public sector partners, businesses, the voluntary sector and communities to improve the lives of the people we serve. This includes helping residents plan for the future and live as independently as possible, manage their everyday needs, adapt to new circumstances, and stay safe from harm. Residents are at the heart of everything we do, and we always put them first.

All our work is tested against our Directorate purpose:

***'To enable people to stay as independent and well as possible for as long as possible. When people do need long term support, this is timely, proportionate, responsive and good quality and enables people to continue to live their lives the way they want to'.***

Evidence of our progress towards this overarching purpose is demonstrated through the many interactions between our staff and people with care and support needs each day, and through a series of improvement projects aimed at constantly improving the services available and how we work.

Our work is regulated by the Care Quality Commission (CQC). While CQC began carrying out inspections of adult social care local authority functions in 2023, Solihull Council was not inspected in 2024/25. The inspection purpose is to ensure that we meet our obligations to residents and the care sector within Solihull and follow our duties under the Care Act 2014. The Council's small homes for adults with disabilities are already CQC inspected and are all rated 'good' by CQC.

## Our vision: Making a difference in the right way, every day

As set out in ['Our Offer To You'](#), we start from the point that people are part of families and part of communities. Care and support provided via the Council should primarily be a means to help people live the lives they want with their families and friends; enjoying the best that Solihull has to offer.

To achieve this, we published our [Adult Social Care 5 Year Plan](#) after extensive involvement, engagement and feedback from people. This included public sessions, pop-up sessions in retail areas, engagement with community and faith organisations, social media, communication to individuals and carers currently in receipt of support, as well as involvement with key partners such as care providers and NHS organisations. The extensive feedback helped us create a plan which now underpins our ongoing work.

We focus on choice, independence, and what individuals can do. This is known as our 'strengths-based approach'. Our vision is 'making a difference in the right way, every day'. This reflects how we want to get things right first time and make a positive difference to people's lives, using our strengths-based approach alongside the skills and expertise of staff. We want to get this right every day, whilst recognising there is always room for improvement.

- We will support residents to have choice and control over their own health and wellbeing, enabling people to take responsibility and find solutions that work for them.

- We will continue to work closely with the strong and established community of organisations, groups and businesses that can help residents to achieve a better life. Often the best solutions will be found in the community, rather than through council services and we will work with people to build on positives in their life and how these can be supported or improved.
- Residents rightly expect what we offer to be of the best quality we can possibly achieve with available budgets, and we will continue our focus on this standard, as demand continues to grow.
- Finally, we remain absolutely committed to protecting the most vulnerable residents from neglect and abuse, and we will continue to work to ensure that everyone is valued, and everyone is safe.

Delivering our vision, purpose and Adult Social Care 5 Year Plan depends on our strong leadership at all levels, robust governance and clear accountability, a committed and engaged workforce, and being open to continuous improvement. We can demonstrate how we learn from feedback, compliments and complaints and looking at our data, while also celebrating and recognising what is going well.

# What feedback have we received?

We welcome feedback to help identify where things are working well and to highlight where improvements may be needed.

We ask people who use our services and their carers to fill out a survey after their assessment. This helps us understand what we're doing well and where we can improve. We ask people to rate the information they received, how they found the assessment process, how they felt about their worker, how involved they felt in the process, and how they felt about the services they received. This is reviewed regularly by teams and leadership to celebrate where things are working well and incorporate any learning and improvement.

People also continued to send their feedback to us through our Compliments and Complaints Team.

## We received 309 compliments in 2024/25

Here are some examples of compliments we received during the year:

*"Mrs X thanked everyone that has been involved with the adaptations that have been completed for her parents. Mrs X stated that all adaptations have been a great help and have allowed her mother and father to remain in their own home, which she is very grateful for."*

*"We have been lucky to have you at the end of a telephone call or email for advice and support with however important or trivial my questions have been. I can't lie, I am nervous at the prospect of not having you around, but I am confident with the foundations you have laid down for the next phase of his adult life, he will continue to thrive with the people you have introduced us to."*

*"It is in no doubt that the speed at which we have achieved being able to have mum safe and happy in her new Residential Home, with and all our worries and concerns addressed, is down to the time and attention that the social worker paid to mum's case. As a family we are extremely grateful to the social worker, they are an asset to your department. Thank you so much and please also pass our thanks onto the support teams in Brokerage and Commissioning for making this all happen."*

*"My Mom & myself would like to thank you for all your support and guidance since you became our Case Manager.*

*Any questions we had, you answered us and assisted with extra carers when we needed them. Both of us being new to the care side of things, we did not have a clue. We were assigned to you and you have been absolutely brilliant. We cannot thank you enough. All the very best in what you do and thank you again."*

*"I have just approved the brokerage recommended placement for X. I was hugely impressed by the quality of your assessment and the way in which you presented the service users history and needs. This is among the very best that I've read in this context, and it was reassuring that in such sad circumstances the planning for this lady is in such capable hands."*

## **We also heard a lot of feedback through our Get Involved activities which has been used to shape services. Some examples are:**

- The start of a new Carers Forum. This brings together carers from across the borough to openly discuss with us the issues that matter to them. These will help inform our carers strategy and service in the future.
- Our Get Involved approach has been developed to focus more on co-production. The previous approach covered engagement through surveys, focus groups, one-to-one meetings and partnership boards. The new model will build on this by including the voice and abilities of our residents in shaping services.
- Some co-production activities are already in progress. We have worked with Solihull's Dementia Voices group to redesign the dementia information on the Council website by asking them to look at the existing pages, working in their feedback and presenting the revised pages to them for approval.
- A young person with a learning disability has joined engagement officers each week to help develop Easy Read materials. These include reports, strategies, meeting agendas and minutes.
- There have been more visits to community and support groups and an adult social care presence at many events with social workers and occupational therapists amongst the staff meeting people to discuss their needs. We have engaged with deaf/hard of hearing and blind/partially sighted groups and South Asian communities as we look to reach more diverse groups of residents.

