



Cabinet Member for Adult Services

Time and Date

10.00 am on Monday, 1st July, 2024

Place

Committee Room 4 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 4)
 - a) To agree the minutes of the meeting held on 14th March 2024.
 - b) Matters arising
4. **Quarter Four Performance 2023/24 - Adult Social Care** (Pages 5 - 22)

Report of the Director of Adults and Housing
5. **Outstanding Issues**

There are no outstanding issues
6. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

Private business

Nil

Julie Newman, Director of Law and Governance, Council House, Coventry

Friday, 21 June 2024

Note: The person to contact about the agenda and documents for this meeting is Tom Robinson, Governance Services, Email: tom.robinson@coventry.gov.uk

Membership: Councillors L Bigham (Cabinet Member) and S Nazir (Deputy Cabinet Member)

By invitation: Councillor B Mosterman (Shadow Cabinet Member)

Public Access

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Tom Robinson

Governance Services, Email: tom.robinson@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Cabinet Member for Adult Services held at 9.30 am on
Thursday, 14 March 2024

Present:

Members: Councillor L Bigham (Cabinet Member)
 Councillor S Nazir (Deputy Cabinet Member)

Employees (by Service
Area):

Adults Services S Caren

Law and Governance T Robinson

Apologies: Councillor B Mosterman

Public Business

19. Declarations of Interest

There were no disclosable pecuniary interests.

20. Minutes

The Minutes of the meeting held on 4 March 2024 were agreed and signed as a true record.

21. Deferred Payment Agreement Scheme

The Cabinet Member considered a report of the Director of Adult Services and Housing which considered the Deferred Payment Agreement Scheme.

The report stated that the expectation of the Care Act (2014) is that Local Authorities will assist an individual to access a placement in a care home where such a setting best meets eligible care needs and based on a 12-week property disregard, will fund that placement for those first 12 weeks.

During those 12 weeks, residents with property need to make arrangements to fund their own placements from the 13th week, either by liquidating their assets or by making a formal Deferred Payment Agreement (DPA).

Although DPA's have been available since 2015, Coventry City Council has not implemented a formal approach surrounding Deferred Payments which would have made people make a choice to enter into DPA's or fund their own care by other means, the consequence of this has been that residents in Coventry have chosen to do neither of the above and instead the Council has continued to fund, until such time as the property is sold and the resident is able to refund the payments made.

The Head of Adult Care and Support emphasised the importance of the DPA in formalising a process that is part of the legislative framework for Adult Social Care (ASC) and for ensuring that a valuable service is provided whilst protecting the council from continued residual debt. The Cabinet and Deputy Cabinet Member agreed and further noted the DPA training that ASC is providing to staff.

RESOLVED that the Cabinet Member for Adult Services:

- 1) Endorses the revised Deferred Payment Scheme for all service users having 12-week disregards ending after the 31st of March 2024.**
- 2) Agrees to implement the new approach to Deferred Payment Agreements.**

22. Outstanding Issues

There were no outstanding issues.

23. Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved

There were no other items of urgent public business.

(Meeting closed at 9.40 am)



Public report Cabinet Member

Cabinet Member for Adult Services:

1st July 2024

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor L Bigham

Director approving submission of the report:

Director of Adults and Housing

Ward(s) affected:

All

Title:

Quarter Four Performance 2023/24 – Adult Social Care

Is this a key decision?

No - although adult social care is city wide, covering all wards, this report does not contain any specific proposals.

Executive summary:

Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end.

Adult Social Care (ASC) also measures a series of locally defined indicators, which are reported to the Adult Social Care Management Team on a quarterly basis.

This report outlines performance against these key indicators for quarter four 2023/24. Directional arrows are displayed to summarise performance compared to previous years against these indicators.

This report updates the Cabinet Member for Adult Services on the quarter four performance, actions in place to improve performance and proposed next steps. It also provides an opportunity for the Cabinet Member to provide comment and steer the work of the directorate.

The Cabinet Member for Adult Services will be provided with a quarterly report on performance which feeds into the Adult Social Care Annual Report and annual performance report received by the Cabinet Member and Health and Care Scrutiny Board.

The report also gives an update on our Adult Social Care involvement approach including engagement and user experience work undertaken in the previous quarter. This is important alongside numerical performance as it provides a context for what people with care and support needs and their carers consider important is used to inform areas for improvement.

