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Warwickshire LGR Support

ASC and Children Services Analysis to Inform the Two Unitary Decision

June 2025

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Two Unitary Proposal

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The case for two unitaries in Warwickshire as opposed to one is strong. Whilst the demographics between the south and north of the county cannot be ignored, and are a major factor in considering the establishment of two unitaries, there is also huge variation in the capacity, cost and quality of commissioned services, supporting the most vulnerable citizens across the County.

As highlighted in the financial opportunities, the savings along with improved outcomes that can be achieved through establishing closer relationships with the local market, targeting intervention and ensuring services commissioned support the needs of the local community, are significant, modelled for the purposes of this report annually at £74.8m cost avoidance and £63.5m cashable savings.

National benchmark data indicates that unitary authorities with a population of 350k and below, perform better in terms of key areas of expenditure across Adult Social Care and Children's Social care, as depicted in the table below. The proposed geography for the two new unitaries will be the North with a population of approx. 313,600 and South 283,200. Warwickshire County has a population according to ONS figures 2022, of 607,604, which would place the proposed one unitary model in the upper bracket for expenditure.

Average unit costs	S251 LAC unit cost	S251 residential unit cost	S251 SEN unit cost	Nursing unit cost	Residential unit cost	Residential & Nursing unit cost
Population 500-750k	**£1,949**	**£7,406**	**£123**	**£1,087**	**£1,160**	**£1,138**
Population 350-500k	**£1,946**	**£8,465**	**£118**	**£1,151**	**£1,209**	**£1,166**
Population 250-350k	**£1,718**	**£6,772**	**£96**	**£1,006**	**£1,028**	**£1,023**
Population <250k	**£1,759**	**£7,220**	**£100**	**£1,044**	**£1,059**	**£1,048**

**Data source 2023/24 LAIT (Local Authority Interactive Tool) and ASCFR (Adult Social Care Financial Returns refer to Appendix A)*

Two Unitary Proposal

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But it is not just the financial case. We know from the data supplied by the County Council, that currently there are major challenges in areas such as SEND (special educational needs and disabilities). According to the written Statement of Action following its Joint Area SEND inspection in Sept '21, there is a real need to rebuild the trust of parents/ carers and schools. With expenditure on high needs in significant deficit and growing, it is essential that the right provision and services exist locally to keep Warwickshire's young people within their communities. This is a similar case for the County's looked after children, if you consider 44% (according to data provided by the County Council), are placed outside of the County.

In relation to adult social care (ASC), we know from benchmark data that the County Council are higher users of residential services in comparison to their nearest NHS neighbours (ASCFR recognised benchmark grouping), and that there appear to be capacity issues in relation to the provision of domiciliary care and extra care services, both crucial to keeping vulnerable older people within their own homes and communities.

The risk with one unitary, is that adults and children's services continue as they are. The system needs real transformation, which only the establishment of two new unitary authorities can provide.

North Warwickshire 65,000
Rugby 114,400
Nuneaton and Bedworth 134,200
Proposed North Unitary population - 313,600

Warwick 148,500
Stratford 134,700
Proposed South Unitary population – 283,200

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1) Warwickshire Demographics

Deprivation in Warwickshire

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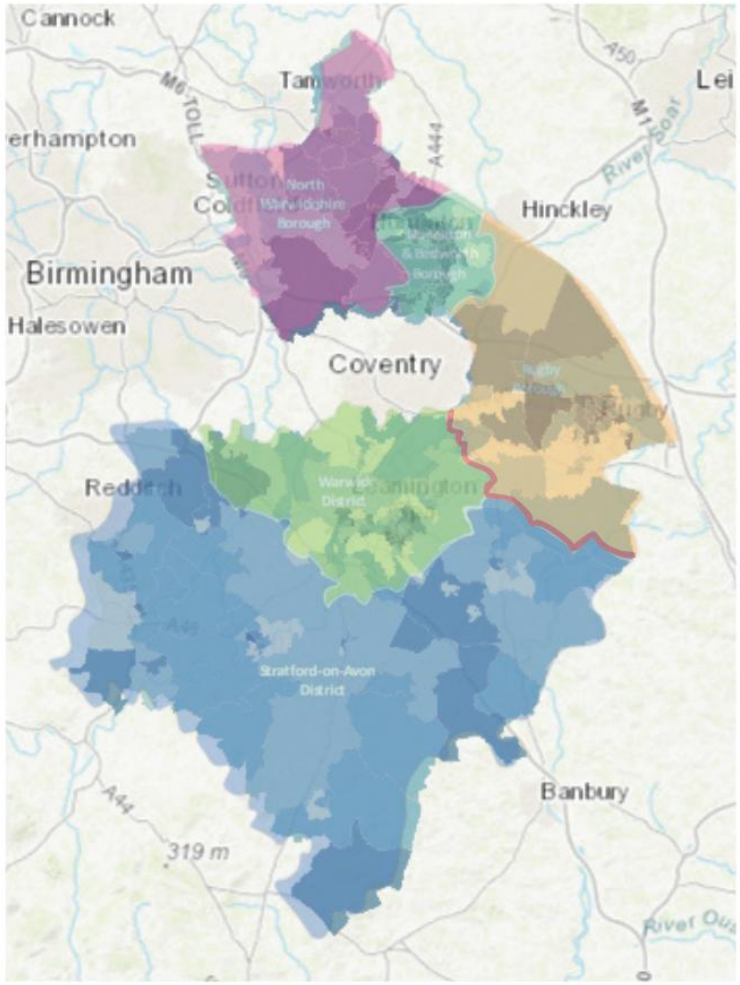
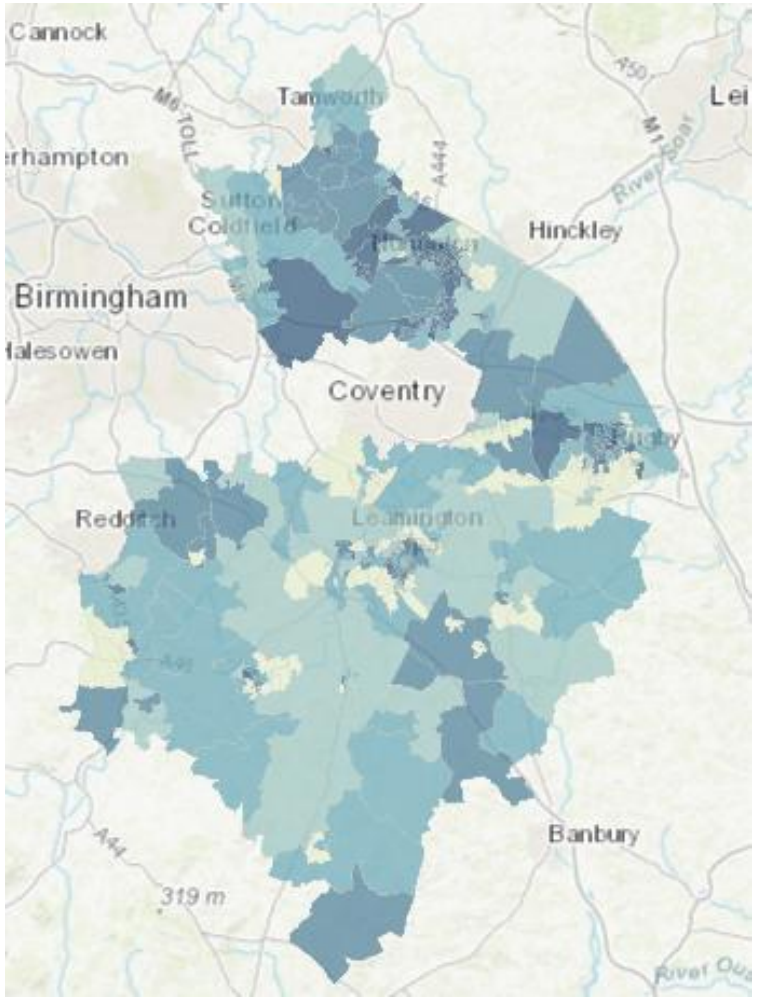
The map to the left combines the county boundaries map to visualise where areas of deprivation are concentrated across Warwickshire. These are more prevalent in North Warwickshire, Nuneaton, Rugby, and in Eastern areas of South Warwickshire.





LSOA

Index of Multiple Deprivation (IMD) Score|2019

- > 22.7 - 63
- > 15.2 - 22.7
- > 11 - 15.2
- > 7.3 - 11
- 1 - 7.3

Lower Layer Super Output Areas (LSOAs) *are small geographical units created for statistical purposes, primarily for the Census. They are designed to provide consistent and comparable data across the country, making them valuable for analysing social, economic, and demographic information.*

Warwickshire Index of Multiple Deprivation 2019

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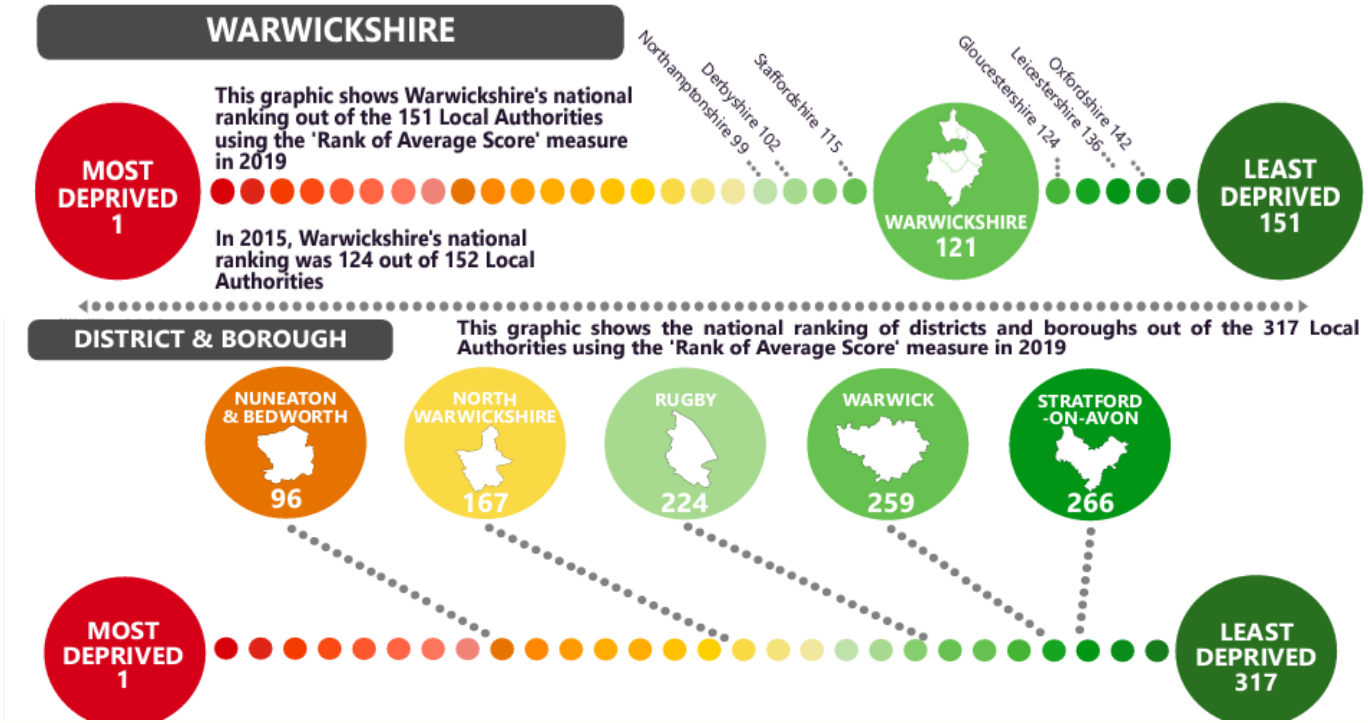
- In 2019, Warwickshire ranked 121 out of 151, placing as one of the less deprived councils in England. In terms of individual domains of deprivation, the county ranked 126 in income deprivation and 123 in income deprivation affecting children. The lowest scores were with regards to barriers to housing and services where it ranked 74 and living environment deprivation where it ranked 87.
- Further, while Warwickshire had two fewer Lower layer Super Output Areas (LSOAs) in the 10% most deprived nationally compared to 2015, these numbers increased for both 20% and 30% most deprived deciles.
- The least deprived districts and boroughs in Warwickshire were Stratford-on-Avon (266), Warwick (259) and Rugby (224), while among the more deprived areas were North Warwickshire (167) and Nuneaton and Bedworth (96).
- It should be noted that these figures are all from 2019 and current data may provide a different picture of deprivation in Warwickshire.



Index of Multiple Deprivation
Number of LSOAs in Warwickshire by deprivation decile over time

Decile	2019	2015	Change
10% most deprived nationally	6	8	-2
20% most deprived nationally	16	10	6
30% most deprived nationally	26	24	2
Sum of 10% - 30%	48	42	6
40%-100%	291	297	-6

Warwickshire Number of Children Living in Families with Absolute Low-Income Map 2019-2020

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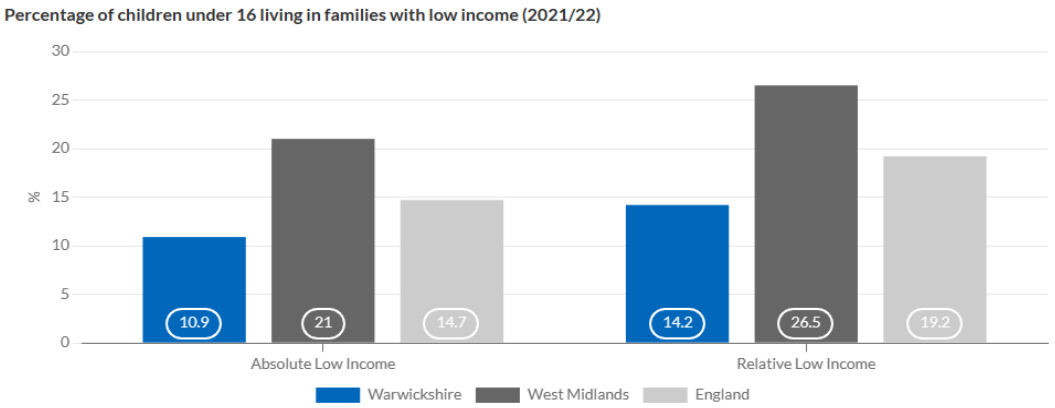
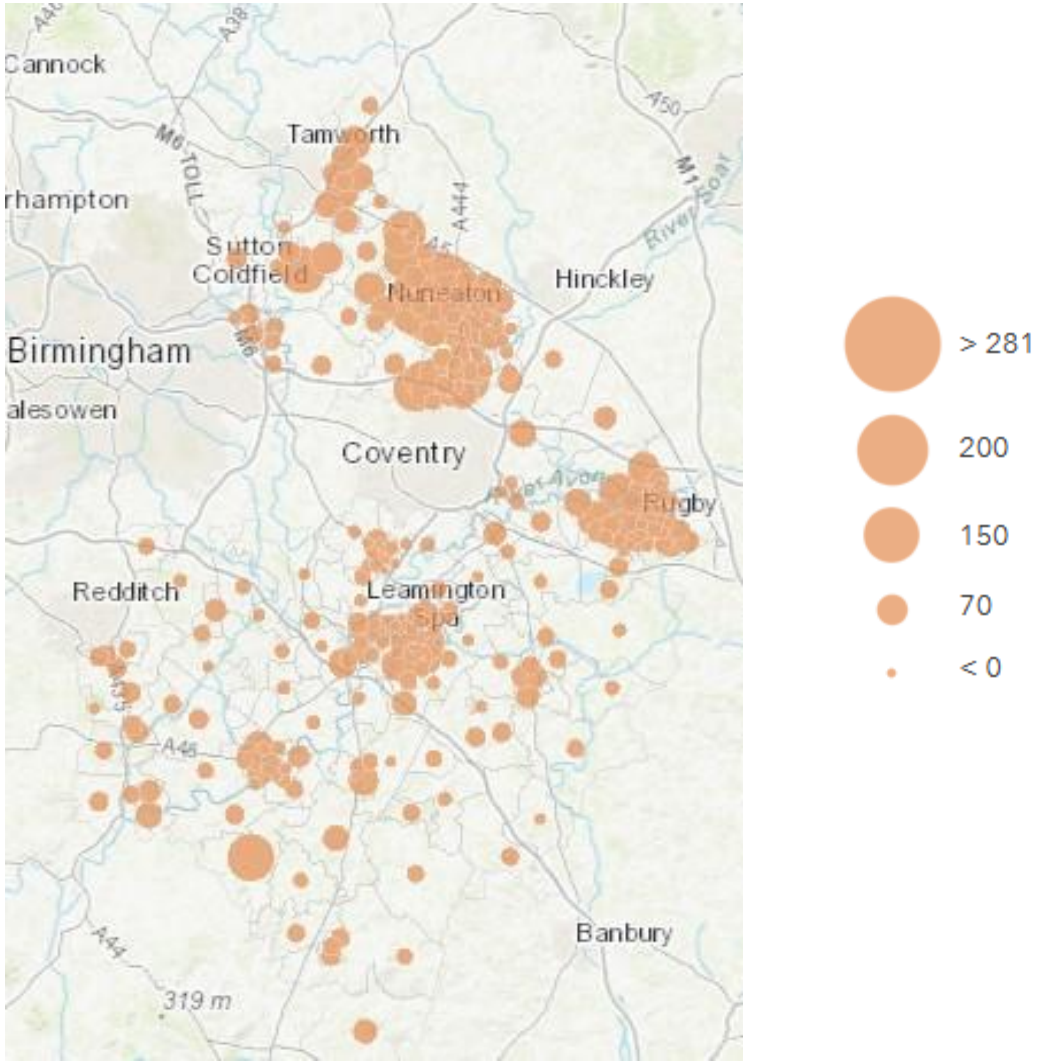
The map on the right pinpoints the areas that have the greatest number of children living in families with absolute low income, being Tamworth, Sutton Coldfield, Nuneaton, Rugby, and Leamington Spa.



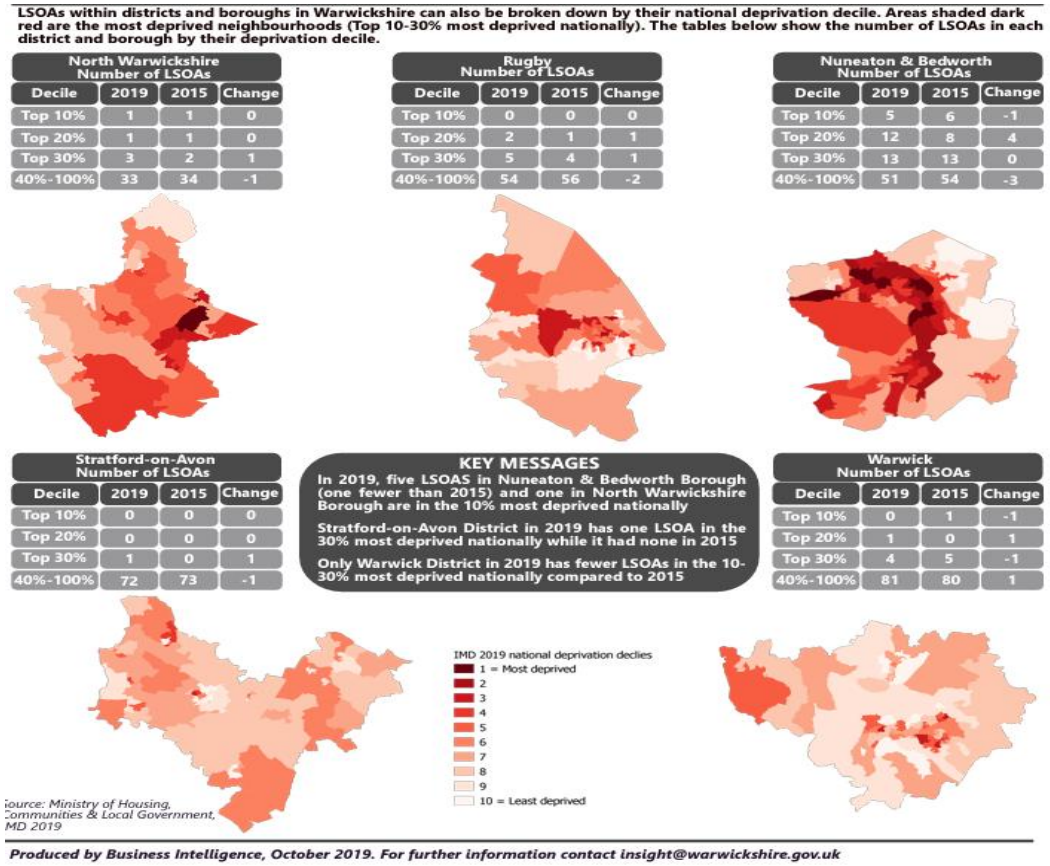
Source: DWP

	Warwickshire	West Midlands	England
Number of children under 16 living in families with Absolute Low Income	11,670	245,978	1,599,579
Percentage of children under 16 living in families with Absolute Low Income	10.9	21	14.7
Number of children under 16 living in families with Relative Low Income	15,141	310,243	2,087,495
Percentage of children under 16 living in families with Relative Low Income	14.2	26.5	19.2

Date: 2021/22 Source: DWP



Warwickshire LSOAs by District



LSOAs within districts and boroughs in Warwickshire can also be broken down by their national deprivation decile. Areas shaded dark red are the most deprived neighbourhoods (Top 10-30% most deprived nationally). The tables below show the number of LSOAs in each district and borough by their deprivation decile.

North Warwickshire Number of LSOAs

Decile	2019	2015	Change
Top 10%	1	1	0
Top 20%	1	1	0
Top 30%	3	2	1
40%-100%	33	34	-1

Rugby Number of LSOAs

Decile	2019	2015	Change
Top 10%	0	0	0
Top 20%	2	1	1
Top 30%	5	4	1
40%-100%	54	56	-2

Nuneaton & Bedworth Number of LSOAs

Decile	2019	2015	Change
Top 10%	5	6	-1
Top 20%	12	8	4
Top 30%	13	13	0
40%-100%	51	54	-3

Stratford-on-Avon Number of LSOAs

Decile	2019	2015	Change
Top 10%	0	0	0
Top 20%	0	0	0
Top 30%	1	0	1
40%-100%	72	73	-1

KEY MESSAGES

In 2019, five LSOAS in Nuneaton & Bedworth Borough (one fewer than 2015) and one in North Warwickshire Borough are in the 10% most deprived nationally

Stratford-on-Avon District in 2019 has one LSOA in the 30% most deprived nationally while it had none in 2015

Only Warwick District in 2019 has fewer LSOAs in the 10-30% most deprived nationally compared to 2015

Warwick Number of LSOAs

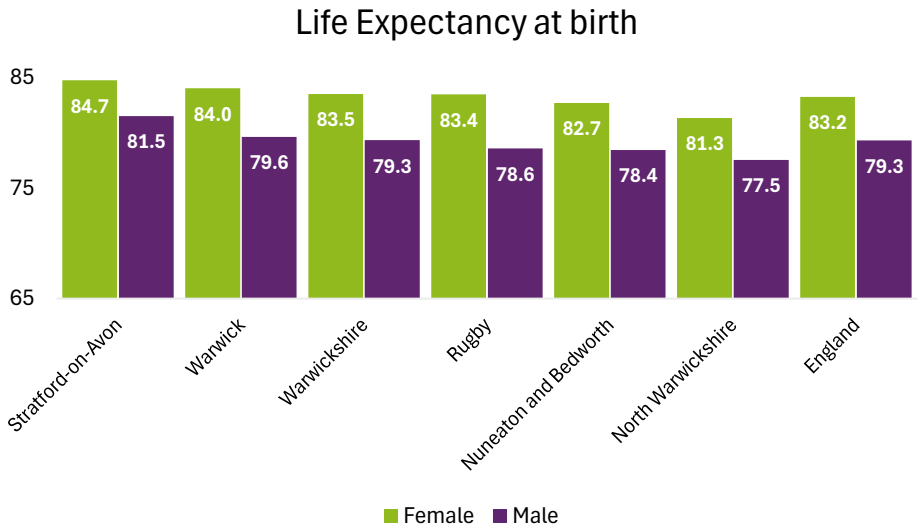
Decile	2019	2015	Change
Top 10%	0	1	-1
Top 20%	1	0	1
Top 30%	4	5	-1
40%-100%	81	80	1

Source: Ministry of Housing, Communities & Local Government, IMD 2019

Produced by Business Intelligence, October 2019. For further information contact insight@warwickshire.gov.uk

- In 2019, research done by Business Intelligence shows that the LSOAs with higher levels of deprivation align with the areas where children are living in families with absolute low income. These areas include; North Warwickshire, Rugby, Nuneaton & Bedworth, and parts of Warwick.

- Unsurprisingly life Expectancy at birth is higher in the lesser deprived areas of Stratford-on-Avon and Warwick, than in the more deprived areas of Nuneaton and Bedworth and North Warwickshire



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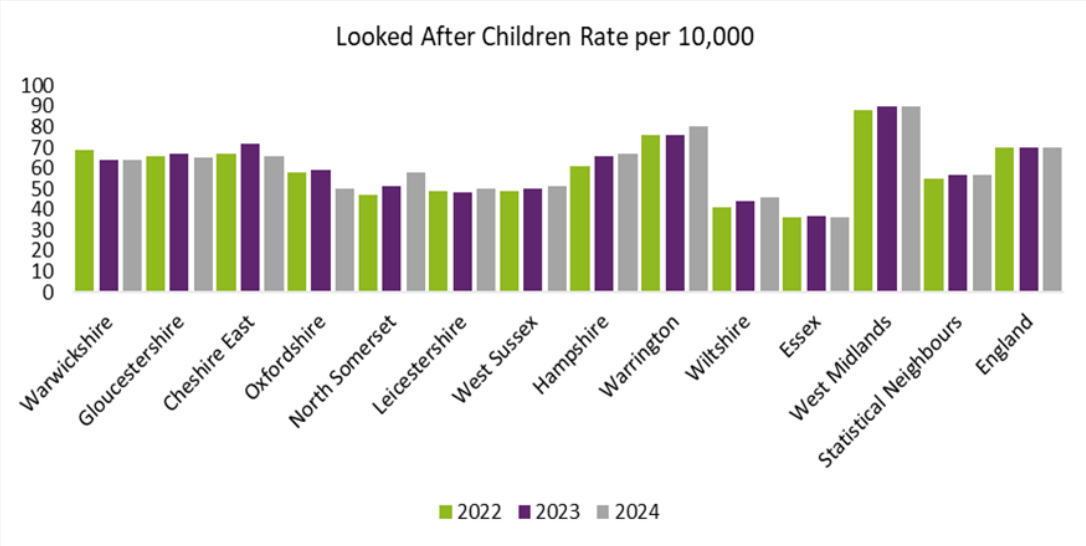
2) Current Performance – Warwickshire CC

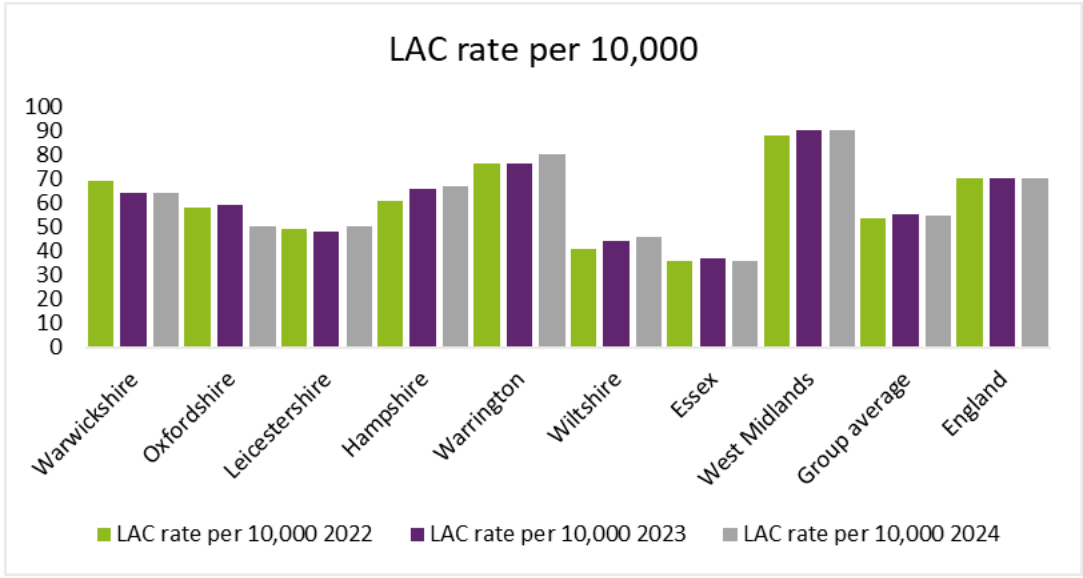
Children's Social Care

Children's Social Care has an Ofsted rating of "Good" following a full inspection Feb '22 and further endorsed at Focused Visit May '23.



Looked After Children (LAC) Rates are above Statistical Neighbours (SN) at 64 per 10,000 (actual number 805 a rise from 778 in '23), in WCC compared to 57 SN average.

If we analyse the LAs within the SN group rated as either Good or Outstanding, Warwickshire CC (WCC) are at 64 and the average of the group is 55 per 10,000.