## **In 2024-25 we also received the results of the 2023-24 Carer Survey and how we compared against other councils.**

The survey showed some really positive performance for carers, above the national averages – for example in how much control carers felt about their daily lives, whether they were able to spend time doing things that they enjoyed, and how helpful they found information and advice they received.

There were some areas identified for improvement, and this led to a number of changes, including:

- Increasing the opportunities for respite, so that carers can take more breaks, including the implementation of a new Respite at Home offer
- Increased flexibility for carers to use their direct payments in creative ways to support their wellbeing, and a removal of the cap on the value of those direct payments
- Improvements to the navigability of the carers offer on the Council web pages to make the information and advice easier to find
- Working with carers to redesign the wider support offer for them through our carer support contract
- Working with partners in the Primary Care Networks to try to improve the identification and signposting to support for carers from health services

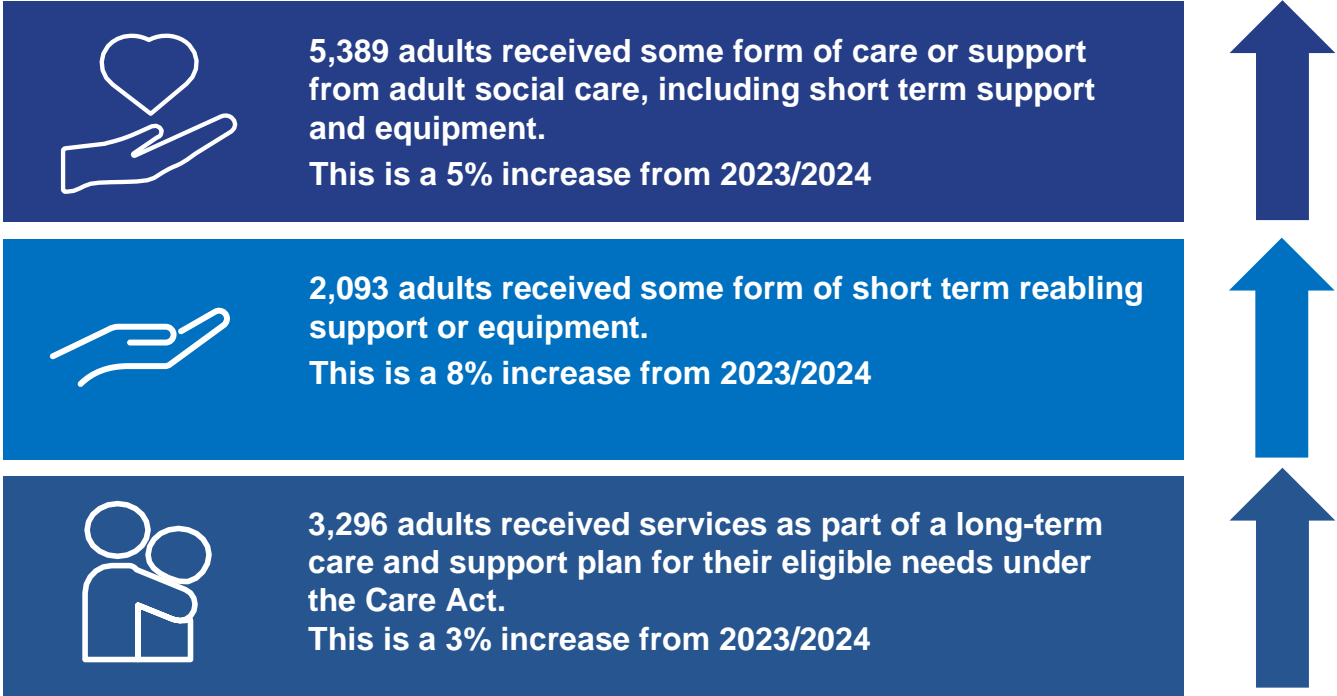
## **We received 56 complaints about adult social care functions compared to 50 complaints in the previous year.**

Where complaints are received from the person drawing on care and support or a confirmed advocate, there is a thorough investigation, and we send a response to the complainant detailing what has been found. We complete a learning form for each complaint to ensure that actions are taken to address any faults found. We ask for feedback following each complaint via an on-line questionnaire (also available in printed format on request).

# Who did we support during 2024/25?

There were 14,022 individual contacts with adult social care. a decrease of 2% on last year.

Of these, 6120 adults approached the Council/adult social care for the first time for support, a 4% decrease on the previous year.