Recommendations:

The Cabinet Member for Adult Services is recommended to:

- 1) Note and endorse the action taken in relation to the Adult Social Care quarter four 2023/24 performance including the next steps as outlined in this report.
- 2) Provide any comments in relation to the report and specific actions required as a result.

List of Appendices included:

The following appendices are attached to the report:

Appendix 1 - Summary ASCOF 23-24 outlines the Quarter Four ASCOF measures.

Background papers:

None

Other useful documents

None

Has it or will it be considered by Scrutiny?

No

Has it or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: Quarter Four Performance 2023/24 – Adult Social Care

1. Context (or background)

- 1.1 Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end.
- 1.2 The Adult Social Care Outcomes Framework also measures a series of locally defined indicators, which are reported to the Directorate Management Team on a quarterly basis.
- 1.3 This report outlines performance against these key indicators for quarter four of 2023/24. Directional arrows are displayed to summarise the direction of movement for these measures. Also outlined is information on how Coventry benchmarks against other local authorities based on most recent benchmarking information from 2022/23
- 1.4 There has been a revision of ASCOF measures for the 2023/24 reporting year, and as such, the year-end performance report for 2023/24 will include these revised measures. This does present some challenges in terms of benchmarking data not being available for these measures until around November 2024. However, for completeness the previous ASCOF measures have been consistently monitored until year end.
- 1.5 2022/23 marked a substantial improvement in performance across some areas which is important context for 2023/24 where we consolidated and progressed performance in a number of areas.
- 1.6 ASCOF Performance is reviewed regularly by the senior management team supported by a performance dashboard.
- 1.7 As of 31st March 2024 there were 3650 people in receipt of Long term support and 328 people in receipt of short term services.

2. Performance

Adult Social Care regularly monitors performance against the indicators at operational and strategic levels. This enables remedial actions to be put in place. For the year 2023-24 there has been focus on safeguarding activity and improving engagement with carers.

Summary of key changes and improvements

Since the quarter three report there have been the following notable changes:

Our work using the Digital Transformation Fund which seeks to move Adult Social Care providers from paper based records to digital records has seen 28 applications from Coventry providers and over the past 6 months £108,491 has been to those providers to support the implementation of digital records.

There have been improvements in 15 ASCOF indicators since quarter 3 many of these changes are relatively small in percentage terms but nevertheless support an overall improving position with most significant improvements being in:

- Overall satisfaction of people who use services and their care and support. An improvement from 60.5% in 2022/23 to 64.6% in 2023/2024
- Overall satisfaction of carers with social services (for them and the person they care for). An improvement from 32% in 2022/23 to 33.2% in 2023/2024
- The proportion of people who use services who report having control over their daily life. An improvement from 74% in 2022/23 to 78.9% in 2023/2024.
- Carers receiving direct payments for support direct to carer. An improvement from 53.7% in 2022/23 to 64.2% in 2023/2024.
- The proportion of people who use services who feel safe. An improvement from 69.9% in 2022/23 to 74.3% in 2023/2024.
- Reviews for people in long term support for 12+ months. An improvement from 49.2% in 2022/23 to 55.6% in 2023/2024.

We have also seen 3 ASCOF indicators decline, most noticeably:

- The proportion of people who use services who have found it easy to find information about services and/or support. Declining from 70.5% in 2022/23 to 65.3% in 2023/24. This decline cannot be attributed to a change in our information offer which has remained largely unchanged over this period.
- Proportion of people who use services who say that those services have made them feel safe and secure which fell from 2022/23 from 87.4% to 84.9% in 2023/24. There is no indication of what this reduction is attributed to.

ASCOF National Indicators

In respect of specific performance indicators quarter four commentary is as follows: (All comparator data is for 2022/23. Note that between quarters it would be unexpected to see a marked change in any indicator but there will be normal fluctuations in performance over time. What is important to identify is where a marked change has occurred, or an upward or downward trend is developing over time.

2.1 Domain1 below sets out the section on ‘Enhancing the quality of life for people with care and support needs’

2.1.1 Proportion of adults receiving self-directed support

100% of people are receiving self directed support as at the end of Q4. This is in comparison to the West Midland comparator Figure of 95.4%. (2022-23 figure). At the end of Quarter 3 there was 99%. This is a marginal change that is reflective of normal variation throughout the year.

2.1.2 Proportion of carers receiving self-directed support

100% of carers are receiving self-directed support as at the end of Q4. This is in comparison to the West Midland comparator Figure of 85.4 %. This is a sustained performance for the service.