**Data source 2023/24 LAIT (Local Authority Interactive Tool) for children's services, built on local authority financial returns, refer to Appendix A.*

Children in Care

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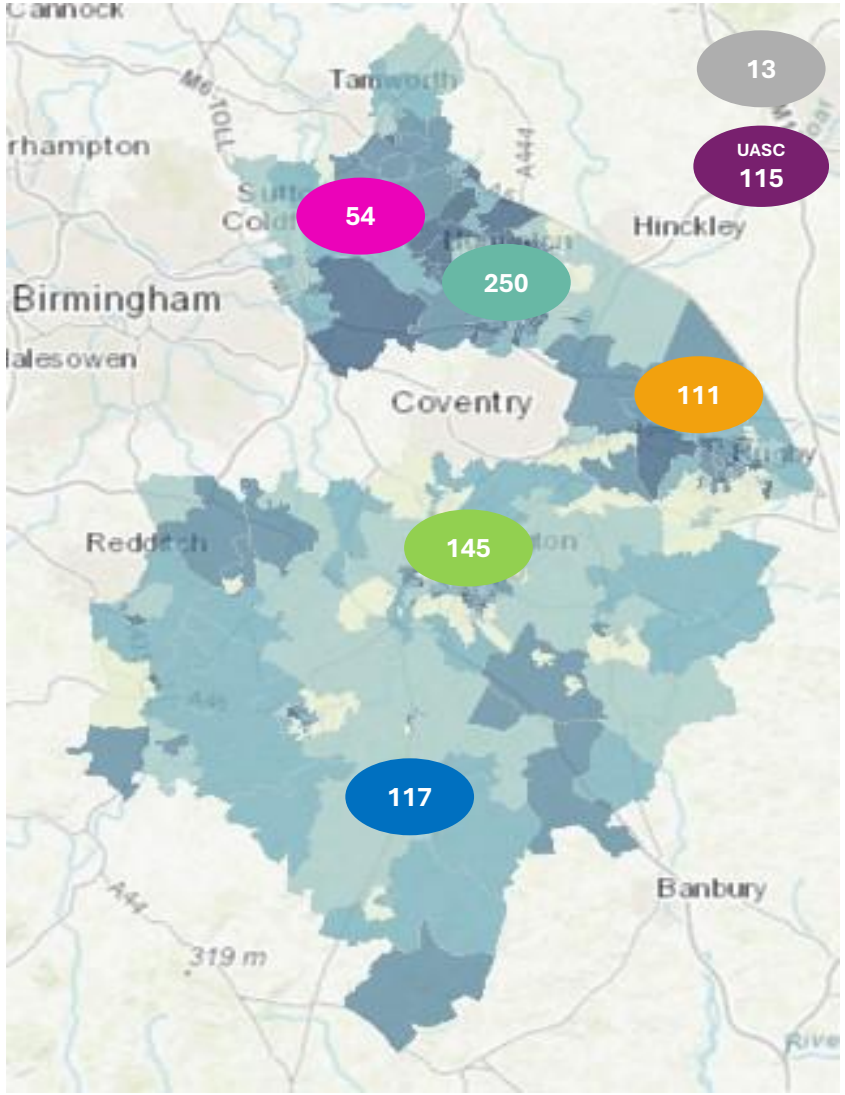
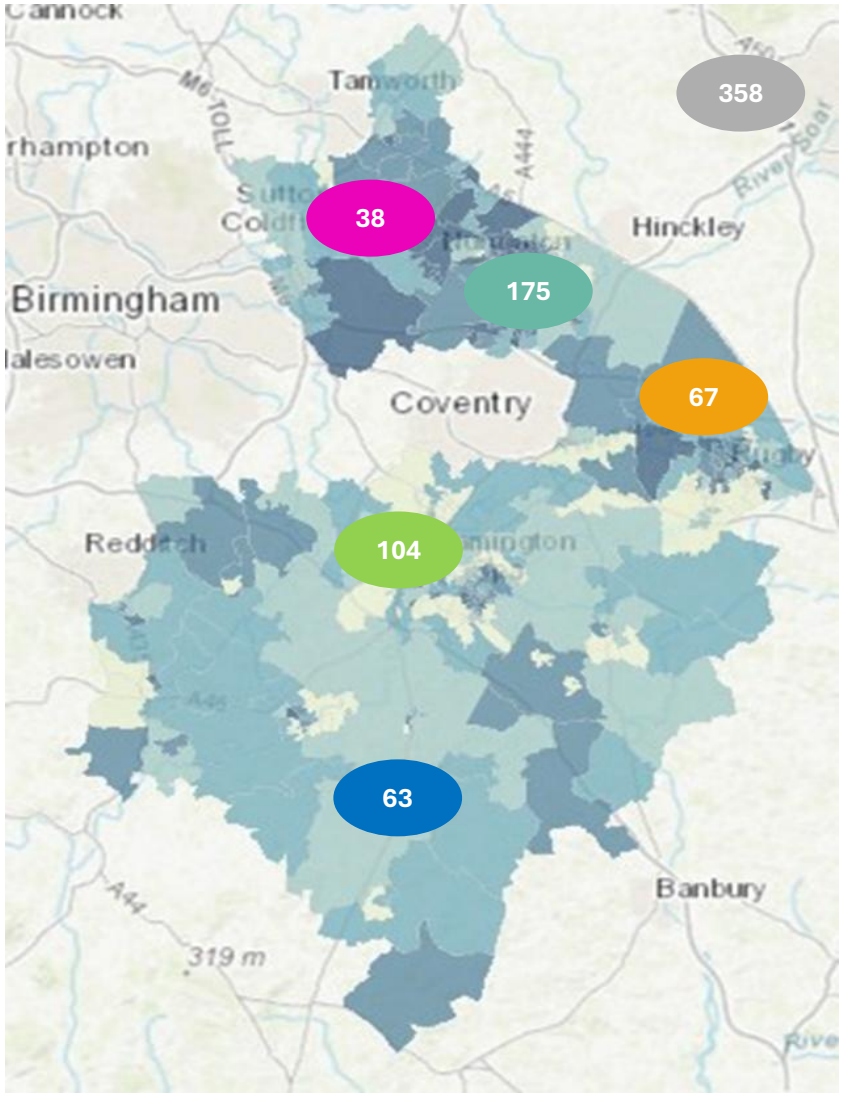
Children in care 2023-24 by originating postcode



Children in care 2023-24 by placement postcode



- In 2023-24 there were 805 children in care
- 31% originated in Nuneaton and Bedworth
- 2% originated out of county and at end of year 44% of placements were out of county

**data provided by WCC*

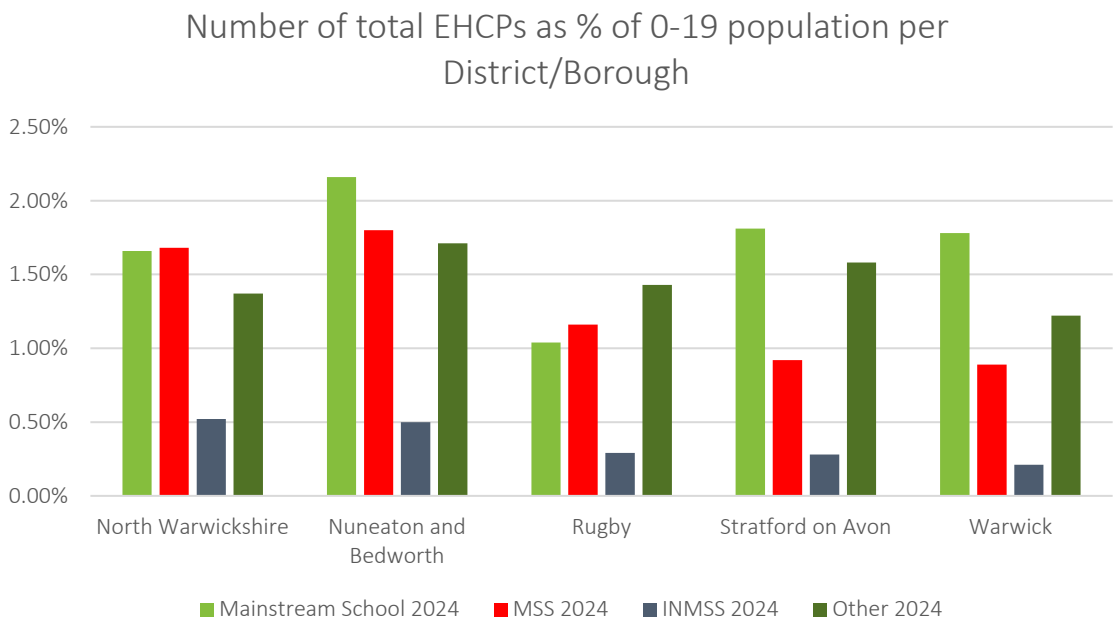
	Area	Originating area	Placement area at end of year
	North Warwickshire	7%	5%
	Nuneaton and Bedworth	31%	22%
	Rugby	14%	8%
	Warwick	18%	13%
	Stratford-on-Avon	15%	8%
	Out of County	2%	44%
	UASC	14%	

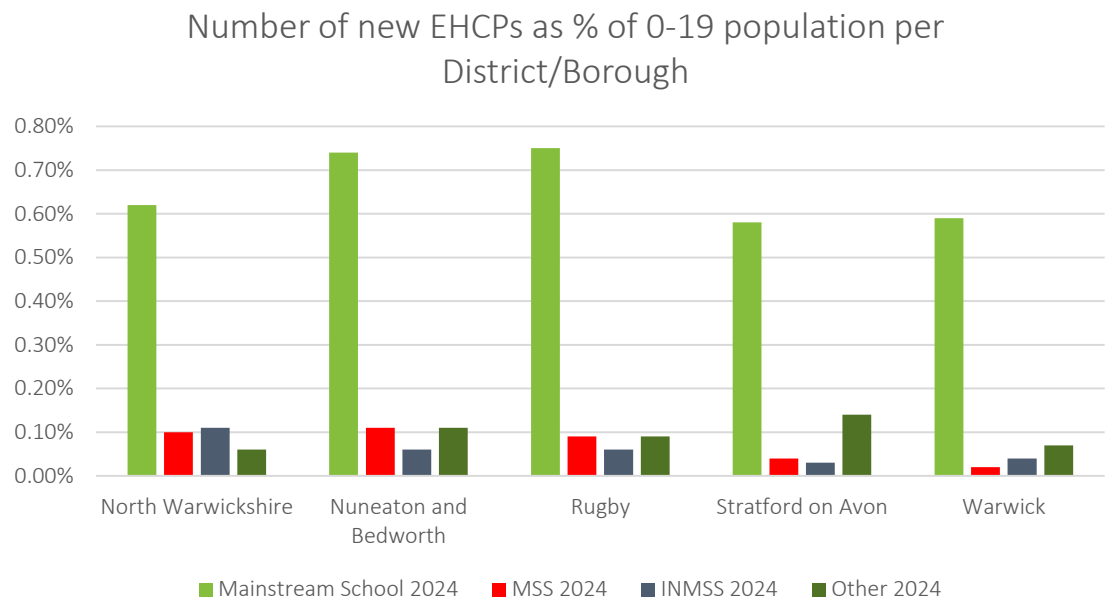
> 22.7 - 63
> 15.2 - 22.7
> 11 - 15.2
> 7.3 - 11
1 - 7.3

The darker areas are those with higher levels of deprivation

Children's Special Educational Needs & Disability (SEND) Demand

Total & New Education Health and Care Plans (EHCPs) as % of 0-19 Population per District/Borough





- The highest percentage of total EHCPs by district/borough population were typically for Mainstream schools or MSS (maintained special school), with the lowest EHCP percentages being for INMSS (independent non maintained special school).

- Encouragingly the highest percentage of new EHCPs by district/borough population were for Mainstream schools, with the lowest EHCP percentages varying across areas and type of provision. Nuneaton & Bedworth and Rugby had the highest percentages of new EHCPs, while Warwick had the lowest.

Children's SEND Demand

Total & New EHCPs as % of all per District & Borough

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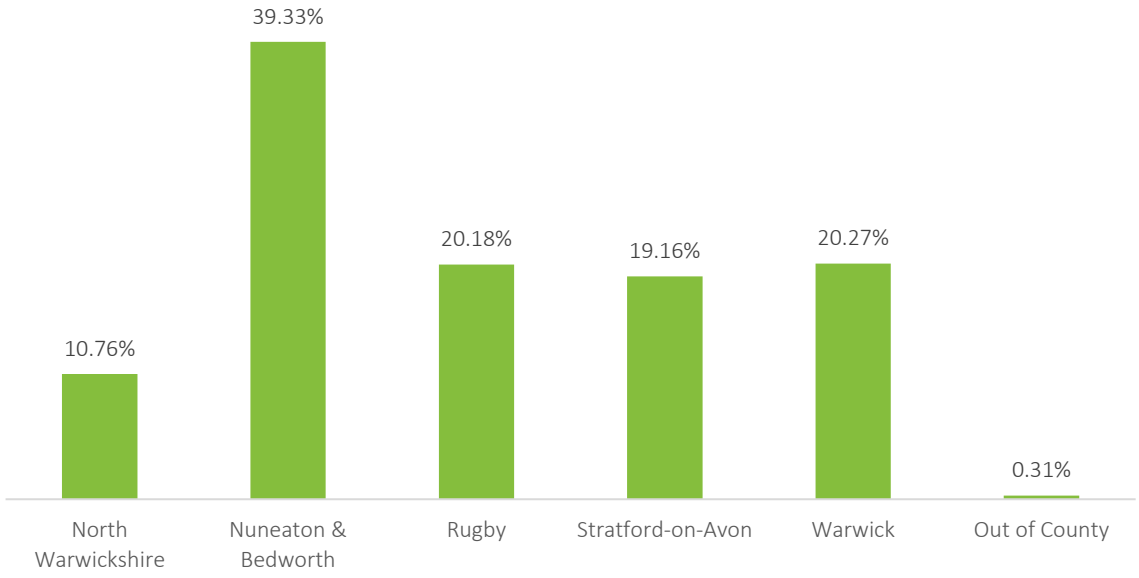
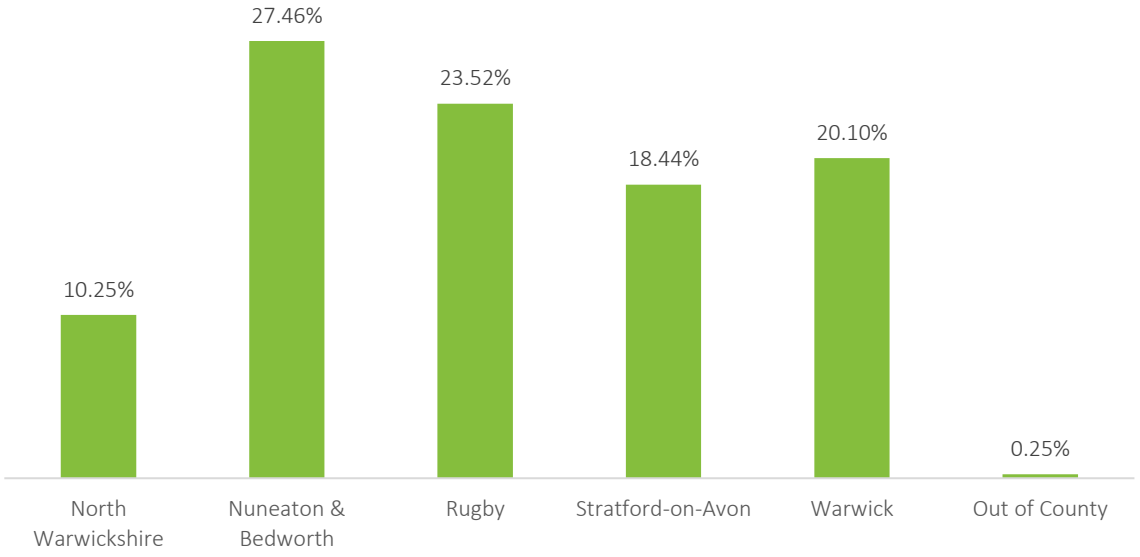
Total number of EHCPs per district & borough (2024)



Total number of new EHCPs in calendar year per district & borough (2024)



- The highest number of total EHCPs were in Nuneaton & Bedworth with nearly double the numbers seen in other areas. The numbers are consistently around 20% for Rugby, Stratford-on-Avon and Warwick.

- The highest number of new EHCPs in 2024 were again in Nuneaton & Bedworth, however, numbers were more consistent in comparison to other areas. Rugby, Stratford-on-Avon and Warwick were again quite similar around the 20% mark.

Warwickshire SEND Services Map

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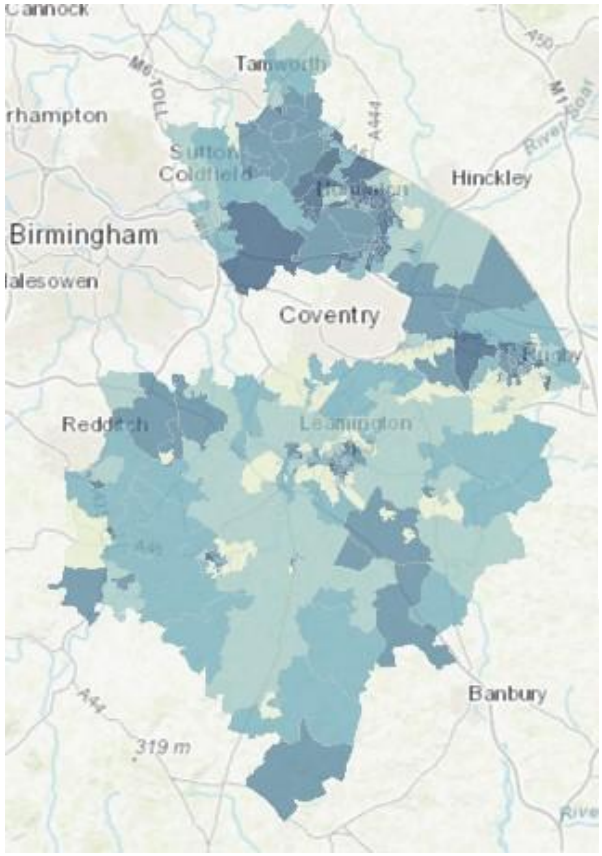

> 22.7 - 63
> 15.2 - 22.7
> 11 - 15.2
> 7.3 - 11
1 - 7.3

The map on the left-hand side depicts the Index of Multiple Deprivation (IMD) score of different areas within Warwickshire (2019). The darker areas are those with higher levels of deprivation. The map on the right-hand side depicts a variety of SEND services available for children across Warwickshire. It is interesting to note that quite a few of the SEND services available are outside of Warwickshire county in and around Coventry. Furthermore, services appear to concentrate around cities such as Warwick, Rugby, Bedworth and Stratford-upon-Avon, with few options in between for families in rural areas of the county. Areas that appear to be more deprived but benefit from fewer services include North Warwickshire, towns surrounding Warwick, and South Warwickshire. The map on the right-hand side cuts off as there are no further services below the ones pinpointed on the map.

Warwickshire CC SEND Service

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In summary it would appear that **SEND is failing currently in Warwickshire CC**, although they are due for another inspection, the previous inspection was quite challenging in terms of headlines.

Warwickshire CC, written Statement of Action following its Joint Area SEND inspection in Sept '21 Ofsted headlines:

- The inspection raises significant concerns about the effectiveness of the local area.
- The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:
  - The waiting times for ASD assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of ASD
  - The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level
  - The incorrect placement of some children and young people with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed
  - The lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of children and young people with SEND
  - The quality of the online local offer.

We also know that the Dedicated Schools Grant is in deficit. Extract from April '25 Cabinet Report.....*The 2024/25 in-year deficit is now forecast at £48.245m which is an increase of £3.028m since Q3, giving a forecast cumulative High Needs DSG deficit of £87.733m at the end of this financial year. Financial projections per the 2025 30 MTFS anticipate further rapid increases to the in-year deficit in 2025/26, growing to £64.0m (73.6% higher than the 2025/26 High Needs Block DSG Grant allocation) giving a forecast cumulative deficit by 31 March 2026 (the currently scheduled end of the DSG Statutory Override) of £151.733m.*

Schools in Warwickshire

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Overview

- There are a total of 266 state-funded schools in Warwickshire, comprising 196 primary schools, 37 secondary schools, and 4 sixth form schools. Warwickshire currently has no Pupil Referral Unit (PRU) places and no schools offering specific provision for teenage mothers. There are 2 schools in the county under Special Measures.
- The total pupil population across all schools is 85,318, with a median pupil-to-teacher ratio of 20.62, which is *the highest in the West Midlands and third highest in England*. The median *percentage of pupils eligible for free school meals is 16%, which ranks Warwickshire as 18th lowest in England for this measure*.

Primary Schools

- There are 196 primary schools in the county. Of these, 10% have been rated 'Outstanding' by Ofsted, and 68% are rated 'Good'. Attainment across primary schools is mixed, with 19% considered low and 16% considered good, though attainment data is missing for around 28% of primary schools. The most common pupil-teacher ratio in primary settings is considered very high.
- Primary schools represent the largest proportion of schools in Warwickshire. Despite a high number of 'Good' ratings, a relatively small percentage are rated 'Outstanding'. The high pupil-teacher ratios may be putting pressure on teaching resources and could contribute to the relatively mixed attainment levels seen across the county.

It should be noted that the data available for CS was limited and the following source was used for the information above: Schools and Education in Warwickshire | SchoolRun

Geographic Distribution

The towns with the most schools in Warwickshire are:

- **Nuneaton**: 36 schools (22 primary, 6 secondary, 2 sixth forms)
- **Rugby**: 33 schools (23 primary, 7 secondary)
- **Royal Leamington Spa**: 16 schools (13 primary, 1 secondary, 1 sixth form)
- **Bedworth**: 13 schools
- **Stratford-upon-Avon** and **Warwick**: 12 schools each

Nuneaton and Rugby are the two most significant hubs for education in the county, reflecting their larger populations and urban profiles. Smaller towns typically have one or two primary schools, with very limited or no secondary or sixth form provision.

Schools in Warwickshire

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Secondary Schools

- Warwickshire has 37 secondary schools, 19% of which have achieved ‘Outstanding’ ratings, while 54% are rated ‘Good’. Attainment levels are split quite evenly between high (22%) and low (19%), with 14% of schools lacking attainment data. Secondary schools in Warwickshire generally have a low pupil-to-teacher ratio, indicating smaller class sizes compared to primary schools.
- Secondary schools in Warwickshire are performing slightly better than primary schools in terms of ‘Outstanding’ ratings. The lower pupil-teacher ratio suggests more manageable class sizes, which may support the stronger attainment distribution observed in this sector.

Sixth Form Schools

- There are 4 schools serving sixth-form education in Warwickshire. All four are rated ‘Good’, with 0% rated ‘Outstanding’. In terms of attainment, data is quite limited with only 1 school being classified as good and data is missing for the other 3 schools. Sixth form schools typically have a low pupil-teacher ratio.
- While the sixth form provision is limited in number, it is consistent in quality, with all institutions rated Good by Ofsted. The small class sizes are a strength, though the lack of comprehensive attainment data makes it difficult to assess performance trends fully.

Schools in Warwickshire
Permanent Exclusions in Primary

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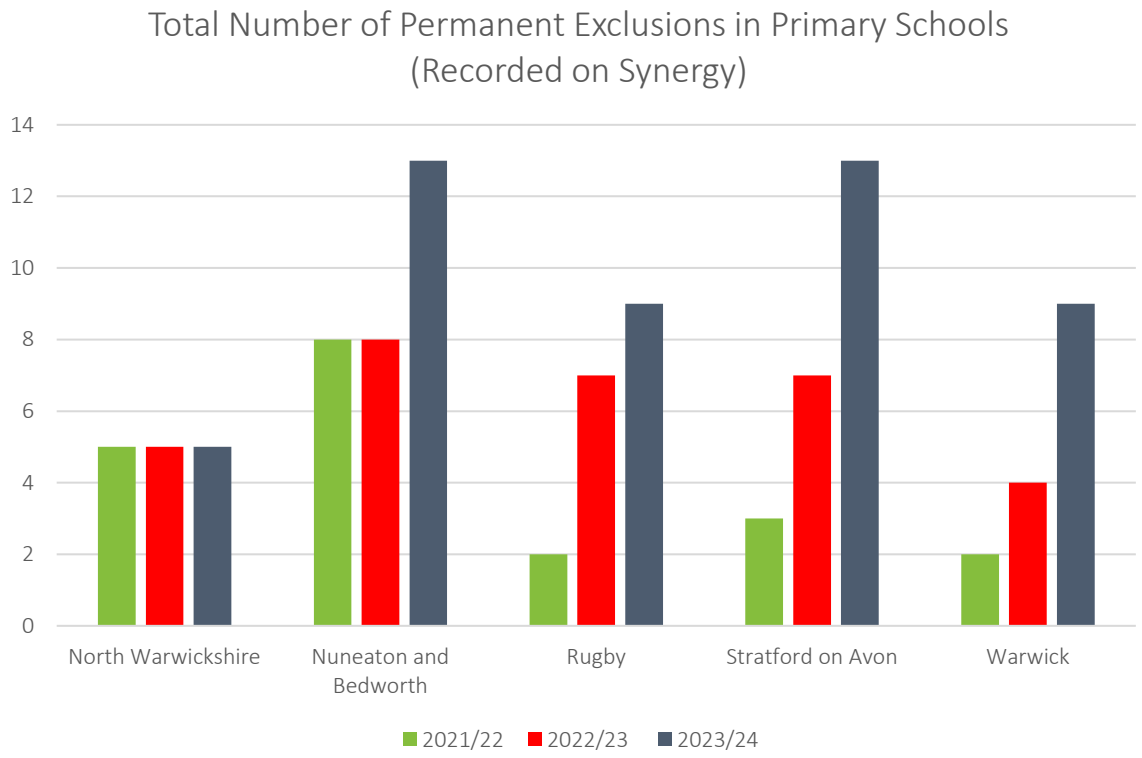

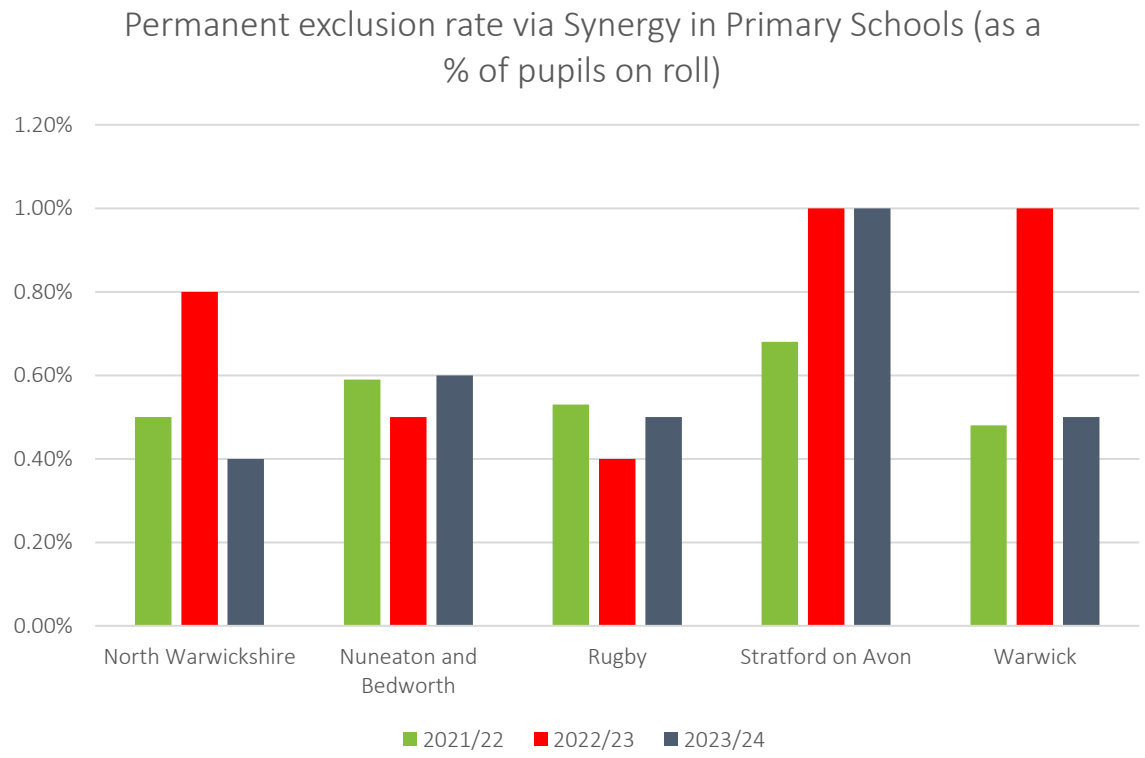

- The percentage of permanent exclusions in primary schools whilst low are increasing, having doubled in Stratford on Avon and Warwick Primary Schools.