# What do we know about local people who received care and support?

28%



18-64

72%



65+

40%



Male

60%



Female

The three biggest ethnic groups were:

**White – 84.9%**

**Asian – 6.8%**

**Black – 3.0%**

## What do we know about our carers?

25%



Male

75%



Female

62%



18-64

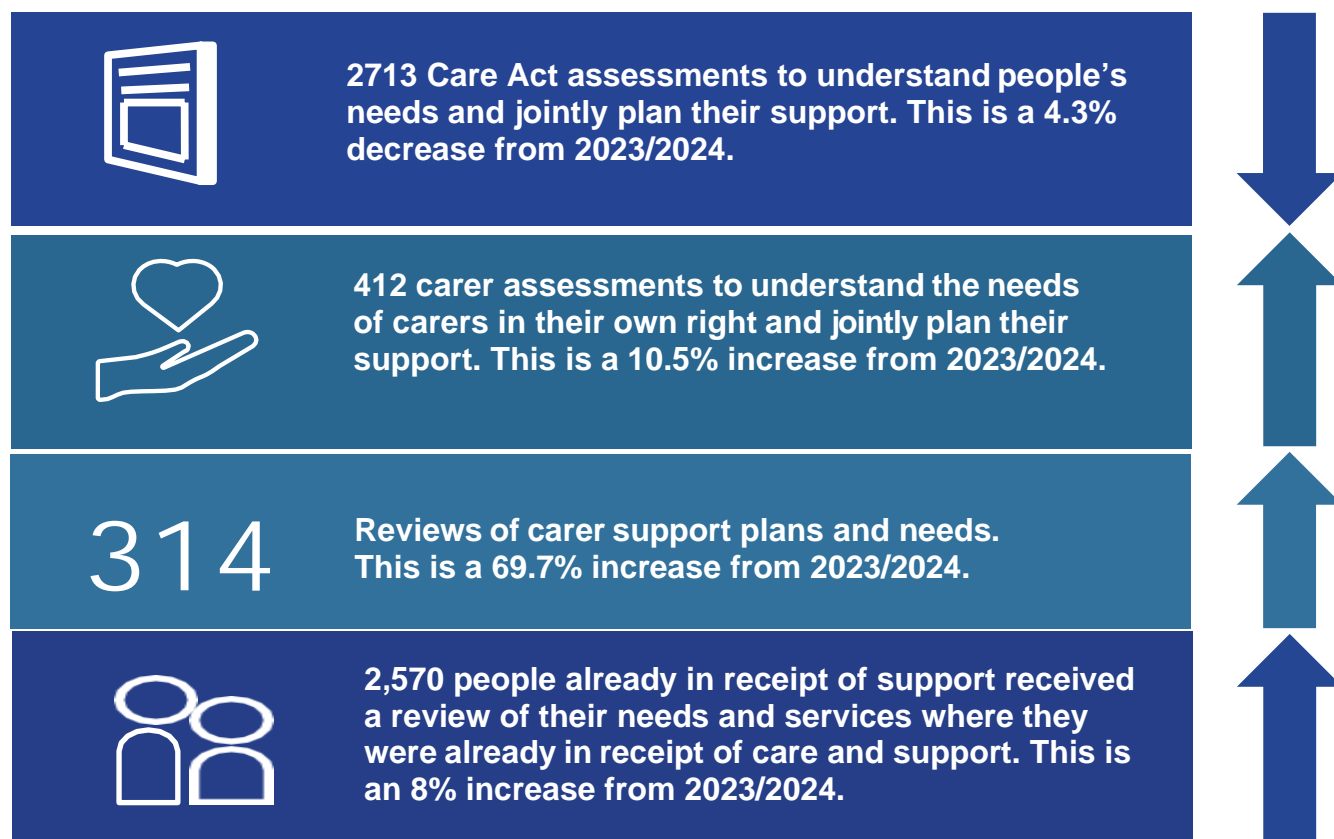
38%



65+

# What kinds of support did they receive?

In order to understand people's needs and plan their services, we conducted:



With the population of over 65-year-olds increasing and projected to continue to increase over the next ten years, we will need to adapt to these changes in demand. Our approach of supporting individuals to be as independent as possible and recognising people's abilities and support networks is the foundation for this. There has been a stronger focus on making sure carers are assessed and reviewed in their own right and this has led to large increase in activity over the year. More people received short-term support during the year, which resulted in less people requiring a Care Act assessment of their long-term needs, as they were supported to live independently.

During 2024/25 there was a change to process in line with Statutory guidance that means that the NHS are responsible for facilitating hospital discharge. Adult social care assessments only take place when it is likely that someone will need longer term support. This has led to a slight decrease in assessment numbers. This helps people to move quickly into short term reabling services as soon as it is safe to do so. People then had a full Care Act assessment where it was agreed they would need long term support whilst they were still being supported by those short-term services, with short term services having a positive impact for many.