2.1.3 Proportion of adults receiving direct payments

22.5% of people are receiving direct payments as at the end of Q4. This is in comparison to the West Midland comparator figure of 26.7%. There has been a marginal 0.2% reduction from Q3. Work continues to review our Direct Payment approach and we have developed new promotional materials including videos from those receiving a payment which have been produced to support uptake and understanding. We have also translated our DP information leaflets into Punjabi, Urdu, Arabi and Gujarati given the known ethnicity of those receiving a DP.

2.1.4 Proportion of carers receiving direct payments for support direct to carer

64.2% of carers are receiving direct payments for support direct to them - this is an improvement on Q3 and our outturn in the last 2 years but remains lower than the West Midland comparator figure of 77.9%. This indicator is not reflective of wider elements of support offered to carers which does not require a direct payment, including digital and online skills training and support groups. We are also seeing increased range in the use of carers direct payments indicating more person-centred practice and a preference for the use of Direct Payments as opposed to indicative budgets. A new Carers Direct Payment leaflet has been produced and is available for practitioners to support further uptake. Coventry City Council also commission specific carers support via the Carers Trust Heart of England to ensure carers are adequately supported with or without a direct payment, with work currently underway to recommission this support offer in line with the Carers Action Plan 2024/26 and feedback from local carers.

2.1.5 Proportion of adults with learning disabilities in paid employment

2.2% at Q4 (16 adults) with a learning disability known to Adult Social Care are in paid employment. This position has remained the same as Q3 but is lower than the West Midland comparator figure of 3.2%. Work continues to be undertaken by the Commissioning team in partnership with the Adult Education Team. The goal of this is enhancing recruitment prospects for individuals in Coventry with an Education, Health and Care Plan (EHCP) facing learning barriers including learning disabilities, mental ill health, Autism and physical disabilities. Work is underway to understand the current offer in the city and to look at how we can support our present cohort of people who are in unpaid employment to move into paid employment.

2.1.6 Proportion of adults with learning disabilities who live in their own home or with their family

81.2% of adults with learning disabilities live in their own home or with their families. This is higher when compared with the West Midlands comparator of 71.4% % in 2022/23 and has increased from 79.8% in Q3.

2.2 Domain 2 sets out the section for 'delaying and reducing the need for care and support'.

2.2.1 Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.

In the last year we saw an increase in numbers of working age adults admitted to long term residential and nursing care. Whilst the estimate was 24.8 per 100,000, the final figure for Q4 is 27 (Remains on the similar lines to the previous year and remains higher than the West Midlands average of 17.8.) A total of 8 people (13% of the overall number) counted for this indicator were placed in hybrid residential / supported living type placements (person has their own front door). The model of support is recovery focused with a limited length of stay expected for up to 2 years with the aim for the person then to move into a community setting. During the last two years CCC have commissioned an additional 20 beds of this style of accommodation.

2.2.2 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

The end of year figure is 680 older adults (65+) per 100,000 population admitted to residential and nursing homes. The West Midlands comparator figure is 607.9. In 2022-23 there were 723 residents overall admitted showing an improvement based on the current trajectory. Whilst there was an increase in admissions between periods this is subject to seasonal variation

2.2.3 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation (effectiveness of the service)

At Q4 81.2% of people aged 65+ were still at home 91 days after discharge a small decrease between quarters which can vary based on seasonal impacts. This compares positively with the West Midlands figure of 81.6%. In 2022-23 Coventry's figure was 81.1%.

2.2.4 Proportion of those that received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level

76.7% of people in Q4 received a short-term service with little or no ongoing support, which remains similar to Q3 but this is subject to variation throughout the year. In 2022-23 this figure was at 75% showing an improvement. The West Midlands comparator figure is 74.1%. This is due to the Adult Social Care Promoting Independence model and therapeutic front door approach leading to improved independence outcomes.

Performance in quarter three this year is impacted positively by the Improving Lives work programme across local NHS organisations and Social Care.

2.3 Adult Social Care Local indicators

In respect of directorate indicators quarter 3 commentary is as follows:

2.3.1 Reviews for people in long term support for 12+ months

1515 out of 2724 clients accessing long-term services for more than 12 months had a planned/unplanned review during 2023/2024. By the end of the Q4 55.6% of people received a review, which is an improvement on Q3's 53.4%.