Schools in Warwickshire
Permanent Exclusions in Secondary

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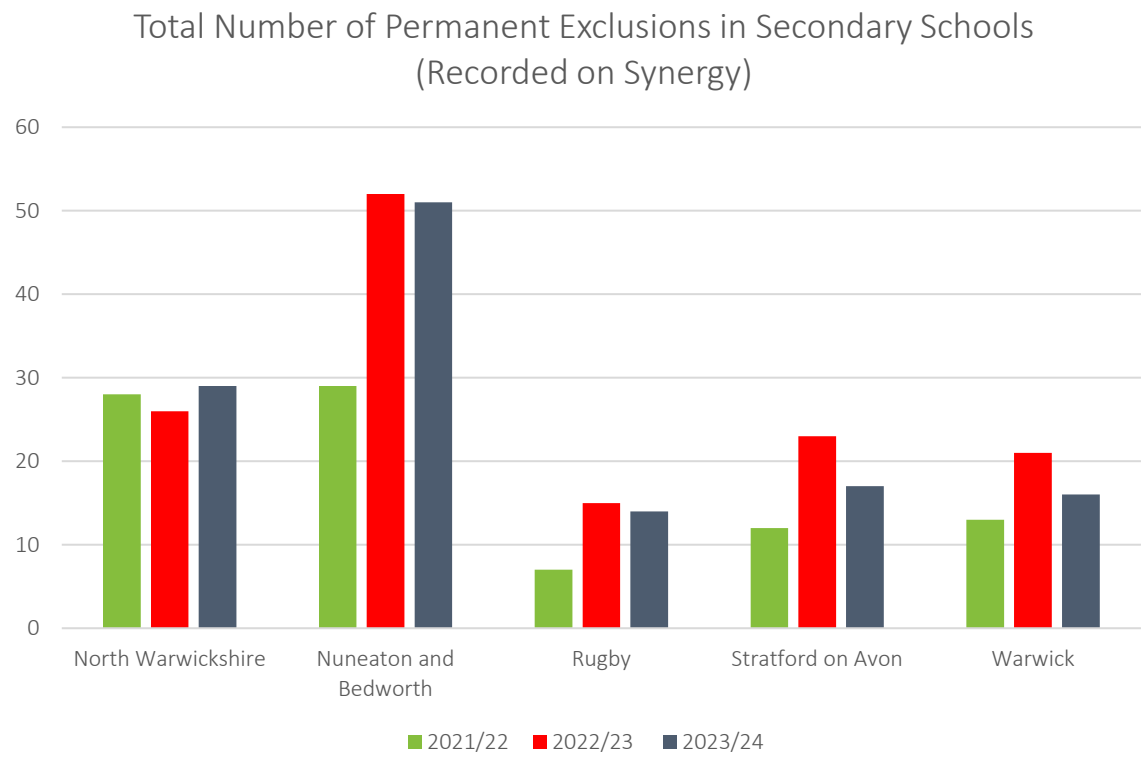
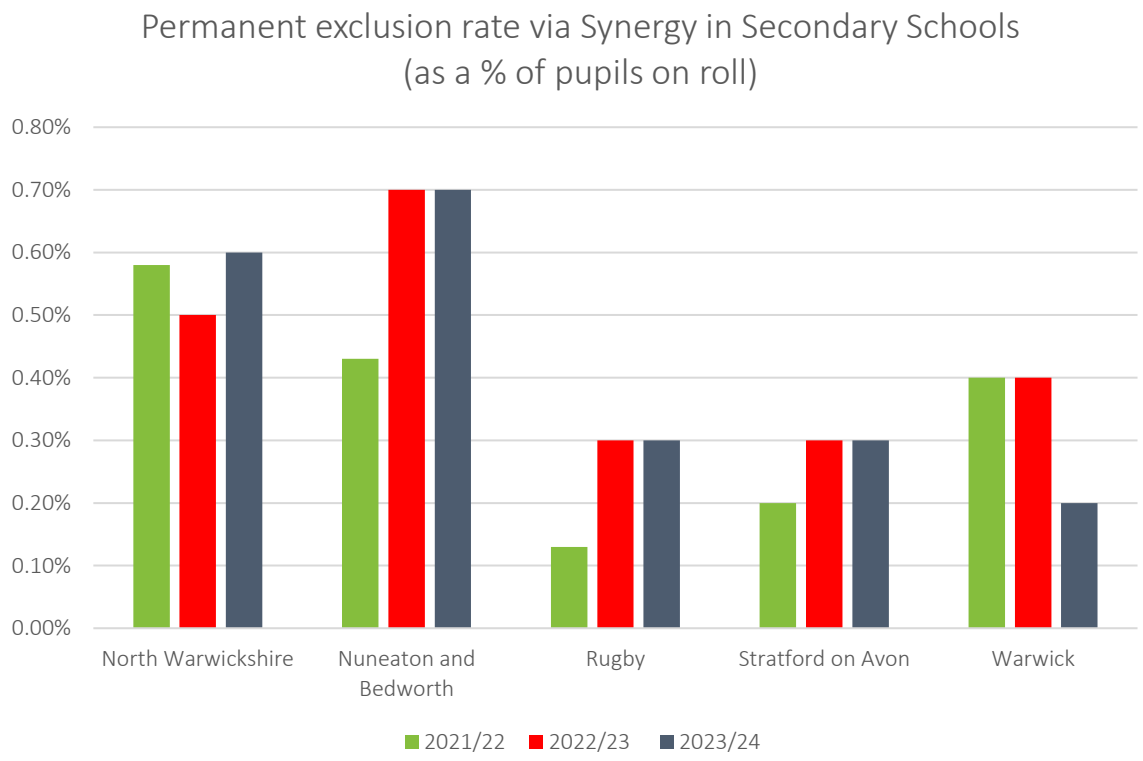
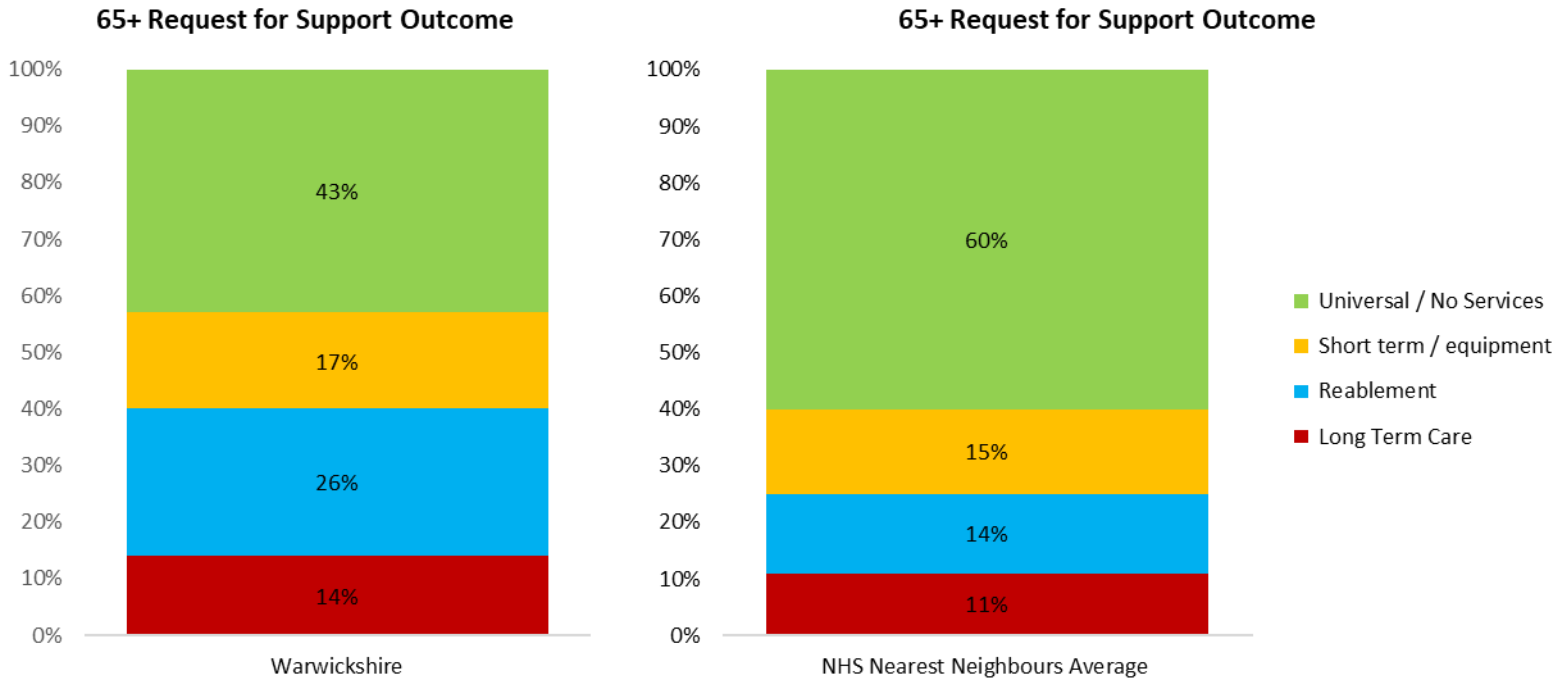




- Encouragingly permanent exclusions are static or reducing across Warwickshire's secondary schools, although Nuneaton & Bedworth saw a significant increase in 2022/23.

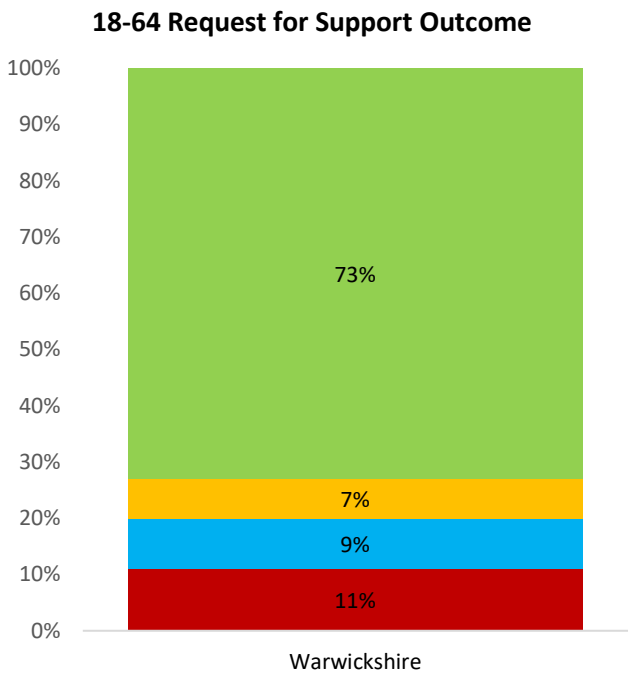
Adult Social Care Demand – Older People 65+

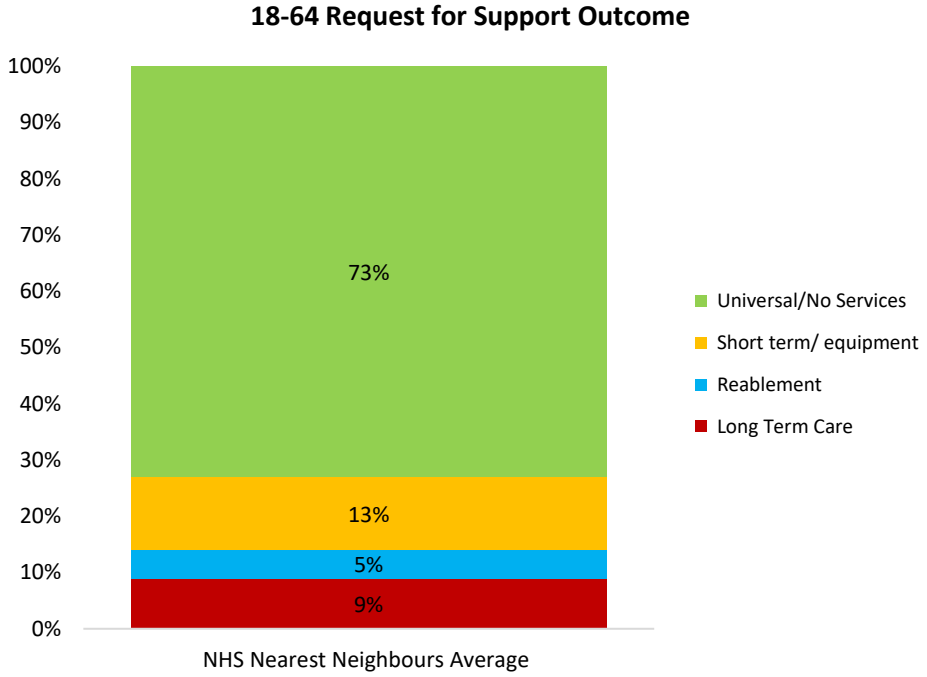


**Data source 2023/24 ASCFR*

- A lower number are diverted away at the front door to ASC compared to WCC's NHS Nearest Neighbour. However, Peopletoo best practice would strive for 80% diverted to universal services or information and advice.
- WCC is offering a higher number of short term intervention services including Reablement which is positive, but questionable whether an intense Reablement service would have always been required or could people have been signposted to other short term community support.
- WCC do have a higher number in Long Term Support.

Adult Social Care Demand – Working Age Adults

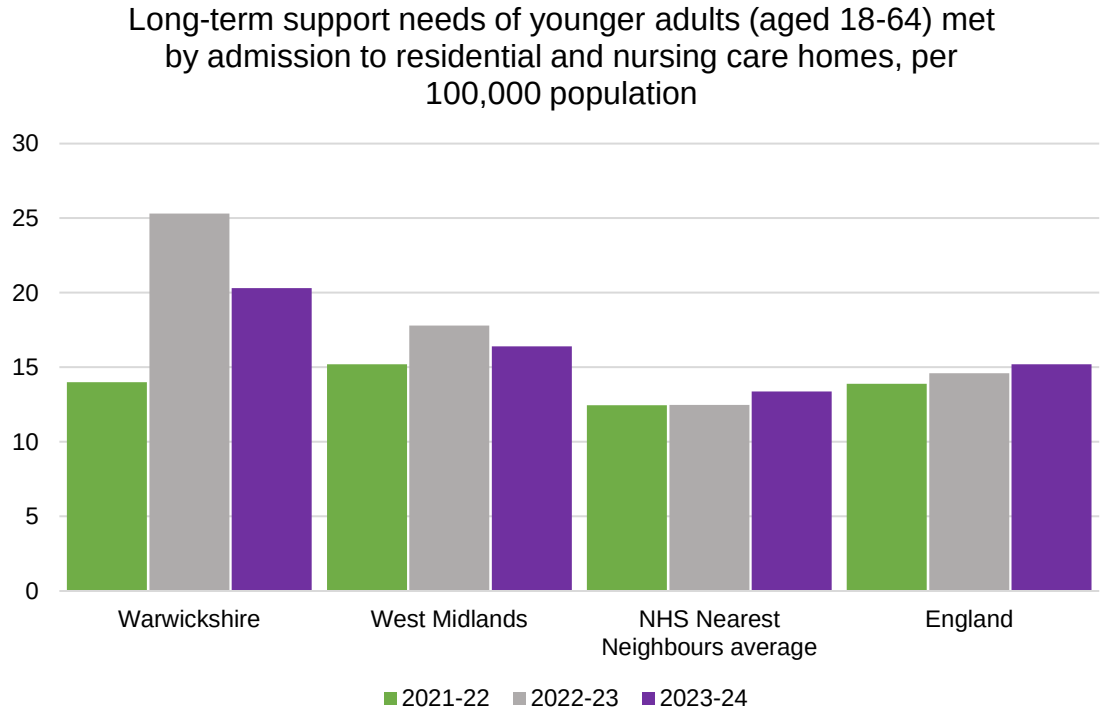


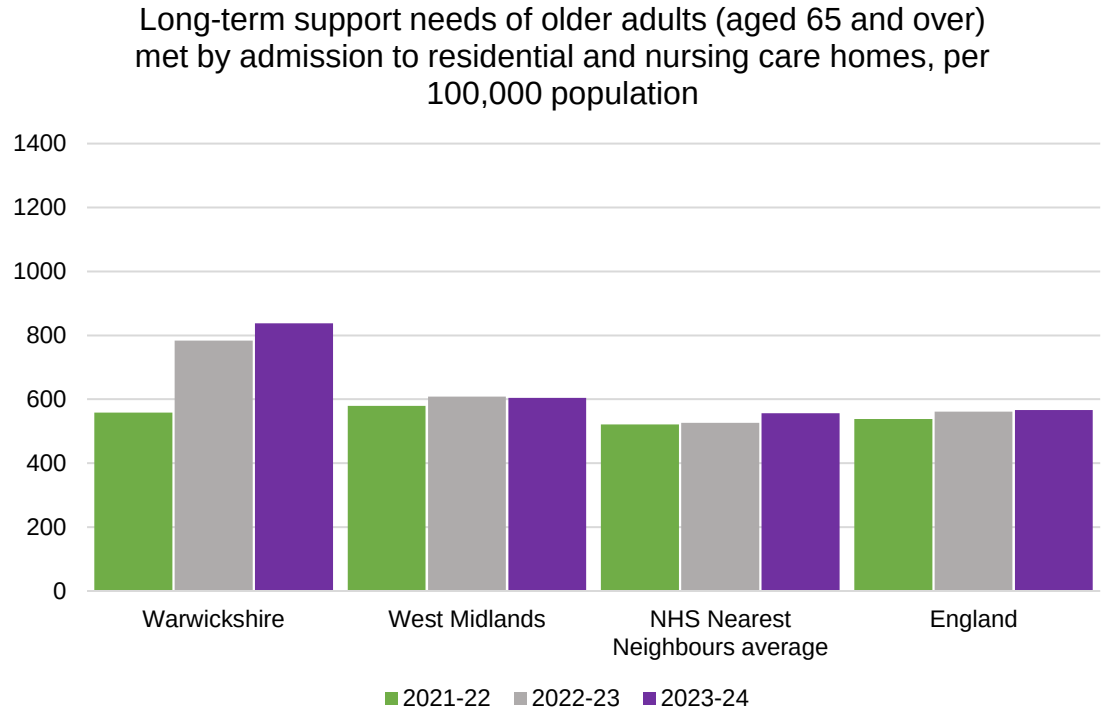


- WCC are in line with its NHS nearest neighbours in relation to numbers diverted away at the front door to ASC. However, Peopletoo best practice would strive for 80% diverted to universal services or information and advice.
- WCC is offering a lower number of short term intervention services including Reablement.
- WCC do have a higher number in Long Term Support.

**data source 2023/24 ASCFR*

Adult Social Care Outcomes

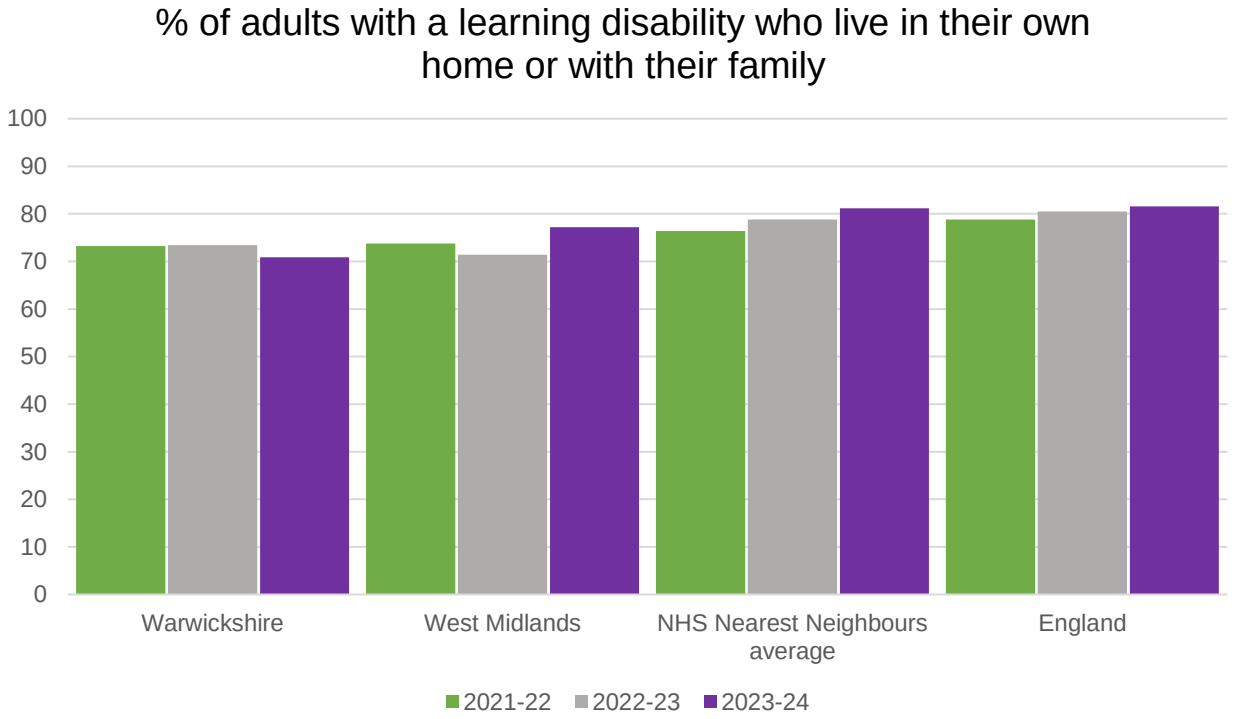




- In 2023-24 at 20.3 per 100,000 population, a larger proportion of younger adults' long-term support needs were met by admission to residential and nursing care homes in Warwickshire than regional (16.4), NHS Nearest Neighbours (13.4) and England (15.2).
- In 2023-24 at 838.1 per 100,000 population, a far larger proportion of older adults' long-term support needs were met by admission to residential and nursing care homes in Warwickshire than regional (603.8), NHS Nearest Neighbours (555.9) and England (566).

**Data source 2023/24 ASCFR*

Adult Social Care Outcomes



- In 2023-24 a lower proportion of adults (70.9%) in Warwickshire with a learning disability lived in their own home or with family than regional (77.2%), NHS Nearest Neighbours (recognised benchmarking group) (81.2%) and England (81.6%). This correlates with the previous slide showing Warwickshire CC having a larger proportion than comparators of adults in residential and nursing placements.

**Data source 2023/24 ASCFR*

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3) The Local Market

Warwickshire County Map

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This map of county boundaries in Warwickshire was utilised to visualise the number of providers across counties which have been rated by Care Quality Commission (CQC).

The 5 areas comprising Warwickshire include:

- North Warwickshire Borough
- Nuneaton & Bedworth Borough
- Rugby Borough
- Warwick District
- Stratford-on-Avon District

The red line across the map indicates the proposed split in a 2-unitary model.

Warwickshire-Wide Providers & CQC Ratings

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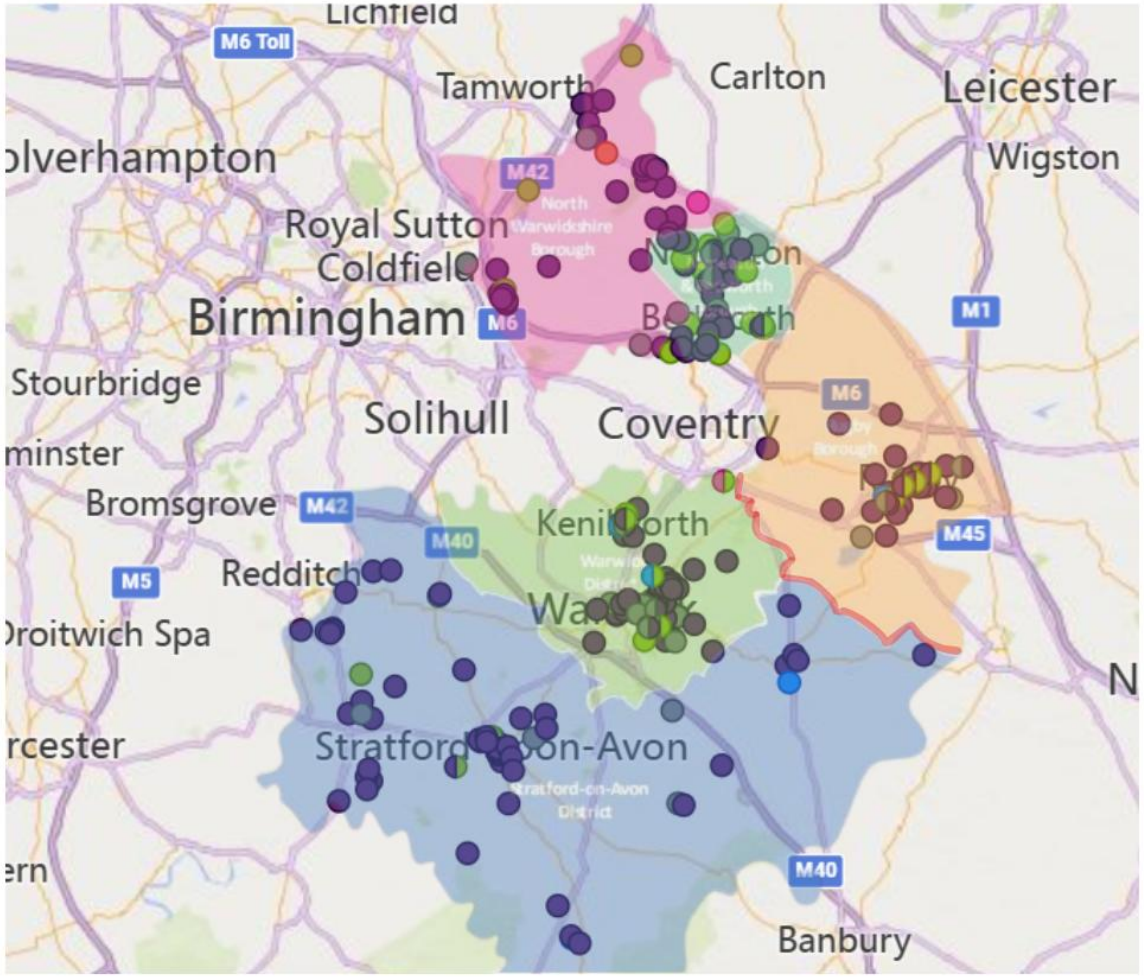

Location Latest Overall Rating (Blank) Good Inadequate Not Rated Outstanding Requires improvement

- This map depicts the CQC rated providers across Warwickshire, with ratings being colour coordinated. This map also visualises where providers can be accessed by residents.
- There is a clear cluster of providers around certain cities and towns, including Nuneaton, Bedworth, Rugby, Kenilworth, Warwick and Stratford-on-Avon.
- While there are dispersions of providers throughout Warwickshire, there do seem to be fewer providers in more rural areas. These include parts of Rugby Borough, Stratford-on-Avon District and North Warwickshire Borough. It should also be noted that the providers in Warwick District seem quite concentrated near larger population areas, with few in the Northwest of the district.
- This distribution of providers can present opportunities to potentially develop the micro provider market, to support areas where capacity/ access is an issue.

CQC Rated ‘Outstanding’ & ‘Good’ Providers

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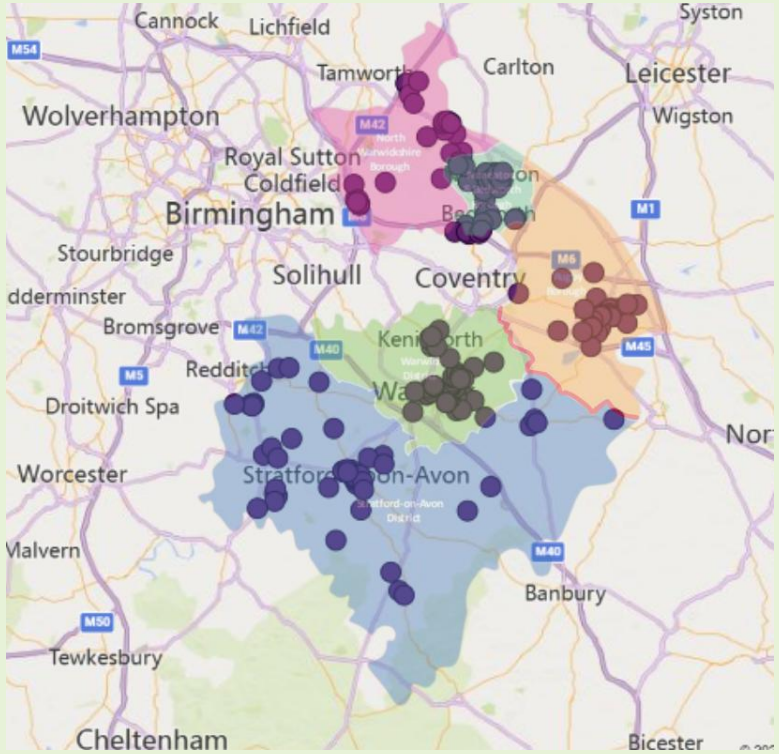
‘Outstanding’ Providers

The ‘outstanding’ rated providers in Warwickshire are concentrated in Mid-Warwickshire, with only one situated in the South. North-Warwickshire seems to have no ‘outstanding’ providers.

‘Good’ Providers



‘Good’ CQC rated providers are well-dispersed across the districts and boroughs, with each containing multiple to choose from and making access easier for residents. It should be noted that the South does seem to have fewer providers, potentially making it harder for residents to access services in the South/Southeast.