**We received 1,310 safeguarding concerns.  
This is compared to 1,283 in 2023/2024.**



**14% of safeguarding concerns resulted in a  
full enquiry.  
This is compared to 20% in 2023/2024.**

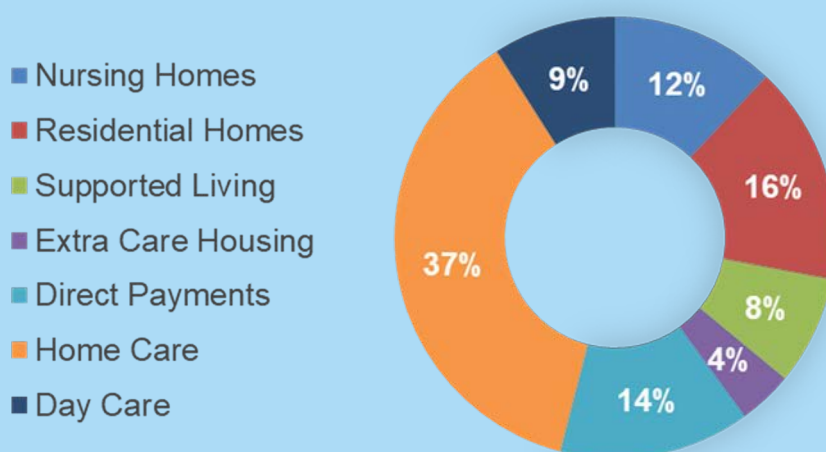


The percentage of safeguarding concerns that result in a full safeguarding enquiry (full investigation) is lower than last year. However, this is now in line with the regional conversion rate of 15%. Not all safeguarding concerns require a full enquiry. There are a range of proportionate alternatives, such as police referrals, or signposting to advocacy, that may be more suitable depending on the nature of the concern. A low conversion rate reflects strong triage processes and application of statutory thresholds. Concerns are being assessed swiftly and appropriately, with only those meeting the legal threshold progressing. A lower conversion rate also reflects a person-centred approach that avoids unnecessary formal processes when risks can be managed informally or with consented support, aligning with Making Safeguarding Personal principles.

# For those who received long-term care and support, what type of support did they receive?

In 2024/25, 58% of support provided was in people's own home (including where they have chosen to live in extra care or supported living) and 28% in a residential care home with 14% of people receiving long-term support in the form of a direct payment.

## Long-term social care support provided in 2024/25 for Solihull adults



This chart shows the percentage of individual care packages made during the year for each type of support. People can have multiple types of support at once, or over the course of a year, dependent on their needs. For example, some people have some day care and some home care as part of their support.

In addition to these services, there are key other types of support which help people to maintain their independence.

In 2024/25 the Community Equipment Service delivered 36,300 items of equipment to 12,946 people. 82% of "standard stock" equipment was collected within timescale when it was no longer needed and 79% of "non-standard" i.e., specialist stock. Equipment ranges from specialist hospital beds, seating and pressure care to kitchen and toileting aids.

We have significantly increased access to reablement, with 62.8% of people offered reablement on discharge from hospital in 2024/25, compared to 46.4% in 2023/2024.

# What did we spend on adult social care in 2024/25?

## £139.01 million total spend

Including spend on care, assessments, staffing, commissioning, and safeguarding.

## How was this funded?

We spent £139 million on adult social care. Most of this came from council tax and business rates (£82.1 million). The rest came from government grants, the NHS, and people who pay towards their own care (£56.9 million).

### How was the funding used?

The majority of the spend on adult social care is spent directly on care for those who need it. The remainder is spent on employing social workers and occupational therapists and delivering information and advice services.

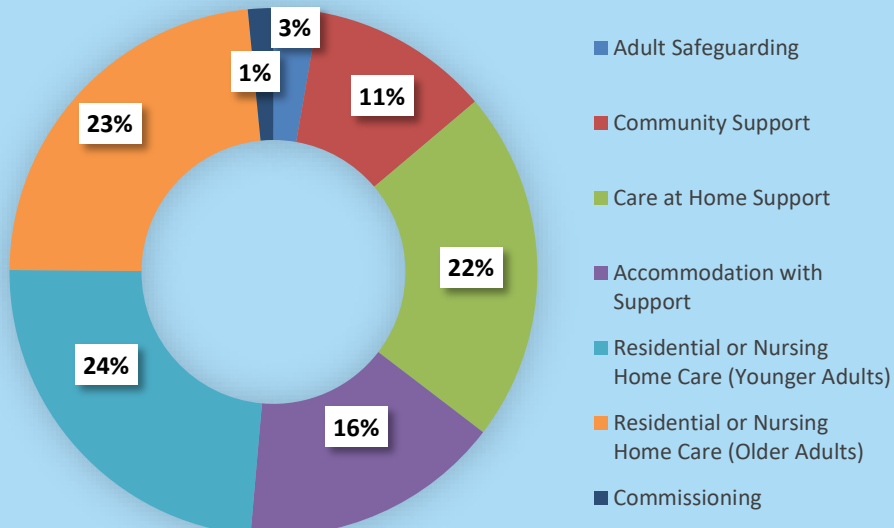
Net spend £m



### What support did that fund?

Over half of the total spend on adult social care goes on residential and nursing care, and housing with care because these services are more intensive levels of care and support.

Total spend on adult social care £m



# How do we know we are doing well?

## Our strengths-based approach

Following a review of our approach to working with residents, which was supported by the Social Care Institute for Excellence (SCIE), the Council developed a 'Strengths Based Practice Framework' for Adult Social Care. This framework was co-produced with staff from across the Directorate and Experts by Experience. The framework sets out how staff should be working, the tools they should use and the support available to them in order to deliver positive outcomes for adults with care needs and their carers. The framework can be applied by everyone who works in adult social care, supporting the wellbeing of residents and building upon their strengths and existing support to maximise their independence and meet their social care needs.

We have undertaken work with people who receive services, carers, and providers to develop new models of delivery for care at home using this strengths-based approach. Programmes to make better use of assistive technology and digital tools have also been introduced to support individuals and carers. Working with our colleagues in the Stronger Communities team will also ensure that we make the most of services and activities in the community whilst promoting the wellbeing and independence of individuals.

