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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

11.00 am on Wednesday, 17th September, 2025

**Place**

Diamond Rooms 1 and 2 - Council House, Coventry, CV1 5RR

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**Public Business**

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

(a) To agree the minutes of the meeting held on 2nd April 2025  
(Pages 3 - 8)

(b) Matters Arising

4. **Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25** (Pages 9 - 138)

Report of the Director of Care, Health and Housing

5. **Training of Care Staff supporting patients with Dementia** (Pages 139 - 194)

Briefing Note of the Joint Commissioning Manager – Dementia and Mental Health

6. **Cabinet Members' Portfolio Priorities and Work Programme 2025 - 2026** (Pages 195 - 206)

Briefing Note of the Scrutiny Co-ordinator

7. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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

Tuesday, 9 September 2025

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services [caroline.taylor@coventry.gov.uk](mailto:caroline.taylor@coventry.gov.uk)

Membership: Councillors F Abbott, S Agboola, S Gray, L Harvard, A Hopkins, S Jobbar, M Lapsa, C Miks (Chair) and B Mosterman

By Invitation: Councillors: L Bigham, K Caan, G Hayre and D Toulson

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**Caroline Taylor, Governance Services**  
**[caroline.taylor@coventry.gov.uk](mailto:caroline.taylor@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at**  
**11.00 am on Wednesday, 2 April 2025**

Present:

Members: Councillor C Miks (Chair)  
Councillor S Agboola  
Councillor S Gray  
Councillor L Harvard  
Councillor A Hopkins  
Councillor M Lapsa  
Councillor G Lewis  
Councillor K Maton  
Councillor B Mosterman

Other Members: Councillor K Caan, (Cabinet Member for Public Health, Sport and Wellbeing) and G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing)

Apologies: Councillors: L Bigham, (Cabinet Member for Adults), N Akhtar (Cabinet Member for Housing and Communities), D Toulson (Deputy Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Care, Health & Housing C Aldridge, P Fahy

Law and Governance E Jones, C Taylor

Regeneration & Economy J Hunt, D Nuttall

Others present: S Bird, Alan Higgs Centre

## **Public Business**

### **43. Declarations of Interest**

There were no Declarations of Interest.

### **44. Minutes**

The minutes of the meetings held on 22<sup>nd</sup> January and 26<sup>th</sup> February 2025 were agreed and signed as true records.

There were no Matters Arising.

### **45. The Physical Activity and Sports Strategy**

The Board considered a Briefing Note and presentation of the Head of Sport, Physical Activity and Wellbeing, regarding the Sport and Physical Activity Strategy's success and updates on the forthcoming strategy refresh.

A co-produced joint Sports and Physical Activity Strategy was currently in development and would be completed in 2025. This would refresh the Coventry Sports Strategy 2014-2024 and the Physical Activity Framework 2019-2024 and bring them together due to many overlapping priorities.

A small working group had been convened with key partners including the council's Public Health & Sport, CV Life, Positive Youth Foundation, Think Active and Knight, Kavanagh and Page (KKP), commissioned consultants.

Data and insight had been collated and reviewed to identify potential priorities for the strategy and these, along with the findings of other relevant needs assessments, had been used to develop an initial set of themes and focus areas.

These principles and focus areas had been socialised with a range of partners and feedback gathered to inform the next phase of the strategy development. The available data and insight collated on physical activity and sport in Coventry, indicated some progress had been made since the last strategies including:

- Inactivity levels for 55-74 year olds had improved, reducing from 41.5% of this age group being inactive in 2015/16, to 28% of this group being inactive in 2021/22.
- Active travel (walking) had increased in Coventry since 2015/16 for adults. The percentage of adults who had participate in active travel twice over the past 28 days increased from 31.7% in 2015/16 to 35% in 2021/22 (higher than England at 33%).
- Almost 95% of Coventry's population now live within one mile of a health and fitness facility.

Coventry had made a significant investment in sport and physical activity facilities, with over £100 million invested into a new 25 metre swimming pool at Centre AT7, The Wave waterpark, the University of Warwick's Sport and Wellness hub and the 50 m pool at the Alan Higgs Centre.

Significant investment into parks and green spaces to enable physical activity in local communities had also been made, including installing fitness equipment in parks and walking paths to help local people access these facilities.

Coventry had been awarded the status of European City of Sport in 2019, a key highlight of the past strategy and since then, the city had been strategic in its approach to sporting events that had connected local communities, most recently, the Kabaddi World Cup 2025.

A range of funding had been granted to support sport and physical activity schemes locally to deliver against previous strategies including from Sport England, private business and the West Midlands Combined Authority.



Since the last strategy, according to Sport England's Active Lives Survey, Coventry adults were more active when compared to 2015/16 in particular:

- Inactivity levels between men and women were now similar in Coventry, which differed to 2016/17 and the national picture of men being more active than women.
- There had been an increase in the number of people in the most deprived population group who were inactive. The number of inactive people in this group increased by over 1/3<sup>rd</sup> since 2016/17, which was more of an increase than for England overall.

Local insight had focused community place-based programmes targeting priority groups and those with highest needs to reduce inactivity levels and improve physical and mental health outcomes of residents.

The city council had secured investment of £900,000 through Sport England's Priority Place (SEPP) programme. This included three communities with ongoing high levels of deprivation and poor health including Foleshill, Canley and Willenhall. £624,624 had also been secured for the Commonwealth Active Communities (CAC) funding, part of Sport England's wider investment into the Birmingham 2022 Commonwealth Games. This investment had 2 areas of focus: Go Parks programme to engage children and young people in physical activity in parks and greenspaces and a strand aimed at older residents in a range of care and independent living settings, alongside a citywide community programme targeting the over 50s.

Case studies had demonstrated the significant impact seen within Coventry communities through place-based community programmes.

An Equality Impact Assessment (EIA) would be carried out to inform approach and development of the strategy to ensure the actions and outcomes were fair and did not present barriers to participation or disadvantage any protected groups from participation, and where possible, was a positive addition to reducing and improving on health inequalities. The strategy research identified particular groups where activity levels were low and would highlight the need to apply a universalism approach to reduce social health inequalities, involving resourcing and delivering universal services at a scale and intensity proportionate to need.

The Cabinet Member for Public Health, Sport and Wellbeing Councillor K Caan welcomed the strategy, referring to the quality of sporting facilities within the city, the recognition Coventry had received as a city of sport, in particular being European City of Sport 2019 and the focus going forward on the benefits and accessibility for all communities in utilising parks and green spaces within the city for sport and physical activity.

Members of the Scrutiny Board, having considered the verbal report and presentation, asked questions and received information from officers on the following matters:

- The location and accessibility of sporting facilities for residents in the city and public transport links

- The desire of representatives from specific communities to train to be sport coaching and whether this could widen participation in sports from excluded groups.
- The best way to utilise park and open spaces for sport and physical activity to increase access
- Whether the strategy would include people over 75 and how this group would be included
- Factors that contributed to low participation other than economic disadvantage, such as engagement, cultural status, transport links, and physical ability

The Board requested:

- Further data regarding the 5% of residents not living within 1 mile of a sports facility.
- Data relating to physical activity in the over 75's
- Information regarding walking buses in schools.
- Footfall data for all Council sport facilities

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- 1. Recognise the impact of the Coventry Sports Strategy and Physical Activity Framework from 2014 – 2024.**
- 2. Provide feedback as part of the development of the New Sport and Physical Activity Strategy that is currently being developed with a particular focus on how the strategy can be used to develop greater inclusion of adults and older people to support with healthy ageing.**
- 3. Access to sport facilities including transport links to be considered as part of the new Strategy.**
- 4. Investigate the opportunity to draw external finance to train roles in sport, such as coaches and referees from the local community.**

#### **46. Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- 1) Notes the Work Programme.**
- 2) Progress of the draft Physical Activity and Sport Strategy to be brought back to the Board in the 2025/26 Municipal Year.**

#### **47. Any other items of Public Business**

There were no other items of public business.

(Meeting closed at 12.30 pm)

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Health and Social Care Scrutiny Board (5)  
Cabinet  
Council

17 September 2025  
30 September 2025  
14 October 2025

**Name of Cabinet Member:**

Cabinet Member for Adult Services – Councillor L Bigham

**Director Approving Submission of the Report:**

Director of Care, Health and Housing

**Ward(s) affected:**

All

**Title:**

Adult Social Care Performance - Self-Assessment and Annual Report (Local Account)  
2024/25

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**Is this a key decision?**

No - These are performance reports for 2024/25 and no recommendations are made that have significant financial or service implications.

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**Executive Summary:**

Coventry City Council Adult Social Care produces an Annual Report which covers performance and activity for the previous year along with examples and case studies of where we have made a positive impact to people's lives.

Producing this Annual Report is has always been well received by stakeholders as it provides visibility of the key performance, challenges and impact of Adult Social Care in Coventry in the preceding twelve months.

Since the introduction of the Local Authority Assessment Framework by the Care Quality Commission the format of the Annual Report has followed each of the four CQC themes for inspection and the quality statements associated with these themes.

As the CQC self-assessment process also requires the provision of a range of operational detail, an accompanying Self-Assessment has also been produced to provide this detail and Adult Social Care produced and published its first Self-Assessment in 2024 and both the Annual Report and Self-Assessment will be updated annually.

The approach taken to both the Self-Assessment and Annual Report demonstrates an open approach to our successes, challenges and where we can develop further in order to improve outcomes for people with care and support needs and their unpaid carers within Coventry. The Self-Assessment also provides the opportunity to present the context within which CQC will be inspecting Adult Social Care in Coventry.

The production of the 2024/25 report has drawn on the pool of feedback and information that was gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Group, providers, partner organisations and people who have been in contact with Adult Social Care, along with their families and carers.

### **Recommendations:**

The Health and Social Care Scrutiny Board (5) is requested to:

- 1) Consider the Adult Social Care Self-Assessment and Annual Report (Local Account) 2024/25 and submit any comments to Cabinet for their consideration on the content of the assessment and report.

Cabinet is requested to:

- 1) Consider any comments from the Health and Social Care Scrutiny Board (5).
- 2) Approve the Adult Social Care Self-Assessment and Annual Report (Local Account) 2024/25.
- 3) Submit any comments to Council for consideration on the content of the Self-Assessment and Annual Report (Local Account) 2024/25.

Council is requested to:

- 1) Receive and note the Adult Social Care Self-Assessment and Annual Report (Local Account) 2024/25.

### **List of Appendices included:**

Appendix 1 - Adult Social Care Self-Assessment and Annual Report (Local Account) 2024/25

### **Background papers:**

None

### **Other useful documents:**

None

**Has it been or will it be considered by Scrutiny?**

Yes – Health and Social Care Scrutiny Board (5) on 17 September 2025.