CQC Rated ‘Requires Improvement’ & ‘Inadequate’ Providers

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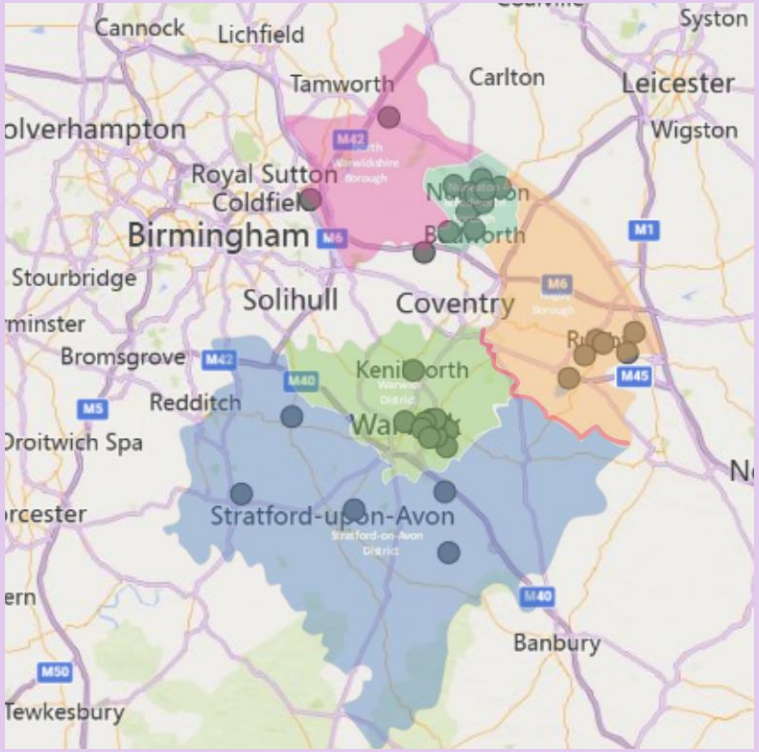
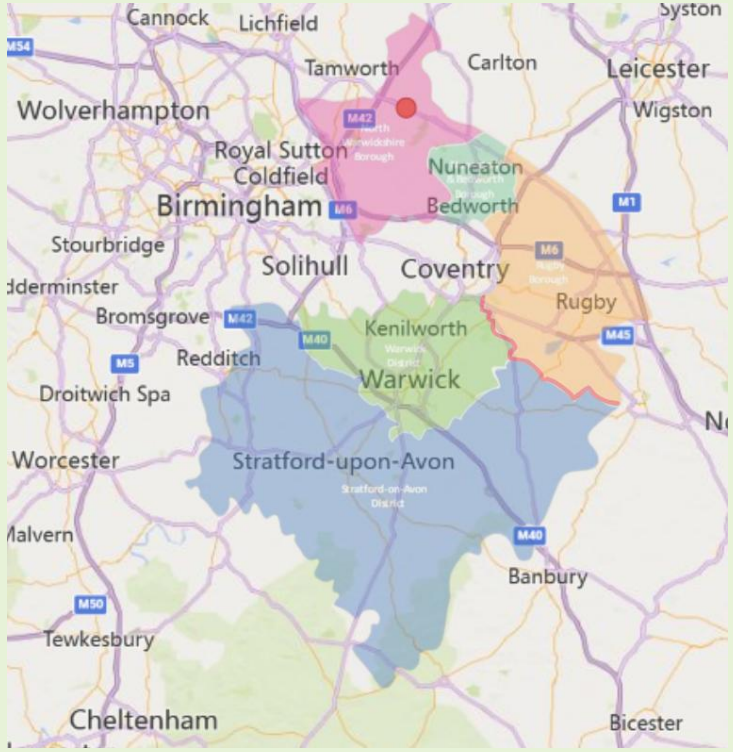
‘Requires Improvement’ Providers



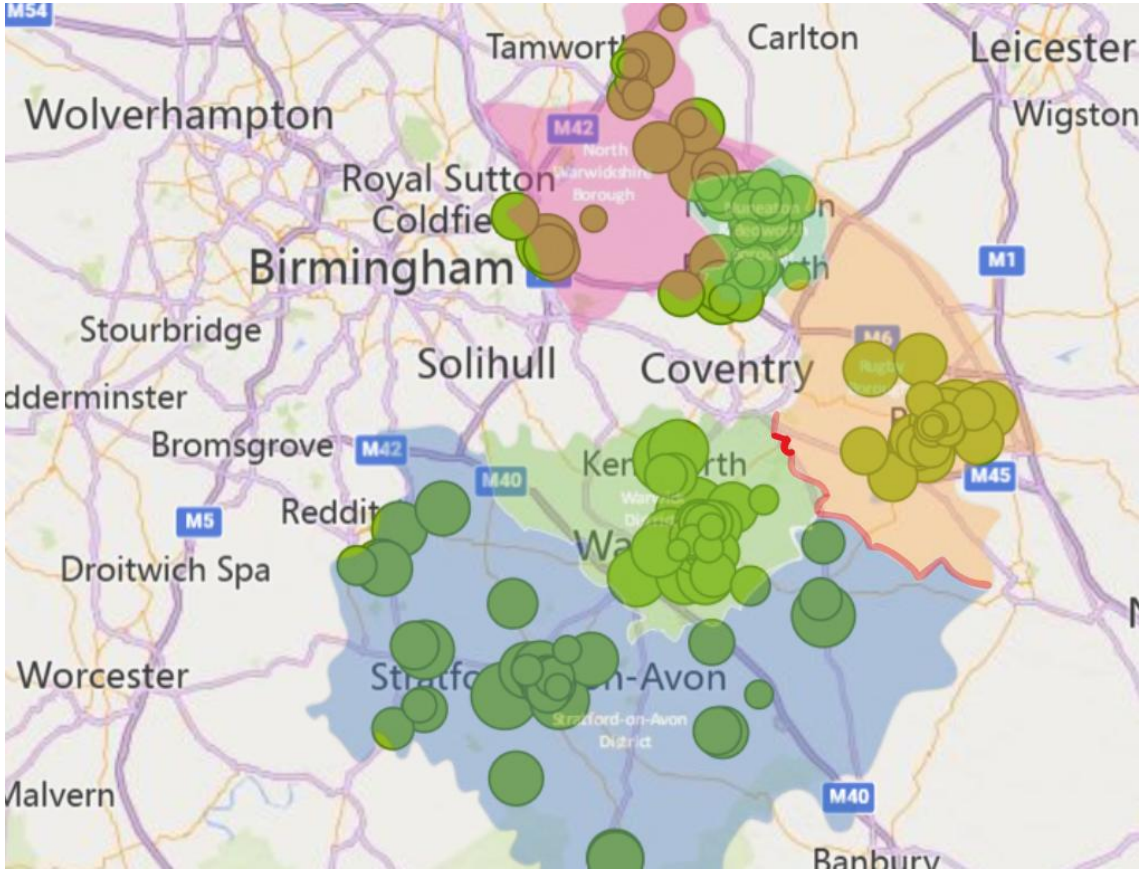
Providers rated as ‘requiring improvement’ appear to be concentrated in Nuneaton & Bedworth, Warwick and Rugby. These are also the areas that have received higher scores for deprivation, particularly in North Warwickshire. This presents an opportunity to work with local providers to improve outcomes.

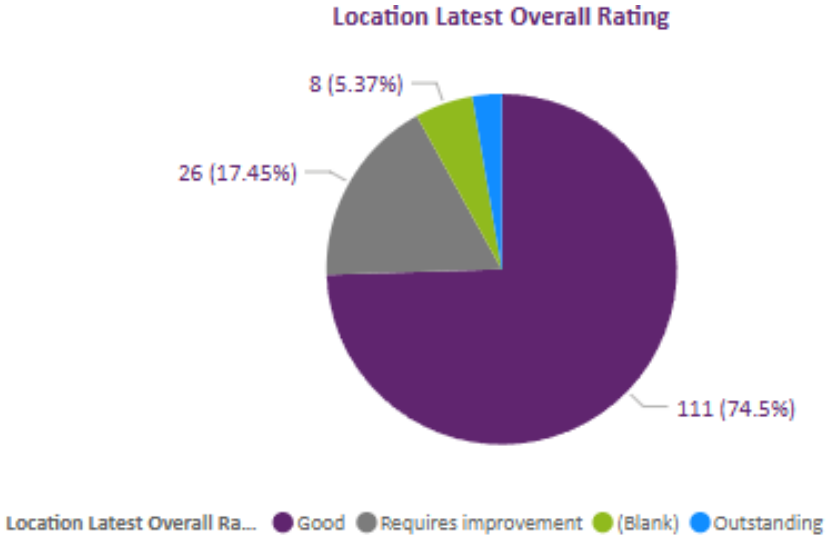
‘Inadequate’ Providers



There is only one ‘inadequate’ rated provider in Warwickshire which is situated in North Warwickshire Borough. There are also two RI rated providers in this area with no ‘outstanding’ providers in the nearby boroughs. There are some ‘good’ rated providers, however, this does limit the quality of services accessible to residents in a more deprived area.

Residential Care Providers
Older People (65+)

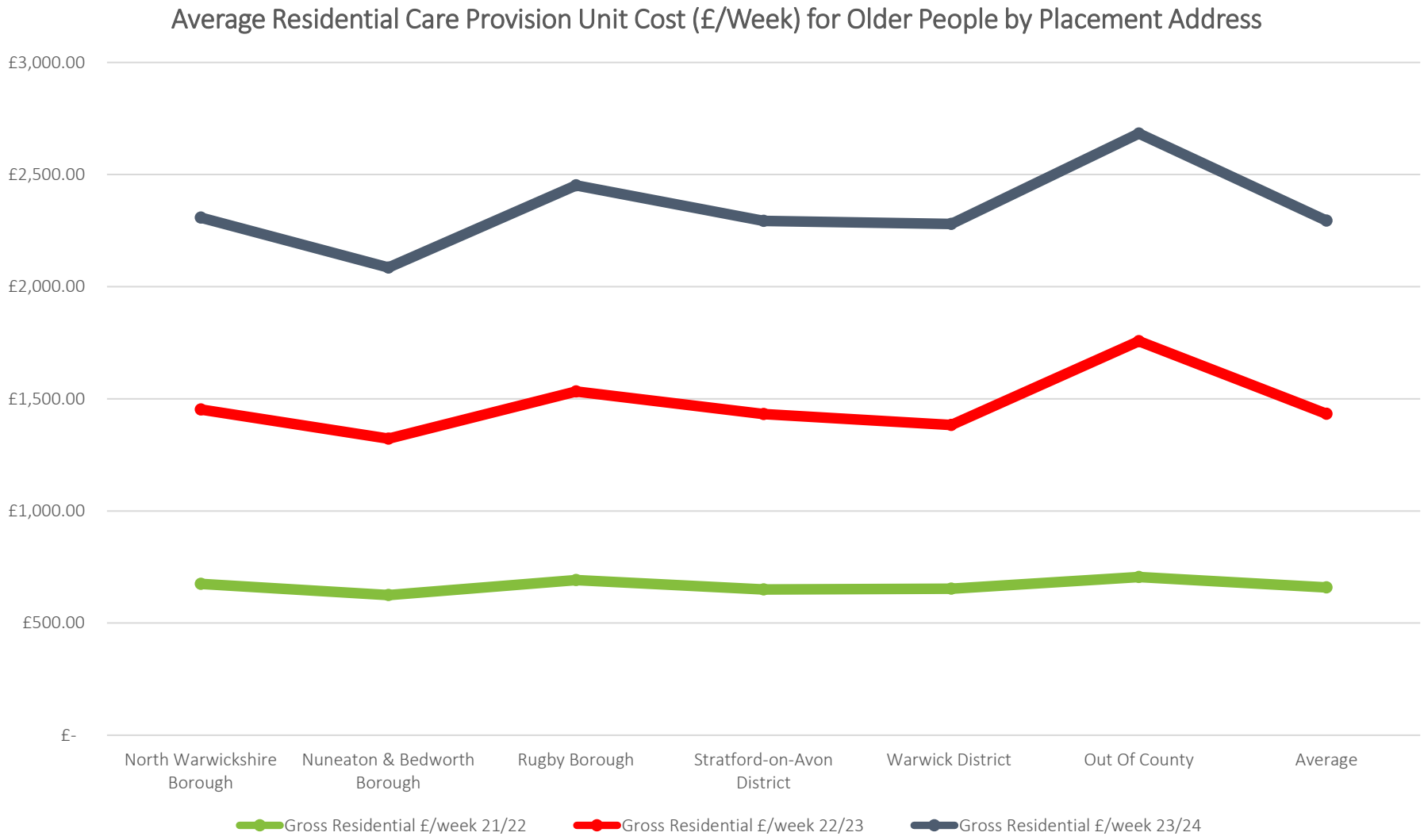




Older People:

- There re 87 providers registered with CQC as providing residential care for older people in 149 locations across Warwickshire, 74% of which are rated as Good and only 3% Outstanding.

Average Residential Care Unit Costs (2021/22 – 2023/24)
Older People (by Placement Address)

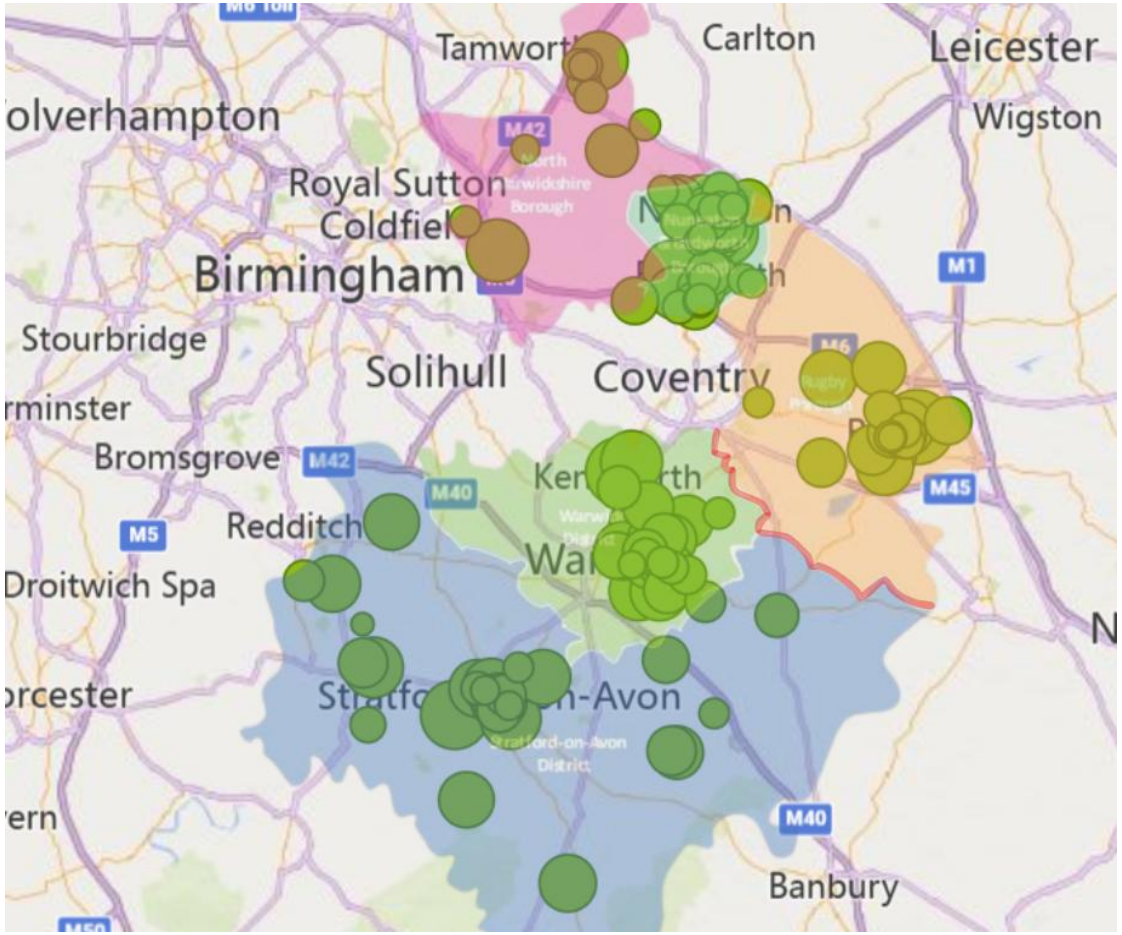


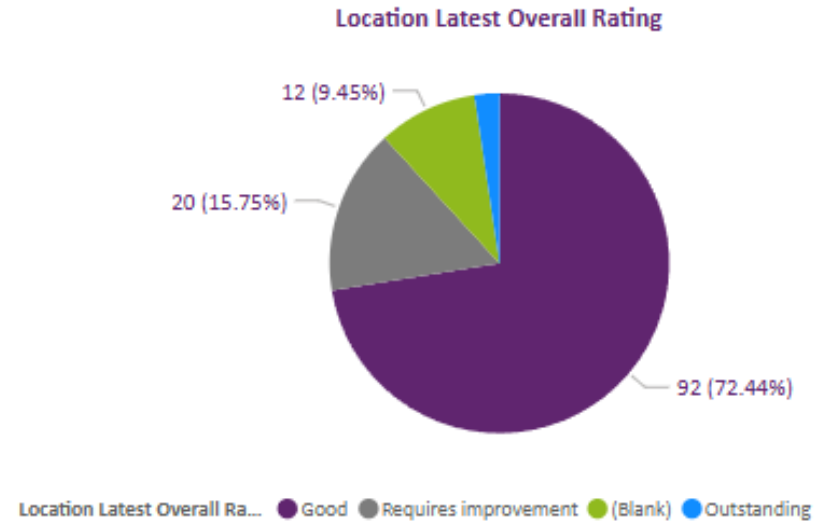
Older People Residential Care:

- Unit costs are higher in Rugby and out of county.
- The data also shows that weekly unit costs have been rising significantly year on year across the County, with the largest increases in 2023/24.

**Data provided by WCC*

Residential Care Providers
Working Age Adults (18-64)



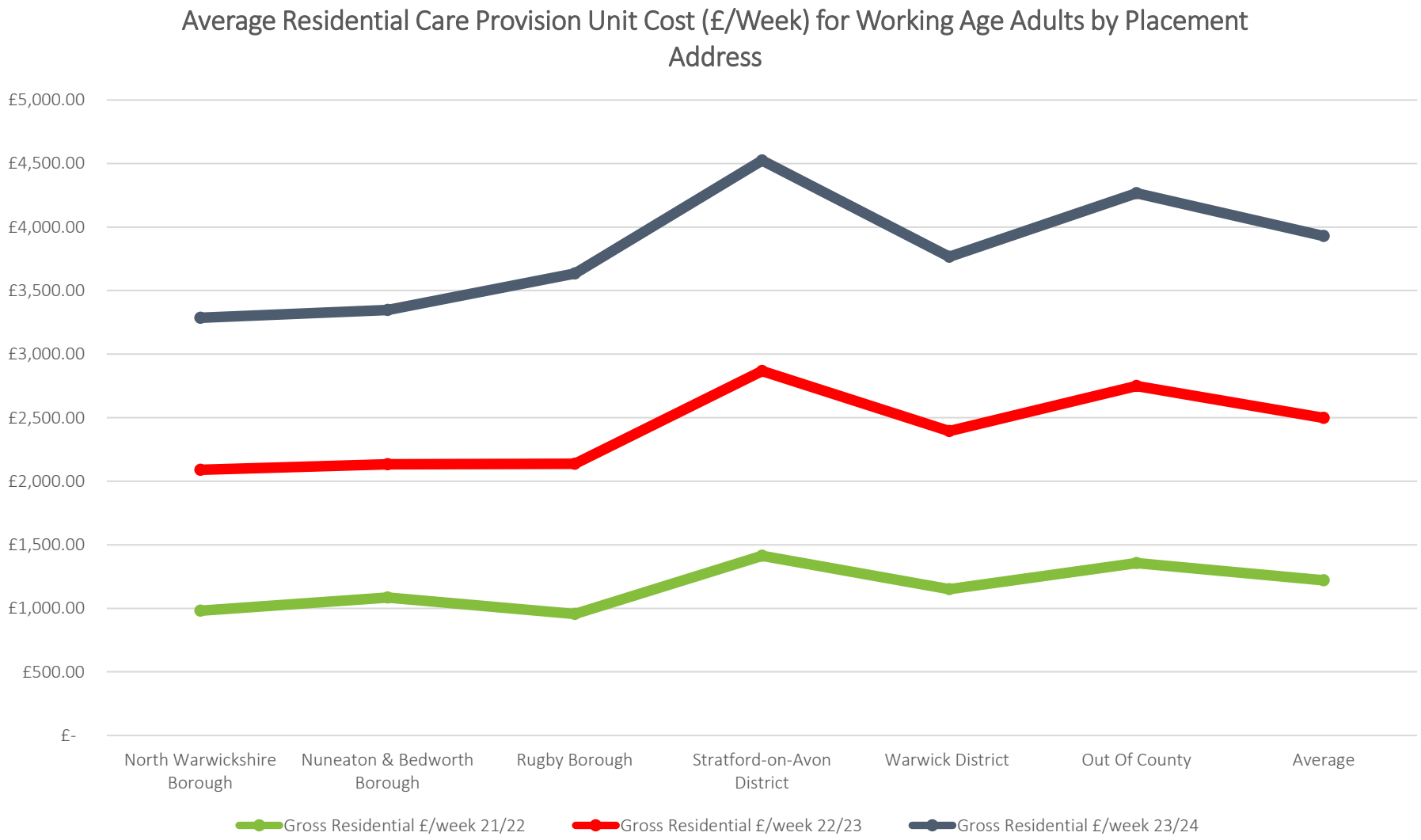


Working Age Adults

- There re 74 providers registered with CQC as providing residential care for working age adults in 127 locations across Warwickshire. 72% of which are rated as Good with only 2.5% Outstanding.

Average Residential Care Unit Costs (2021/22 – 2023/24)

Working Age Adults (by Placement Address)

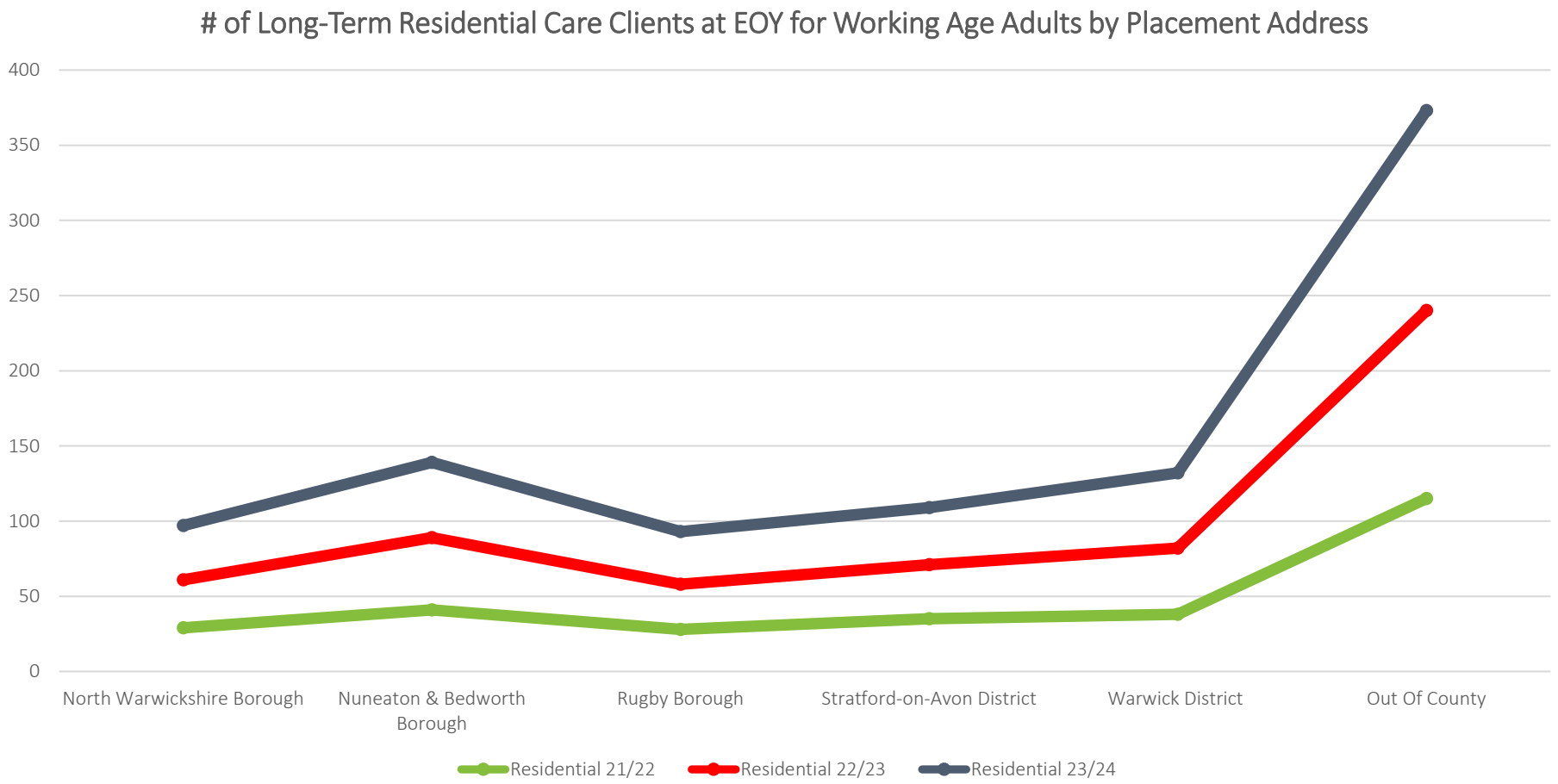


Working Age Adults Residential Care:

- Unit costs vary, the highest being in Stratford on Avon and Out of County.
- The data shows that weekly unit costs have been rising significantly year on year across the County, but with higher increases in 2023/24.

** Data provided by WCC*

Clients Accessing Long-Term Residential Care at EOY (2021/22 – 2023/24) – Working Age Adults (by Placement Address)

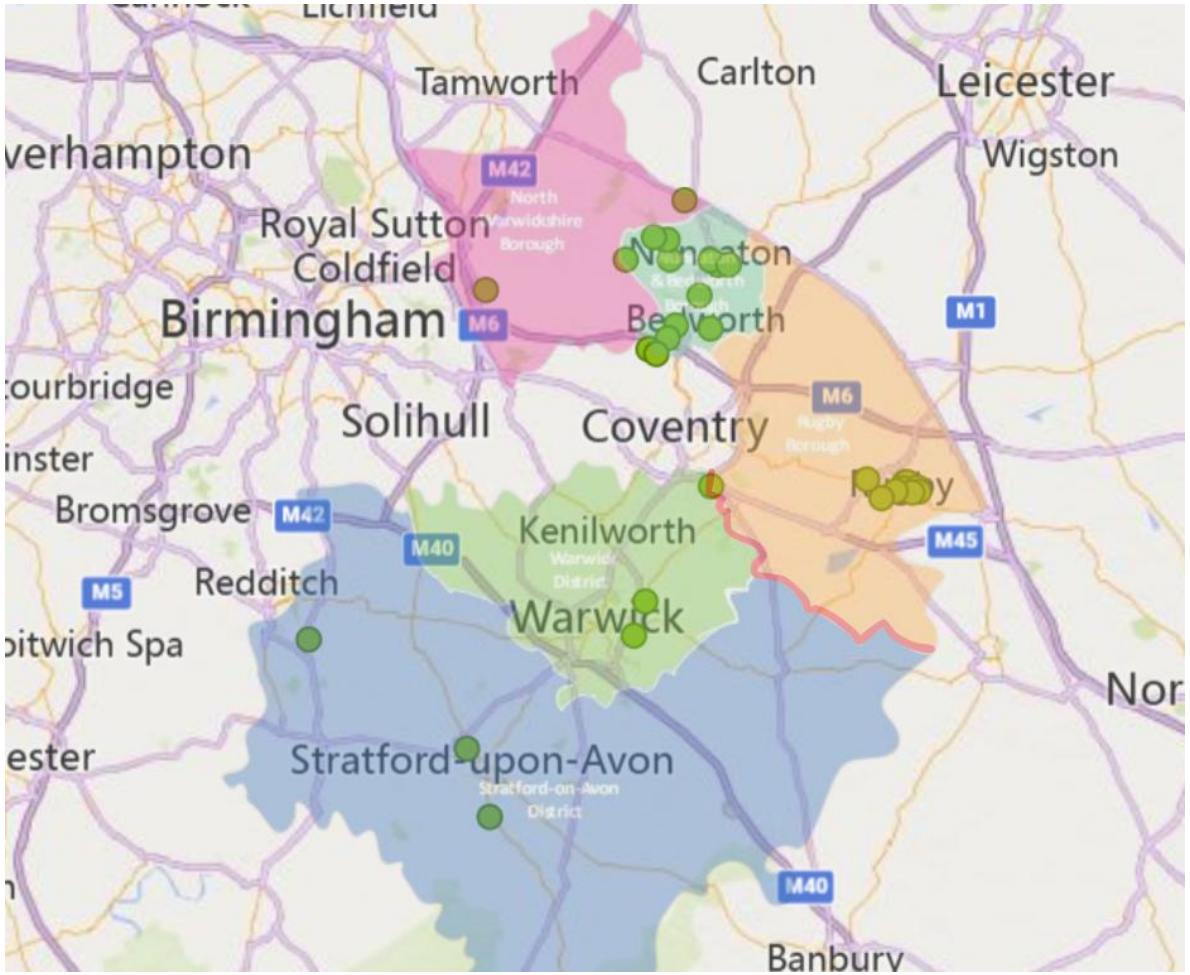


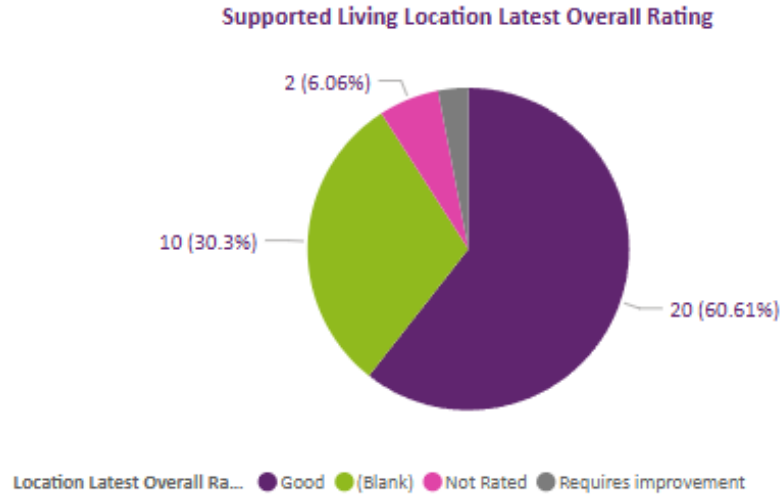
Working Age Adults Residential Care Placements:

- The highest number of working age residential placements are “out of county”, which given there would appear to be capacity in the County, and these are on average higher unit costs than placements in the County, would indicate that currently commissioning of the right quality provision in the County may be challenging.

** Data provided by WCC*

Supported Living Providers
Working Age Adults (18-64)

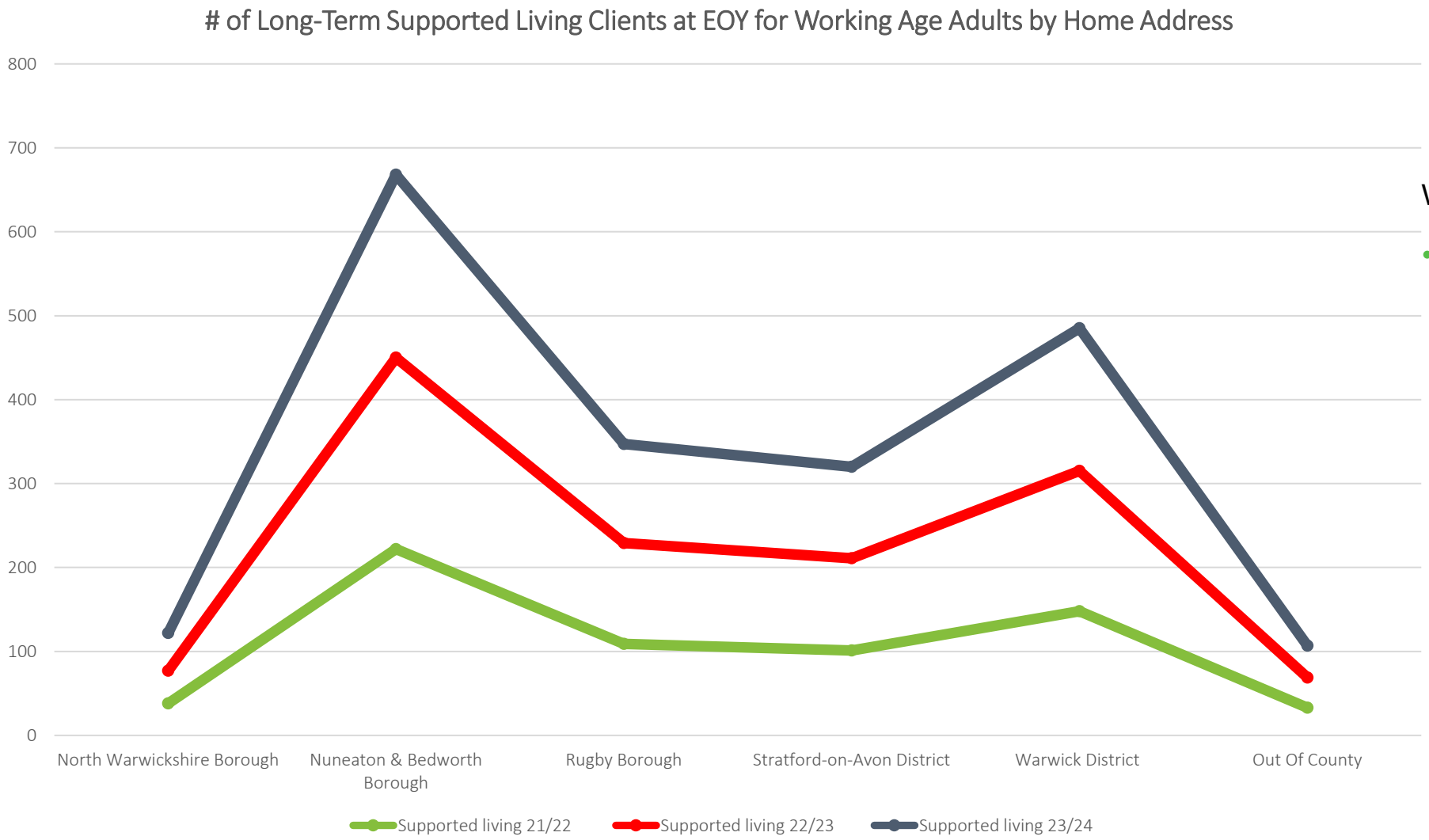




Working Age Adults:

- In relation to Supported Living, there are 30 providers across 33 locations in Warwickshire, the majority of which are located in Nuneaton and Bedworth, with very little provision located in Stratford or Warwick.