As social care is constantly evolving, so too does the Strengths Based Practice Framework, changing as our approach develops, using feedback from the people that we support and staff to inform this ongoing development.

## Quality assurance approach

We check our work regularly to make sure we're meeting our promises and providing high-quality services. Our Quality Assurance Framework helps us keep our standards high and improve where needed. The framework brings together all the key assurance and governance processes in place to support the delivery of the [Adult Social Care 5-Year Plan](#).

Fundamental to the framework is the Continuous Improvement Board chaired by the Director of Adult Social Care to ensure accountability for the delivery of key performance targets and continuous improvement plans. Deep dives into key performance areas are also undertaken through a Quality Assurance Board to offer positive challenge and support with the development of action plans.

To track this journey of continuous improvement, we use performance benchmarking data to monitor plans, aiming to become a top quartile performing authority at the national level. We will use independent case auditors to check the quality of our work.

## Quality oversight of our care providers

As of March 2025, 91% of all Solihull care providers rated by the CQC were Good or Outstanding. This includes 95% of residential and nursing care providers and 87% of registered community care providers. This compares favourably with the national and regional picture, and we have good reasons to be proud of the services care providers deliver in Solihull. This also reflects the work of the dedicated quality officers in the Commissioning team who visit providers, provide support and advice, and put in place improvement plans where needed to improve the quality of the services that providers deliver.

Providers have appreciated the Council's constructive approach to supporting them. Where a provider fails to make improvements, we support people accessing services to find replacement care to protect their quality of life and find security in good quality services.

# What we delivered during 2024/25

## People and communities

### Refresh of the 5-year Plan

We refresh the Adult Social Care 5-Year Plan annually to ensure it remains current and reflects the latest challenges. As part of the refresh, all the data is updated, priorities refreshed and project plans updated, using both local data and the outcomes of the feedback and engagement that have taken place with residents across a variety of topics. This comprehensive review helps us continue to provide high-quality, responsive, and effective social care services for all adults in Solihull, and ensures plans are aligned with the most recent intelligence.

### Integrated Neighbourhood Teams

The Integrated Neighbourhood model, which unites multi-disciplinary professionals from across health and social care services, aims to enhance preventative care and streamline access to services. By applying these principles, the Solihull model that has been in development this year focuses on early intervention and coordinated, proactive care, ensuring people receive the support they need to stay healthy and independent in their own homes for longer, while reducing the need for crisis interventions.

The Council has recruited a social worker who works with this multi-disciplinary team. This social worker has been supporting people in the community who require early intervention.

### Autism Partnership Board

As part of the delivery of the [Birmingham and Solihull Autism Strategic Vision](#), the Council established an Autism Partnership Board in 2024. The board is chaired by an autistic person and gives autistic Solihull residents and their families a place to come together with Council staff and staff from partner agencies, for example the NHS and housing, to talk about the issues that are important to them and work to improve the inclusivity and impact of services. The board has got off to a flying start discussing issues including domestic violence, talking therapies, support to access benefits and other help and the creation of some guides to help autistic people navigate services.

# Supporting care quality

## In-house Care Services

Solihull Council directly provides some care and support services to make sure local people have access to high-quality help close to home.

- **Day Opportunities:** We run day opportunities across Solihull for adults with learning disabilities, adults who are physically disabled, and for older people. We offer activities, social opportunities, and support tailored to individual needs.
- **Small Residential Homes:** The Council manages nine small homes for adults with learning disabilities. These homes support people with complex needs live fulfilling lives.

We regularly talk to people who use our services and their families to find out how we can improve. For example, we hold carers' groups and ask for feedback on how we can help people reach their personal goals.

## Continuous market improvement

Solihull has a strong network of independent care providers, including local, regional, and national organisations.

- We work closely with these providers to keep standards high and improve services.
- Regular meetings and bulletins help share best practice and address any issues.
- We also offer training and support to help providers deliver the best care possible.

As a result, Solihull has a very high level of providers assessed by the Care Quality Commission as Good or Outstanding compared to the national average.

We also work with the West Midlands Combined Authority and Birmingham and Solihull Integrated Care Board to provide access to training on key quality themes.

## Money Management

In 2024, we started a new Money Management Service for people who cannot manage their own finances and do not have family or friends who are in a position to support with this. These are under arrangements called appointeeships and deputyships.

- This service helps people manage their income, benefits, and property, so they can stay as independent as possible.
- We worked with a new provider to make the transition smooth and improve support for residents.

People access the service through adult social care teams. It ensures that people without capacity to manage their own financial affairs can access money management support to continue to be as independent as possible.

# Working with partners

## Working with the new NHS Delivery Collaboratives

Solihull Adult Social Care works closely with a wide range of partners to make sure local people get the best possible support. This partnership approach helps us deliver more joined-up, effective, and responsive services for adults who need care.

### 1. NHS Delivery Collaboratives

We work with new NHS organisations called “collaboratives.” These groups bring together different local health services to improve care for people in Solihull.

- **Mental Health and Learning Disabilities Provider Collaborative:** This group is led by Birmingham and Solihull Mental Health Foundation Trust. It focuses on improving mental health services and support for people with learning disabilities and autism.
- **Community Care Collaborative:** Led by Birmingham Community Healthcare, this collaborative aims to improve community health services, making sure people can return home from hospital as soon as possible and get the support they need in the community.