The number and proportion of people receiving reviews are increasing year on year: Please Note: The COVID-19 pandemic continued to affect reviews from 2020-22

- 42.5% in 2020-21
- 44.9% in 2021-22
- 49.2% in 2022-23
- 55.6% in 2023-24

Coventry ranked 101st nationally, where national average was 57% and 9th out of 14 regionally, where West Midlands average was 64% in 2022-23.

There is an improvement of 6.4% from 49.2% in 2022-23 to 55.6% in 2023-24. Our performance in 2023-24 shows a good level of improvement compared to previous 3 years with the focus being the longest waiting for a review with an internal objective to ensure that there no intervals of greater than three years between reviews.

Our review performance has been lower in previous years due to the prioritisation of new requests and safeguarding concerns over and above reviewing activity. Targeting resources in this way has been necessary to ensure that those without care provision are safeguarded, supported and the impact on the NHS is reduced. Equally, and despite the additional contacts in the last 12 months this has enabled the focus on promoting independence and enablement that has ensured our conversion into long term support provision has improved from in 2021-22 7.1%, we reduced to 5.2% in 2022-23 and 5% in 2023-24

Whilst outturn performance is lower than the national average, significantly more people in receipt of services will have been consulted on their support provision either through the annual reviews undertaken by Internally Provided Services or via the DoLS assessment process. This offers greater assurance that although we are some way from reviewing all service users and unpaid carers each year we do have other ways to oversee people care and support arrangements, particularly for those placed out of city.

2.3.2 Completion timescales for comprehensive Care Act Assessment (average of days)

An assessment starts as soon as the local authority begins to gather information about the person. This is essentially at the point the person contacts the local authority; however, many people require a comprehensive assessment to support the determination of whether needs are eligible for care and support from the local authority and understanding how the provision of care and support may assist the adult in achieving their desired outcomes. The initial contact with the person enables us to consider their immediate needs and associated risks and therefore this discussion starts the assessment process. The timescale from the point it has been identified that an assessment is required to completion of a comprehensive assessment is on average 87 days which is an improvement on the average of 114 days overall during the year 2022-23. There has been an increase from Q3 from 80 days to 87 days wait time in Q4 2023-24.

In the period between assessment start and assessment completion the management of risk is a priority, with regular contact taking place to monitor changing circumstances and levels of risk. It is also critically important to appreciate that over this period people are not left without support where it is needed with support often put in place as an interim measure while assessment is ongoing, with the assessment determining whether the support provided is effective and what support would be required, if any, on an ongoing basis.

2.3.3 Completion of comprehensive Care Act Assessment (number of people)

As in paragraph 2.3.2, an assessment starts as soon as the local authority begins to gather information about the person. In Q4 403 people have an uncompleted Care Act Assessment. This is an improvement on the 461 at the end of the year 2022-23 but an increase from the Q3 figure of 388. The number of people with an uncompleted assessment is reducing overall.

Our commitment to promoting independence remains one of our core principles and we make best use of short-term services for new people contacting Adult Social Care to promote independence as well as reduce demand on long term services.

2.4 Safeguarding Performance

Safeguarding concerns can be received by Customer Services, Community Discharge Team (Hospital) or directly by practitioners undertaking casework with each of our teams completing safeguarding work.

Decisions in relation to safeguarding concerns and requirement to undertake enquires are primarily led by Intake and Hospital Teams. A performance report is produced that includes data covering the 'end to end' safeguarding process, enabling the tracking of activity, comparison to previous year's performance and identification of any variance in performance. At the end of Q4 6796 safeguarding concerns had been received compared to 6,278 in 2022-23. 1353 safeguarding enquiries have started (,1055 in 2022-23. The conversion rate from concern to enquiry is 20% (West Midlands regional median is 16%). As of end of Q4, 94% of safeguarding enquiries resulted in risk being reduced or removed and 77% of safeguarding enquiries were completed in 3 months.

As safeguarding is undertaken across different teams this whole service information is supplemented by a regular report to Adult Social Care Management Team identifying the numbers of safeguarding concerns received, enquiries concluded, categories of abuse recorded and open safeguarding cases. Safeguarding public information as well as in English is now available in the 6 main languages used in Coventry; Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya.