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

No

**Will this report go to Council?**

Yes – 14 October 2025

## Report title: Adult Social Care Performance – Self-Assessment and Annual Report (Local Account) 2024/25

### 1. Context (or background)

- 1.1. Coventry City Council Adult Social Care produces an Annual Report which covers performance and activity for the previous year along with examples and case studies of where we have made a positive impact to people's lives.
- 1.2. Producing this Annual Report is has always been well received by stakeholders as it provides visibility of the key performance, challenges and impact of Adult Social Care in Coventry in the preceding twelve months.
- 1.3. Since the introduction of the Local Authority Assessment Framework by the Care Quality Commission the format of the Annual Report has followed each of the four CQC themes for inspection and the quality statements associated with these themes.
- 1.4. As the CQC self-assessment process also requires the provision of a range of operational detail, an accompanying Self-Assessment has also been produced to provide this detail and Adult Social Care produced and published its first Self-Assessment in 2024 and both the Annual Report and Self-Assessment will be updated annually.
- 1.5. The specific content of the Self-Assessment and Annual Report is as follows:
- 1.6. **Self-Assessment.** The Self-Assessment report uses the four themes from the CQC's assurance framework and the nine quality statements. This structure is also used in the Annual Report. Within this self-assessment each theme has been summarised to identify specific strengths associated with that theme and where there is evidence of good practice and areas for further development.
- 1.7. In overall terms we would assess our key strengths and areas for development arising from the self-assessment as being:
- 1.8. **Strengths.** We are proud of a number of things we do to support people with care and support needs and unpaid carers in Coventry. Some particular areas including:
  - **Our Safeguarding activity** - During 2024/ 25 we received 5776 safeguarding concerns with 88% having their initial review/safety check completed within 2 working days.
  - **Deprivation of Liberty Safeguards (DoLS)** - Second in the West Midlands region for applications received and applications completed (2023/24)
  - **Our work with communities** - We work with a multitude of stakeholder groups and hold regular outreach events. We also provide our Adult Social Care information in a variety of languages to ensure accessibility of information.
  - **Our Social Care Market** - Our market is stable and able to respond to demands for care. We can source care for hospital discharge and for demand from the community quickly in most cases although challenges exist for some groups such as younger adults with particularly complex needs.
  - **Partnership working** - with NHS organisations in mutual improvement programmes such as Improving Lives and Mental Health Transformation. Our work with the Coventry Dementia Partnership Hub and PoD (secondary mental health social brokerage and



cultural hub) further demonstrates our ability to work in partnership to support people to live healthier lives.

- **Promoting independence** - Our approach focuses on supporting people at home using Occupational Therapy to support (top quartile performance) and through our use of technology.
- **Support to Unpaid Carers** - We have a strong carers support offer and which we have further added to in 2024/25.
- **Workforce** - Our workforce is committed and stable with workforce surveys providing positive feedback on Coventry as a place to work.

1.9. **Areas of Focus.** We are committed to continuous improvement and have a clear and focused five-year plan for 2025-2030 showing our areas for improvement and innovation. These are not areas where we consider we are not providing sufficient care and support but areas where we want to continue to build.

- **Personalising the experience of care and support** - There is an effective and well-established partnership approach to the oversight and management of quality within the care and support market. Although there is some turnover in the market, as would be expected in any market there is the ability and capacity to quickly respond to the majority of care and support requirements. We do however want to build on the work we do to ensure that people who use care and support services in Coventry continue to receive a positive experience of care and support as well as the ability to make choices as to how that care and support is provided.
- **Always Improving** - We have established clear policy and practice frameworks across key areas of activity including Disabled Facilities Grants, Direct Payments and Social Work practice. Our focus is on embedding these policy frameworks in practice, so they are universally applied and have a demonstrable impact on people's lives.
- **New Models of Support** - There are some really effective innovative models of care and support that we have developed in Coventry including the Coventry Dementia Partnership Hub, The PoD and the Social Interventions Collective in Mental Health, all of which are based on partnership approaches and co-production. Despite these really positive examples of innovation, the care and support options for people in Coventry are primarily based on traditional regulated care services. Opportunities to develop further innovative services to extend the range of care and support services will be the focus of our five-year plan.
- **Support to Unpaid Carers** - We have a clear offer to unpaid carers and work effectively with carers support organisations to respond to the requirements of unpaid carers to support them in their caring role. We have added more to our carers offer over 2024/25 and now need to ensure we continue to build from this position of strength.
- **Prevention** - There are a range of preventative support options available across the city, some of which are directly commissioned and provided through Adult Social Care and others from wider City Council services. We also focus attention on prevention for those who may be 'on the edge of care' and use our Occupational Therapy and Promoting Independence services to enable as many people as possible to not require ongoing care and support.

- **Use of Technology** - Our current social care client record system 'Care Director' requires replacing by November 2026. We have also used assistive technology and telecare in support of people with care and support needs for a number of years and are currently involved in a new programme of work with WM5G to further understand and expand the use of technology in providing effective support.
- **Integrated Care with Health Partners** - We work successfully in an integrated way with health partners. Our long-standing joint mental health services are one example and more recently our Improving Lives programme has brought together both health and social care services to provide an integrated and community-based model of discharge which is increasing the numbers of people able to be supported at home following discharge from hospital. As our Improving Lives launched fully integrated services in July 2024 this is still relatively new and will need to be nurtured and developed further in order to ensure full effectiveness. The next stage of our integration journey will be the Community Integrator programme which will provide further opportunities to bring together support for people in the community.

1.10. **Annual Report.** The Annual Report describes the performance and achievements along with considering the challenges for Adult Social Care in Coventry. It is intended to provide assurance to stakeholders that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry within the resources available.

1.11. The content of the Annual Report is informed by feedback on the experiences of people who come into contact with Adult Social Care, this feedback may be given in person, through groups or in response to surveys. A number of specific case studies and direct quotes have been used to demonstrate the impact that Adult Social Care has on individuals and their families.

1.12. Although an Annual Report is produced for a 12-month period it needs to be recognised that the work of Adult Social Care does not fit neatly within a twelve-month timeframe and delivery of the Adult Social Care objective of promoting independence and providing personalised care and support is very much an ongoing endeavour.

1.13. The continued increase in demand for Adult Social Care alongside the support with activities of daily living that make up most of our referrals, saw most people presenting with a combination of issues associated with mental health, wellbeing and social skills. People also now appear to be approaching social care at a later stage in their care journey than would normally have been the case, with higher levels of need. Unpaid carers have also seen their caring roles intensify and have been placed under continued increased pressure. This has had an impact on the emotional and physical health of carers across the city which again is placing demand on Adult Social Care.

1.14. Some of the other key challenges we are continuing to manage include:

- Increasing demand for services resulting from an ageing population. 13% of the population is over 65 projected to increase by 27.7% by the year 2043
- Increasing numbers of adults with mental illness accessing long term support

- Increasing costs of care due to external factors including National Living Wage, increases to employer pension contributions, other inflation costs, the increased complexity of the care needs that people are experiencing.

1.15. The production of the 2024/25 Annual Report has drawn on the pool of feedback and information gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Group, providers, partner organisations and people that have been in contact with Adult Social Care, along with their families and carers. Particular feedback to note includes:

- Our work with Alva (page 18 of the Annual Report) and how we support people following discharge from hospital, through integrated team approaches as part of the Improving Lives programme of work
- Our work with Mohammed and Mathew (pages 20 and 21 of the Annual Report) demonstrating how we support equity of opportunity, supporting people from seldom heard groups including those experiencing mental health issues.

1.16. It is also important to recognise that although our focus is on Adult Social Care our success is in a number of areas intertwined with health services. Although Adult Social Care has a distinct identity, so much of what we do is achieved through working with others. Integrated Care Systems (ICS) are continuing to bring together; Acute, Community Health Trusts, GPs and Primary Care services with Local Authorities (including housing) and other care providers. These aim to bring organisations together to redesign, improve support and outcomes for residents.

1.17. Our Annual Report also reflects on our successes and delivering on Improvements in 2024/25. These include:

- Supporting hospital discharge and increasing independence through our Improving Lives Programme. Our Improving Lives approach, delivered with NHS partners was an ambitious programme to implement community led discharge through integrated teams of health and social care professionals who would focus on getting people back home with the maximum degree of independence. The programme trialled early in 2024 and by July 2024 we achieved City wide roll out of our Local Integrated Teams
- Enhancing support to unpaid carers. We continued the delivery of our carers action plan. In 2024/25 we further developed our support to unpaid carers in Coventry as highlighted in the Annual Report. The progress of the plan has been aided by positive partnership working with University Hospital Coventry and Warwickshire (UHCW), our Accelerated Reform Fund projects including Bridgit Care. Bridgit Care is an online, easy to navigate self-help tool for carers, that can be accessed day and night. The tool has helpful modules that help people navigate different areas of support specific to their caring role and populates a self-help plan.
- Annual Reviews of care and support plans. During 2024/25 we reached a performance of 66.4% for completion of annual reviews (88% of people had a review/assessment within the last 18 months). This is a marked increase on the

previous three years, improving our review performance and assurance that we are meeting the care and support needs of people in Coventry in a timely and appropriate manner.

## **2. Options considered and recommended proposal**

### **2.1 Option One – Recommended Option**

A Self-Assessment and Annual Report provides the opportunity to evidence and communicate Adult Social Care's performance in an accessible and transparent way as part of an overall approach to Sector Led Improvement. It is therefore recommended that the Self-Assessment and Annual Report for 2024/25 are approved by Cabinet.

### **2.2 Option Two – Not Recommended**

The option exists to not approve the annual report and self-assessment. This is not recommended.

## **3. Results of Consultation undertaken**

- 3.1 The Annual Report and Self-Assessment, although not subject to specific consultation, has been produced using a range of feedback from stakeholders, including our workforce and partners as well as people who use our services, including from complaints.

## **4. Timetable for implementing this decision**

- 4.1. Once approved, the Self-Assessment and Annual Report will be published on the Council's internet pages and shared with partners and stakeholders.

## **5. Comments from the Director of Finance and Resources and the Director of Law and Governance**

### **5.1. Financial implications**

- 5.1.1 Whilst there are no direct financial implications arising from the report, the performance of Adult Social Care continues to be impacted by changes to Council resources and national legislation changes.
- 5.1.2 Both documents highlight ongoing increases in spend within Adult Social Care, with the increase largely driven by an increase in demand and complexity alongside increases to costs driven by high levels of inflation. This increase was resourced from additional Council investment in Adult Social Care along with grant resources received from Government.

### **5.2. Legal implications**

- 5.2.1 There are no direct legal implications arising from the publication of the Annual Report or the Self-Assessment.

- 5.2.2 There is no mandatory requirement for local authorities to produce a self-assessment or annual report. However, if we choose not to complete a self-assessment, CQC have informed Local Authorities they will need to spend more time in the on-site part of their assessment. This is because they will need to gather and analyse required evidence from additional sources.

## **6. Other Implications**

### **6.1. How will this contribute to the One Coventry Plan?**

**(<https://www.coventry.gov.uk/strategies-plans-policies/one-coventry-plan>)**

This Self-Assessment and Annual Report demonstrate the progress of Adult Social Care in maintaining and improving outcomes for the population of Coventry. This work also contributes to the objectives of the One Coventry Plan, specifically in respect of Improving Outcomes and Tackling Inequalities. The Self-Assessment and Annual Report also identify the role of Adult Social Care in as a partner, leader and enabler in respect of our work with local partners and regionally.

### **6.2. How is risk being managed?**

A range of risks exist in the delivery of Adult Social Care services, most notably related to resources and our ability to meet demand. These are managed through the directorate and corporate risk registers.

### **6.3. What is the impact on the organisation?**

There is no direct impact on the organisation.

### **6.4. Equality Impact Assessment (EIA)**

An Equalities Impact Assessment is not appropriate for this report. There has been a continued drive to embed equality and diversity within operational practice, commissioning plans and performance monitoring.

### **6.5. Implications for (or impact on) climate change and the environment**

None

### **6.6. Implications for partner organisations?**

There are no specific impacts for partner organisations arising from this report at this point but as the work of Adult Social Care is connected to health organisations and the voluntary and community sector as we seek to improve impacts may be experienced. The Self-Assessment and Annual Report provide an overview of Adult Social Care's performance and assurance to partners that progress in being made.