Clients Accessing Long-Term Supported Living at EOY (2021/22 – 2023/24) – Working Age Adults (by Home Address)



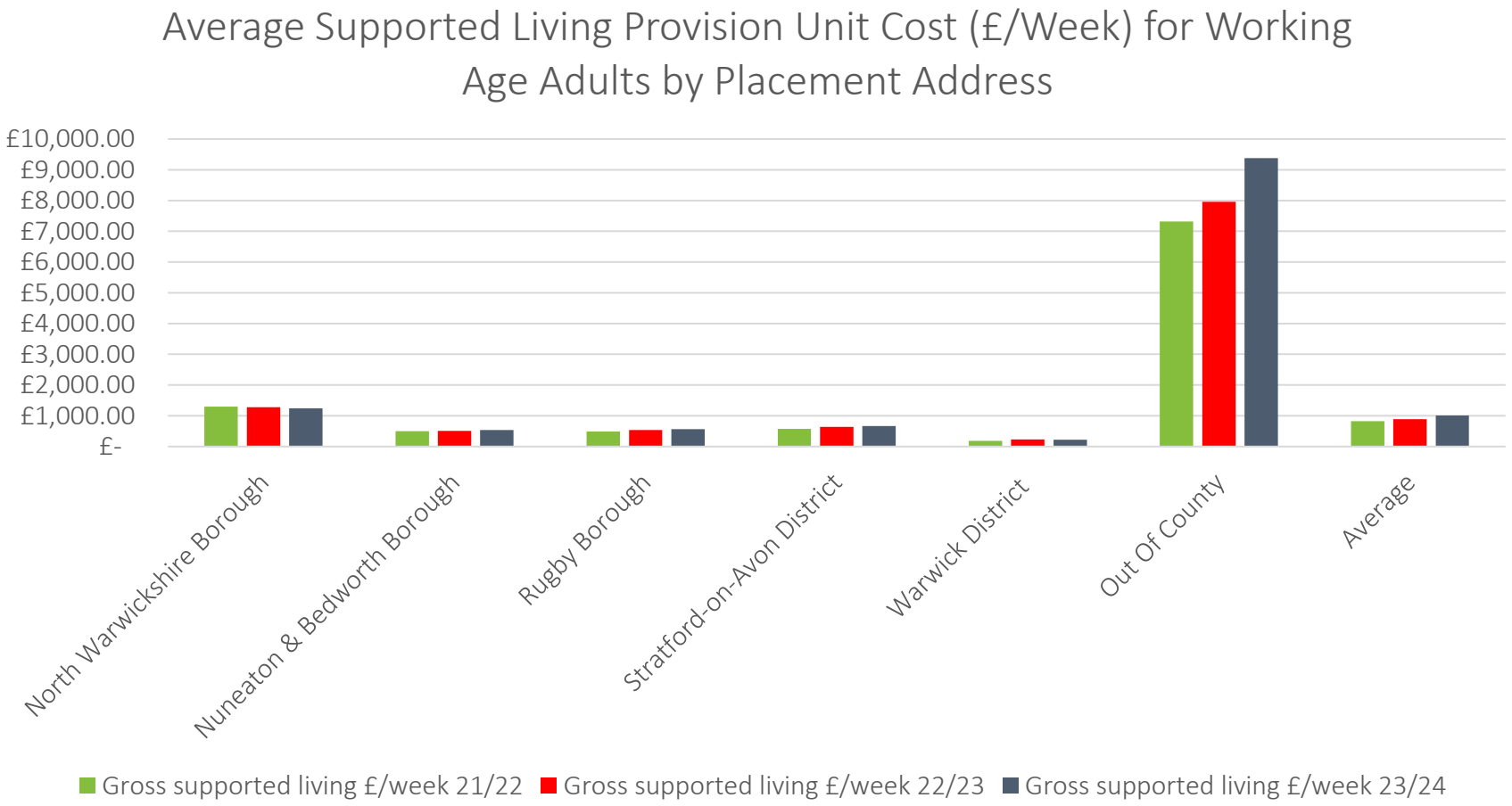
Working Age Adults:

- The highest areas of demand for supported living are Nuneaton & Bedworth and Warwick.

** Data provided by WCC*

Average Supported Living Unit Costs (2021/22 – 2023/24)

Working Age Adults (by Placement Address)



Working Age Adults:

- Unit costs are variable, with the highest rates being out of county, and within county being North Warwickshire. Higher rates in the North are no doubt linked to capacity, with the CQC data identifying only one provider in North Warwickshire.

** Data provided by WCC*

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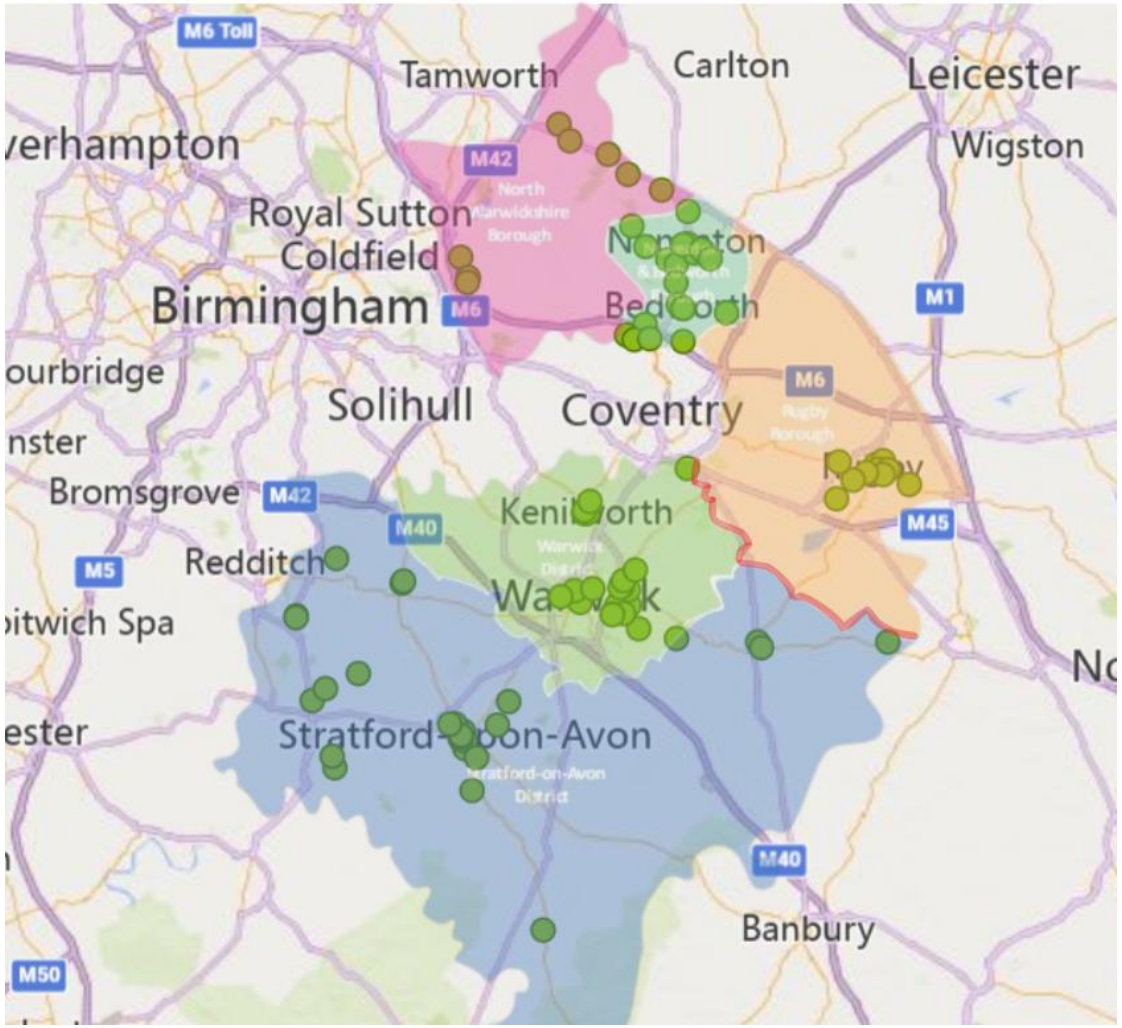
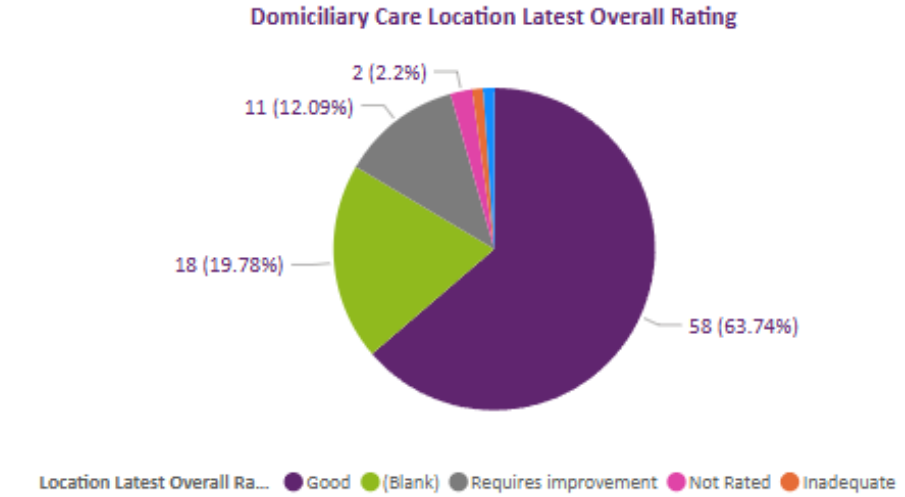
Domiciliary Care

Domiciliary Care Providers
Older People (65+)

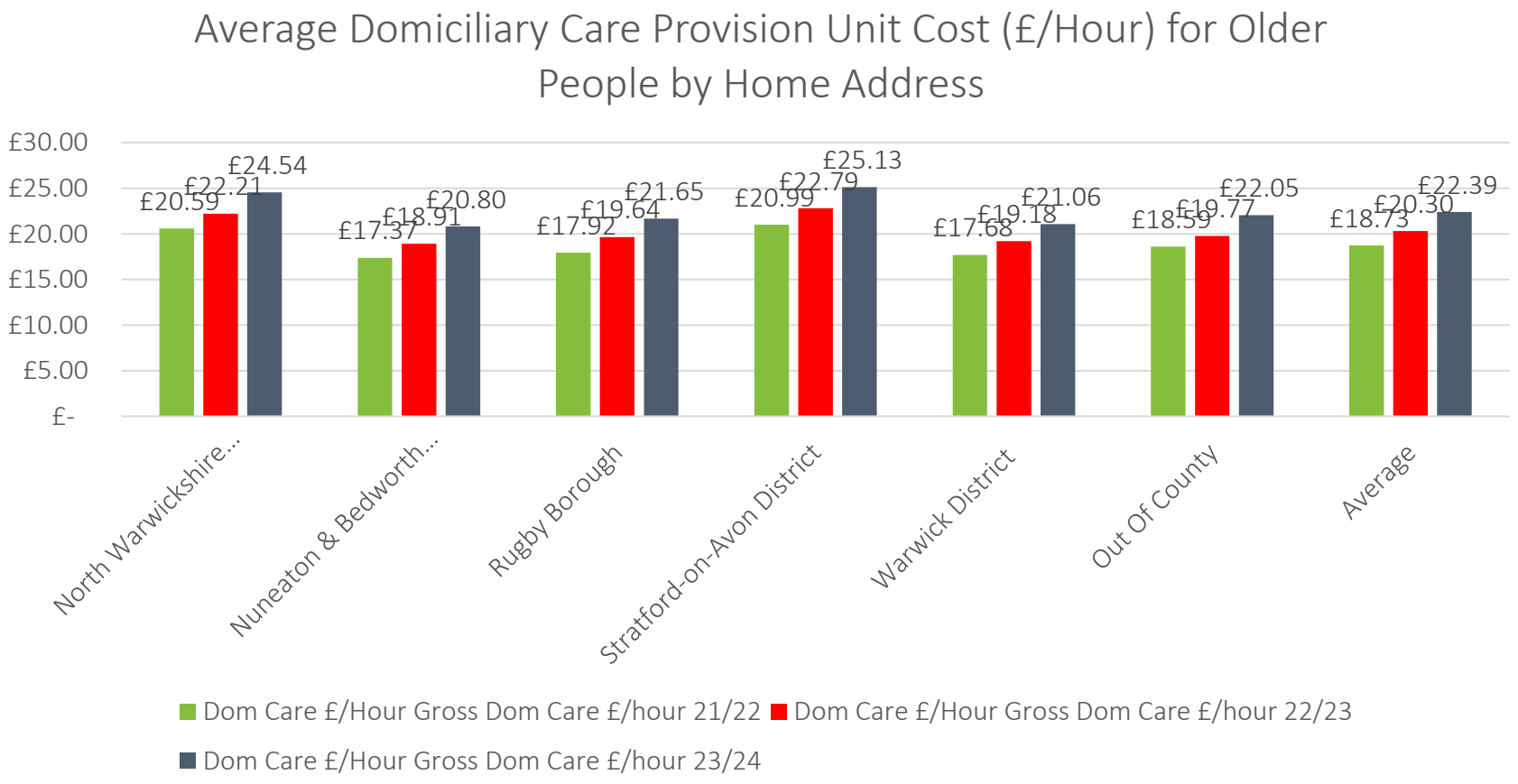




Older People

- There re 84 providers registered with CQC as providing domiciliary care for older people, based in 96 locations across Warwickshire, 64% of which are rated as Good, with very few Outstanding.
- The map indicates that there are fewer providers with office locations in North Warwickshire and Stratford upon Avon, which may impact capacity.

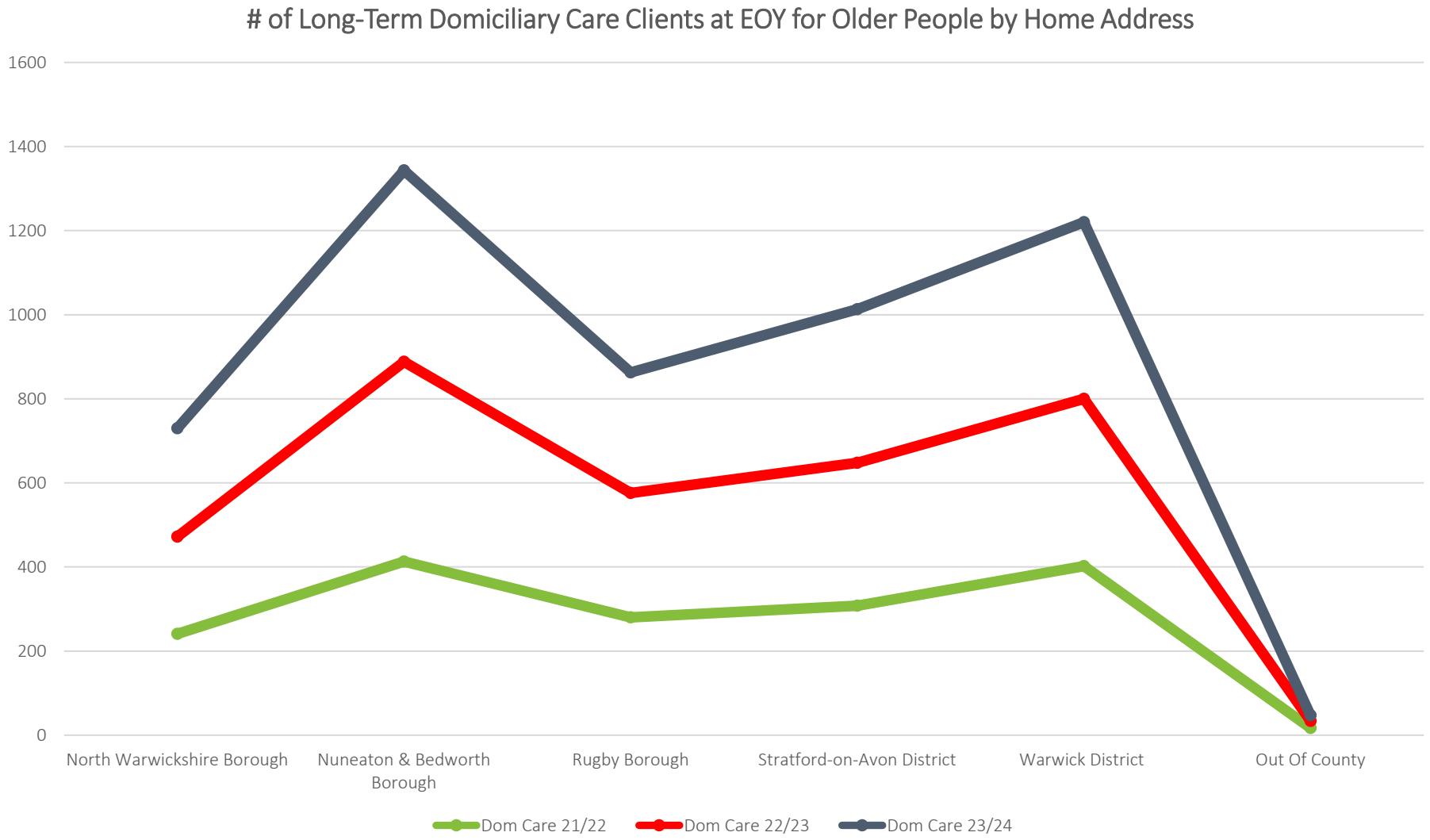
Average Domiciliary Care Unit Costs £ per Hour (2021/22 – 2023/24) – Older People (by Home Address)



- Rates seem to vary across the County. Unsurprisingly given the amount of potential self funders and challenges with capacity, the highest rate is in Stratford on Avon, which has also seen the steepest increase. The next highest average rate is in North Warwickshire, which again may be due to issues with capacity, but also less demand.

** Data provided by WCC*

Clients Accessing Long-Term Domiciliary Care at End of Year (EOY) (2021/22 – 2023/24) – Older People (by Home Address)



- Given populations sizes and demographics, unsurprisingly the area with the most demand for social care commissioned domiciliary care is Nuneaton & Bedworth, although closely followed by Warwick.

** Data provided by WCC*

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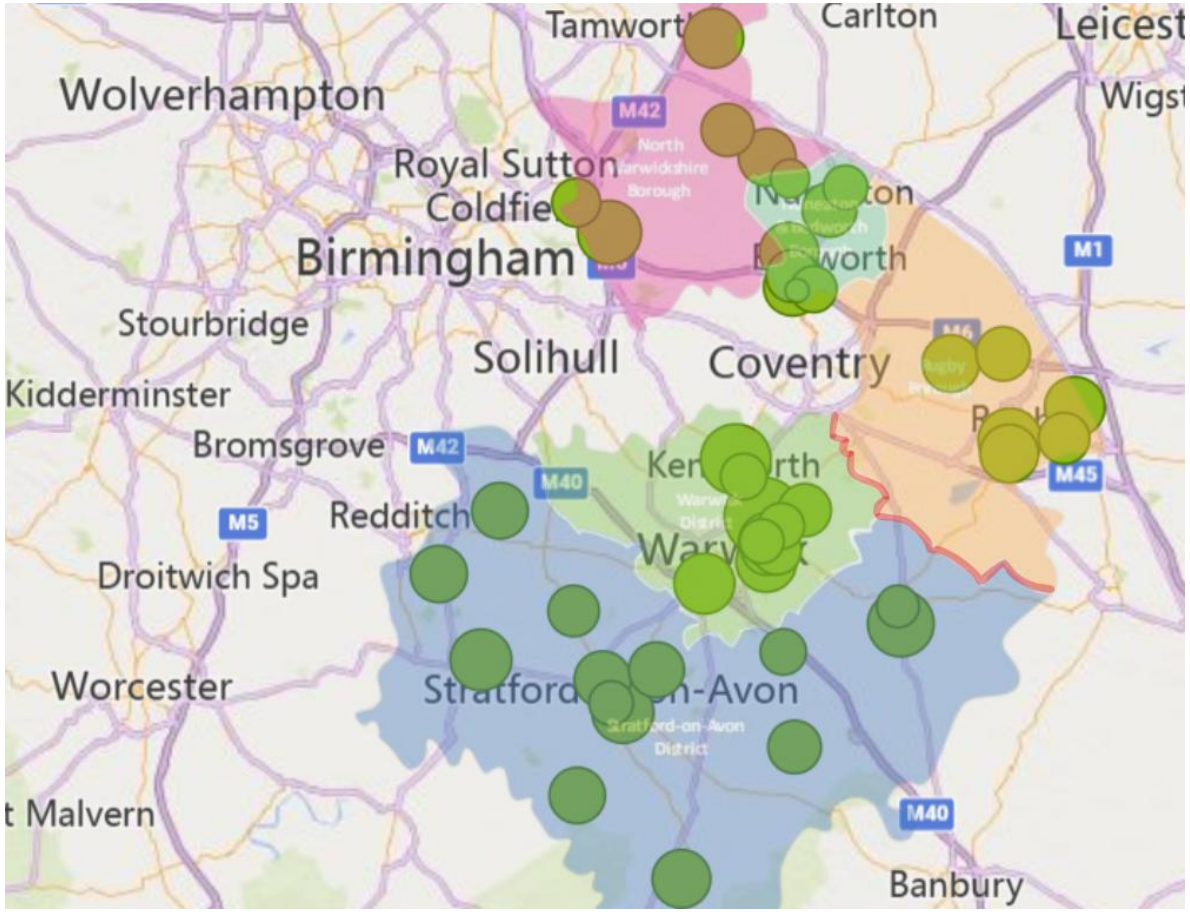
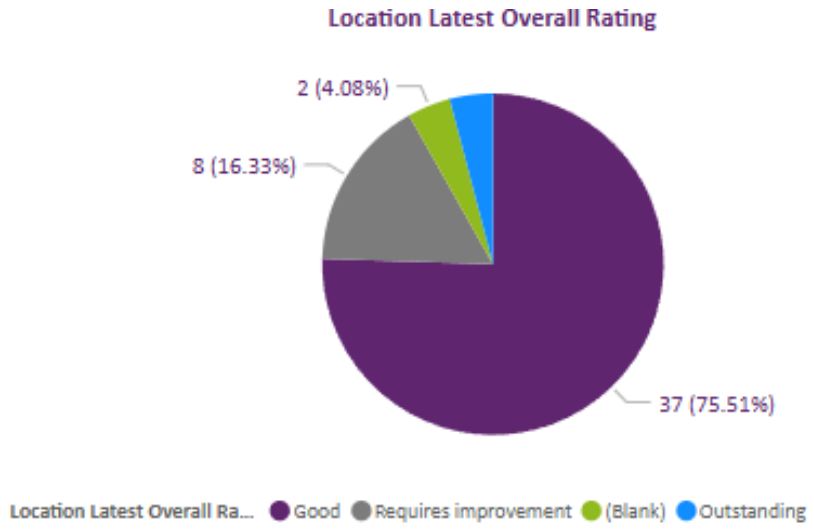
Nursing Care

Nursing Care Providers
Older People (65+)





Nursing Care Older People

- There are 42 providers registered with CQC as providing nursing care for older people, in 49 locations across Warwickshire, 75% of which are rated as Good.

of Clients Accessing Long-Term Nursing Care at EOY (2021/22 – 2023/24) – Older People (by Home & Placement Address)

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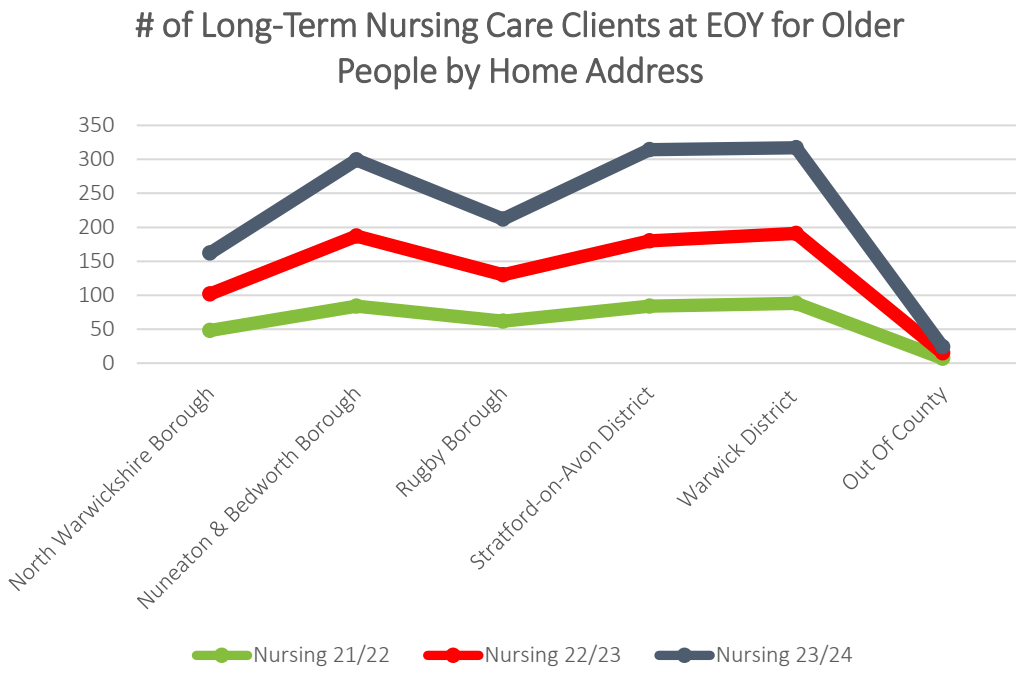
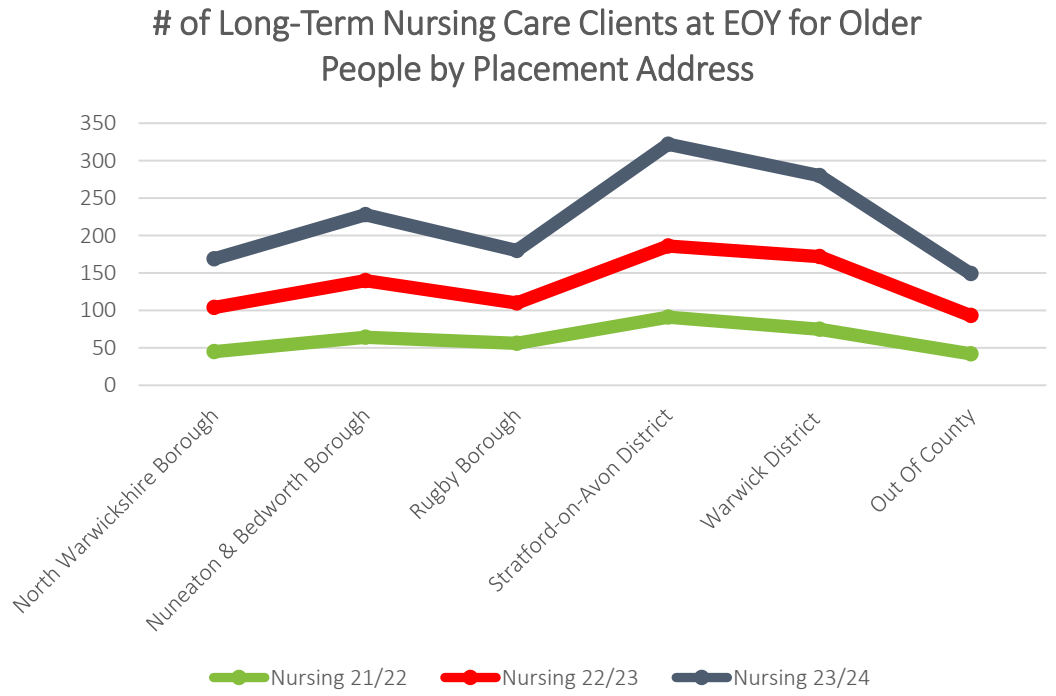


** Data provided by WCC*

Nursing Care Older People

- Looking at where the demand is for nursing in Warwickshire this would seem to match placements, which would indicate that most people are being placed near to where they live.