2.5. Adult Social Care Involvement and Engagement Approaches

2.5.1 Carers

In January 2024, the Commissioning Team facilitated an engagement session for unpaid carers who work for Coventry City Council. The event provided both peer support and a networking opportunity for unpaid carers to share good practice. This session was attended by 10 carers who had valuable discussions and peer support. The Library Team and Benefits Team were also present to provide information and resources. In continuation of support for unpaid carers, additional carers networking events will take place throughout the year to further increase visibility of unpaid carers and support available within the organisation to continue their caring role.

To promote awareness of unpaid carer support to currently under-represented communities, in January 2024, the Commissioning Team and Migration Team presented to British National Overseas (BNOs) from Hong Kong to inform them of support for unpaid carers in Coventry. Advice and information was shared centring on the role and definition of a carer and support options available including the entitlement to a carers assessment. The aim was to promote uptake of support from this demographic and reduce risk of carer burnout or breakdown.

Work continues to progress the Carers Action Plan (2024/2026) to ensure robust support is available to unpaid carers in the city. In March 2024 the Council were successful in their bid for the DHSC Accelerating Reform Fund (ARF), a funding programme dedicated to exploring the use of digital support and promote innovation in adult social care. The two projects planned utilising this fund will be to specifically support unpaid carers through the provision of alternative carers breaks and an online carers support and assessment tool.

A range of practice development has also taken place with training and workshops held for both internal practitioners and our externally commissioned carers support and assessment provider, (Carers Trust), to increase awareness and ensure high quality practice in carers support and carer assessments.

2.5.2 Digital

In January 2024 the Commissioning Team and Digital Transformation Officer promoted uptake of the Digital Transformation Fund (DTF) to the provider market, aimed at supporting providers to transition from paper-based care records to Digital Social Care Records (DSCR). In response, 7 providers successfully applied for DTF funding which has financially enabled the enhancement of digital transformation with these providers.

The additional grant applications from quarter 4 make a total of 28 applications from Coventry providers. Over the past 6 months, £108,491 has been awarded to Coventry providers via this grant. The Commissioning Team will continue to promote use of the fund to support the digitisation of social care records for all commissioned adult social care providers in Coventry. The purpose of this grant is to improve the safety of care recording and simplify the sharing of information with relevant health organisations. Work also continued to increase the number of Coventry providers who are Data Security Protection Toolkit (DSPT) compliant.

2.5.3 Recruitment, retention, and training and development

In January, work was undertaken with the adult social care provider market in respect of information sharing on Safeguarding Adult Reviews (SARs). Following provider requests for additional SAR information and support around safeguarding practice, a leaflet was produced and shared with providers and added to the adult social care commissioning website to ensure ease of access to information. This information included providing an escalation route for unresolved or urgent safeguarding queries as requested by the market. The Commissioning Team will continue to promote good safeguarding practice and respond to provider needs in respect of this area when identified through consistent engagement.

The ASC Commissioning Team and partners in Warwickshire County Council surveyed Adult Social Care providers across Coventry and Warwickshire to improve understanding of providers' experiences of international recruitment. A total of 161 providers across Coventry and Warwickshire completed the survey. The survey noted 65% of providers had employed sponsored recruits at that time, with the majority being residential care (66 providers) and homecare (47 providers). Insight from this survey helped to shape the approach to supporting the provider market with international recruitment including workshops to the faith and community sector to raise awareness of workers' rights, updates at provider forums and drop-ins for displaced workers whose employer had a licence revocation. The drop-ins were led by Tulia, an International Recruitment organisation who were jointly funded by Coventry and Warwickshire using specific grant monies. A total of 4 sessions were held and approximately 300 international recruits attended where sessions offered employment support and legal advice. Continuation of this support has taken the form of a peer support network across Coventry and Warwickshire ran by Tulia.

Further work was undertaken in respect of International Recruitment alongside the Modern Slavery Lead and Migration Team to produce a poster and leaflet outlining worker rights, indicators of modern slavery in care roles and where to escalate such concerns in Coventry and Warwickshire. These resources have been shared with all providers and relevant stakeholders via the ASC Commissioning website, email communications, distribution at events, and at the Multi-Faith Partnership Forum. A training session was also delivered to 30 attendees from the faith and communities' sector in March by the Commissioning Team, Migration Team, and Modern Slavery Lead to further inform the wider market.