**Report author:****Name and job title:**

Andrew Errington - Adults Principal Social Worker

Louise Hay - Head of Service – Business Systems and Continuous Improvement

**Directorate:**

Care, Health and Housing

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Enquiries should be directed to the above persons

<b>Contributor/approver name</b>	<b>Title</b>	<b>Directorate</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Lisa Lawson	Adult Services Programme Delivery Manager	Care, Health and Housing	04/08/25	20/08/25
Michelle Salmon	Governance Services Officer	Law and Governance	04/08/25	04/08/25
Kirstin Clarke	Head of Adult Care and Support	Care, Health and Housing	04/08/25	22/08/25
Tracey Denny	Head of Service Localities and Social Care Operations	Care, Health and Housing	04/08/25	11/08/25
Aideen Staunton	Head of Service Partnerships and Social Care Operations	Care, Health and Housing	04/08/25	11/08/25
Jon Reading	Head of Commissioning and Quality	Care, Health and Housing	04/08/25	15/08/25
Christopher Whiteley	Finance Manager	Finance and Resources	04/08/25	11/08/25

<b>Names of approvers for submission:</b> (Officers and Members)				
Pete Fahy	Director of Care, Health and Housing	-	04/08/25	22/08/25
Ewan Dewar on behalf of Barry Hastie	On behalf of the Director of Finance and Resources (Section 151 Officer)	Finance and Resources	04/08/25	11/08/25
Claire Coulson-Haggins	Team Leader, Legal Services	Law and Governance	04/08/25	04/08/25
Councillor L Bigham	Cabinet Member for Adult Services	-	04/08/25	04/09/25

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# Coventry City Council's Adult Social Care Self Assessment 2024/25



Coventry City Council

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## ● Introduction

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### **Welcome to our Adult Social Care Self-Assessment for 2024/2025**

This report details how we are delivering Adult Social Care services in Coventry against the four themes and quality statements of the Care Quality Commission (CQC) assessment criteria for local authorities. It contains information on overall performance and finance, our service delivery, areas of progress and areas of further focus. The Self-Assessment is intended to be read in conjunction with our Annual Report (Local Account) as this includes a wide range of case studies and evidence supporting the information contained within this Self-Assessment.

## ● Coventry – the city

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Coventry is the ninth largest city in England and the twelfth largest in the United Kingdom. It is a diverse city in respect of ethnicity and religion and a city of relatively high deprivation and low life expectancy. These factors combined, effect demand for services across a range of Council service areas including Adult Social Care.

We take our responsibilities towards our most vulnerable residents very seriously. We have stayed true to our responsibilities to protect the most vulnerable whilst developing and improving the city for all our residents.

Coventry City Council is a Labour run Council of 18 wards which comprises 40 Labour, 10 Conservatives and 2 Green Party and 2 Reform UK Councillors.

There is one hospital within the city, University Hospital Coventry and Warwickshire which has 1005 beds and provides both emergency and elective care and specialises in cardiology, neurosurgery, stroke, joint replacements, in vitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. The Hospital is also a designated major trauma and cancer centre.

Coventry is also home to two universities, Coventry University and Warwick University with a combined student population of 67,255 (2021 census) of which 36,000 are living in Coventry. The 2021 census estimates that 9,730 of students living in Coventry are international students.



Some of our key city statistics are as follows:

### Size

A population of 345,325 as of the 2021 Census, making it the second largest Local Authority in the West Midlands. Coventry's population has grown by 8.9% over the last 10 years.

### Age

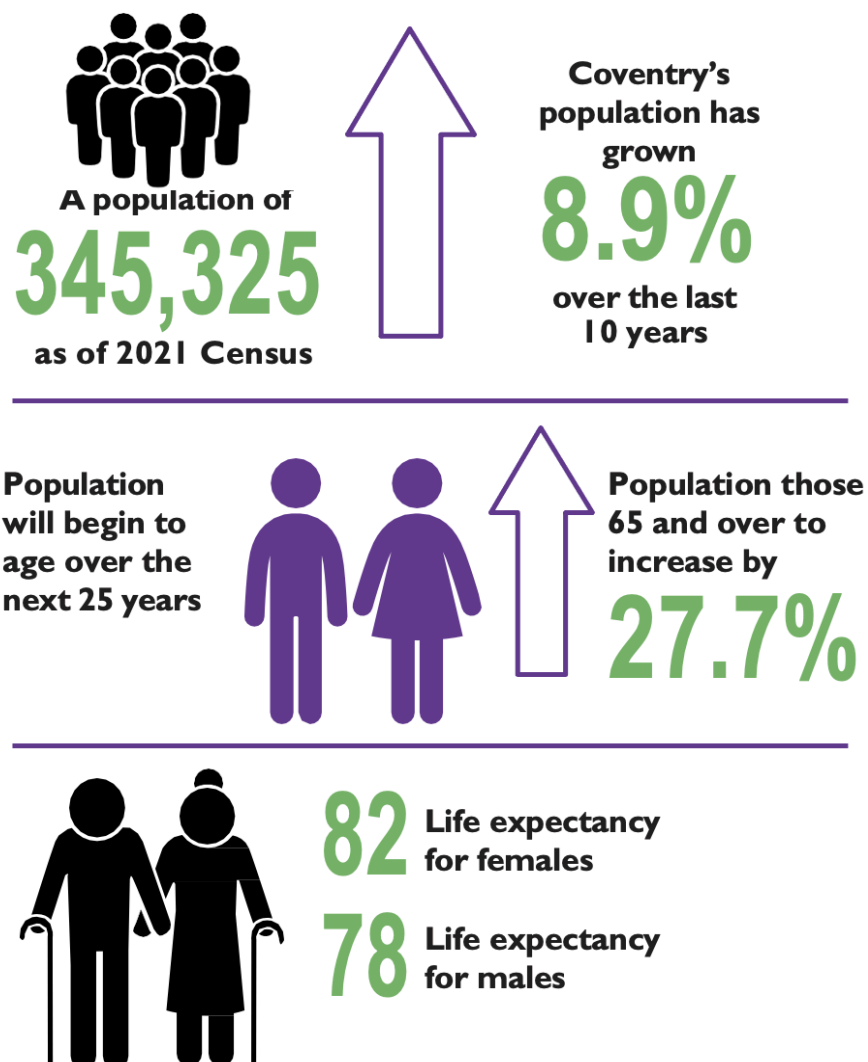
The median age of the population has increased by one year since the 2011 Census to 35, which is five years lower than that of the region and national average of 40.

According to the 2018-based sub-national population projections, the population will begin to age over the next 25 years. Indeed, it is projected that the population of those aged 65 and over is to increase by 27.7% by the year 2043.

13% of the population are aged 65 or over and, despite the relatively young age compared to the region, the 55-59 age group has seen the biggest increase in the decade since 2011; this age group has increased by 27.5%.

### Life expectancy

Life expectancy in the city remains lower than the national and regional averages. For females this is 82 years and for males 78 years. Significant health inequalities across our neighbourhoods and in more deprived areas mean adults spend a greater proportion of their lives in ill health. Indeed, healthy life expectancy is 64 years for females and 61 years for males. As such, females live proportionally longer in ill health than males.



## Diversity

The diversity of the city is higher than regional and national statistics. In recent years we have seen this diversity increase, with the requirement to address health inequalities a key priority for this and other groups within the city. Of note is the increasing number of migrant families coming to the city and the increasing demands on education particularly for those with Special Educational Needs (SEN).

65.5% of people in Coventry identified their ethnic group within the 'White' category (compared with 73.8% in 2011). 18.5% identified their ethnic group as 'Asian, Asian British or Asian Welsh' category (16.3% in 2011).

The diversity in spoken languages is also increasing, with English as a first language decreasing from 86.1% in 2011 to 82.5% in 2021. Within Coventry, Polish (2.3%), Punjabi (2.3%) and Romanian (2.1%) are the three most popular main languages spoken aside from English.

The religious affiliation of Coventry is also diverse. 30% of residents are recorded in the Census 2021 as having 'no religion', an increase from 23% in 2011. Being religious is more prevalent in Coventry than the national

average as 37% of people across England have no religion. While Coventry has a lower proportion of Christian residents than the national average, 44% (England 46%) down from 54% in 2011; most other major religions are more commonly followed in Coventry. 10% of Coventry residents are Muslim, an increase from 7% in 2011; 5% are Sikh and 4% are Hindu.



**65%**  
of people in  
coventry identified  
their ethnic group  
within the 'White'  
category compared  
with  
**73.8%**  
in 2011



**18.5%**  
of people in  
coventry identified their  
ethnic group as 'Asian,  
Asian British or Asian Welsh'  
category compared with  
**16.3%**  
in 2011

## Deprivation

Since Coventry became a Marmot City, deprivation in the city has gone down. Between 2015 and 2019, the number of Coventry neighbourhoods ranked among the 10% most deprived in England dropped from 18.5% to 14.4%. However, more than a quarter of neighbourhoods (25.6%) are still in the bottom 20% nationally for deprivation. These areas are a key focus for the health system in its efforts to reduce inequalities, especially under the 'Core20' initiative.

### About Coventry

#### ONE COVENTRY in numbers

Coventry has  
**345,300**  
residents



1 in 5 are aged under 16. The city has experienced an 8.9% growth in its population in the last 10 years.

[Source: Census 2021]



Over **58,950**

students attend our two internationally renowned universities

[Source: 2023/24 <https://www.hesa.ac.uk/data-and-analysis/students/where-study>]

**45%**

Coventry is a diverse city. 45% of people identified as an ethnic minority (not White-British) in the 2021 Census, an increase from 33%, 10 years ago.

[Source: Census 2021]



Men living in the most deprived neighbourhoods on average live approximately 10.7 years less than those in the least deprived. [2018-20]



Coventry's total Gross Domestic Product (GDP) is

**£11.1bn** [2021]



**1 in 6** of all GB automotive jobs are in Coventry and Warwickshire.

**21,600** are employed at local workplaces in this industry.



There are  
**10,355**  
businesses in Coventry\*

184,900 Coventry residents (aged 16+) were in employment between Jul 2022-Jun 2023\*\*

\*[Source: NOMIS 2023]

\*\*[Nomis]



Our city has a net inflow of workers **50,630** people commute to Coventry for work every day, whilst **39,851** commute out of the city.

[2022]



**57%** of Coventry homes are owner occupied

As of March 2022, 70% of properties in Council Tax bands A to B, and just under two-thirds built before 1954.

We are spending **£130m** on capital projects in 2023/24 – compared with £147m in 2022/23. From April 2022 – March 2023, 229 local people were employed on major developments including 22 apprentices.



**723** children are in care (as at 21 November 2023).



The number of children excluding unaccompanied asylum-seeking children is 646, which is a reduction of 6% from 684 in March 2022.

## Financial

Like many local authorities, Coventry is experiencing significant budgetary pressures. For the 2025/26 financial year, the Council successfully addressed a £14 million funding gap to achieve a balanced budget. However, it faces a projected shortfall of £3 million in 2026/27, increasing to £10.5 million by 2027/28. These ongoing challenges are driven by a combination of limited central government funding, rising inflation, and escalating demand for services, particularly in social care.

In response, the Council is committed to maximising the impact of every pound spent by investing in efficient, effective services and prioritising support for those most in need. This approach underpins the One Coventry Transformation Plan, which aims to fundamentally reshape service delivery from 2025 onward.

For the 2024/25 financial year, the local authority estimated its total budget at £277.5 million. Actual expenditure was £275.7 million—resulting in a £1.8 million underspend compared to the initial forecast.