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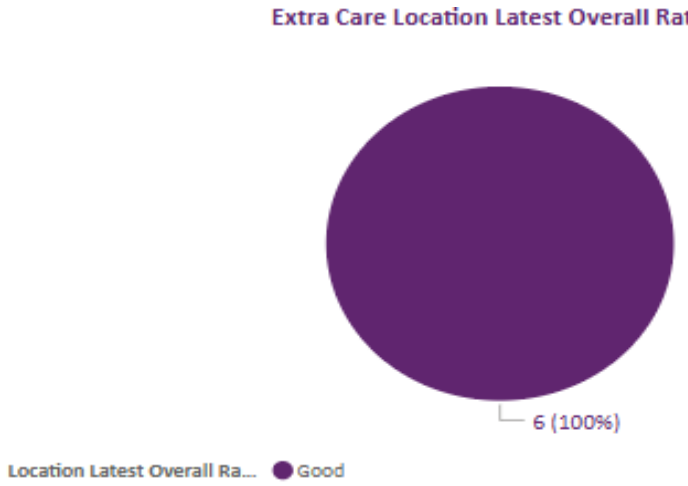
Extra Care

Extra Care Providers



- CQC data would indicate that there is limited Extra Care Provision, across Warwickshire, with only 2 providers across 6 locations registered.
- Extra Care when commissioned and utilised correctly can prevent or delay an older person having to go into residential care, enabling them to remain in their own tenancy, living with their partner, within a community ideally near where they were living.
- This is not only a better outcome for the individual and their families, but also a lower cost, important given the pressure on residential care rates depicted in the previous slide.

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4) Financial Case – Achieving Financial Sustainability

Medium Term Financial Strategy (MTFS)

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[Warwickshire County Council approves budget for 2025/26 to support vulnerable residents amid financial challenges – Warwickshire County Council]

The Council's Medium Term Financial Strategy includes significant investment over the next five years in key areas such as:

- £46.8m to support vulnerable adults and elderly citizens, meeting increasing demand and managing placement costs while progressing with the integration of health and social care. Such are the pressures on social care, this allocation is nearly six times higher than the £7.9m funds generated by taking the 2% adult social care precept.

- £8.1m for children's social care services, including £5.5m to address rising costs and demand for children's placements.

- £7.4m in home-to-school transport, ensuring services meet demand, particularly for pupils with special educational needs and disabilities (SEND).

ASC MTFS

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Permanent Revenue Allocations 2025/26 to 2029/30

Description	2025/26	Indicative Extra Allocation in Future Years 2026/27	2027/28	2028/29	2029/30	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Price inflation - An allocation to meet the cost of price increases across the Service.	3,308	3,375	3,442	3,511	3,580	**17,216**
Cost of care (General) - An allocation to manage the additional cost of care.	1,700	1,693	1,799	1,835	0	**7,027**
Cost of care (National Living Wage) - An allocation to manage the additional cost of inflation, mainly reflecting the impact of the increase in the National Living Wage.	9,442	422	430	439	448	**11,181**
Cost of care (Employer NICs) - An allocation to manage the additional cost of inflation, mainly reflecting the impact of the increase in the Employer National Insurance Contributions.	6,023	0	0	0	0	**6,023**
Ongoing impact of Adult Social Care Demand from 24/25 - An allocation to rightsize the recurring Adult Social Care budget as a result of pressures arising in 2024/25 which are expected to continue into future years.	15,067	0	0	0	0	**15,067**
Future Adult Social Care demand - An allocation to meet the cost of increased demand due to population growth, the length and intensity of care need as a result of increased life expectancy and the estimated reduction in people who can fund their own care.	11,309	13,164	13,987	14,854	15,764	**69,078**
Social Care and Support sub-total	**46,849**	**18,654**	**19,658**	**20,639**	**19,792**	**125,592**
Social Care & Health Directorate	**47,794**	**19,210**	**20,225**	**21,217**	**20,381**	**128,827**

- If further transformation work is not undertaken to reduce both demand and cost over an above that already identified of which £29m is based on increased client contributions, the budget gap in ASC and Support will be £77.4m by 2030.

/26 to 2029/30

	Type	Annual Saving 2025/26	2026/27	2027/28	2028/29	2029/30	Total Saving
		£'000	£'000	£'000	£'000	£'000	£'000
ner decommissioning of the housing related support service offer.	Service Reduction	(1,000)	0	0	0	0	**(1,000)**
of additional 5% vacancy factor/turnover allowance and increasing mmissioning roles.	Right-sizing	(175)	0	(160)	(160)	(75)	**(570)**
ment Partnership - Increase income through the approach to velopment offer.	Income Generation	0	0	(55)	0	0	**(55)**
Mental Health Employment Support - reduction in the contribution from WCC to this service.	Right-sizing	0	(40)	0	0	0	**(40)**
Director's budget - restructure of responsibilities within commissioning, which has released savings within the budget during 2024/25.	Right-sizing	(83)	0	0	0	0	**(83)**
Health and Care Commissioning for People sub-total		**(1,308)**	**(80)**	**(265)**	**(220)**	**(75)**	**(1,948)**
Management of cost of adults service provision - Management of the budgeted cost increases of externally commissioned care.	Demand Management	(1,000)	(1,064)	0	0	0	**(2,064)**
Prevention and self-care - Deliver a prevention and self care strategy implementing the service change and transformation activities underway across adult social care, including an improved early intervention and prevention offer, further refinement of the in-house reablement offer, further development of assistive technology and investment in programmes, projects and services that reduce people's reliance on care and support.	Demand Management	(935)	0	0	0	0	**(935)**
Integrated commissioning with Health - Efficiencies through joint working and increased purchasing power for externally commissioned care. Arrangements will form part of the Coventry and Warwickshire Integrated Health and Care Partnership and associated system plan.	Service redesign	(267)	0	0	0	0	**(267)**
Management of care demand - Rephasing the demand and cost pressures for adults social care based on expected growth as informed by national and local data.	Demand Management	(1,622)	(2,072)	(5,222)	(5,756)	0	**(14,672)**
Income to offset against Adult Social Care demand 25/26 - Increase in customer contributions through the increase in inflation and growth in the number of people supported, the calculation is based on 28.9% of additional spend	Income Generation	(8,694)	(4,902)	(5,161)	(5,434)	(5,720)	**(29,911)**
Social Care and Support sub-total		**(12,518)**	**(8,038)**	**(10,383)**	**(11,190)**	**(5,720)**	**(47,849)**
Social Care and Health Directorate		**(14,185)**	**(8,573)**	**(11,131)**	**(11,564)**	**(5,891)**	**(51,344)**
Vacancy factor - Application of a 2% vacancy factor/turnover allowance where not already applied.	Right-sizing	(25)	0	0	0	0	**(25)**

Adult Social Care Expenditure – Working Age Adults

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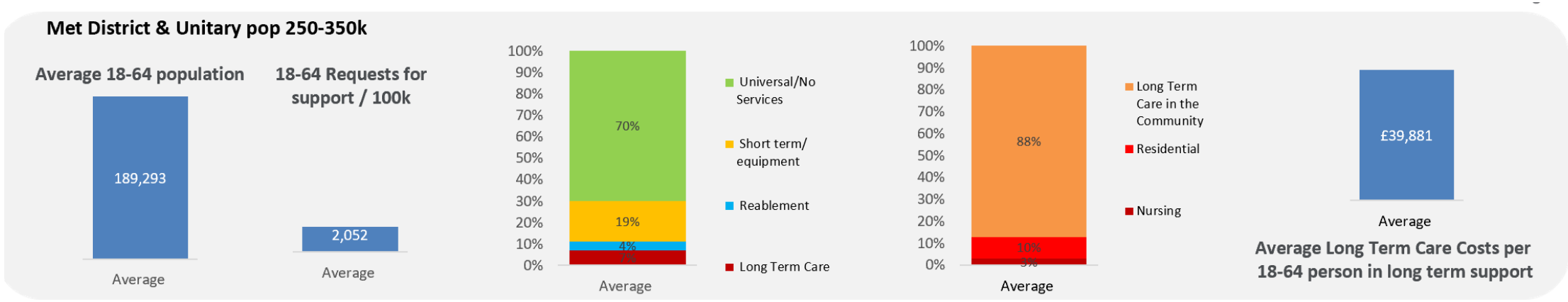
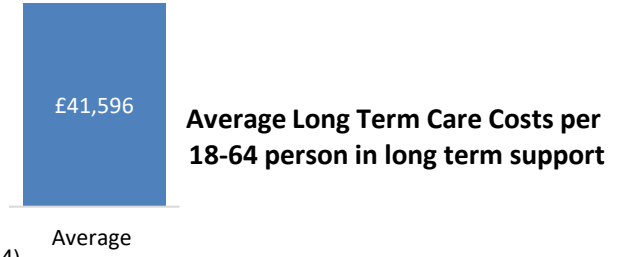
In summary **ASC does present some real opportunities** to drive down cost and demand from a more localised approach. The long term cost per person for those in receipt of ASC services are higher than their nearest NHS neighbour for 18-64 year olds, and considerably higher than the average unitary and those with a population of 250-350k, which would be the population banding for the two proposed unitaries in Warwickshire, North Unitary - 313,600 and South Unitary – 283,200.

Source of data ASCFR '23/'24:
18-64 long term care cost per person for Warwickshire CC £49,802 (nearest NHS neighbour £45,750) average unitary population 250k-350k £39,881, numbers in receipt of LTS at the end of the year in Warwickshire CC (1895 x £9921 (difference WCC £49,802 and average unitary 250-350 £39,881) = **£18.8m gross cost reduction if expenditure was brought in line with an average unitary with a population of 250k to 350k**



*Note average long term care cost per person for a Working Age Adult for a unitary 500-700k population (one unitary size):



* Gross Current Expenditure on long term care (ASCFR tables 43 and 44: Gross Current Expenditure on long term care for clients by support setting, 2023-24)

Adult Social Care Expenditure - Older People

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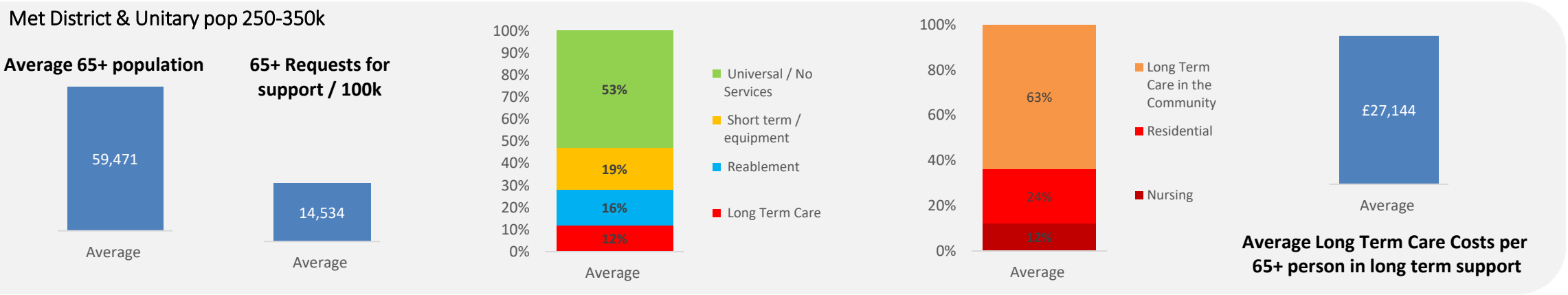
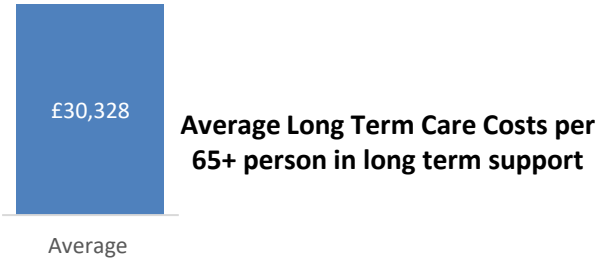
Older People 65+ long term care cost per person £33,996 (NHS nearest neighbour £32,065) average unitary population 250k-350k £27,144, numbers in receipt at the end of the year 3765 x £6852 (difference WCC £33,996 and average unitary 250k-350k £27,144) = **£25.8m gross cost reduction if expenditure was brought in line with an average unitary with a population of 250k to 350k**

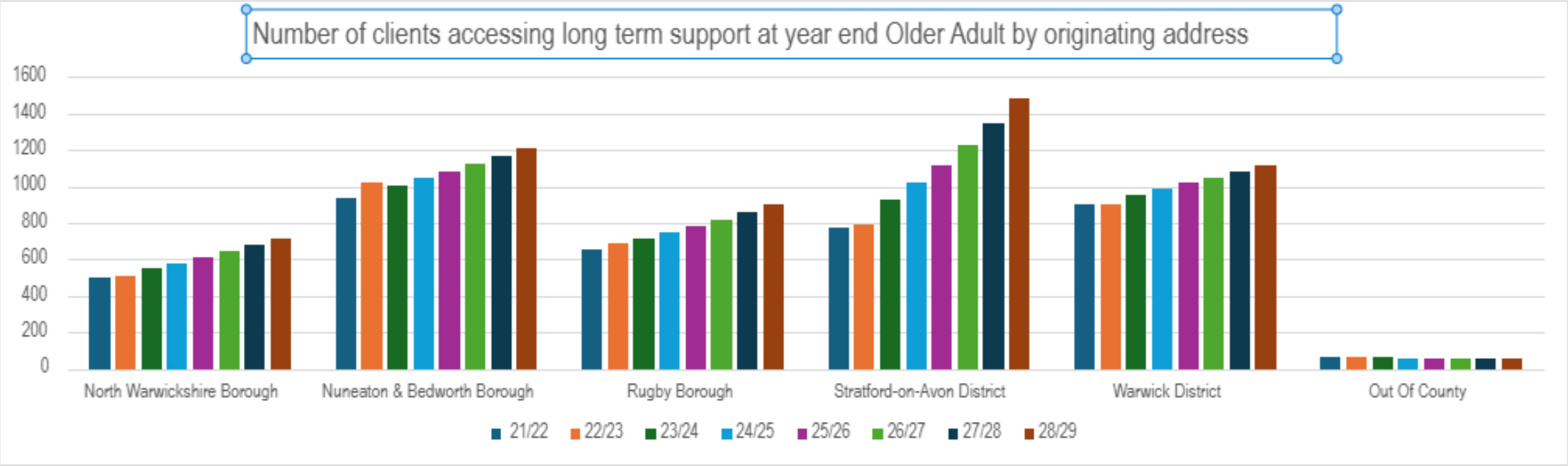


*Note average long term care cost per person OP 65+ for a unitary 500-700k population one unitary size:



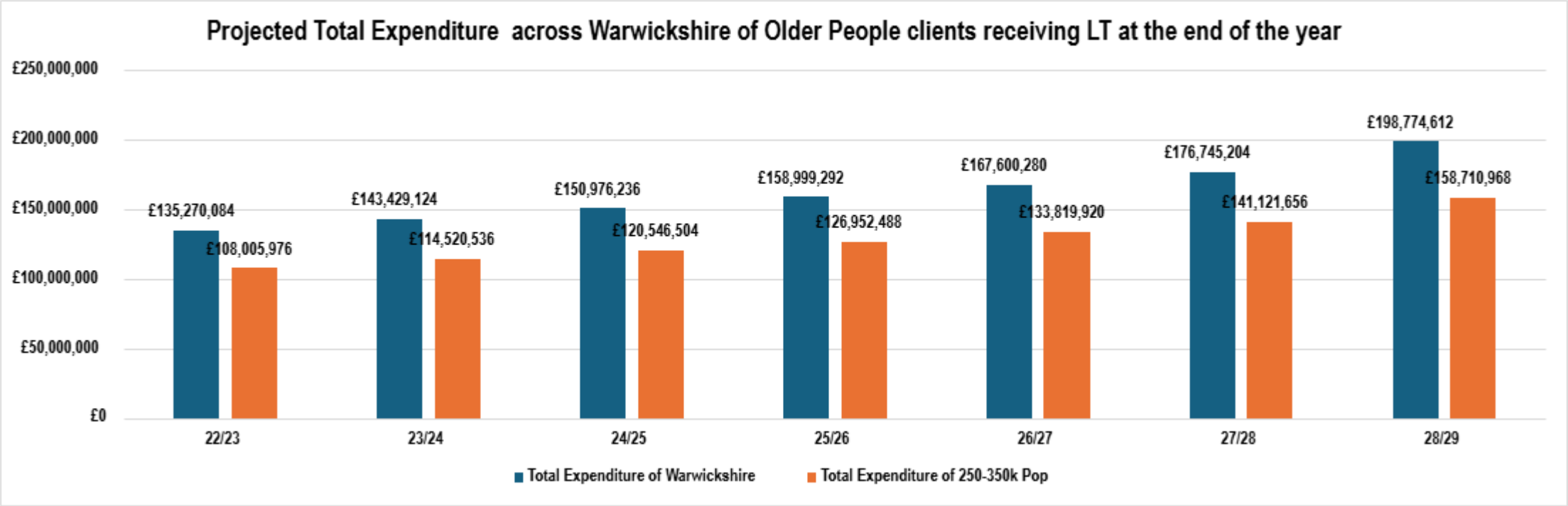
* Gross Current Expenditure on long term care (ASCFR tables 43 and 44: Gross Current Expenditure on long term care for clients by support setting, 2023-24)

Older People Demand Projections – ASC by District



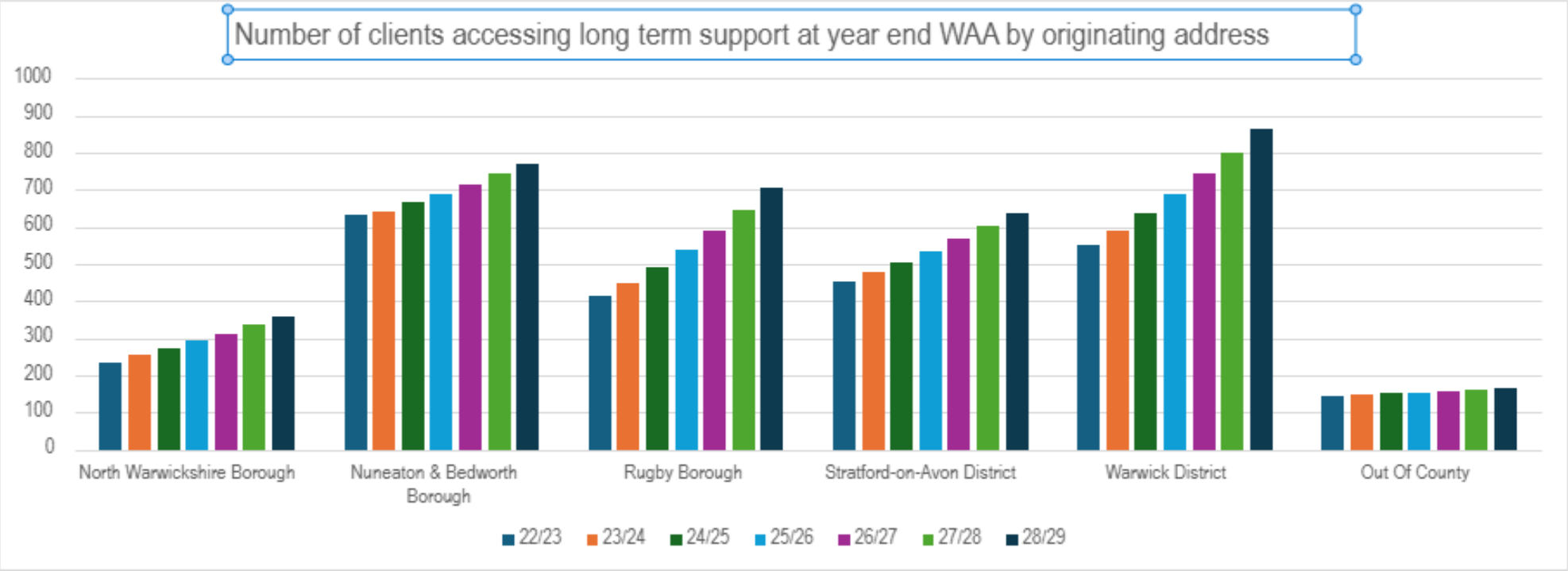
- Peopletoo have used historic data provided by WCC to model demand for Older People (OP) accessing Long Term Support (LTS) through to 2028-29.

Projected Total Expenditure on Older People Long Term Support



- Using the projections from the previous slide, Peopletoo have calculated the annual expenditure on Long Term Support (LTS) not allowing for inflation, using current WCC average spend on LTS for Older People (OP), compared to the average expenditure on LTS for OP for a unitary with a population of 250-350k.
- By the time the new unitaries potentially go Live in April 2028, WCC (excl. increases in inflation and significant changes in demand), will potentially be spending £198.7m on LTS for OP. Whilst a new unitary which has undertaken key activities in line with those outlined in this report in preparation for go live, would be look to be spending £158.7m, **a difference of £40m** for that financial year.

Working Age Adults Demand Projections – ASC by District



- Peopletoo have used historic data provided by WCC to model demand for Working Age Adults accessing Long Term Support through to 2028-29.

Projected Total Expenditure on Working Age Adults Long Term Support

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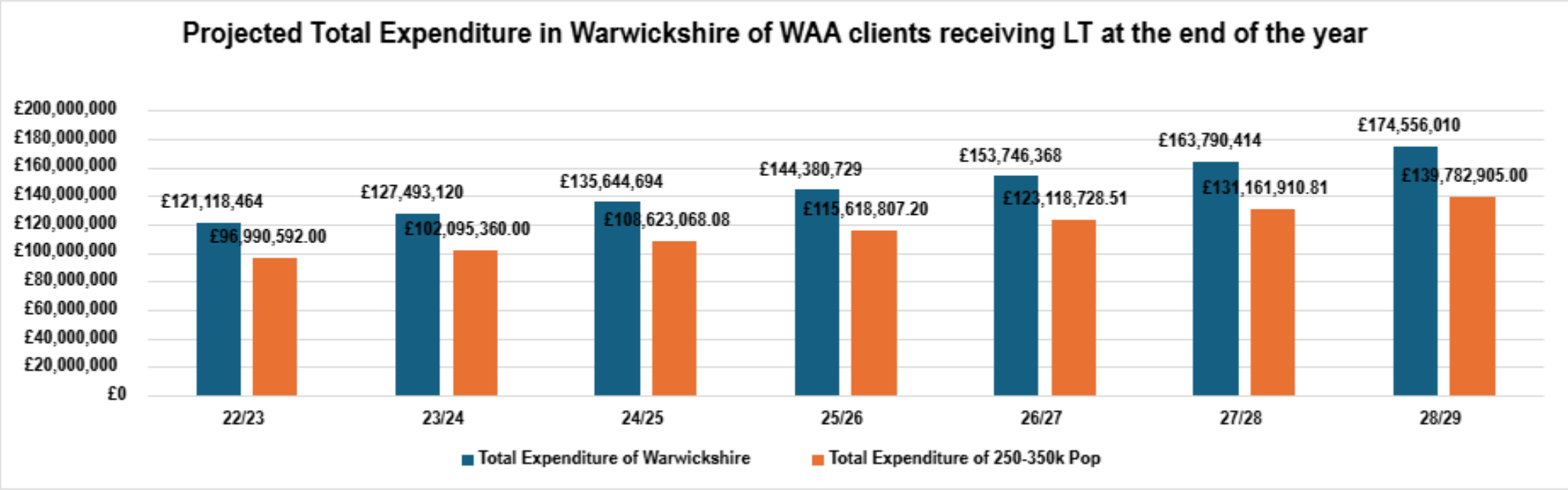

- Using the projections from the previous slide, Peopletoo have calculated the annual expenditure on LTS (not allowing for inflation), using current WCC average spend on LTS for Working Age Adults (WAA), compared to the average expenditure on LTS for WAA for a unitary with a population of 250-350k.
- By the time the new unitaries potentially go Live in April 2028, WCC (excl increases in inflation and significant changes in demand), will potentially be spending £174.5m on LTS for WAA. Whilst a new unitary which has undertaken key activities in line with those outlined in this report in preparation for go live, would be look to be spending £139.7m, **a difference of £34.8m** for that financial year.

Warwickshire CC Medium Term Financial Plan Children's Social Care

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Budget Reductions 2025/26 to 2029/30

Description	Type	Annual Saving					Total
		2025/26	2026/27	2027/28	2028/29	2029/30	Saving
		£'000	£'000	£'000	£'000	£'000	£'000
Reduce spend on residential care - Reduce the cost of care/services including the increased use of our internal children's homes, boarding schools, increasing number of internal foster carers and residential schools, to achieve better outcomes while reducing cost through more local and cost-effective placements.	Better Procurement	(1,000)	(100)	(1,381)	(1,831)	(1,642)	(5,954)
Grant income - More effective use of grant income to support the core activity of the service and contribute to the service overheads.	Income Generation	(100)	0	0	0	0	(100)
Third-party contributions - Maximise contributions from other agencies for care packages for children in care.	Income Generation	(300)	(200)	0	0	0	(500)
House project - Reduce the cost of 16 plus supported accommodation through the expansion of the House project, delivering financial benefits through this innovative approach.	Service redesign	0	(100)	0	(200)	0	(300)
Reduction in staff costs - Reduction in workforce costs following the implementation of the Families First Programme, inlcuding staffing, training and development costs over a three year period.	Service redesign	(53)	(1,126)	(656)	0	0	(1,835)
Youth and Community Centres - Increase income from third party use of centres.	Income Generation	0	(20)	(50)	(50)	0	(120)
Children & Families Building Maintenance - Zero base the budget after meeting current commitments.	Right-sizing	0	(103)	0	0	0	(103)
Director Budget - Rightsizing of budget following zero-based review and reset of Director's budget.	Right-sizing	(139)	0	0	0	0	(139)
Children & Family Centres - strategic review and repurposing of provision of Children and Families centres including through synergies with libraries and other council services/buildings where appropriate.	Service Reduction	0	0	0	(900)	0	(900)
Children and Families sub-total		(1,592)	(1,649)	(2,087)	(2,981)	(1,642)	(9,951)

- The current Medium Term Financial Plan identifies efficiencies within Children's Social Care (CSC) of £10.2m, the majority of which is modelled around savings on residential costs and staffing reductions.

		Annual Saving					Total
		2025/26	2026/27	2027/28	2028/29	2029/30	Saving
		£'000	£'000	£'000	£'000	£'000	£'000
ment		(10)	0	0	0	0	(10)
zing		(50)	0	0	0	0	(50)
Team Restructure - Permanent Saving within the Education Sufficiency and Capital Team	Service redesign	(14)	(35)	0	0	0	(49)
Savings to third party contract - Improved Value for Money through benefits of re-procurement with a reduction in contract value	Better procurement	0	(70)	0	0	0	(70)
SEND Mediation - Retender of mediation to reduce costs	Better procurement	(49)	0	0	0	0	(49)
Director Budget - Rightsizing of budget following zero-based review and reset of Director's budget.	Service redesign	(96)	0	0	0	0	(96)
Legal Fees - Overall reduction in use of internal Legal services.	Right-sizing	(10)	0	0	0	0	(10)
Education sub-total		(229)	(105)	0	0	0	(334)
Children and Young People Directorate		(1,821)	(1,754)	(2,087)	(2,981)	(1,642)	(10,285)

MTFP Children's Social Care

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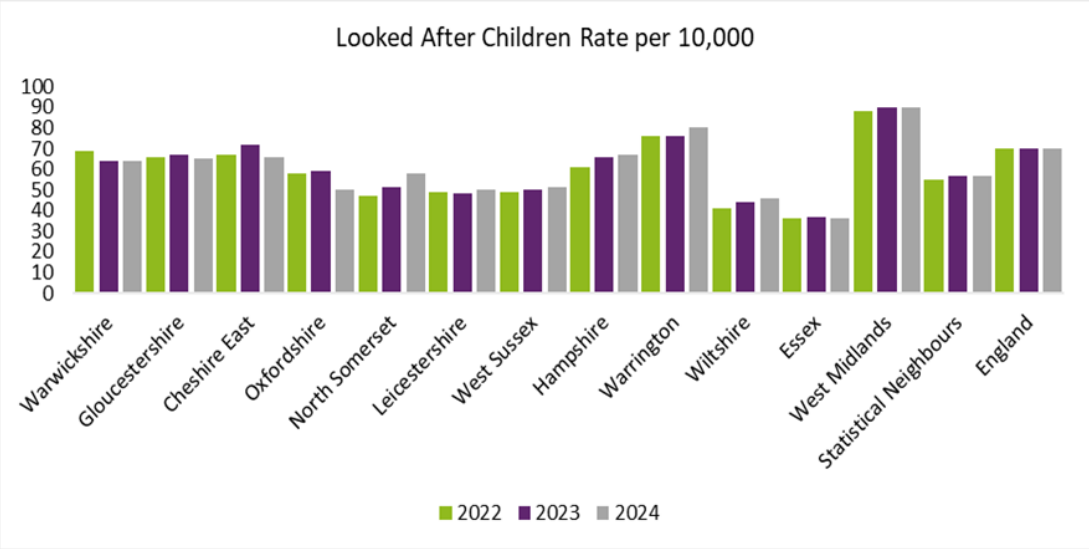
Permanent Revenue Allocations 2025/26 to 2029/30

Description	2025/26	Indicative Extra Allocation in Future Years				Total
		2026/27	2027/28	2028/29	2029/30	
	£'000	£'000	£'000	£'000	£'000	£'000
Price inflation - An allocation to meet the cost of net price inflation across the Service.	1,356	1,383	1,411	1,440	1,469	**7,059**
Child allowances demand - An allocation to meet the increased demand for specialist care orders to support children to leave or avoid care through allowances for extended family members caring for children.	38	69	40	58	44	**249**
Children's placements (exc. children with disabilities) - An allocation to meet the impact of fostering/placements framework contracts and changes to the placement mix on costs.	5,478	155	159	944	974	**7,710**
Direct Payments - Increase above the normal 2% pay inflation to account for the increase in Employer National Insurance and the National Living Wage	122	0	0	0	0	**122**
Third Party Providers - Increase in costs of care due to impact of National Living Wage and Employer National Insurance on third party providers	740	0	0	0	0	**740**
Children and family centres - An allocation to meet the shortfall in funding to deliver the current service offer as a result of inflationary increases in costs	400	0	0	0	0	**400**
Children and Families sub-total	**8,134**	**1,607**	**1,610**	**2,442**	**2,487**	**16,280**
Price inflation - An allocation to meet the cost of net price inflation across the Service.	36	37	38	39	40	**190**
Special Educational Needs Assessment and Review Service (SENDAR) - Staffing - Additional permanent cost due to inflation over and above corporate inflation provision	685	229	0	0	0	**914**
Education sub-total	**721**	**266**	**38**	**39**	**40**	**1,104**
Children & Young People Directorate	**8,855**	**1,873**	**1,648**	**2,481**	**2,527**	**17,384**

- If further transformation work is not undertaken to reduce both demand and cost over an above that already identified, the budget gap in CSC and Support will be £7m over the 5 years.
- This is coupled with the DSG forecast cumulative deficit by 31 March 2026 of £151.7m.