The Council provided further ongoing recruitment and retention support to the adult social care market in quarter 4 by supporting library colleagues at a jobs fair at Central

Library. The Commissioning Team's attendance was to promote available roles in Adult Social Care to individuals with and without care experience. Additionally, the Commissioning Team collated live vacancies to match with suitable CVs, resulting in 5 employers being sent candidates for consideration. A total of 2 care home provider forums took place within this quarter, with a specific focus on recruitment and retention support available from the team.

2.5.4 Engagement and events

In January, engagement with residential care providers across the market was undertaken to explore gaps in activity provision with a view to increasing wellbeing and choice for service users. Residents were encouraged to submit any activities they would like to partake in if there were no barriers such as travel, cost, or physical ability. The top 25 themes would then be collated to help to identify gaps in this area. The aim of this engagement is improving overall wellbeing, connecting people and services to the wider community, and identifying alternative community-based options to supporting people holistically. A total of 186 residents across 17 services completed the survey, submitting 486 suggested activities including day trips, driving, music, singing and dancing, active movement, and bingo/quizzes. Work is planned to further explore these options in a workshop with providers and community organisations. A workshop will take place on July 17th 2024 with providers to progress suggested activities and explore options for possible grant funding to support this where appropriate.

As part of our ongoing work to engage with more communities and to raise awareness of adult social care across the city, in February the Adult Social Care events team hosted a stall at the Muslim Resource Centre's Health and Wellbeing Event. The team engaged with a number of people at the event to inform on services available through the council for adults with care and support needs, preventative support, and unpaid carer support. Further events are planned through the year, with the next Adult Social Care Open Day to be held at the Dementia Partnership Hub.

3. Options considered and recommended proposal

3.1 There are no specific options associated with this report.

4. Results of consultation undertaken

4.1. Consultation is not specifically required on the content of this report, however the detail included in the Adult Social Care involvement approach above, demonstrates how we are seeking to engage on an ongoing basis with people who require support from Adult Social Care and their carers.

5. Timetable for implementing this decision

5.1. The process of performance management and performance improvement is continual, so no specific timescales are associated with this report. Further quarterly reports will be brought to demonstrate performance as the year progresses.

6. Comments from Director of Finance and Resources (Section 151 Officer) and Director of Law and Governance

6.1. Financial Implications

There are no direct financial implications arising from this report.

6.2. Legal Implications

Whilst there are no specific legal implications arising from the contents of this report at this stage, it is of note that the Local Authority's general responsibility in delivering services to local people is to promote individual well-being and ensure a vibrant, diverse and sustainable market in services for meeting care and support needs for people in its area. The Adult Social Care Outcomes Framework measures how well local care and support services achieve the outcomes that matter to most people and assist in setting national and local priorities for care and support.

7. Other implications

7.1. How will this contribute to the One Coventry Plan?

7.1.2 The performance information and associated improvements outlined within this paper will contribute towards the following One Coventry Plan priorities:

- Improving outcomes and tackling inequalities within our communities
- Increasing the economic prosperity of the city and region
- Council's role as a partner, enabler and leader
- Continued financial sustainability of the Council

Adult Social Care has also continued to expand its reach into communities to support improving outcomes and tackling inequalities through a series of events and initiatives. This has also encompassed collaboration with a range of partner organisations reinforcing the Council's role as a partner, enabler and leader.

Many of the strengths-based approaches used within Adult Social Care practice will help support the continued financial sustainability of the Council and also helping to increase the economic prosperity of the city and region by enabling people to remain independent, access employment and activities within the community whilst reducing the reliance upon services. With approximately 9,600 adult social care jobs within Coventry the workforce is also making a significant contribution towards helping to increase the economic prosperity of the city and region.

7.2. How is risk being managed?

7.2.1 Adult Social Care are working on several Improvement Plans to help support positive progress in a number of service areas specifically relating to waiting times for

assessment and delays in the undertaking of Annual Reviews for those in receipt of services.

7.2.2 The use of a risk management tool “Responding to Needs Assessment Requests”, introduced in 2022, also supports in mitigation of risk, enabling practitioners to make well informed decisions when managing demand.

7.2.3 The Adult Social Care Management Team continuously monitor risk within services through the use of an Adult Social Care Risk Register and the Corporate Risk Register, with the support of the council Insurance Manager.

7.3. What is the impact on the organisation?

None

7.4. Equalities / EIA

Equalities information and data is continuously monitored within Adult Social Care. The report outlines several examples of activities that support equalities.