By working together in these collaboratives, we can:

- Share knowledge and resources.
- Make sure people get the right support at the right time.
- Avoid unnecessary hospital admissions.
- Help people recover and return home quickly after a hospital stay.

## Working at Place

We have developed a new way of organising health and care services locally, called the Locality and Neighbourhood Health Service Model.

- **Locality Hub at Solihull Hospital:** This new hub brings together staff from different organisations to work as one team. It helps us provide more joined-up care, especially for people who need extra support after leaving hospital.
- **Elmdon Unit at Solihull Hospital:** This new unit offers 40 short-term beds for people who are leaving hospital but aren't quite ready to go home. Here, people get rehabilitation and reablement support to help them regain their independence before returning home.

This approach means:

- People get the care they need, closer to home.
- There is less need for people to stay in hospital longer than necessary.
- Support is wrapped around the individual, making it easier for them to recover and stay independent.

## Improvements to prevention

We are working with health partners to prevent problems before they start and help people stay independent for longer.

- **Falls Prevention:** We are developing a strategy with Birmingham and Solihull Integrated Care System to reduce the number of falls among older people. This includes mapping services, sharing best practice, and raising awareness in the community.
- **Occupational Therapy Improvements:** We have reduced waiting lists for occupational therapy, so people get help more quickly. This means more people can access equipment and support to stay safe at home.
- **Better Care at Home Project:** Our occupational therapists work closely with social workers, care providers, carers, and residents to make sure people have the right equipment and support to move safely and remain independent at home.

## Continuous Improvement

We regularly review and improve how we work with partners. This means:

- Listening to feedback from people who use our services and from partner organisations.
- Making changes based on what works best for local people.
- Ensuring services are joined up, efficient, and focused on what matters most to those who need care.

## Accelerating improvements

### CQC preparation

The Care Quality Commission (CQC) is the independent regulator for health and social care services in England. In 2024/25, CQC inspections of local authorities have progressed, and Solihull's inspection is scheduled for November 2025.

- Throughout the year, we have reviewed and monitored our practice and performance to ensure we are delivering the best outcomes for people who use our services.
- This preparation means we are ready to demonstrate how we meet our responsibilities and provide high-quality care.

### Continuous Improvement Board

We have a Continuous Improvement Board that provides senior oversight of areas where we want to keep getting better.

- The Board looks at our performance compared to other councils, using both national and local measures.
- For 2025/26, the Board will focus on increasing carer satisfaction and making sure we review support for people in a timely way.
- The Board also reviews other areas for improvement, using surveys and data to guide our actions.

## Brokerage

Our Brokerage team is responsible for finding the right care and support packages for people, based on their assessed needs.

- In 2024/25, we reviewed our approach and now use an electronic system (e-Brokerage) to source care for both home care and day opportunities.
- We are exploring how to use this system for residential care and supported living, so people get the right support more efficiently.

## Practice quality

We focus on ensuring the highest standards of social work and occupational therapy practice.

- We have a robust Quality Assurance Framework, which includes regular audits of cases by managers and independent auditors.
- These audits involve getting feedback from people who use our services, so we understand the impact of our work.
- We use a scoring process aligned with CQC standards to identify good practice and areas for improvement.
- Training and updated tools help staff prepare for audits and reflect on their practice.

We support staff with learning and development through the Solihull Social Care Academy:

- The Academy offers training and promotes a research-driven culture.
- Our annual Learning Fortnight gives staff a chance to learn, reflect, and share best practice, with a focus on co-production and participation.

We have refreshed our induction process and materials to ensure all staff have a shared understanding and approach. Regular communication and reporting make sure everyone is aware of audit outcomes and uses the learning to improve services.

## Our priorities for 2025/26

Looking ahead to 2025/2026, we have a number of priorities for development as well as continuing to deliver existing services and support.

These build on the four high level priorities in the [Adult Social Care 5-year Plan](#) and give some more detail to the changes people will see.

## People and communities

### Listening to and Involving Local People

Refreshing “Get Involved”: We’re updating our approach to listening to residents, carers, and people who use our services. This means more opportunities for you to share your views and help shape decisions about care in Solihull.

We'll use feedback from surveys, engagements and coproduction to understand what's working well and where we need to improve our services for people who use care services and their carers.

## **Adult Social Care Outcome Framework surveys**

Feedback from surveys of people receiving care and their carers help us to understand what is working well and where we have areas for improvement.

In 2025/26 we will continue to work through improvements for carers following the 2023/24 carers survey – redesigning our support services to build on the feedback we have heard, as well as preparing for and undertaking the 2025/26 survey. 2024/25 saw the most recent customer survey and the benchmarking available from that in 2025/26 will allow us to identify and plan further actions to improve people's experience of care.

## **5-year plan refresh (linked to council plan)**

In 2025/26 there will be a new 5-year Solihull Council Plan. Linked to this, we will refresh our Adult Social Care 5-year plan to ensure alignment with any changes to the Council's focus and objectives, and to reflect the progress made to date. The 5-year plan is a live document which we refresh annually to ensure that it remains current and can be adapted for any emergent changes, for example to national policy or available resources.