# Adult Social Care

Our approach to Adult Social Care focuses on providing support that allows people with care and support needs to maintain independence to the greatest extent possible.

In 2025 we produced a new Five Year Plan for Adult Social Care setting our areas of recent achievements and areas of future focus. As part of the Integrated Care System our work also supports the delivery of the Integrated Care System strategy and the delivery of Council ambitions through the One Coventry Plan. Our Adult Social Care Offer describes how we aim to deliver our services and what people can expect from us.

Our core principle is to support Coventry residents in the least intrusive and restrictive way, using their available assets and resources. We prioritise independence, which guides all our work and support. This objective is advanced daily through staff interactions and ongoing improvement initiatives for those needing care.

In undertaking our work we adopt a strengths-based approach to practice in all of our interactions, which is embedded in the principle that the people we are working with are experts in their own lives and their experience of receiving support is integral to the way in which we develop and improve our services.

In line with our One Coventry approach, partner organisations form part of 'our extended team' as we work together to deliver complex improvement programmes and discharge our safeguarding responsibilities.

Our Health and Care Partnership Vision is ***"we will do all that we can to enable people across Coventry and Warwickshire to pursue happy healthy lives and put people at the heart of all we do."***

We aim to support Coventry residents in Adult Social Care at all levels, using available assets and resources, while being as minimally intrusive as possible.

## Our commitments to people who need to access our services



### Taking a strength-based approach

We are committed to enabling people to live as independently as possible, drawing on people's own strengths and doing the things that are important to them, making use of what's available in local communities.



### Helping people to stay at home

We will look at how we can adapt people's homes and provide equipment or if unable to do so explore alternative accommodation to enable people to live an independent life more easily.



### Living and ageing well

We will help people think about the support they need and plan for how they can live the best life possible both now and into older age. We will enable people to find solutions that work best for them.



### Making the best use of resources

We will aim to provide the right amount of support to meet people's needs and outcomes. In providing appropriate support, we consider costs and will look at innovative ways to deliver care and support.



### Joined up care and support

We will work closely within the Council and with different organisations, including the NHS, to support people to achieve what is important to them. We will work with organisations providing support to ensure safe and quality services.



### Keeping people safe

We will help people stay well and safe from harm and abuse, working alongside other organisations when we need to, and supporting people to make their own choices.



### Carers are at the heart of all we do

We recognise, value and support the vital role of unpaid carers and will support them in their caring role, as well as supporting them if their caring responsibilities change or end.



### Committed workforce

We have a valued and respected Adult Social Care workforce and will support and develop our own and those of our partners, equipping them with the skills, knowledge and values to provide effective care and support.

For full details of Coventry's Adult Social Care Offer or to request information in another language or format please email [getinvolvedasc@coventry.gov.uk](mailto:getinvolvedasc@coventry.gov.uk)

For each of the four inspection framework themes, we outline the necessary operational information to meet quality standards and summarise our main strengths and areas for improvement. Overall, our key strengths are.

### Strengths

- **Our Safeguarding activity** - During 2024/ 25 we received 5776 safeguarding concerns with their initial review completed within 2 days (88%)
- We are strong at processing Deprivation of liberty safeguards (DOLS) second in the region for applications received and applications completed per 100,000 population (2023/24 available data)
- **Our work with communities** - we work with a multitude of stakeholder groups and hold regular out reach events. We also provide our Adult Social Care information in a variety of languages to ensure accessibility of information.
- **Market** - Our market is able to respond to demands for care- we can source care for hospital discharge and for demand from the community quickly in most cases although challenges exist for some groups such as younger adults with particularly complex needs
- **Partnership working** – our work with NHS organisations in mutual improvement programmes such as Improving Lives and Mental Health Transformation, and with CV Life in developing activity programmes. Our work with the Dementia Partnership Hub and The POD
- **Promoting independence** - Our promoting independence approach focuses on supporting people at home using Occupational Therapy to support (top quartile performance) and through our use of technology
- **Carers Support** – Our work with Heart of England Carers Trust of supporting unpaid carers receives good feedback and over 2024/25 we have further enhanced our carers offer through including MyTime (a way to offer carer breaks at local attractions) and Bridget (an online carer support planning tool)
- **Workforce** - Our workforce is committed and stable with workforce surveys providing positive feedback on Coventry Adult Social Care as a place to work



## Our approach to improvement

We continue to improve, with eleven ASCOF indicators improving, three unchanged, and five declining for 2024/25. Our focused five-year plan for 2025-2030 outlines key areas for progress and innovation.

	Current position	Focus of our improvement and innovation
<b>Personalising the experience of care and support</b>	The partnership approach to overseeing and managing quality within the care and support market is highly effective. Despite some turnover, the market demonstrates a robust ability and capacity to respond swiftly to the majority of care and support needs.	The experience of care and support is a major factor for people with care and support needs and their unpaid carers. We want to ensure that people who use care and support services in Coventry have a positive experience of care and support as well as the ability to make choices as to how that care and support is provided.
<b>Always Improving</b>	We have established clear policy and practice frameworks across key areas of activity including Disabled Facilities Grants, Direct Payments and Social work practice	We are embedding these policy frameworks into everyday practice, ensuring they are consistently applied and making a genuine, positive difference in people's lives. Our commitment is to ensure this is reflected in thorough and robust case recording, which clearly demonstrates the real impact we achieve.
<b>New Models of Support</b>	Coventry has championed some truly innovative and effective models of care and support, such as the Dementia Partnership Hub, The POD, and the Social Interventions Collective in Mental Health. Each of these initiatives thrives on strong partnerships and co-production, reflecting a commitment to collaborative and empowering approaches.	Building on these outstanding examples of innovation, Coventry is well-positioned to expand its care and support options beyond traditional regulated services. This five-year plan will prioritise the development of creative, forward-thinking services, further enriching the diverse range of care and support available to the community.
<b>Support to Unpaid Carers</b>	We are proud to have a clear offer for unpaid carers and collaborate closely with carers' support organisations to ensure their needs are met as they provide invaluable care. Encouragingly, feedback from unpaid carers in the recent survey highlights areas where we can further enhance our support, presenting opportunities for even greater impact in their caring roles.	We are proud to have a robust unpaid carers action plan that is already driving meaningful improvements, and we are excited to introduce fresh, innovative support for unpaid carers through creative initiatives like 'MyTime' and advancements in technology through Bridgit. Our partnership with Carers Trust Heart of England continues to flourish, as they successfully secured a new contract, building on their impressive legacy of delivering outstanding support for unpaid carers in the city.

	Current position	Focus of our improvement and innovation
<b>Prevention</b>	<p>There is a wealth of preventative support available throughout the city, commissioned and provided by Adult Social Care, as well as through a variety of wider City Council services.</p> <p>We place a strong emphasis on proactive prevention, especially for those who may be approaching the threshold for care, harnessing the expertise of our Occupational Therapy and Promoting Independence teams to empower as many people with care and support needs as possible to maintain their independence and avoid the need for ongoing support.</p>	<p>With our current partnership arrangements with the voluntary sector concluding in 2025, we are embracing this as an exciting opportunity to collaboratively shape a new vision for contracted services. This new approach will be centered on prevention and designed to maximise positive outcomes, reducing the necessity for long-term care.</p> <p>We are also fostering even closer collaboration with Public Health colleagues, jointly identifying and implementing evidence-based preventative initiatives that are proven to succeed.</p> <p>Our partnership with Health Partners, such as University Hospital Coventry and Warwickshire, ensures that our Integrated Teams will play a central role in delivering impactful, preventative support across the community.</p>
<b>Use of Technology</b>	<p>We are excited to be preparing for the transition from our current social care client record system, 'CareDirector', which will be replaced by November 2026.</p> <p>Building on our longstanding commitment to assistive technology and telecare for people with care and support needs, we are now partnering with WM5G on an innovative programme to further explore and enhance the potential of technology in delivering effective support.</p>	<p>By upgrading our client record system, we're opening up exciting opportunities to refine our processes and benefit from an enhanced ICT offering, including the innovative 'Community Gateway'. As our technology partnership with WM5G advances, we'll be able to incorporate valuable insights into lasting improvements and greater efficiency. The AI market for social care is evolving rapidly, and even in its early stages, it presents us with remarkable possibilities for innovation throughout the duration of this plan.</p>
<b>Integrated Care with Health Partners</b>	<p>We work successfully and collaboratively with our health partners, building on the strong foundation of our long-standing joint mental health services. More recently, our Improving Lives programme has united health and social care services, creating a seamless, community-based approach to discharge that empowers more people to receive support at home following their hospital stay.</p>	<p>With the launch of fully integrated services in July 2024, our Improving Lives initiative is already making a positive impact, though its potential is just beginning to unfold. We are excited to nurture and expand these innovations to maximise their effectiveness. Moving forward, the Community Integrator programme will further enhance our ability to support people in the community, providing even greater opportunities to deliver collaborative and compassionate care.</p>





# ● Theme 1: How Local Authorities work with people

## Summary

At every level, our Adult Social Care work is dedicated to supporting Coventry residents with respect and care, focusing on their strengths, resources, and capabilities. Our approach places independence at the heart of all interventions—embracing a strengths-based, therapy-led philosophy throughout all service areas and stages of assessment. While our guiding principles remain steady, our delivery evolves to best meet the unique needs of the people we support. Short-term services encourage recovery and rehabilitation, and even when ongoing care is needed, our teams incorporate these principles to ensure that our commitment to promoting independence shines through every aspect of our support.

## Key strengths

- Quick, compassionate responses to those experiencing crisis, always emphasizing independence
- Collaborating across the Council and with health partners to help people flourish and enjoy healthy lives
- Welcoming and valuing everyone's perspectives, utilising real-time surveys and community engagement sessions to continuously improve

## Areas for development

- Expanding our successful independence-focused approach to better support those with mental health needs
- Continuously nurturing and growing our workforce and support systems to reflect the vibrant diversity of our community
- Maximising the benefits available through the Disabled Facilities Grant (DFG) for all who need it



# How does Adult Social Care work in Coventry?

**By Phone**  
**024 7683 3003**

**By Professional / Carer Referral**  
**Online Referral**

**By Online self assessment**  
**Online Self-Assessment**

## Adult Social Care Direct

Customer services will take any initial information regarding a referral, such as contact details, key information, and the reason for the referral. They may be able to provide signposting advice and information advice at this stage.

## Initial Contact and Duty Teams

The initial contact team gather more information about new referrals and the duty team support any incoming queries through Adult Social Care, for people that are in receipt of support.

## Short Term Support

### Local Integrated Teams

Integrated teams with three geographical bases across the city working with older people and people with physical disabilities to develop their independence and daily living skills and develop a greater understanding of long term/ongoing care and support needs.

### Promoting Independence – Learning Disabilities

A multi-disciplinary team that works with adults with learning disabilities and autism to promote independence. The team provide support such as travel training, occupational therapy and support to use assistive technology.

### Community Discharge Team

Based at University Hospital Coventry and Warwickshire, supporting people to be discharged. The team works across the 7 day week and with extended hours.

### Occupational Therapy and Equipment Services

Providing a range of advice and support about equipment, adaptations and solutions to make every day tasks easier for you, this includes telecare equipment such as personal trigger alarms, movement detectors or medication dispensers as required.

## Long Term Support

### Mental Health

Working with health colleagues at Coventry and Warwickshire Partnership NHS Trust as part of a S75 Agreement to support adults with mental ill health. The supports the Crisis Care pathways and community based services.