7.4 Implications for (or impact on) climate change and the environment?

None

7.5 Implications for partner organisations?

None

Report author(s):

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Lisa Lawson, Programme Manager**

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Enquiries should be directed to the above person

Contributor/approver name	Title	Service Area	Date doc sent out	Date response received or approved
Sally Caren	Head of Adult Social Care and Support	Adult Services and Housing	03.06.24	19.06.24
Aideen Staunton	Head of Service Partnerships and Social Care Operations	Adult Services and Housing	03.06.24	04.05.24
Tracey Denny	Head of Service Localities and Social Care Operations	Adult Services and Housing	03.06.24	17.06.2024
Andrew Errington	Adults Principal Social Worker	Adult Services and Housing	03.06.2024	05.06.2024
Jon Reading	Head of Commissioning and Quality	Adult Services and Housing	03.06.24	07.06.24
Ewan Dewar	Head of Finance	Finance	12.06.24	12.06.24
Thomas Robinson	Governance Services Officer	Law and Governance	12.06.24	12.06.24
Lisa Lawson	Programme Manager	Adult Services and Housing	03.06.24	12.06.24
Janice White	Team Leader, Legal Services	Law and Governance	12.06.24	17.06.24
Names of approvers for submission: (officers and members)				
Pete Fahy	Director of Adult Services and Housing	Adult Services and Housing	12.06.24	18.06.24
Councillor L Bigham	Cabinet Member for Adult Services		19.06.24	20.06.24

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Appendix 1 - Adult Social Care Outcomes Framework (ASCOF) 2023/24

Red = 2021/22 as not available in 2022/23

INDICATOR	Indicator OLD	Brief Description	2023-24				Final	Annual Trend	Peer Group	West Mids	England	Rank - England	Rank - England	Quartile	Improvement
			2021/22	2022-23	2023-24 Q1	2023-24 Q2	2023-24 Q3								
Objective 1: Quality of life															
1	1A	Quality of life of people who use services	18.9	18.6	NA	NA	NA	19.1	18.70	19.10	19.00	70	112	3	19
2	1B	Quality of life of people who use services (Adjusted)	0.439	0.423	NA	NA	NA	0.415	0.408	0.422	0.411	10	50	2	0.429
3	1C	Quality of life of carers	7.0	7	7	7	7	7.0	7.1	7.2	7.3	94	N/A	3	7.2
4	1D	Overall satisfaction of people who use services with their care and support	62%	60.5%	NA	NA	NA	64.6%	61.7%	65.1%	64.4%	103	118	3	64.7
5	1E	Overall satisfaction of carers with social services (for them and for the person they care for)	32%	32%	33.2%	33.2%	33.2%	33.2%	35.9%	34.6%	36.3%	110	N/A	3	36
	1E	Proportion of adults with learning disabilities in paid employment	2.6 (19)	1.9 (15)	1.9 (14)	1.9 (14)	2.2 (16)	2.2 (16)	3.6	3.2	4.8	111	128	4	2.7
Objective 2: Independence															
6	2A	The proportion of people who received short-term services during the year - who previously were not receiving services - where no further request was made for ongoing support.	65.1%	75.0%	82.6%	79.5%	76.4%	76.7%	74.4%	74.1%	77.5%	110	89	3	78.3
7	2B	The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	35.1	24.8	5.1 <small>estimated end of year 17.1</small>	12 <small>estimated end of year 23.6</small>	18.6 <small>estimated end of year 24.8</small>	27	15.6	17.8	14.6	147	141	4	17.8
		Number of admissions	87	56	11	26	42	61							40
8	2C	The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	810.5	723	159 <small>estimated end of year 557</small>	297 <small>estimated end of year 587</small>	501 <small>estimated end of year 668</small>	680	550.5	607.9	560.8	138	128	4	669.6
		Number of admissions	409	367	80	150	254	345							339

9	2D Part 1	2B	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	84%	81.1%	82.7%	85.9%	84.3%	81.2%		↔	83.7%	81.6%	82.3%	78	95	3	83.5
10	2D Part 2	2B2	The proportion of older people aged 65 and over offered reablement services following discharge from hospital.	6.9%	6.0%	NA	NA	NA	NA		↔	4.5%	4.4%	2.9%	8	15	1	=
11	2E	1G	The proportion of people who receive long-term support who live in their home or with family (LD only up to 23-24)	77.5%	80%	79.0%	70.7%	79.8%	81.2%		↑	75.4%	71.4%	80.5%	99	86	3	81.8