Children's Social Care

Children's Social Care has an Ofsted rating of "Good" following a full inspection Feb '22 and further endorsed at Focused Visit May '23.



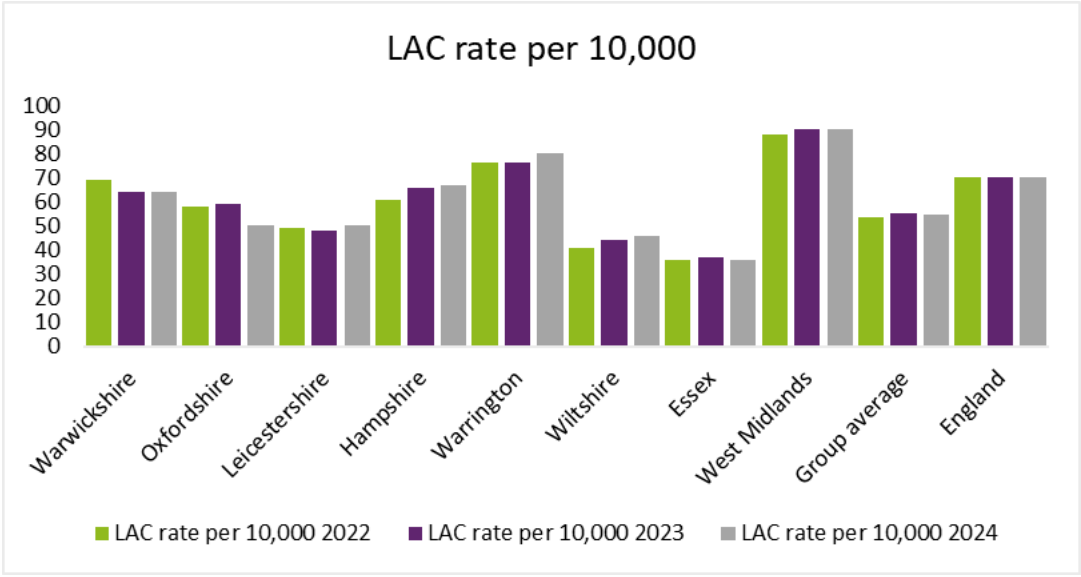
- If we analyse the LAs within the SN group rated as either Good or Outstanding, WCC are at 64 and the average of the group is 55 per 10,000.

- **Reducing the LAC rate in line with ILAC Outstanding or Good SN would deliver a reduction in expenditure of £11.4m per annum.**

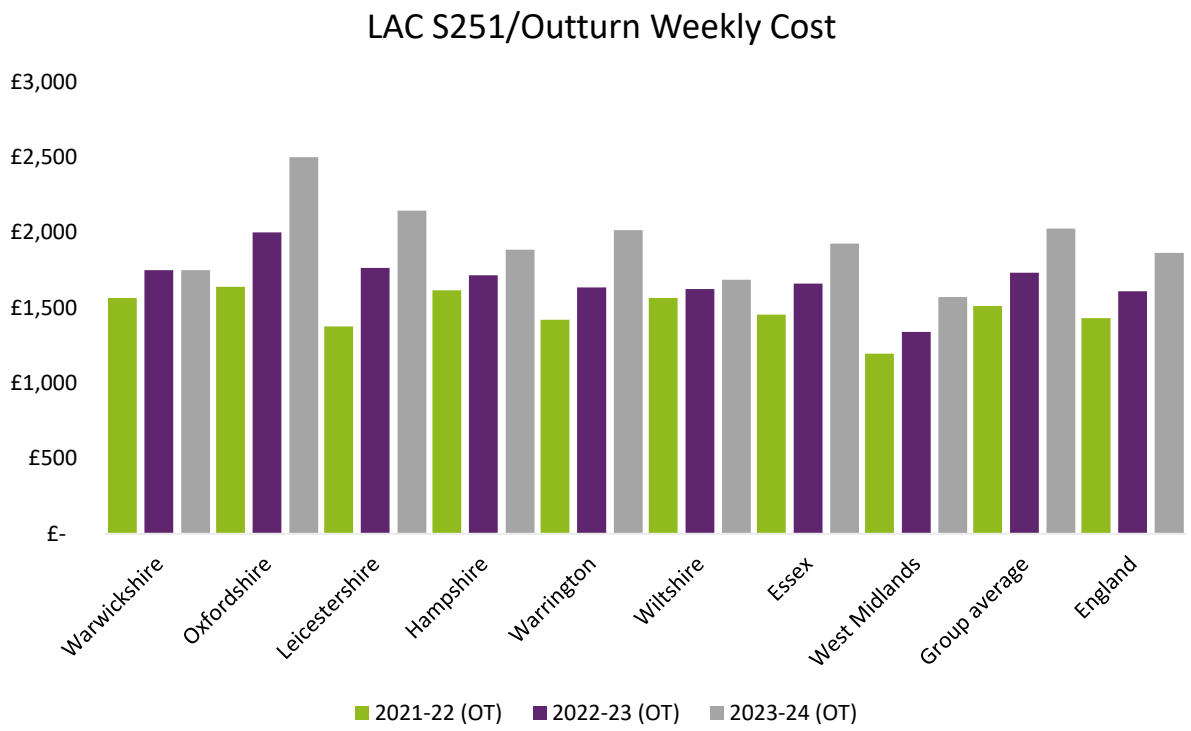
**Data source 2023/24 LAIT (Local Authority Interactive Tool) for children's services built on local authority financial returns, refer to Appendix A.*

- However, Looked After Children (LAC) Rates are above Statistical Neighbours (SN) at 64 per 10,000 (actual number 805 a rise from 778 in '23), in WCC compared to 57 SN average.

- **Reducing the LAC rate in line with SN (717) would deliver a reduction in expenditure of £8m per annum,** based on S251 weekly outturn costs for LAC '23 £1750



Children's Social Care



- In addition to reducing demand, whilst LAC S251 outturn weekly costs are lower than Statistical Neighbours, if we consider the West Midlands average of £1,570 per week compared to current WCC figure of £1,750 per week, bringing this more in line with other LAs in the region **would deliver an annual saving of £7.53m.**
- The opportunity from establishing 2 smaller sized unitaries provides opportunity to get closer to the local market and the needs of the local community and commission accordingly.

**Data source 2023/24 LAIT (Local Authority Interactive Tool) for children's services built on local authority financial returns, refer to Appendix A.*

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5) The Opportunity

Opportunity to Better Manage Demand, Cost and Improve Outcomes - Targeted Prevention & Intervention

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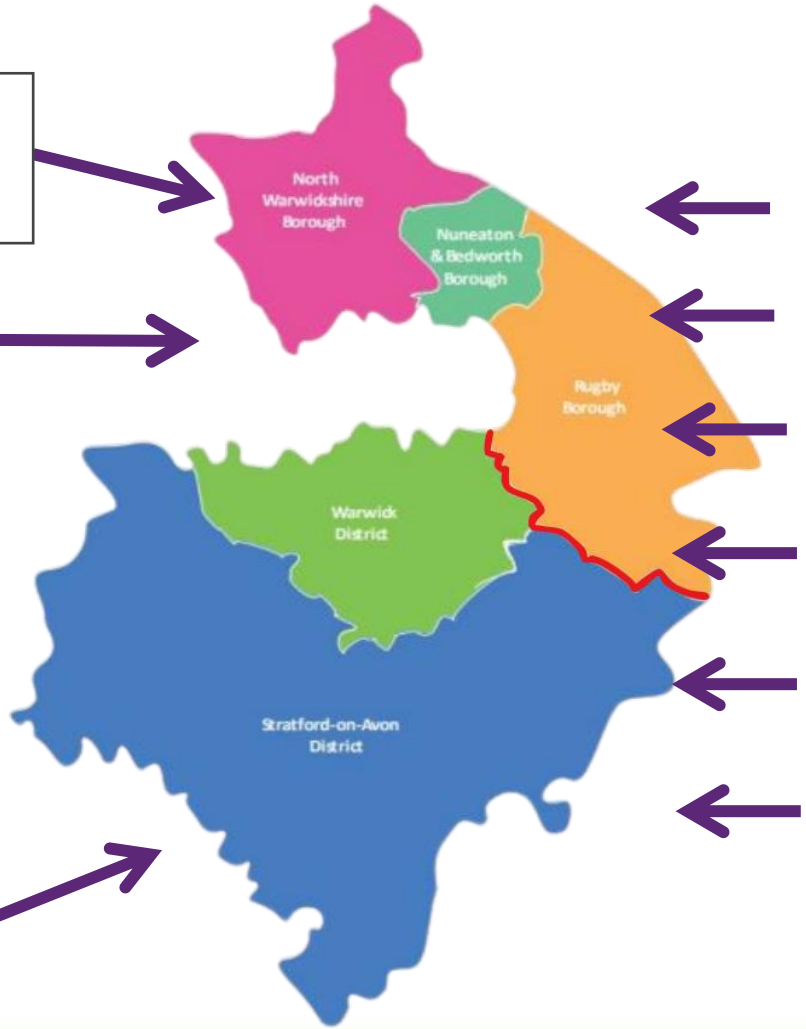
What do the two new unitaries need to do differently to deliver **£63.5m annual savings and £74.8m cost avoidance year one**, ensuring financial sustainability along with improved outcome for citizens in Warwickshire.

Reduce demand for CSC and ASC, through targeted prevention and early intervention

Work with the provider market to improve quality of provision and outcomes for vulnerable people

Develop the micro provider market to build capacity and support self funders and prevent/ delay admission to residential care



Work with the market to develop more extra care provision across the County to support Older People within their communities

Work with the market to develop more of the right provision for working age adults, keeping people within the County and out of residential care

Work closely with Schools and Parents to improve and build confidence in mainstream offer for children with SEN

Review SEND support services to meet demand and need within the local area.

Work with the market and partners to develop the right support to keep children in care (where applicable) closer to their communities

Develop the online offer for Children's and Adult Services, ensuring better information and signposting pre and at contact with the new unitary authority

The Business Case for Two Unitaries

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- In line with the primary objectives of the devolution paper – the 2UA business case needs to build on local identity and agility to deliver change at pace – **achieving financial stability through transformation – reducing the demand and cost for People services in parallel to improving outcomes.**
- A strong emphasis on reducing demand through **localised targeting of prevention and early intervention, working closely with the voluntary and community sector**
- The benefit of **building closer relationships with schools and developing the local offer to ensure inclusion in mainstream schools**, reducing the expenditure on independent schools and the costs of transitions, ensuring young people remain in their communities through to adulthood
- **Ability to develop the local market and build micro providers, ensuring the right capacity at the right price and the right quality**
- Bringing together key services such as Housing, Public Health, Leisure, Green Spaces and Social Care to ensure **maximisation of community assets and a place-based approach to prevention and early intervention**
- Using rich data sources from across revenues, benefits, social care and health, to develop predictive analytics, **targeting intervention activity to prevent escalation across social care and health**
- **Reducing Demand/ Cost and Improving Outcomes for citizens**

Appendix A – Data Sources for Financial Modelling

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S251 LAC Outturn (*taken directly from LAIT): **Statistics: local authority and school finance** last published September 2024)*

Description - Funding line includes:

1) Special guardianship support - financial support paid to Special Guardianship families under the Special Guardianship Regulations 2005 and other staff and overhead costs associated with Special Guardianship Orders.
2) Other children in looked after services - support to looked after young people
3) Short breaks (respite) for looked after disabled children - all provision for short-breaks (respite) services for disabled children who are deemed "looked after". Data excludes any break exceeding 28 days continuous care and costs associated with providing disabled children's access to residential universal services.
4) Children placed with family and friends - Where looked after children do not live with their birth parents, it is not uncommon for them to be placed with family and friend foster carers. This Includes expenditure on the authority's functions in relation to looked after children placed with family and friends foster carers under the Children Act 1989.
5) Education of looked after children. This includes expenditure on the services provided to promote the education of the children looked after by your local authority (e.g. looked after children education service teams and training for designated teachers). This excludes any spend delegated to schools for looked after children.
6) Leaving care support services - This Includes local authority's "leaving care" support services functions under the Children (Leaving Care) Act 2000.

Methodology:

(x/y)/365 * 7 where:
x = Total funding on Looked after children recorded on outturn
y = Total number of Looked after children as at 31 March

ASCFR LTS

Gross Current Expenditure on long term care (ASCFR tables 43 and 44: Gross Current Expenditure on long term care for clients by support setting, 2023-24) includes:

- Nursing
- Residential
- Supported Accommodation
- Community: Direct Payments
- Community: Home Care
- Community: Supported Living
- Community: Other Long Term are

Our methodology is to then divide the GCE on long term care by the '**Total number of clients accessing long term support at the end of the year'** (ASCFR table 37)

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Warwickshire LGR Support

Target Operating Model (TOM) and Implementation Plan for Adult Social Care, Children's Services and SEND

September 2025

Contents

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1. Overview

Overview: Purpose and Implementation Phases

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Purpose

This summary outlines how Warwickshire can safely and legally transition Adult Social Care (ASC), Children's Services, and SEND into **two new unitary councils**. It demonstrates continuity of statutory services, financial sustainability, and stronger local accountability for MHCLG, DfE, and DHSC.

Why Change?

- High ASC costs: Reliance on residential care well above comparators.
- Children's Services: 44% of LAC placed out-of-county.
- SEND pressures: £151m DSG deficit risk; delays and weak parental trust.
- Opportunity: Two unitaries (313k North, 283k South) aligned to NHS "place" footprints enable local, responsive services.

Target Operating Model (TOM)

- Adults: Local front doors, targeted prevention, stronger reablement, assistive tech, micro-commissioning for rural areas.
- Children's: Family Help hubs, kinship-first placements, in-house fostering, joint commissioning of high-cost cases.
- SEND: More local specialist places, mainstream inclusion, transparent Local Offer, co-production with parents.

Implementation Phases

Foundations (2025/26) – essentials, officers, vision, governance, mapping and engagement.

→ **Design (2026)** – frameworks, constitution, transition plan, alignment, co-design and comms.

→ **Mobilisation (Shadow Year, 2026/27)** – workforce, training, systems, leadership, teams, contracts and pilots.

→ **Go Live (April 2028)** – pathways, locality model, safeguarding, placements, services and continuity.

→ **Optimisation (Post-2028)** – QA, resilience, review, refinement, contracts and prevention.

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2. Target Operating Model

Target Operating Model (TOM) – Warwickshire Adult Social Care, Children's Services & SEND

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Principles (specific to Warwickshire context)

- **Locality-based delivery**: Two new unitaries (North 313k / South 283k) aligning with NHS "place" footprints and PCNs.
- **Safe & legal transition**: No disruption to safeguarding, statutory assessments or placements during disaggregation.
- **Closer to community**: Local commissioning and family hubs, micro-provider market development, reducing out-of-county placements.
- **Financial sustainability**: Align long-term care costs to benchmark for 250–350k population unitaries (potential £40m ASC + £34m WAA savings).
- **SEND transformation**: Address Written Statement of Action weaknesses (parental trust, ASD wait times, placement appropriateness, mainstream inclusion).
- **Inspection readiness**: Continuous Ofsted/CQC compliance, single improvement plans.

Adult Social Care TOM Core Features

- **Front Door**: Multi-disciplinary triage with ICB partners, digital "care account" for residents.
- **Community & Prevention**: Stronger reablement, assistive tech, carer support networks.
- **Market & Commissioning**: Shift from residential to extra care/domiciliary; micro-provider growth in rural Warwickshire.
- **Integration**: Section 75 agreements with ICB for discharge and intermediate care.

Children's Services TOM Core Features

- **Early Help**: Family hubs and kinship-first models to reduce LAC entries (target: closer to statistical neighbour (SN) average of 55/10k vs Warwickshire's 64).
- **Safeguarding**: Local Multi-Agency Child Protection Teams (MACPTs).
- **Placements**: Joint regional commissioning for high-cost residential; expand in-house fostering.
- **Improvement**: Single plan addressing Ofsted ILACS recommendations.

SEND TOM Core Features

- **Financial discipline**: Stabilise £151m DSG deficit risk through local sufficiency.
- **Inclusion**: Graduated approach; mainstream inclusion expectations embedded.
- **Capacity**: Specialist school investment, reduced reliance on INMSS (Independent Non-Maintained Special Schools), Home-to-School transport re-modelling incl. alternative provision.
- **Co-production**: Rebuild parental trust via transparent local offer, clear comms, active parent forums.

Building Blocks for the Operating Model

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Pillars	Enablers	Risks
Governance & Accountability	• Appointment of DCS/DASS and statutory officers • Safeguarding Boards operational • "Single accountable body" principle for statutory duties • Locality boards co-chaired with schools/health	• Blurred accountability during disaggregation • Inspection readiness gaps (Ofsted/CQC) • Fractured local governance undermining trust
Service Integration	• Alignment with NHS "place" footprints and PCNs • Section 75 agreements for discharge and reablement • Family Help hubs and MACPTs co-located with partners • Regional commissioning for high-cost placements & SEND	• Fragmentation between North/South unitaries • Delays in joint commissioning with ICB • Rural access gaps if neighbourhood delivery not in place
Workforce & Skills	• Local recruitment pipelines & Workforce Academy • Standardised practice model (trauma-informed/strength-based) • Digital tools (AI-assisted triage, automation)	• Heavy reliance on agency staff • Training gaps in mainstream schools for SEND inclusion • Workforce instability during TUPE transition
Finance & Commissioning	• Budgets disaggregated by need not just population • Regional frameworks for high-cost placements • Micro-commissioning for rural & hyper-local services • Outcome-based contracts driving prevention	• £151m DSG deficit risk (SEND) • ASC residential reliance driving high costs • Contract novation delays; fragile rural provider market
Data, Systems & Business Insights	• Dual ICT running & safe case data migration • Resident care accounts & digital Local Offer • Predictive analytics for early intervention • Common BI dashboards across localities	• Data loss or handling failures at transition • Fragmented data-sharing across agencies • Limited analytics capacity in early years

Day 1 Priority: To Be Safe and Legal

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In practice, when councils negotiate a devolution deal or a structural change order (e.g. moving to unitary status, or transferring functions to a Combined Authority), the "safe and legal" test is the gateway: government won't sign off unless it's clear that adult and children's statutory services remain legally compliant, safe for service users, and financially sustainable during and after the transition.

What "safe and legal" means in this context:

Statutory compliance (legal test)

- The new arrangements must comply fully with all relevant legislation (e.g. Children Act 1989, Care Act 2014, Children and Families Act 2014, Education Acts, Health and Social Care Act 2012).
- Duties to safeguard and promote welfare of children, and to meet eligible needs of adults, must remain clear and enforceable.
- The "single accountable body" principle applies: there must be a clear legal entity responsible for delivering each statutory function (no gaps or duplication).

Safety of service delivery (safe test)

- Services must continue without interruption through the transition (no gaps in provision for vulnerable children/adults).
- Safeguarding arrangements must remain robust:
  - Local Safeguarding Partnerships (for children) and Safeguarding Adults Boards must still function effectively.
  - Clear escalation and accountability for risk and protection.
- Workforce, data, and systems must remain aligned so statutory timescales and thresholds are met (e.g. assessments, reviews, casework).
- The DfE and DHSC require formal assurance before approving restructuring/devolution orders.

Governance and accountability

- Local authorities must be able to show that political and professional leadership is clear — e.g. a Director of Children's Services (DCS) and a Director of Adult Social Services (DASS) are still appointed and legally responsible (as required in statutory guidance Children Act 2004, s18 and Local Authority Social Services Act 1970).
- Decision-making and financial accountability must not be blurred when services are split or shared.

Financial sustainability

- Budgets for adult and children's social care must be ring-fenced or transparently allocated so that statutory duties can be met.
- Risk-sharing mechanisms must be in place if pooled or delegated budgets are used (e.g. in Combined Authority or joint commissioning models).

Inspection and regulation

- Ofsted and the Care Quality Commission (CQC) expect councils to demonstrate "safe and legal" operation when disaggregating/reaggregating services.
- The DfE and DHSC require formal assurance before approving restructuring/devolution orders.

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2a. Adult Social Care TOM

Overview of Adults for Warwickshire

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Top Priorities

- **Shift from residential to community-based support**: Warwickshire has significantly higher reliance on residential/nursing placements vs. comparators.
- **Expand domiciliary and extra care capacity** to reduce demand for residential placements.
- **Strengthen prevention & reablement** – embed "Home First" pathways, better triage, community networks.
- **Develop micro-provider markets** in rural areas to address capacity/access gaps.
- **Digital-first services**: resident care accounts, online assessments, AI-enabled triage.
- **Carer support** – respite, training, carer navigators.
- **Workforce sustainability** – reduce agency reliance, build local recruitment pipelines, embed strength-based practice.
- **Integration with NHS** – Section 75 agreements for hospital discharge, reablement, intermediate care.

Key Lines of Enquiry for the TOM

- Why is Warwickshire's residential reliance so high, and how quickly can community alternatives be scaled?
- Can micro-commissioning realistically meet rural Warwickshire's needs at pace?
- Is the workforce pipeline (recruitment, retention, training) sufficient to deliver new prevention and reablement models?
- Are digital solutions accessible to all residents, particularly older adults and those in deprived areas?
- How to balance local commissioning with regional commissioning for specialist/high-cost needs?

Specific Warwickshire Considerations

- **Financial gap**: without transformation, ASC will face a £77.4m budget gap by 2030.
- **Deprivation & health inequality**: particularly acute in Nuneaton, Rugby and North Warwickshire.
- **Provider market fragility**: shortages in domiciliary care (Stratford, North Warks) and lack of extra care provision.
- **Inspection readiness**: CQC assurance requires strong governance, safe transitions, and consistent quality oversight.

Core Features of the ASC Operating Model

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Our operating model for ASC will be community-based, preventative, and digitally enabled, consistent with the Government's 10-Year Health Plan.

Neighbourhood / Integrated Teams

Aligned to PCN/ICS footprints, co-locating social workers, OTs, NHS staff, and voluntary sector partners. Designed around the strengths and needs of each local population.

Multi-Disciplinary Triage

At the front door, ensuring people are directed to universal or short-term solutions before long-term care is considered.

Home First

Embedded as the default pathway, supported by expanded reablement services, assistive technology, and Disabled Facilities Grants (DFG) now devolved to the new unitary.

Strategic Commissioning & Market Management

At a unitary or locality scale, with outcome-based contracts, micro-care ecosystems, strong joint commissioning with NHS/public health and local resilient markets.

Digital-First Solutions

Including resident care accounts, online self-assessment, AI-enabled triage, and assistive technologies to support independence.

Workforce Transformation

Embedding strength-based practice, standardising ways of working, building local recruitment pipelines, and improving retention.

Prevention

Working with partners, VCS, and community assets to deliver targeted prevention and early intervention tailored to neighbourhood needs.

Carer Support & Co-Production

Structured engagement with unpaid carers and service users, with expanded access to respite, training, and peer networks.

Key Features of the ASC Warwickshire Model

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1

Community & Partnership Working

Strengthens the ability to build place-based partnerships:

- Natural alignment with ICB footprints and NHS neighbourhood models.
- Expanded collaboration with housing, welfare, and voluntary sectors to deliver holistic support.
- Each unitary will organise ASC delivery around recognised localities (PCNs or community clusters), ensuring services are relatable and accessible.
- Smaller footprint strengthens democratic accountability, enabling elected members to engage directly with communities.
- Brings decision / strategy making closer to communities.

2

Workforce Transformation

The ASC workforce is central to sustainability. Provides the platform to:

- Develop localised recruitment and training pipelines linked to further education and local employers.
- Embed strength-based practice consistently across both authorities.
- Improve productivity through digital tools (AI-assisted note-taking, automated workflows, decision support).
- Build a workforce that reflects local communities, improving trust and cultural competence.

3

Strategic Commissioning & Market Management

Allows two authorities to build upon strengths where they exist, whilst retaining local responsiveness. Opportunities include:

- Embedding prevention and enabling outcomes in contracts.
- Prioritising local and VCSE providers to strengthen community resilience.
- Developing micro-commissioning approaches to grow hyper-local and personalised services, particularly in rural areas or where capacity gaps exist.
- Joint commissioning with NHS to reduce duplication and support shared outcomes.

4

Digital Innovation

Unitaries will implement a service innovation agenda including:

- Resident care accounts (“one stop” portals).
- Online assessment and review tools.
- Assistive technology and predictive analytics for early intervention.
- AI-driven triage and chatbots at the front door.
- Automated workflows to improve workforce efficiency.

ASC Governance Example

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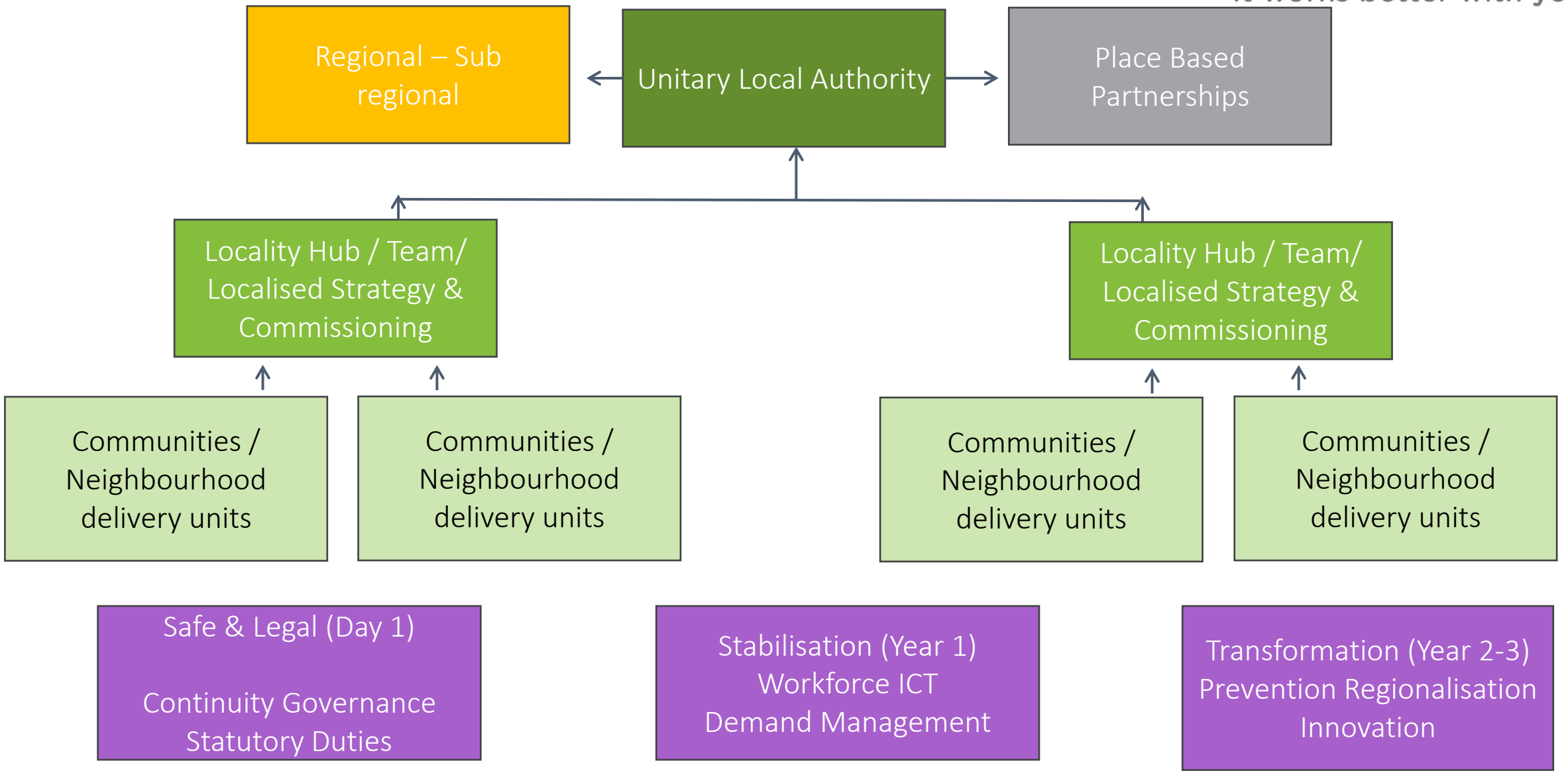

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2b. Children's Services TOM

Overview of Children's Servies for Warwickshire Children's Social Care

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1. Children's Social Care: Top Priorities

- **Reduce Children Looked After (CLA) rate**: Warwickshire at 64/10k vs. Statistical Neighbour average 55/10k.
- **Cut out-of-county placements**: currently 44% of CLA placed outside Warwickshire.
- **Family Help / Kinship-first model**: develop Family Help hubs, prioritise kinship placements.
- **In-house fostering expansion:** reduce reliance on high-cost external placements.
- **Safeguarding capacity**: robust local MACPTs.
- **Inspection improvement**: align with ILACS recommendations, maintain Ofsted "Good" progress.

Specific Warwickshire Considerations

Key Lines of Enquiry

- What interventions can realistically reduce children looked after (CLA) entries to Statistical Neighbour levels (savings of £8–11m per year)?
- How quickly can Warwickshire recruit/retain foster carers locally?
- What commissioning partnerships (e.g. Regional Care Cooperatives) are needed for high-cost placements?
- How to ensure consistent practice models across different localities?

Specific Warwickshire Considerations

- **Budget pressure**: CSC faces £7m gap over 5 years without deeper transformation.
- **Placement costs**: CLA weekly costs higher than regional average (£1,750 vs £1,570).
- **Geographic inequality**: Nuneaton & Bedworth accounts for 31% of children in care.