### Older People's Assessment and Case Management Team

Work with adults over 65, they will explore the provision of support such as home support, day opportunities, supported housing, respite, residential care.

### All Age Disabilities Team

Support adults turning 18 (or over). They will explore the provision of support such as home support, day opportunities, supported housing, respite, residential care.

## ● Quality Statement One

### **Assessing Needs**

We are dedicated to maximising the effectiveness of care and support by thoroughly assessing and regularly reviewing each person's health, care, well-being, and communication needs in partnership with them.

Our primary aim is to empower people with care and support needs toward greater independence. Through our assessment and support planning process, we help people identify the resources and strategies they need to achieve their fullest potential.

Right from the initial point of contact, our occupational therapy-led team takes a comprehensive and holistic approach. By considering each person's circumstances from multiple perspectives, we ensure that advice, information, guidance, and assessment are accessible to all—regardless of financial eligibility. This inclusive approach means our offer extends to everyone, whether or not we will ultimately fund their care.

Based on the risks identified during our first information-gathering conversation, we can arrange interim care and support where necessary. This ensures no one is left without the support they need while a comprehensive Care Act assessment is completed. The effectiveness of any interim support is also reviewed as part of this assessment.

A significant proportion of people who reach out to us do not require a full assessment beyond the Initial Contact Team, as their needs can be met through information, guidance, advice, or low-level interventions, such as aids and equipment.

In 2024/25, our assessments were completed in a median of 35 days, with unpaid carers' assessments averaging just 8 days. We continue to make significant progress in reducing assessment timescales—improving from 125 days in 2021/22, to 93 days in 2022/23, 57 days in 2023/24, and 58 days in 2024/25.

Thanks to our Early Help offer, people with care and support needs are not left without support during the assessment process. In 2023/24, the average time from initial contact to care provision was 16 days, rising modestly to 18.64 days in 2024/25—a response rate that remains strong. While this figure may be influenced by expedited hospital discharges, these results collectively demonstrate our commitment





to ensuring that people receive timely care, even if their formal assessment is ongoing. We also maintain regular contact with those awaiting assessment completion, allowing us to monitor any changes in circumstances and reprioritize as needed.

Our proactive approach—providing support while an assessment is underway and evaluating its effectiveness—has resulted in only 2.6% of initial contacts requiring long-term support. This method contributes to a consistently high percentage of people who do not require ongoing support following assessment: 65.1% in 2021/22, 75% in 2022/23, 76.7% in 2023/24, and 77.2% in 2024/25.

### **Care, support planning and reviews**

We are committed to working in partnership with people with care and support needs and their unpaid carers to develop assessments, care, and support plans that truly reflect each person's needs and aspirations. During the support planning process, we encourage active involvement, inviting people to decide how they wish to organise their support—be it through Direct Payments, City Council-arranged services, or a tailored combination of both. Where appropriate, family members and unpaid carers are included to ensure a holistic approach.

Support is seamlessly coordinated among various agencies and services, ensuring that decisions are clear and outcomes remain transparent for everyone involved.

Our priority for reviews is ensuring that all people in receipt of ongoing care and support do not have an interval of more than two years between reviews. During 2024/25 we completed 66.6% of reviews for everyone who had been open for over 12 months. We approach reviews as an opportunity to stimulate change through understanding what would be required to reduce the reliance on statutory services for any individual although the opportunity for change has been limited. However, our learning from reviews is informing how we need to develop alternatives to regulated care and support to create more options for people to choose from.

Aside from the review performance we have additional assurance of our oversight of people's care and support, and that this is changing in response to care and support needs, through Deprivation of Liberty Safeguards (DoLS) approaches.

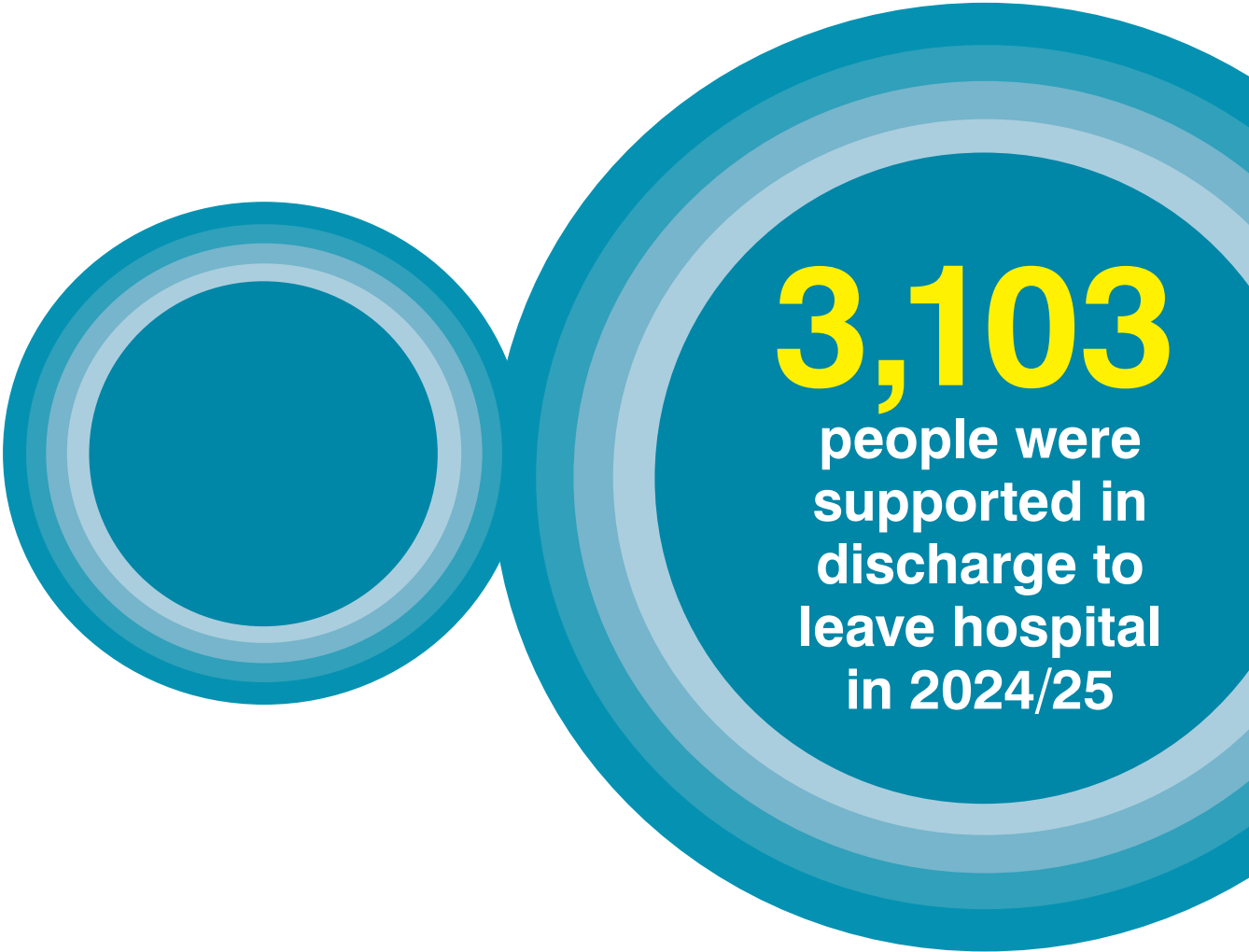
### **Hospital discharge**

We also have a dedicated social work team based at University Hospital Coventry and Warwickshire, operating seven days a week in close collaboration with ward staff and the hospital's Integrated Discharge Team. The team utilises comprehensive assessment processes to facilitate smooth and timely discharge from acute hospitals, covering both physical and mental health settings. Contact assessments are carried out within the hospital, ensuring that patients and residents are directed to the appropriate level of support upon discharge. Our core principles of reablement and the use of short-term provision are fully embedded within this multi-agency model, enabling strengths and needs assessments to take place following therapeutic intervention and recovery. In a small number of cases, we arrange long-term care, but these are minimal—just 2.2% in the 2024/25 financial year.

### **Carer's assessment**

The latest census data highlights that 27,083 people in the city identify as unpaid carers. In 2024/25, we undertook 457 separate carer assessments and 900 joint assessments of unpaid carers' needs. We have two principal pathways for carer assessments: assessments completed by the Carers Trust Heart of England and an internal assessment pathway for people actively case managed by Adult Social Care. All unpaid carers are offered an assessment of their needs and can choose whether this is done jointly as part of a combined assessment or separately. In addition, a further pathway for young carers is operated in partnership with the Carers Trust Heart of England; in 2024/2025, they undertook 219 Young Carers Needs Assessments.

Our external pathway for carer assessments, facilitated by the Carers Trust Heart of England, reflects a proactive approach to identifying unpaid carers. All Wellbeing staff at the Carers Trust Heart of England are trained to complete carer assessments, ensuring continuity from identification to completion of assessment. For example, a carer identified through the hospital setting will have their assessment completed by a hospital liaison carers support officer. Carer assessments are often completed early in a caring journey, allowing our conversations to be pre-emptive—helping unpaid carers to plan for the long term, such as with the early introduction of technology, lasting power of attorney, or contingency planning.



**3,103**  
people were  
supported in  
discharge to  
leave hospital  
in 2024/25

### **Using technology to support practice**

Practice is supported wherever possible and appropriate by the use of technology. Included in the range of digital options available are: a mobile dictation tool, work with our partner, Palantir, on developing voice recognition software to support the completion of care and support plans which some practitioners choose to utilise to support with case recording, the Widgit tool used to support communication, a digital learning hub and learning alerts, and an on line Direct Work toolkit holding a range of tools to support practice. We have also introduced a Tech Enabled Care (TEC) programme to support people by improving care quality, efficiency and cost by integrating technologies thereby enabling the use of predictive monitoring and personalized, non-intrusive, continuous care.

### **Charging for care and support**

- The Financial Assessments Team will undertake a Financial Assessment to determine if The Local Authority will meet the cost of care
- How much a person may need to contribute to the cost of their care
- Or whether a person needs to pay the full cost of their care

### **Support to self-funders**

The Council offers a range of support options for people who self-fund their social care needs. We provide assessments for self-funders, and our short-term services are offered without requiring a financial contribution. Additionally, voluntary sector support is available to everyone, regardless of funding status. Support for older people is provided by organisations such as Age UK, the Alzheimer's Society, and Good Neighbours (befriending), while specialist assistance is available for specific groups—for example, family carers through Carers Trust Heart of England and people with sensory impairments via the Earlsdon Centre for the Blind and the Birmingham Institute for the Deaf.

Within our social care sector, providers typically support a blend of people funded by both the local authority and those who self-fund. While our quality assurance approach, as outlined in the Quality Assurance Framework, applies directly to commissioned providers, we also extend guidance and resources to all providers through materials such as our Provider Support Pack, available on our website. In circumstances where a safeguarding concern arises with a non-commissioned provider, we conduct thorough checks and offer quality support in accordance with the specific requirements of the situation.

Our website is a valuable resource, offering detailed information about the wide variety of available support services, including mainstream options like care homes, home support, and day services, as well as a broad selection of community and preventative initiatives listed in our Community Directory. We also host regular community engagement events, which are open to and inclusive of self-funders, providing up-to-date information and guidance.

For self-funders whose resources have been depleted, we undertake a comprehensive assessment and discuss the range of support options where the local authority may assume responsibility for funding. We do not routinely transfer people with care and support needs to different services when funds are exhausted, but we do consider cost-effectiveness as part of our decision-making process.