## **Continued development of Integrated Neighbourhood Teams**

Integrated Neighbourhood Teams (INTs) are multi-disciplinary, place-based teams established to deliver coordinated, proactive, and person-centred care for individuals with complex health and social care needs. They form a key component of the NHS strategy to bring care closer to home, reduce hospital admissions, and improve outcomes through integrated working.

As part of the initial phase of the INT rollout across the borough, two Primary Care Networks (PCNs) have been selected to participate. Training for the multi-disciplinary teams is scheduled to take place between September 2025 and January 2026.

The success of these teams is expected to be reflected in reduced attendances at A&E, inpatient admissions, and GP consultations, alongside improvements in mental health, social care engagement, and overall patient outcomes.

## **Supporting care quality provision**

### **Provider assurance framework**

We are developing a new framework to help us work more closely with care providers. This will involve sharing information in a consistent way, assessing risks such as quality of care and financial stability, and supporting providers to make improvements where needed. The goal is to ensure that everyone in Solihull receives safe, high-quality care.

We are enhancing our meetings with care providers, dedicating forums to different types of services. This will encourage discussion, innovation, and co-production of new ways of working, as well as better information sharing.

## Falls reduction

We are implementing the actions from Birmingham and Solihull Integrated Care System Falls Strategy to continue to prevent avoidable falls. This includes embedding the “Better Care at Home” changes and working to develop the Home Improvement Agency model which will provide a holistic offer from the Council bringing together home adaptations, handyperson services, falls alarms and technology enabled care to ensure opportunities to maximise independence are met. We continue to develop our Council services under a Falls project workstream which supports prevention of falls, which will be underpinned by a soon-to-be published Strategic Needs Assessment for Falls.

## Working with partners

### Home Improvement Agency

Work continues to develop the proposed Home Improvement Agency (HIA) with partners in Solihull Community Housing as a local, trusted organisation that provides services to help older and disabled people to remain safe and independent in their homes. The HIA will offer a range of interventions including major and minor home adaptations, repairs, and maintenance, to meet the changing needs of residents and support safety and independence.

With many services already in place separately and delivered by Solihull Community Housing (SCH), the aim is to bring together existing services in order to maximise delivery for residents.

### Locality Partnerships

The development of the Solihull Locality and Neighbourhood Health Service Model saw the opening of the Solihull Locality Hub based at Solihull Hospital during 2024/25 supporting our ‘home first’ approach, avoiding the need for unnecessary hospital admissions, enabling more people to retain their independence at home.

We have consolidated our support for people being discharged from hospital who require short-term rehabilitation in a bedded setting before they return home with the opening of the Elmdon Unit at the Solihull Hospital site in October 2024, providing local support for people from Solihull.

# Accelerating improvements

## Magic Notes

We are implementing Magic Notes, an Artificial Intelligence tool designed to help social care practitioners to record and transcribe conversations, removing the need for pen and paper and enabling the practitioner to have a more focussed and detailed conversation with the individual. It organises notes, simplifies reports, and ensures key details aren't lost in busy schedules.

Administrative tasks are time consuming and managing paperwork can be overwhelming. Magic Notes helps by capturing information, automatically sorting information, suggesting improvements, and making it easier to retrieve essential details when needed. By reducing administrative stress, social care practitioners can focus more on supporting individuals and families, making a real impact to the individuals lives and their communities.

## Online carers' assessments

We have successfully implemented an adult social care online carers' self-assessment. This means carers can go online at a time that is convenient for them to complete their assessment, in their own words, at their own pace. The tool guides the carer through a series of questions about their caring role.

It empowers carers to take the first step in accessing care and support, whether they need help with their daily caring tasks, or specialised services.

## Council directory improvements

We are developing a single directory of support which brings together a range of databases of information from across the Council. It is being developed and is aimed to launch in 2025. It will be badged as Here2Help directory and will support residents to access the support they need through one tool.

# Glossary

## **Adult Social Care / ASC**

Services delivered or arranged by the Council to support people with social care needs. The Care Act is the main law governing what councils need to provide.

## **Appointeeship**

An Appointee is someone who manages a person's benefits on their behalf when they are no longer able to manage their own finances.

## **Autism**

Autism, or autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

## **Care Act 2014**

A law passed in England in 2014 that sets out what care and support you are eligible for and what local councils have to do.

## **Care at Home**

Care at home, often also referred to as homecare or domiciliary care, is help available if you're having trouble with everyday tasks. That could be getting in and out of bed or cooking and cleaning.

## **Carer**

Any adult or child providing regular unpaid emotional or physical support to a family member, partner or friend who needs help because of illness, frailty, disability, a mental health problem or an addiction.

## **Carers' assessment**

If you are an unpaid carer for a family member or friend, you have the right to discuss with your local council what your own needs are, separate to the needs of the person you care for.

## **Carbon Footprint**

The total amount of greenhouse gases (including carbon dioxide and methane) that are generated by our actions.

## **Commissioning**

A cycle of activity that starts with assessing the needs for care and support in the local community, then developing plans and actions to deliver the range and quality of services to meet needs and expectations and checking that services meet those expectations.

## **Community Advice Hubs**

The first point of contact for information, advice, and support in Solihull.

## **Day Opportunities**

Opportunities to do things during the day. These may include social activities, education, or the opportunity to learn new skills.

## **Dementia**

Not a specific disease but a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer's disease is the most common type of dementia.