Objective 3: Empowerment - information and advice

12	3A	1B	The proportion of people who use services who report having control over their daily life.	73.7%	74%	NA	NA	NA	78.9%		↑	73.1%	77.7%	77.2%	121	121	4	74.7
13	3B	3C	The proportion of carers who report that they have been involved in discussions about the person they care for	66.5%	66.5%	69.2%	69.2%	69.2%	69.2%		↑	64.1%	61%	64.7%	50	N/A	2	68.1
3C																		
14	For 3C part 1 (users):	3D1	The proportion of people who use services who have found it easy to find information about services and/or support	66.2%	70.5%	NA	NA	NA	65.3%		↓	66.1%	65.6%	67.2%	61	39	2	71
15	For 3C part 2 (carers):	3D2	The proportion of carers who use services who have found it easy to find information about services and/or support	58.7%	58.7%	60.4%	60.4%	60.4%	60.4%		↑	54.7%	54.8%	57.7%	60	N/A	2	61.8
3D																		
16	3D Part 1a:	1C1A	adults aged 18 or over receiving self-directed support	86.8%	100%	99.8%	99.7%	99.0%	100%		↔	98.1%	95.4%	93.5%	132	1=	1	=
17	3D Part 1b:	1C1B	carers receiving self-directed support	37.1%	100%	100.0%	100.0%	100.0%	100%		↔	85.3%	85.4%	89.3%	143	1=	1	=
18	3D Part 2a:	1C2A	adults 18 or over in receipt of care and receiving direct payments.	23.4%	22.7%	22.0%	22.0%	22.3%	22.5%		↔	29.2%	26.7%	26.2%	90	94	3	25.2
19	3D Part 2b:	1C2B	carers receiving direct payments for support direct to carer.	37.1%	53.7%	52.3%	62.4%	63.8%	64.2%		↑	71%	77.9%	76.8%	128	118	4	66.1

Objective 4: Safety

20	4A	4A	The proportion of people who use services who feel safe	72%	69.9%	NA	NA	NA	74.3%		↑	68%	71.3%	69.7%	36	79	2	73
21	4B	NEW	The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	93%	94%	95.0%	94.0%	93.0%	97%		↑	86.6%	82.9%	90.6%				
		4B	Proportion of people who use services who say that those services have made them feel safe and secure	85.3%	87.4%	NA	NA	NA	84.9%		↓	85.4%	89%	87.1%	87	77	3	87.7

Objective 5: Social connections

5A																		
22	5A part 1 (users)	111	Proportion of people using services reporting they had as much social contact as they would like	41.7%	45%	NA	NA	NA	47.3%		↑	43.5	47.1	44.4	55	69	2	48.1
23	5A part 2 (carers)	112	Proportion of carers who reported that they had as much social contact as they would like	24.6%	24.6%	25.8%	25.8%	25.8%	25.8%		↑	28.4	29.4	28	103	N/A	3	26.7

Objective 6: Continuity and quality of care

24	6A	New	The proportion of staff in the formal care workforce leaving their role in the past 12 months	24.6%	25.6%	NA	NA	NA	NA		↓	N/A	28.20%	28.3%				
25	6B	New	The percentage of residential adult social care providers rated good or outstanding by CQC	63.5%	63.9%	65.7%	67.2%	68.7%	65.3%		↑	74.9	73.5	78.5				
	6B outstanding	New	The percentage of residential adult social care providers rated outstanding by CQC	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%		↔							
	6B good	New	The percentage of residential adult social care providers rated good by CQC	62.2%	62.5%	63.9%	63.9%	63.9%	63.9%		↑							
	6B other	New	The percentage of residential adult social care providers rated other by CQC	29.7%	33.3%	33.3%	33.3%	33.3%	33.3%		↔							
	6B not yet rated	New	The percentage of residential adult social care providers not yet rated by CQC	6.8%	2.8%	0.0%	0.0%	0.0%	1.4%		↔							

LOCAL	Reviews for people in long term support for 12+ months	44.9%	49.2%	48.4%	49.6%	53.4%	55.6%		↑	54%	64.0%	57%	102	101	3	58%
LOCAL	Waiting times for Care Act Assessment (average of days)	146	114	92	96	80	87		↑							
LOCAL	Waiting list for Care Act Assessment (number of people)	466	461	284	330	388	403		↑							

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