## **Strength-based practice - our approach to social work**

Our approach to social work is one of strength-based practice where we start from the point of what people can achieve using their own assets, abilities and resources. The practice framework we have in place through our 'People at the Heart of Practice' framework is a continued journey to strength-based working which provides some context to how we work with people to support them to live the lives they want.

This strength-based approach is supported by a range of tools and techniques;

- Access to training in strength-based approaches and outcome focused support planning and review to embed understanding and application of strength-based practice.
- Motivational interviewing techniques to develop a focus on strength-based conversations, so people can tell their story in their own words, through the use of open questions, to encourage reflection.
- Complex Case and Risk Enablement Panels that support practitioners working with risk through providing challenge, advice, recommendations, and validation when faced with significant risk in order to take a positive approach.
- Making Safeguarding Personal (MSP) with a key set of tools and resources to use in working with people at risk of abuse so that they achieve the outcomes they identify.
- Direct work toolkits, communication tools and access to specialists e.g. Visual and Hearing Impairment Team and Deafblind Assessors

These tools are complemented by a focus on practice conditions, including a monitoring of caseloads, a focus on practice quality assurance, effective supervision and support, developing peer, group and reflective supervisions, a refreshed and continually reviewed learning and development offer with an emphasis on current practice issues, providing access to learning and knowledge resources such as Community Care Inform, Care Knowledge and Social Work Connect.

We have dedicated practitioner roles supporting practice education and newly qualified social workers. Established practice forums and organisational health check arrangements are in place. The use of practice quality assurance frameworks ensures we remain focused on practice quality. Professional autonomy is supported through 'self-authorization' and the ability for trusted practitioners to close their own assessments. There is active engagement with Universities through the West Midlands Social Work Teaching Partnerships (of which Coventry is lead authority) and involvement in fast-track Social Work schemes. For eight years we have held an annual practice week with children's services in which we welcome a range of leading academics and speakers to Coventry to share their expertise.

Coventry is committed to pre and post qualifying development, including the use of degree level apprenticeship schemes for social work and occupational therapy. As a result of this five people have achieved a social work degree and 11 people are currently undertaking or due to undertake the social work apprenticeship. For the Occupational Therapy apprenticeship 1 person has completed this year and another 3 are undertaking the degree.

## **Practice Quality Assurance**

In assessing needs it is also important to understand the quality of the assessment work completed. This enables us to devise strategies to improve our social care practice and understand how the work we have done on social work frameworks and strength-based working is translating into on the ground interactions.

To undertake this, we have a Practice Quality Assurance framework in place.

In 2024/25 across our teams the completion across the different elements of Practice Audits, Observations and Supervision Audits took place. Our Practice Quality Assurance Framework provides an opportunity to provide direct feedback to staff on their work, address any areas of development but also any organisational trends or

training needs for example leading to the commissioning of additional training linked to strength-based practice and 'seeing' the person in our assessments. Our practice quality assurance processes also include scheduled audit activity for safeguarding and mental capacity assessment activities.

Our Practice Quality Assurance framework also supports professional autonomy through 'self-authorisation' and 'closing own assessments' approaches where qualified workers can self-authorise, signing off their own documentation and close records without being required to seek managerial approval (excludes support planning and safeguarding elements).

Part of the role of the management team within Adult Social Care is to undertake quarterly case audits and make contact with people who have received support from Adult Social Care. This provides a direct line of sight and a line of contact between the management team and users and unpaid carers and creates first hand visibility and awareness of peoples care and support experiences and outcomes. This supplements the case file audit work undertaken by team leaders and feedback from people via the real time experience survey.

We also engage with and support a long-standing approach to West Midlands regional 'Practice Reviews'. These Practice Reviews concentrate on adult social care practice and involve two Principal Social Workers from other authorities and the Principal Social Worker from the host authority.

They are supported by the Associate Consultant from West Midlands ADASS and involve; case file auditing, discussions with staff, managers and people receiving support resulting in feedback on strengths and recommendations for practice. In March 2025 a Practice Review was undertaken with a focus on inclusion and cultural competence. This review found good evidence of identification and exploration of people's culture.





## Quality Statement Two

**Supporting people to lead healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.**

As a Marmot City, we are deeply committed to recognising and addressing the impact of inequalities on life expectancy and overall wellbeing. Tackling deprivation sits at the heart of our mission to improve outcomes and reduce disparities through our One Coventry Plan. The Council is proud of its longstanding dedication to identifying issues early and addressing them collaboratively, with partnership working an integral part of our One Coventry approach.

Our statutory responsibilities to prevent and delay the need for social care are guided by our Promoting Independence model, which emphasises recovery and rehabilitation. This includes the provision of equipment, adaptations, and travel training, all of which can have a transformative effect on the lives of adults with learning disabilities.

The voluntary sector plays a vital role in promoting independence and delaying the need for social care. Preventative Support Grants enable us to secure a range of services delivered by the voluntary sector. We also collaborate closely with a variety of community partners in the city, such as Sky Blues in the Community, Coventry Moves, and CV Life. Services delivered from the Dementia Partnership Hub—a collaboration of several agencies—and the POD, which specialises in support for those experiencing mental illness, are also essential in helping people lead healthier lives.

Key examples of the numbers of people supported through these initiatives include:

- Good Neighbours – Since 2016, Good Neighbours has provided 1:1 befriending services, support, and social groups, reaching over 2,000 people and recruiting more than 1,000 volunteers. The organisation's Activity Guides are widely used by other agencies, extending their positive impact across the city
- Age UK Coventry and Warwickshire is a central resource for older people seeking to maintain their independence. The organisation responds to approximately 4,000 referrals each year, providing essential support that enables older residents to continue living independently in their own homes
- Help and Connect offers support for Coventry residents over the age of 18 with learning disabilities or autism who do not receive support from Adult Social Care. The service assists around 120 people with care and support needs with staying healthy, developing skills for independent living, finding work or training opportunities, and building social networks through community involvement
- Sensory Support is delivered by our Visual and Sensory Impairment Team, which completed 476 assessments in 2023/24 and 356 in 2024/25. Although there has been a gradual decline in contacts over recent years, the team is actively increasing awareness of their services both internally and with partners, especially University Hospital
- Dementia Support includes peer support for both people living with dementia and their unpaid carers, supporting around 400 people annually. The Coventry Partnership Dementia Hub—established in 2023—is central to this offer, providing vital resources and connections for those affected by dementia
- Mental Health Services provided by Coventry and Warwickshire MIND include drop-in centres, community support, and wellbeing courses that reach approximately 1,500 people per year

- Carers Trust Heart of England works with over 2,000 unpaid carers each year, providing training, peer support, activities, information, and advice. Their one-stop service supports those with caring responsibilities, ensuring access to assessments, counselling, and other therapies. The Trust also works extensively with partners—including GPs, Mental Health Trusts, employers, and hospitals—to promote carer identification and raise awareness of unpaid carers' needs across the city.

This collaborative, city-wide approach ensures that we are not only addressing current needs but also building a foundation for healthier, more resilient communities in Coventry.

## ● Reablement and Promoting Independence

### **A Positive Approach in Adult Social Care**

Reablement and the promotion of independence are central to our delivery within Adult Social Care and are now firmly embedded across our Local Integrated Teams. The majority of people with care and support needs accessing our services—whether from the community or following hospital discharge—benefit from our reablement offer, ensuring everyone has the opportunity to realise their potential and minimise the necessity for ongoing formal care and support.

We have established a collaborative model involving Occupational Therapists, Social Workers, nurses, Physiotherapists, and short-term home support providers, adopting a fully multi-disciplinary approach. Our therapy-led initial assessments are designed to identify and build upon existing abilities and strengths, with tailored goals established by therapy staff. Short-term home care providers then deliver support with a reablement focus, working alongside people with care and support needs to boost their confidence, stamina, and overall functional abilities, particularly in self-care.

Our multi-disciplinary teams work cohesively to deliver outcome-focused solutions, frequently signposting people with care and support needs to community resources and voluntary organisations. Where long-term needs are identified, the team consults and, if appropriate, a Social Worker will undertake a Care Act assessment. This approach is mirrored within Case Management and for those already receiving services.

### **Aids, Equipment, and Adaptations**

Within our therapy provision, we have developed a joint approach to equipment, in partnership with the Integrated Care Board (ICB). Additionally, we offer an integrated Disabled Facilities Grant (DFG) process, with the Housing Improvement Team and the Occupational Therapy Team working collaboratively.

By involving OTs from the initial point of contact, we are able to arrange for low-level equipment promptly and make the most of available city resources, ensuring timely and appropriate support to meet people with care and support needs.

We recognise that some people may experience longer waiting times than we would wish for certain adaptations. Following a comprehensive review, we have implemented an improvement plan, which includes reorganising our delivery approach and updating our standard specifications. A new Housing Assistance Policy was launched in April 2025, with the primary objective remaining unchanged: to ensure people are supported to maintain their independence within their own homes for as long as possible. Amendments to financial charging have also enabled support to be offered to a wider range of people in Coventry.

All lift and hoist installations are managed through a separate process and are funded from the DFG allocation. The provision of these adaptations consistently delivers a high-quality service to residents, with installations completed promptly. The scheme is highly cost-effective, as it efficiently recycles lifts and hoists of all types.

## Direct Payments

Our approach to offering Direct Payments aligns with the Care Act 2014 and Statutory Guidance, ensuring a robust and supportive framework for people with care and support needs. Comprehensive resources are available on the Council Direct Payments web page, including informative videos designed to encourage and facilitate greater uptake.

We provide a variety of Direct Payment materials, with translated formats in Punjabi, Gujarati, Urdu, and Arabic to ensure accessibility for our diverse communities. In 2024/25, 793 people benefitted from Direct Payments, with a notably high proportion coming from ethnically diverse backgrounds.

To make Direct Payments as flexible and user-friendly as possible, recipients can choose from several options: a Prepaid Card, a Managed Account with a trusted third-party organisation (such as Penderels Trust or SOLO), or an Individual Service Fund (ISF). Oversight and monitoring are managed by the dedicated Independent Living Team, ensuring high standards and accountability.

Feedback is highly valued, and we actively invite recipients and their representatives to participate in our Direct Payments survey, sharing their experiences and shaping our services. In 2025, we published our Direct Payment Strategy 2024-29, a plan informed by the voices of those who use our services. Looking ahead, we are establishing a peer group comprised of Direct Payment recipients to further enhance and develop our Direct Payments offer collaboratively.

## Information and advice

The provision of advice and guidance to support prevention remains a cornerstone of our service. In addition to commissioned support delivered by the voluntary and third sectors, and information provided by the City Council, we host engagement events at various locations across the city to connect directly with communities. These events, organised in partnership with voluntary organisations, raise awareness of Adult Social Care and other available support services, with a particular focus on key issues such as assistance with the cost of living.

Such events are especially valuable for people and communities who may not be familiar with how or when to approach the City Council or partner organisations for support. During 2024/25, our information and advice initiative resulted in 3,336 people being signposted to other relevant services.

Addressing concerns at their origin through our information and advice provision led to 35.2% of contacts being resolved without the need for further intervention in 2024/25. This approach ensures that our information and advice are not limited to a single interaction at first contact, but are available throughout the customer's journey. As people develop a deeper understanding of their needs and the support available, the demand for appropriate information and guidance grows.

We offer an extensive range of resources, including our website, informational leaflets and the Adult Social Care Offer, all designed to help people understand the council's services and the broader support available in the city.