Overview of Children's Servies for Warwickshire: Special Educational Needs

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2. SEND (Special Educational Needs & Disabilities): Top Priorities

- **Financial stability**: DSG deficit projected at £151.7m by 2026.
- **Local sufficiency**: more local specialist places, reduced reliance on INMSS (independent/non-maintained schools).
- **Mainstream inclusion**: embed graduated approach, ensure staff training uptake in mainstream schools.
- **Rebuild parental trust**: clear communication, co-production, improved online Local Offer.
- **Address inspection failings**: ASD assessment delays, poor post-diagnosis support, inappropriate placements.
- **Transport pressures**: sustainable Home-to-School Transport solutions needed.

Key Lines of Enquiry for the TOM

- How to stabilise and reduce the DSG deficit trajectory?
- Can Warwickshire deliver sufficient local provision by 2028 to avoid escalation of out-of-county placements?
- What governance changes are needed to meet the next Local Area SEND inspection requirements?
- How to restore parental confidence and deliver visible improvements quickly?

Specific Warwickshire Considerations

- **Inspection history**: Ofsted raised significant weaknesses in 2021; a Written Statement of Action is in place.
- **Geographic gaps**: deprived/rural areas (esp. North Warks) have limited access to SEND services.
- **Financial volatility**: SEND remains the single largest risk to Warwickshire's medium-term financial plan.

Core Features of the Operating Model

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Children's Social Care: focus on reducing Children Looked After numbers and costs through Family Help hubs, kinship-first, and stronger local fostering.
SEND: financial rescue and trust rebuilding are paramount, requiring rapid expansion of local sufficiency, mainstream inclusion, and parental engagement.

Family Hubs and Early Intervention

Creation of Family Help hubs across localities, offering early support to families before escalation; kinship-first approach to reduce children entering care.

Multi-Agency Safeguarding

Local MACPTs ensuring swift, joined-up responses to safeguarding risks, aligned to statutory thresholds.

Placements & Permanence

Kinship, fostering and adoption prioritised; expand in-house fostering; joint regional commissioning of high-cost residential placements; stability and permanence planning from the outset.

Education & Inclusion

Strong partnership with schools and health; embed inclusion in mainstream schools; align Family Hubs and SEND support to improve outcomes locally.

Digital-First & Data-Driven

Including AI-enabled solutions for information, advice and certain assessment points e.g. SEND; and assistive technologies to support independence.

Workforce & Practice Development

Single practice model across localities (e.g. strengths-based, trauma-informed); improve recruitment/retention of social workers and foster carers; shared training and standards.

Prevention & Community Partnerships

Place-based working with VCS, schools, housing, and health partners; locally commissioned early help and edge-of-care services; focus on reducing demand for statutory intervention.

Children, Families & Carer Voice

Structured co-production with children, young people and families; clear Local Offer; transparent communication to rebuild trust, especially with SEND parents.

Children's Services Governance Example

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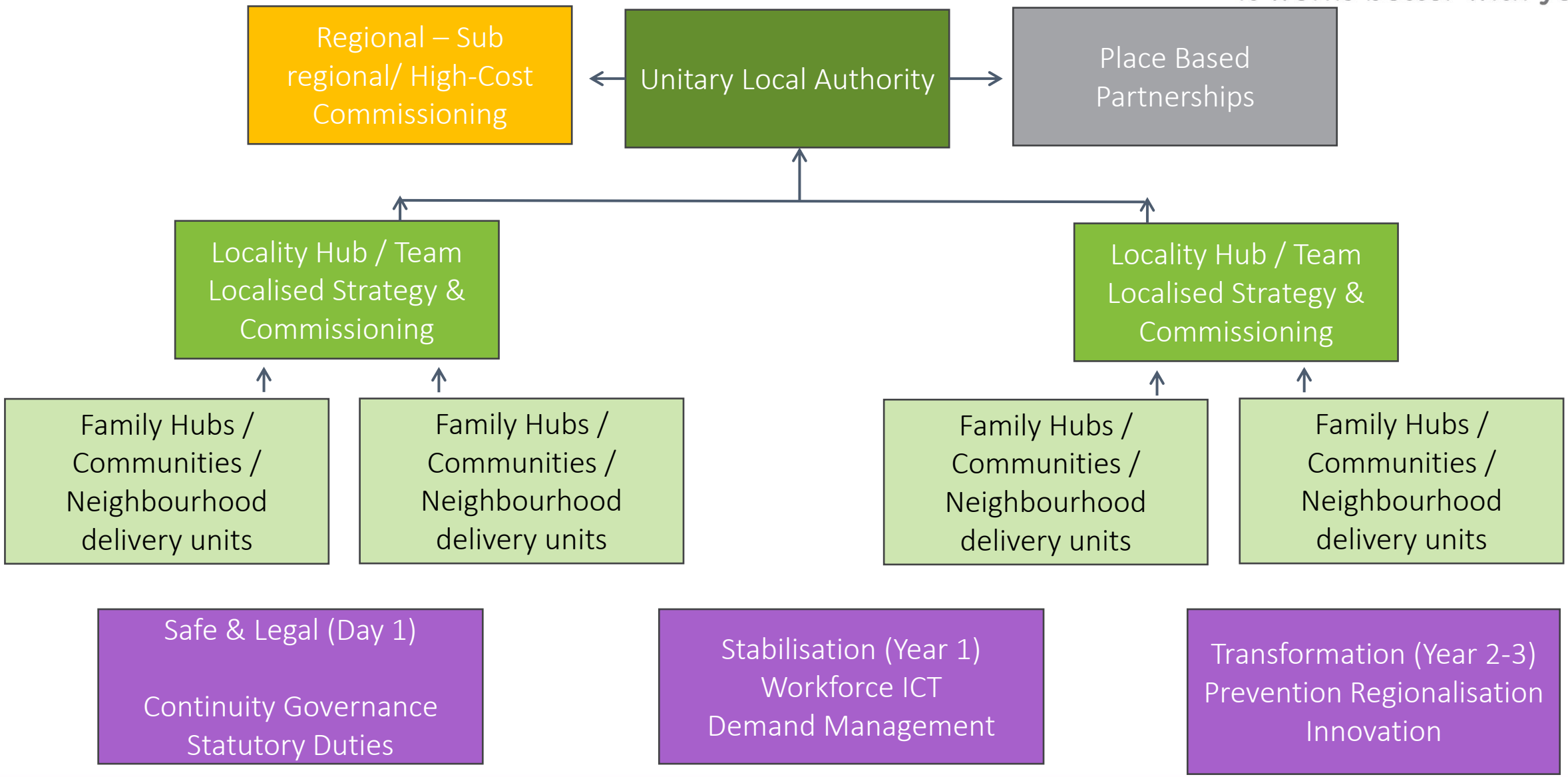

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2c. Localities, Neighbourhoods and Communities

Definitions

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Key Difference

- Localities = system integration, statutory assurance, larger commissioning, safeguarding infrastructure.
- Communities/Neighbourhoods = day-to-day prevention, personalised delivery, direct relationship with families/residents.

Locality Level (approx. 125k-150k population)

- **Scale**: Matches NHS "place" footprint (4–8 Primary Care Networks).
- **Function**:
  - Owns the *front door* (Children's MASH / Family Help hubs, Adults' triage and reablement).
  - Runs local commissioning for *lower-value, high-volume* services.
  - Co-located, multi-agency teams (social care, health, schools, police, housing, VCSE).
- **Purpose**:
  - Large enough to sustain statutory functions (child protection, safeguarding, reablement).
  - Ensures consistent thresholds, practice model, and performance monitoring across services.
  - Provides leadership and governance (e.g. Locality Boards, Children's Trust arrangements).
- **Analogy**: The "engine room" for integrated delivery.

Community / Neighbourhood Level (approx. 30–50k population)

- **Scale**: Mirrors a Primary Care Network footprint, secondary school catchment, or natural town community.
- **Function**:
  - Delivery of *prevention, early help, carers' support*.
  - Strong VCSE role, housing links, Disabled Facilities Grants.
  - Micro-commissioning for hyper-local personalised services (esp. rural areas).
- **Purpose**:
  - Brings services as close to residents as possible.
  - Builds trusted relationships with families, carers, and communities.
  - Reduces escalation into statutory services by responding earlier.
- **Analogy**: The "front line" where families and residents experience services in their community.

Base for Locality Working

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"Do locally what benefits from place-knowledge and relationships; do centre/regional what needs scale, resilience or scarce skills."

This aligns to reform directions on Family Help, kinship emphasis, MACPTs (children), workforce, and community-first prevention (adults).

For a 313k and 283k unitary with two localities of 100k - 150k, each locality hub is a co-located, multi-agency unit that:

- ✓ Owns Family Help + CIN (children) and reablement + short-term care (adults),
- ✓ Convenes schools, PCNs/ICB community teams, police, housing & VCSE,
- ✓ Runs local commissioning (lower-value, high-volume), while the centre/regional level holds specialist/high-cost markets.

Good Practice: ***North Yorkshire Locality Boards*** (0–25): five boards co-governing inclusion & outcomes; formalised membership/decision-making; published impact examples. Great governance pattern for your hubs.

Home - Locality Boards

Core building blocks at locality level
Unified front door with rapid triage to Family Help (children) and to reablement / community independence (adults).
Family Hubs network (0–19/25 SEND), integrated with schools and early help partners.
MACPT capacity available to the locality with clear hand-offs from Family Help.
Reablement & intermediate care team (OT, physio, SW, support workers) linked to same-day equipment/adaptations and care tech.
Local commissioning cell for home care, extra care, supported living, short breaks, parenting, inclusion support, etc., with routes to centre/regional frameworks for high-cost/low-volume needs.
Data & insight mini-cell in each hub to run caseload dashboards, demand forecasts, and spot "hot streets."
Practice development & supervision (restorative/strengths-based) embedded in hub routines.

Case Studies Locality Working

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Children's Services – Locality Blueprint (Reform-aligned)		
Family Help Team	FH lead practitioner + social workers + family support + embedded partners (school inclusion, health, youth). Single family plan; routine **family network/kinship exploration** from day one. Leeds runs **23–25 "clusters"** pooling school & partner funding for early help—useful for design of your hub partnership and devolved spend.	EVALUATION OF THE EARLY HELP SERVICES PROVIDED AS A PART OF THE CLUSTER COLLABORATIVE IN LEEDS
MACPT / LCPP	Dedicated multi-agency child protection resource (SW, health, police, education) that handles s47/investigations and conferences; stays tightly coupled to Family Help to preserve relationships. (Model feature in national reform programme.)	The implementation of family hubs: Emerging strategies for success | Local Government Association
Kinship & Permanence	A locality-based kinship team to assess, train and support family networks, with centre/regional sufficiency planning for fostering/residential. Hertfordshire's Family Safeguarding shows multi-disciplinary teaming around adult factors (DA, MH, substance use) improving outcomes—adapt its routines inside your hub.	A Guide to Family Safeguarding
Family Hubs	Locality-wide umbrella for 0–19/25 SEND. Surrey's family hub approach and recent **LGA/Coram case studies** are practical playbooks for space, staffing and commissioning models.	Annex 4.3 - Developing Family Hubs Paper.pdf
Adult Social Care		
Reablement & Intermediate Care	Rapid start (≤48h), goal-oriented episodes, strong link to PCNs/hospital discharge. Torbay's integrated neighbourhood model (with pooled budgets and co-located MDTs) evidences faster flow and independence—lift their co-location + MDT + shared leadership features.	Impact of 'Enhanced' Intermediate Care Integrating Acute, Primary and Community Care and the Voluntary Sector in Torbay and South Devon, UK - PubMed
Adaptations & Care Tech	Embedded OT and home independence cell; Wigan's digital ASC case study shows workforce support & care-tech mainstreaming in local teams.	Wigan Council: a whole system approach to digital in its adult social care service | Local Government Association
Carers	Visible "carer offer" in hub; Essex's All-Age Carers redesign is a good template for navigation + offer + digital support.	Essex County Council: unpaid carers support redesign | Local Government Association

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2d. Regional Working

A shared tier across 2+ councils (and aligned to the ICS footprint) that handles the high-cost / low-volume / scarce-skills pieces you don't want fragmented locally: specialist placements, complex packages, market oversight, workforce pipelines, shared procurement, quality & risk. This mirrors current direction on integrated "place" partnerships and multi-council collaboratives.

Key Reading:
A new operating model for health and care | NHS Confederation

Regional Models – Core Building Blocks

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Core Building Blocks		
Regional Commissioning Hub	Hosted by one LA. Category management, procurement, analytics, brokerage for specialist/complex demand; leads joint tenders and frameworks.	
Market Stewardship & Intervention	Sufficiency plans, market shaping, price/quality oversight, escalation with regulators; aligns to DfE's market interventions work and new advisory structures (MIAG).	Children's social care market interventions advisory group - GOV.UK
Sufficiency Programmes (Children)	Regional pipeline of in-house homes, IFA/fostering campaigns, and secure/step-down capacity; proto-RCC functions where established. (Live examples: **West Midlands**, **White Rose/Yorkshire & Humber**, **North East ADCS** regional sufficiency collaboration, and **Pan-London** programmes.)	COV - West Midlands Children's Regional Residential Care Framework (2025) - Find a Tender
Complex Adults Commissioning	Regional lots for complex LD/ASD, MH rehab/forensic step-down, EBD/PD specialist supported living, and pan-area care-home frameworks (e.g., **Pan-London nursing homes AQP**).	Pan-London Nursing Homes AQP - Contract introduction for providers - Care England
Workforce & Practice Academy	Shared training/OD (e.g., delegated healthcare tasks into care roles per ADASS guidance), supervision standards, agency reduction initiatives.	
Data, Digital & Brokerage	Regional data room; dashboards for price/volume/quality; shared brokerage for hard-to-place cases; aligns to Ofsted ILACS/SEND and CQC assurance regimes.	
NHS/ICS Integration	Interfaces with provider collaboratives and specialised commissioning delegation to ICBs (useful for secure estate/complex health pathways).	NHS England » Specialised commissioning 2024/25 – next steps with delegation to integrated care boards

Regional Working – Children's Services & Adult Social Care

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Children's Services

Categories: Residential & secure, complex solo/2:1, step-down therapeutic, independent fostering frameworks, specialist education packages linked to care, regional sufficiency capital pipeline.

- Demand & sufficiency: rolling 3-yr forecast; capacity pipeline with DfE capital routes; market heat-maps.
- Commissioning & procurement: regional frameworks, dynamic purchasing for edge cases, common Ts&Cs, shared QA; "price corridor" and escalation.
- Brokerage: single regional team for hard-to-place; localities retain mainstream fostering/kinship; time-bound brokerage SLAs.
- Market oversight: contract performance, unannounced checks with LA QA leads; dovetail with DfE Market Interventions Advisory Group signals.
- Workforce: regional recruitment campaigns (foster carers, residential staff), practice standards, and shared training.

Adult Social Care

Complex LD/ASD with PBS, forensic/MH rehab step-down, specialist dementia/nursing blocks, NHS-adjacent discharge capacity, workforce academies, and pan-area AQP frameworks. (E.g., Pan-London nursing homes AQP; NW ADASS market-shaping networks.) How it runs:

- Pooled category strategies: joint fee setting, shared risk/void cover for step-down beds, Better Care Fund linkage as policy evolves.
  - New reforms and independent commission to transform social care - GOV.UK
- Delegated healthcare tasks: joint protocols, training and indemnity (ADASS guidance), opening headroom in home support/reablement models.
  - Adult social care and delegated healthcare activities - ADASS
- Regional QA & market resilience: early-warning on provider failure, improvement support, and cross-border contingency placements.
- NHS interface: MAP with ICBs and specialised commissioning for secure/complex cohorts and discharge pathways.

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3. Implementation Plan

Assurance to MHCLG, DfE, and DHSC

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This TOM and Implementation Plan provide:

- Continuity of care: Statutory assurance that vulnerable people remain protected.
- Financial case: Robust evidence of achievable savings and cost avoidance.
- Localism benefits: Smaller, more responsive unitaries aligned to NHS and communities.
- Inspection readiness: Clear focus on improvement and assurance frameworks.

Key Enablers	Risks	Governance & Oversight
Governance: Clear accountability (separate DCS/DASS per UA), risk-share for joint services.	SEND DSG deficit (£151m) - risk of escalated DfE intervention if recovery not credible.	Programme Board: Chairs of Shadow Authorities + DCS/DASS.
Workforce: Local pipelines with FE colleges; digital upskilling; practice academies.	Provider fragility in rural South - early market development essential.	Locality Boards: co-chaired by schools & NHS partners.
ICT/Digital: Resident care accounts, online assessments, predictive analytics, dual running until stable.	Agency social worker reliance (esp. children's) - risk to improvement momentum.	Regional Hub: high-cost placements, workforce academy, brokerage.
Commissioning: Local micro-commissioning for volume; regional hub for high-cost/low-volume.	ICT migration delays - dual running costs/risks.	Inspection Readiness Group: aligned to ILACS, Area SEND, CQC frameworks.
Partnerships: Co-location with PCNs, schools, VCS; formal locality boards.	Inspection windows - likely Ofsted/CQC visits within 12–18 months of Vesting Day.	
Inspection Readiness: Single improvement plans; routine dry-runs against Ofsted/CQC frameworks.		

Project Plan Overview

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Phase	Level of Delivery	Key Actions	Source/Requirement
Phase 1 Foundations (2025/26)	Regional (West Midlands/ICS footprint)	Identify "Day 1 Essentials" (continuity of care, safeguarding, ICT dual running)	DfE regional sufficiency programme
	Local Authority (statutory corporate role)	Appoint statutory officers (DCS/DASS) Establish integrated programme and single business case (governance, budget, scope, benefits)	DfE/DHSC requirement
	Locality (200-300k population hubs)	Agree vision, principles and outcomes of locality working Agree scope for regional commissioning hub	Best practice
	Community / Neighbourhood (30-50k PCNs, schools, VCSE)	Map current demand, budgets and workforce capacity (by ward where relevant) Initial engagement with schools, GPs, providers, VCSE, ICS and partners	LGA guidance
Phase 2 Design (2026)	Regional (West Midlands/ICS footprint)	Design shared frameworks for residential & SEND placements	DfE/DHSC policy
	Local Authority (statutory corporate role)	Draft constitution & scheme of delegation Build draft transition plan with risk and benefit analysis, including shared/transactional services Align with MTFP, SEND and social care reforms	LGR statutory process
	Locality (200-300k population hubs)	Co-design operating model for family hubs & reablement	Family Help reforms
	Community / Neighbourhood (30-50k PCNs, schools, VCSE)	Pilot micro-commissioning with VCSE Communication plan – staff, members, families, partners	Good practice

Project Plan Overview

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Phase	Level of Delivery	Key Actions	Source/Requirement
Phase 3 Mobilisation (2026/27)	Regional (West Midlands/ICS footprint)	Mobilise regional workforce academy	ADASS workforce guidance
	Local Authority (statutory corporate role)	TUPE workforce transfers; workforce training, induction and cultural alignment Implement system and data transition (case management, BI, reporting); data migration testing Secure leadership and retain critical expertise to vesting day	TUPE Regs / GDPR
	Locality hubs	Establish locality teams/structures and co-located MDTs (ASC front door, Family Help) Novate/renegotiate contracts "Day 1 Readiness Review" – dry run of key processes	Working Together 2023
	Community / Neighbourhood (30-50k PCNs, schools, VCSE)	Launch early help & reablement pilots	Best practice
Phase 4 Go Live (April 2028)	Regional (West Midlands/ICS footprint)	Broker high-cost placements; regional market oversight	DfE MIAG / CQC assurance
	Local Authority (statutory corporate role)	Submit statutory returns; monitor safeguarding continuity	Legal duty
	Locality hubs	Operate new front door pathways (FH + ASC triage) Launch locality operating model Implement contingency measures for risks identified earlier	Care Act / Children Act
	Community / Neighbourhood (30-50k PCNs, schools, VCSE)	Ensure community-level services accessible (family hubs, carers) Maintain provider and community reassurance through ongoing comms	SEND reforms
Phase 5 Optimisation (Post-2028)	Regional (West Midlands/ICS footprint)	Sustain regional QA and market resilience programmes Plan financial resilience and interim shared service hosting	DfE/DHSC policy
	Local Authority (statutory corporate role)	Review outcomes and financial performance vs benchmark; adjust MTFP	CIPFA duty
	Locality hubs	Refine commissioning, sufficiency planning and service pathways based on learning Consolidate contracts and embed VFM approach Embed prevention and early help as a core operating principle	Best practice
	Community / Neighbourhood (30-50k PCNs, schools, VCSE)	Continuous improvement of early help, kinship, carer offers and wider partnerships (ICS, QA, market resilience programmes)	Ofsted inspection

Gantt Chart Overview

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Full implementation plan Gantt chart available in Appendix

Phases	Key Actions	2025	2026	2027	2028	2029-30
Phase 1: Foundations	Set up Day 1 essentials (care continuity, safeguarding, ICT), appoint statutory officers, and agree vision, outcomes, and governance.					
	Map demand, budgets, and workforce; define commissioning scope; and engage with schools, GPs, providers, and partners.					
Phase 2: Design	Develop shared frameworks, draft constitution, and transition plan with risk/benefit analysis.					
	Align with reforms and MTFP, co-design family hubs/reablement, pilot micro-commissioning, and plan communications.					
Phase 3: Mobilisation	Launch workforce academy, TUPE transfers, training, and cultural alignment; test data migration and system transitions.					
	Secure leadership, set up locality teams and MDTs, manage contracts, conduct readiness reviews, and pilot early help/reablement.					
Phase 4: Go Live	Operate new pathways (FH + ASC triage), launch locality model, and oversee high-cost placements with market oversight.				April 2028	
	Submit statutory returns, ensure safeguarding, maintain accessible services, and apply contingency measures.				April 2028	
Phase 5: Optimisation	Sustain QA and market resilience, review outcomes vs benchmarks, and refine commissioning and financial planning.					
	Consolidate contracts, embed prevention/early help, and drive continuous improvement with carers, kinship, and wider partnerships.					

Phase 1: Foundations

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Cross-Cutting Actions

- Agree vision, principles and outcomes of locality working.
- Map current demand, budgets and workforce capacity (forensic analysis across potential/agreeing footprints, including demographic data).
- Identify “Day 1 essentials” (continuity of care, safeguarding, ICT dual running — case management, billing and payment systems).
- Early engagement with providers, VCS, ICS/ICB, schools and partners.
- Review existing governance and statutory boards; review recent inspection findings (CQC / Ofsted) and identify key areas of action.
- Establish integrated programme and single business case (governance, budget, scope, benefits).
- Agree scope for regional commissioning hub.

Adult Social Care Actions

- Maintain continuity of care for residents during the transition.
- Redesign services to reflect priorities and demographics of the new unitaries using forensic, ward-level analysis.
- Ensure budgets transferred reflect need (not purely population numbers); analyse current MTFP and savings initiatives to inform new budget.
- Early assessment of workforce capacity and capability; consider operating models, caseloads and opportunities to address backlogs in assessments and reviews prior to going live.
- Detailed assessment of contracts to prioritise de/re-commissioning, identify those suitable for joint commissioning and those needing further VFM assessment.
- Early conversations with the ICS/ICB to review and agree Better Care Fund informed by forensic demand analysis.

Children’s Services Actions

- Maintain continuity of care and support for children, young people, parents/carers, families and wider networks during transition.
- Forensic analysis of current demand and future projections across the new footprint and demography (General Fund and DSG spend commitments).
- Establish a current and medium-term baseline budget requirement; identify underlying pressures in existing budget commitments.
- Early assessment of workforce capacity and capability; review operating models, caseloads and backlogs.
- Detailed contract assessment: which require novation / de/re-commissioning, which remain jointly commissioned, which require VFM review.
- Analyse recent Ofsted reports and ILACS / Local Area SEND recommendations to inform single improvement plans.

SEND Actions

- Forensic analysis of DSG across all Blocks and identification of strategic financial pressures; ensure budgets transferred reflect need.
- Readiness review for Local Area SEND inspection and development of single improvement plan for Local Area SEND.
- Early consideration of sufficiency needs for EHCPs and Home to School Transport demand and market implications.

Phase 2: Design

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Cross-Cutting Actions

- Co-design the operating model (governance, integration, workforce, commissioning) aligned to the new strategic outcomes.
- Develop options appraisals for service pathways and in-house delivery (detailed assessment of in-house services; options appraisals to be produced for consideration).
- Build draft transition plan including risk/benefit analysis and alignment to the MTFP and known reforms.
- Communication plan – staff, members, families, partners, providers (including website content going live pre-implementation).
- ICT & system architecture mapping, requirements gathering for integration or transitionary dual running (case management, billing/payment, BI, reporting).
- Draft constitution and scheme of delegation.

Adult Social Care Actions

- Produce forensic ward-level service redesign options and options appraisals for in-house versus market delivery.
- Design performance management and statutory return requirement gathering, and integration plans.
- Design Section 75 and other partnership agreement transfer approaches; identify CQC actions that influence design.
- Identify capability building needs in commissioning, governance and performance management; design training/induction.

Children's Services Actions

- Co-design new children's social care operating model aligned to national social care and SEND reforms.
- Produce single improvement plans for ILACS and Local Area SEND as part of design.
- Design pathway and operational process maps and associated guidance/protocols for statutory processes.
- Consider regional collaborations (Regional Care Cooperatives, regional foster recruitment) in commissioning/design options.
- Design shared frameworks for residential and SEND placements.

SEND Actions

- Design graduated approach and inclusion expectations for the revised school community; incorporate EHCP sufficiency into pathways.
- Design Home to School Transport and policy, develop alternative provision, model route optimisation options to inform budgets.
- Ensure DSG analysis and medium-term financial planning are embedded in design options.

Phase 3: Mobilisation

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Cross-Cutting Actions

- Establish locality teams/structures and implement workforce training, induction and cultural alignment.
- Implement system and data transition: case management, BI, reporting; carry out data migration, reconfiguration and integration planning.
- Novate / renegotiate contracts as identified; launch early commissioning pilots where appropriate.
- “Day 1 Readiness Review” — dry runs of key processes, business continuity and safeguarding pathways.
- Detailed communications and transition plans shared with providers; websites and key public information go live pre-implementation.
- Mobilise regional workforce academy.
- Secure leadership and retain critical expertise through to vesting day.

Adult Social Care Actions

- Implement Section 75, Section 117 and Continuing Healthcare arrangement transfers to the new authority.
- Deliver detailed implementation plans for each service area, jointly with Health, to support Hospital Discharge pathways and integrated services.
- Mobilise performance management frameworks and statutory return processes; test flows and reporting.
- Deliver workforce initiatives to build capability in commissioning, governance and performance management.
- Prioritise case reviews, observation programmes and case review workshops where strength-based practice embedding is required.

Children’s Services Actions

- Mobilise single improvement plans for ILACS and Local Area SEND; test operational protocols for statutory processes.
- Implement provider engagement and contract novation plans; mobilise revised commissioning arrangements for placements and fostering.
- Mobilise regional collaborations (e.g., foster carer recruitment) and early help/prevention models in pilot localities.
- Configure case management and payment systems; migrate data and test statutory return submissions.

SEND Actions

- Deliver EHCP sufficiency planning measures and ensure systems capture demand for EHCPs and transport.
- Mobilise Home to School Transport arrangements and route optimisation pilots where ready.
- Test graduated approach operationalisation in schools and inclusion protocols with partners.

Phase 4: Go Live

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Cross-Cutting Actions

- Launch locality operating model; maintain active communications to reassure providers, communities and staff.
- Monitor safeguarding and continuity of care closely; operate contingency measures for risks identified earlier.
- Confirm continuity of statutory returns and reporting; validate performance management dashboards and BI.
- Maintain provider & community reassurance through ongoing comms; ensure websites and public guidance are live and accurate.
- Broker high-cost placements and establish regional market oversight.

Adult Social Care Actions

- Ensure safe delivery from Day 1 for the most vulnerable residents and their families/carers through close operational oversight.
- Continue Hospital Discharge/health integration work and monitor Section 75/CHC/Section 117 transitions.
- Undertake immediate review of front door — is the service strength-based; is information, advice and guidance effectively utilised?
- Activate contingency plans for any contract or market instability identified during mobilisation.

Children's Services Actions

- Ensure continuity for children, young people and families: test statutory pathways, safeguarding and review processes in live operations.
- Validate novated contracts and placement arrangements; monitor sufficiency pressures.
- Implement revised partnership governance arrangements and maintain ongoing engagement with regional partners.
- Ensure performance and statutory returns for children's services are operating as designed.

SEND Actions

- Monitor EHCP processing times and placement sufficiency; prioritise cases at risk.
- Monitor Home to School Transport arrangements and escalate any service continuity or demand issues.
- Provide targeted communications to families about how SEND processes operate under the new authority.

Phase 5: Optimisation

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Cross-Cutting Actions

- Review outcomes and financial performance; refine pathways and commissioning based on learning.
- Consolidate contracts and embed a VFM approach in commissioning and contract management.
- Embed prevention and early help as core operating principle and maintain continuous improvement cycles with ICS and wider partnerships.
- Review inherited policies for alignment, communication and application.
- Plan financial resilience measures and interim shared service hosting.

Adult Social Care Actions

- Early assessment of inherited contracts to determine VFM and outcome focus — identify opportunities to consolidate, renegotiate or decommission.
- Review in-house services against Stage 1 recommendations and strategic objectives; decide on retention/reconfiguration.
- Assess strength-based practice embedding through observations, guided conversations and case review workshops.
- Review income arrangements including charging, grants and health income; update MTFP as required.
- Continue to strengthen partnership working with VCS and Health to support market development and sustainability.

Children's Services Actions

- Undertake assessment of novated contracts and providers for quality and VFM; plan consolidation or market shaping where required.
- Assess medium-to-long-term sufficiency needs (placements and EHCPs) and work with providers to shape the market.
- Review effectiveness of early help/prevention model (aligned to Family Help reforms).Review foster carer recruitment approaches and regional collaborations; adjust recruitment strategy.
- Review Home to School Transport delivery and value for money; implement route optimisation and market interventions.

SEND Actions

- Review embedding of inclusion and the graduated approach across the revised school community; identify further support needs.
- Reassess EHCP sufficiency and demand forecasting; refine commissioning and placement strategies.
- Review Local Area SEND improvement plan progress and adjust priorities based on outcomes and inspection readiness.