## **Deprivation of Liberty Safeguarding (DoLS)**

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

## **Deputyship**

When somebody lacks mental capacity to make a decision for themselves at a certain time, a person can apply to their deputy to do things like pay the person's bills or organise their pension (property and financial affairs deputy) or make decisions about medical treatment and how someone is looked after (personal welfare deputy).

## **Enablement**

Enablement means working with people to support them to do things for themselves e.g., supporting a person to learn how to budget themselves rather than managing their money for them. Enablement services focus on life skills that will support people to return to independence and build up confidence.

## **Environmental Responsibility**

To take action to prevent and alleviate the environmental damage that may be caused by our activities.

## **Exploitation**

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person, or adult.

## **Home First**

A principle that when you are well enough to leave hospital you will be supported to return home wherever possible. If you still need some support, that will be provided in your home by the Home Discharge Service to enable the planning for your future support to take place in your own home rather than in hospital.

## **Housing with care / Extra Care Housing**

An umbrella term which covers extra care housing (housing with care for adults over 55) and supported living services (housing with care and support for adults with disabilities), where the care is provided in a designated housing setting, often a building with multiple independent flats.

## **Integrated Care Board / ICB**

ICBs are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan of actions.

## **Joining Up Care for People, Places and Populations**

Government white paper which sets out measures to make integrated health and social care a universal reality for everyone across England. Published in February 2022.

## **Learning Disability**

A learning disability is a reduced intellectual ability and difficulty with everyday activities— for example household tasks, socialising or managing money – which affects someone for their whole life.

## **Liberty Protection Safeguards (LPS)**

The Liberty Protection Safeguards is the procedure prescribed in law that will take over DoLS, to support individuals who lack capacity to consent to care or treatment.

## **Mental illness**

Also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviour.

## **Provider Collaborative**

Provider collaboratives bring together providers of local services to plan, deliver and transform. They are partnership arrangements of at least two trusts, working across multiple places with a shared purpose. NHS England has asked all acute and mental health trusts to be part of a provider collaborative, and some include independent providers.

## **Reablement**

Reablement is a short period of rehabilitation which usually takes place in your own home and is provided by a team of social care workers and occupational therapists following illness or a recent stay in hospital.

## **Respite**

A service giving carers a break, by providing short-term care for the person with care needs at home or in a residential setting.

## **Safeguarding**

This is how we work with people to prevent harm and abuse. It includes helping people recover when abuse has occurred.

## **Social Care reforms**

An overarching description of the government's future plans for adult social care.

## **Support plan**

A plan we develop with you that says how you will spend your personal budget to meet your eligible social care needs.

## **The Care Quality Commission (CQC)**

The independent regulator of all health and social care services in England.

# Useful contacts

Internal Council contacts	
<b>Solihull Connect (working hours)</b> – for all direct enquiries/referrals for Adult Social Care	0121 704 8007 <a href="https://www.solihull.gov.uk/tell-us/solihull-connect-walk-centres/solihull-connect-local">https://www.solihull.gov.uk/tell-us/solihull-connect-walk-centres/solihull-connect-local</a>
<b>Social Care (out of hours emergency)</b>	0121 605 6062 <a href="https://www.solihull.gov.uk/adult-social-care">https://www.solihull.gov.uk/adult-social-care</a>
<b>Main Council general enquiries</b>	0121 704 8001 / 6000 <a href="https://www.solihull.gov.uk/Tell-us/Contact-us">https://www.solihull.gov.uk/Tell-us/Contact-us</a>
<b>Deprivation of Liberty Safeguarding (DoLS) team</b>	0121 709 7113 <a href="https://www.solihull.gov.uk/adult-social-care/mental-capacity-act-and-deprivation-liberty-safeguards-dols">https://www.solihull.gov.uk/adult-social-care/mental-capacity-act-and-deprivation-liberty-safeguards-dols</a>

Other useful contacts		
<b>Solihull Action Through Advocacy</b>	Providing independent advocacy in for vulnerable people.	0121 706 4696 <a href="https://solihulladvocacy.org.uk/">https://solihulladvocacy.org.uk/</a>
<b>Age UK Solihull</b>	Supporting older adults, providing information and advice, support and groups.	0121 704 7840 <a href="https://www.ageuk.org.uk/solihull/">https://www.ageuk.org.uk/solihull/</a>
<b>Alzheimer's Society Solihull</b>	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	0333 150 3456 <a href="https://www.alzheimers.org.uk/fin d-support-near-you">https://www.alzheimers.org.uk/fin d-support-near-you</a>
<b>Carers Trust Solihull</b>	To help support carers of all ages and backgrounds, through expert information and advice.	0121 788 1143 <a href="https://www.solihullcarers.org/">https://www.solihullcarers.org/</a>

<b>Elder Abuse Helpline</b>	Contact number for help and information on what to do if you think a vulnerable person is being abused.	0808 808 8141
<b>Healthwatch Solihull</b>	An independent organisation commissioned by Solihull Council to champion the views of patients and social care users in Solihull, with the goal of making services better and improving health and wellbeing.	0800 470 1518 <a href="https://healthwatchbsol.org.uk/">https://healthwatchbsol.org.uk/</a>
<b>The Care Quality Commission (CQC)</b>	The independent regulator of all health and social care services in England.	0845 015 0120 <a href="https://www.cqc.org.uk/">https://www.cqc.org.uk/</a>