## Quality Statement Three

Equity in experiences and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

The Joint Strategic Needs Assessment (JSNA) offers comprehensive demographic insights, enabling us to monitor and respond to the evolving needs of our population. We actively seek feedback from people of diverse backgrounds who engage with Adult Social Care, which helps us to identify and address barriers to accessing services. Our commitment is to enhance our understanding of how minority groups interact with Adult Social Care, and to ensure equitable support for all residents when compared to the wider city population.



## ● Diversity, Inclusion, and Removing Barriers

We recognise that people from ethnic minority backgrounds are underrepresented among those who contact and receive support from Adult Social Care. To address this, we have developed a live demographic performance dashboard, which, alongside our knowledge of locally spoken languages, has enabled us to produce safeguarding information and advice in Arabic—a language spoken and understood by many residents.

In terms of service provision, the demographic profile of individuals accessing Direct Payments demonstrates an overrepresentation of ethnic minority groups compared with the overall city population. This suggests that Direct Payments are a particularly attractive option for minority communities. To further raise awareness, our Direct Payments information has been translated into Punjabi, Gujarati, Urdu, and Arabic.

Recognising the barriers experienced by those with sensory impairments, we are investing in the ongoing training and development of our deafblind assessors, ensuring that we can meet the needs of deafblind people and support their communication requirements. Our visual and hearing impairment service provides rehabilitation for adults, including those who are deafblind, working in close partnership with specialist assessors to facilitate Care Act assessments and support planning.

A dedicated Communicator Guide service is available for people of all ages in the city who are deaf-blind or have dual sensory impairments. This service provides fully qualified Communicator Guides who offer effective communication, safe guiding, and essential support, empowering deafblind people to participate meaningfully in everyday activities—such as obtaining information, shopping, and attending social or educational events within the community, with autonomy and choice. Deafblind Enablement (DBE) delivers this service and maintains a well-established presence in the city.

In addition to addressing barriers to care, a range of innovative support measures have been implemented:

Our 'Involvement, Engagement and Co-production Approach' – This outlines our dedication to involving Coventry residents in shaping Adult Social Care services. Developed collaboratively with our Adult Social Stakeholder Group, this approach is underpinned by a reimbursement policy for fees and expenses for people with lived experience. The Vulnerable Persons Group within our Housing Service, established specifically to focus on tailored support solutions for people frequently accessing health and care services through housing and homelessness channels.

The SiCoI (Social Interventions Collective) service is committed to tackling inequalities faced by those living with enduring mental illness, empowering people to secure employment, obtain housing, and lead fulfilling lives within their communities.

Mental Health practitioners are now embedded within the City Council's migration services, recognising that asylum seekers and refugees are five times more likely to experience mental health challenges. A series of service developments have been introduced to address deprivation and inequality across the city, supported by a real-time dashboard to monitor service access.

Our Jenner8 Service provides specialist support for adults with learning disabilities, helping them to enhance daily living skills and access local communities.

The Faith Partnership Forum, comprising faith leaders from diverse communities, serves to support people of different faiths and extend the reach of community engagement.

The Pod, our integrated health and social care initiative for adults, runs a food union, time union, and social brokerage, all designed to reduce reliance on statutory intervention.

Independent Sexual Violence Advocate (ISVA) – providing dedicated support to those who have experienced rape or sexual assault.

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### **Interpretation and translation**

Coventry Interpretation and Translation Unit (CITU) offers interpretation and translation in over 62 languages. In 2024/25, the service delivered 7,761 interpretation sessions, including face-to-face, planned telephone, and virtual Teams sessions; 363 written translation assignments; and 3,218 on-demand telephone sessions via an external provider.

For those with speech impairments, who are deaf or hard of hearing, Adult Social Care can be contacted via Next Generation Text (also known as Text Relay and TypeTalk).

### **Advocacy**

Advocacy support is essential to ensure that people have a strong voice, their rights are represented, and their views are heard throughout our processes. Our local advocacy service provides a variety of approaches:

Care Act Advocates – enabling people to participate actively in assessments, support planning, and safeguarding matters.

Independent Mental Capacity Advocates – supporting those with impaired decision-making abilities.

Independent Mental Health Advocates (IMHA) – assisting people detained or subject to the Mental Health Act.

Independent Domestic Violence Advocate (IDVA) – offering risk assessments and guidance on protective measures and planning.

Independent Sexual Violence Advocate (ISVA) – providing dedicated support to those who have experienced rape or sexual assault.

## Workforce development

Ensuring we are able to meet the diverse needs of communities is supported by developing a workforce that is skilled in its ability to effectively interact with and support the diverse communities of the city. The Council is committed to becoming a diverse and inclusive organisation. We have introduced positive action leadership programmes such as Ignite for minority and ethnic employees, Calibre for those with a disability and Amplify for those who identify as LGBTQ+. These are underpinned by a Workforce Diversity and Inclusion Strategy, Values and Behaviours frameworks which will continue to embed this commitment in our everyday work.

The Council is dedicated to fostering a workforce that is truly representative and inclusive, recognising the importance of meeting the diverse needs of our communities. We are committed to developing staff who are skilled in engaging with and supporting the varied communities within the city. To support this ambition, we have launched positive action leadership programmes such as Ignite for minority ethnic employees, Calibre for colleagues with disabilities, and Amplify for those who identify as LGBTQ+. These initiatives are anchored by our Workforce Diversity and Inclusion Strategy, alongside Values and Behaviours frameworks, ensuring that our commitment to diversity and inclusion is embedded in every aspect of our daily work.

To underpin our commitment to equality we have also:

- Become an early adopter of the Race Equality Code,
- Signed the Halo Code
- Created a Workforce Menopause Pledge
- Signed the Race at Work Charter
- Become a Disability Confident Leader (Level 3) employer
- Become a member of the ENI (Employers Network for Equality and Inclusion)
- Initiated new employee networks
- Created a Diversity and Inclusion Board to drive further and continuous change

In addition to the above there is ongoing learning and development activity including anti-racism training in social care teams and additional training in relation to 'social graces' (key features that influence personal and social identity), Older LGBTQ+ people and religion, belief and spirituality, neurodiversity and Gypsy, Roma and Traveller community.

Our involvement in the Social Care Workforce Race Equality Standard (SC- WRES) and improvement programme with Skills for Care will also enable us to improve our demonstration of progress and evidence of race equality for our workforce.

This work is essential not only for creating a more equitable organisation, but also for driving meaningful progress towards our ambition of building a workforce that truly reflects the communities we serve. In doing so, we will become a more accessible and welcoming Council for everyone.

We are also proud as a council to have recently been awarded Disability Confident Leader (Level 3) status, this means we:

- Commit to recruiting and retaining disabled people and ensuring this is reflected in job adverts at all levels/grades
- Provide a fully inclusive and accessible recruitment process
- Ensure other opportunities that might lead to employment, such as apprenticeships, are available to disabled people
- Use our Disability Confident badge in job adverts to ensure applicants know we are an inclusive employer
- Offer an interview to disabled people who meet the minimum criteria for the job
- Are flexible when assessing people so disabled applicants have the best opportunity to demonstrate that they can do the job
- Proactively offer and make reasonable adjustments

- Encourage suppliers and partner firms to be Disability Confident
- Ensure employees have appropriate disability equality awareness training
- Provide an environment that is inclusive and accessible for staff, clients and customers
- Support employees to manage their disabilities or health conditions
- Value and listen to feedback from disabled staff
- Record and report on disability, mental health and wellbeing in the workplace

### **Engaging with the views of people**

We actively involve people who have experienced inequalities to participate in decision making and governance. Examples of this include our learning disabilities and autism partnership board which are co-chaired by a board member with lived experience.

Some of the other mechanisms we have in place to gather feedback and stimulate improvements include:

- The Real time experience survey - in order to receive ongoing feedback, changes and not solely reliant on annual survey results we have introduced a Real Time Experience survey to be shared at the point of service being provided. The feedback received is monitored on a quarterly basis. People can also request to receive our Adult Social Care or Carers Bulletins (2,108 and 4,334 people subscribe retrospectively as of 14 May 2025). We also now have specific surveys to seek feedback from people following a safeguarding enquiry and also those people receiving Direct Payments.
- Senior Manager Quality Audits – members of the Adult Social Care Management Team complete quarterly quality checks, incorporating conversations with people accessing our services and/or family carers. The feedback received is shared with operational teams to support learning and improvement.
- Complaints and Compliments – we review complaints regularly and provide an annual report to Cabinet on the numbers of complaints and compliments, key themes and learning required including compliance with action plans and any Ombudsman enquiries received and responded to. We value compliments as a means of learning from things that have gone right within our services. We hold annual briefing sessions to share learning from complaints with staff.
- The Adult Social Care Stakeholder Group – the group is well established and meets regularly. Led by the Principal Social Worker and co-chaired by a group member with lived experience, it comprises people who access our services, unpaid carers and representatives from partner agencies including the voluntary sector.
- Regular engagement and information events held within community settings to enable Adult Social Care and associated groups and services to hear first hand from people with regard to their experiences of our services, requirements and how well we provide information.



## ● Theme Two: How Local Authorities provide support

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**In this theme we describe our approaches to providing support, developing the adult social care market and how partnership working helps us to ensure we meet the diverse needs of people and communities.**

### **Summary**

How we provide support is aligned to our Promoting Independence approach. We have a resilient home support market to support people to remain at home, and we offer supported housing and Housing with Care schemes that enable people to retain as much independence as possible alongside residential and nursing care for those with higher levels of need.

We are proud of how we work with the market, how we have supported the market on key issues of recruitment and retention and when the standard of service is not as we would expect we work as a joint team with integrated Care Board (ICB) nurses to support providers to improve. Despite these efforts we do not have as many providers rated as good or outstanding as our comparators although when issues are identified through CQC inspections of care providers we work with the provider in question to ensure that remedial action is taken promptly so in reality it is likely that we have more providers operating at the level of good that CQC data would suggest.

We are also able to source care and support for the majority of people within short timescales. Timescales can be longer where there are unique requirements associated with an individual, but these cases are very much the minority.

We recognise that there is more to be done in relation to developing the market beyond regulated social care provision and we are working with our colleagues across the City Council to deliver the aspirations of the One Coventry plan in ways that are more localised and community focused and in doing so are realistic on the extent to which complex care needs can be met through community led solutions.

### **Key strengths**

1. Our social care market is able to respond to the majority of needs for care and support in a timely manner
2. A joined up approach to quality management with the Integrated Care Board (ICB) including care home nurses supporting the market to develop and improve
3. Our engagement with the provider market and support to the whole Adult Social Care workforce
4. Partnership based large scale improvement programmes – including Mental Health Transformation, Coventry Partnership Dementia Hub and Improving Lives

### **Areas for development**

1. Work on ensuring greater diversity in provision to support the development of alternatives to regulated care and support
2. Continue to improve the quality overall through improving CQC ratings across providers



## ● Quality Statement Four

**We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.**

The JSNA provides key information to help us understand population needs within the city and the demands that a changing population will have on Social Care in the years to come. Although we do not rely solely on the JSNA, through its use, we are clear that there is a growing number of people with complex needs in the city and as such our market planning and commissioning is geared towards ensuring sufficiency of provision and supporting people to be supported in a location of their choosing.

### **Our approach to commissioning**

Examples of how our commissioning approach is responding to the growth in demand for complex services include:

- Learning disability and autism supported living provision: Since 2022 The Council has commissioned a range of core and cluster developments which meet a wide spectrum of needs, with schemes providing a mixture of 24-hour support, alongside on-site staffing during the day. In the past 3 years specifically, we have increased capacity by an additional 56 units
- Mental Health: Since 2022 we have supported the development of 11 new facilities, including 81 supported living beds, 30 medium-term hybrid residential beds delivering specific recovery-focused reablement programmes and 6 longer-term residential beds as part of a specific pathway. We continue to work with developers on further supported living beds to meet demand
- We have converted a standard residential home to an eating disorders specialist provision after identification of a need for this type of support across the ICS
- We have provided a specialist training programme to upskill supported living providers to meet more complex needs confidently
- We supported a provider to fund and develop their own move on accommodation when a need for mainstream accommodation with a little support, (not through Adult Social Care) especially for people from ethnic minority communities, was identified
- We Commissioned 2 short term dementia specific Housing with Care places to support discharges from hospital, with the aim of supporting people to live as independent lives as possible in the community and avoid residential care home admissions

## The Coventry social care market

Within Coventry, registered social care providers make up the majority of the social care market. As our support model is geared towards supporting people to be as independent as possible our market development activity has been focused on the provision of enabling/re-abling home support services, ongoing home support for people who require it and housing with care and/or supported living.

We are working with the wider market to diversity the range of options to choose from and have the following initiatives in place to underpin this:

- **‘Shared Lives’ recruitment** – using the Accelerated Reform Fund to increase our capacity within the ‘Shared Lives’ provision
- **Voluntary Sector enhancement** – one of our key voluntary sector partners (Grapevine) deliver a ‘Help and Connect’ service for people with Learning Disabilities who are not in receipt of social care and support services. ‘Help and Connect’ is working alongside our Promoting Independence service to actively engage with people with Learning Disabilities identify and establish community support alternatives
- **The ‘One Coventry’ programme** – the City Council’s ‘One Coventry’ transformation programme is aimed at supporting people through community infrastructure as well as, alongside, or instead of core services
- **The promotion of community support options** – community alternatives are promoted via our information directory which aims to support people’s wellbeing, increase support networks and reduce the risk of isolation and loneliness

Through our commissioning team we raise the profile of the voluntary sector and how the support offered can play a role in helping people to achieve their desired outcomes. In 2023 we held two Voluntary Community and Social Enterprise (VCSE) events which had attendance from 150 health and social care professionals. Two further events were held in June and November 2024 which were attended by over 100 practitioners. The events facilitated opportunities for workers and VCSE organisations to network and discuss opportunities for partnership working moving forwards. The events received positive feedback from attendees. A further event is scheduled for December 2025.



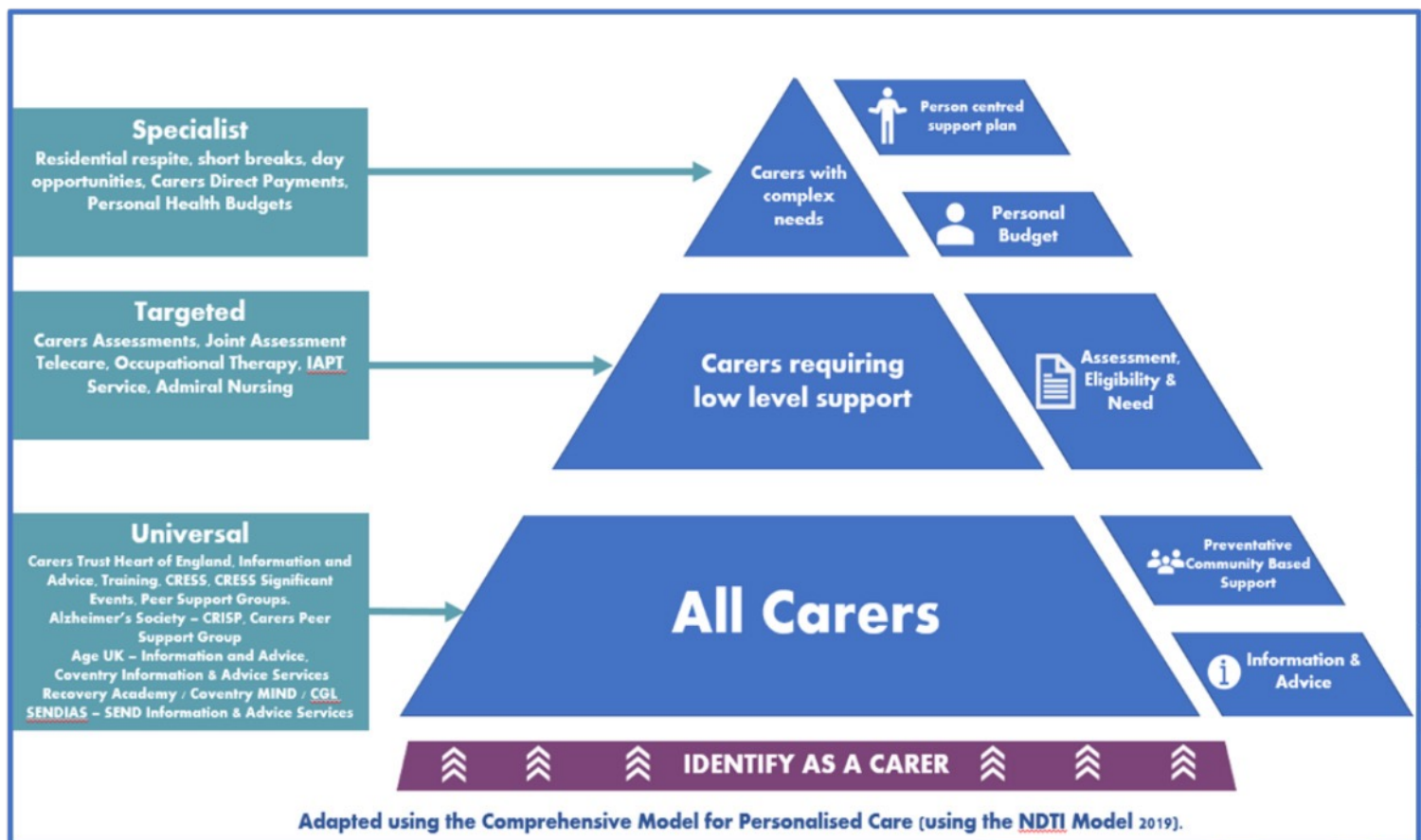


## Our services and support to carers

We have a wide range of support for unpaid carers recognising that there is no one size fits all approach.

In recognition of this there is a range of support available. We work in close partnership with the Carers Trust Heart of England to deliver carers wellbeing services which include:

- Carers Emergency Response Service (CRESS) – Contingency Planning
- Carers Significant Events Breaks Service
- Information & advice
- Group activities
- Training
- Mental health carers support
- Outreach support at hospital
- Working carers support
- Primary care support



The Carers Trust Heart of England also work in partnership with Adult Social Care to deliver carers assessments, as a delegated responsibility, aimed at those unpaid carers who are unknown to Adult Social Care. This works well as, in partnership with wider commissioned services, a holistic approach to support for unpaid carers can be taken. Often unpaid carers find their needs met within the wider Carer Wellbeing Service.

## **The Carers' Action Plan 2024-2026**

Following extensive engagement with unpaid carers to understand their experience of caring and particularly their experience of receiving breaks we have developed a new approach to how we deliver carers breaks and this is a priority outlined in the Carers' Action Plan 2024-2026 which focuses on three priorities:

1. Empower unpaid carers with flexible respite options, ensuring they can take breaks.
2. Deliver the right support, at the right time, and in the right place.
3. Maximise the reach of carers assessments to benefit more unpaid carers

### **Progress to date against the priorities**

#### **1. Empower unpaid carers with flexible respite options, ensuring they can take breaks**

Through the Accelerated Reform Fund we launched a project called My Time in partnership a charity called "Local Solutions". This scheme sets up break opportunities for unpaid carers to access, such as stays at hotels, spa breaks, afternoon teas and much more. By the end of March 2025, the first stay at a hotel had been undertaken.

We have successfully recommissioned our carers support services based on carer feedback and engagement. A new contract will begin in October 2025 with a clear focus on providing break opportunities and flexibility where there is an urgent need.

In 2024/25 we saw greater utilisation of breaks, including short breaks and residential respite. In 2025/26 we are planning an engagement exercise with people accessing respite to understand more about the experience of accessing and utilizing respite.

#### **2. Deliver the right support, at the right time, and in the right place**

Through the Accelerated Reform Fund we launched Bridgit Care in October 2024. By the end of March 2025, 748 people had utilized the platform, with a high usage outside of working hours (weekends and evenings).

Throughout 2024-2025 – All GP surgeries in Coventry were engaged with over 50% now displaying carer information and leaflets – a further 4 surgeries now offer regular carer surgeries.

Our partners, UHCW and CWPT also took great strides to improve carer experience. With UHCW co-producing practical support for unpaid carers with the aim to launch a carers card in June 2025. The Triangle of Care developing the roll out of Triangle of Care.

The Carers Trust Heart of England established a carers counselling pathway and a Carers Money Matters scheme to support unpaid carers navigating the cost of living crisis.

#### **3. Maximise the reach of carers assessments to benefit more unpaid carers**

We have an on-going programme of training called "Exploring Carers Need". In 2024 we introduced a new assessment form to help aid the pathway for completing unpaid carers assessments and capturing journeys more succinctly. The change in the format makes it easier for us to capture reviews for unpaid carers. In 2024/2025 we saw a 35% increase in separate unpaid carers assessments take place.

In 2024/2025 – we saw increased utilization of Carers Direct Payments. A total of 98 people received a carers direct payment, with more person-centred outcomes and diversity of outcomes for unpaid carers.

The progress of the plan continues to be monitored through the Carers Action Plan Steering Group, a multi-agency partnership including the Carers Trust, CWPT,

Alzheimer's Society, University Hospital Coventry and Warwickshire and our ARF partners, My Time and Bridgit. We will monitor the effectiveness and impact of the above activity through the various measures (national and local) in place and will continue to engage with unpaid carers directly to obtain their views.

### **Engaging with the market**

Most people with eligible care and support needs receive support in a timely fashion with minimal wait times. Our Home Support market is able to respond and our housing with care and residential services generally have capacity to ensure that people are not waiting excessive periods for a service to start.

Our commissioning planning provides an understanding, based on a range of intelligence, of the likely capacity required to meet demand across service types (further details contained in Information Return Data Pack) for volume anticipated against those commissioned since 2021/22. This intelligence is then used to ensure that enough capacity exists in the market to meet forecasted demand recognising that there is often a gap between forecasts and reality.

To ensure we are supporting the provider market appropriately and effectively, all commissioned providers were asked to complete an online survey in December 2023 covering several areas. A total of 63 responses were received. (approx.103 potential providers, 61% return rate). The findings included;

**'83% of providers who responded reported the local authority supported them extremely or somewhat well'**

**'78% of providers who responded found quality assurance visits to be extremely or 'somewhat' useful'**

**'87% of providers who responded were aware of who their contract officer is'**

In response to the survey the following actions have been completed:

- An escalation process for providers in-relation to safeguarding, finance and commissioning queries has been implemented
- Information from the provider survey has informed the Market Position Statement
- Coventry Safeguarding Adult Board convened an initial safeguarding provider forum in January 2025 with plans to engage wider and establish an ongoing forum

### **Addressing inequalities and commissioning for diversity**

A range of approaches are in place to ensure that support available can meet the diversity of Coventry citizens. This is captured in our Commissioning for Equity document and is summarised below.

- All services are commissioned with requirements to provide tailored support for adults reflecting diversity. This is evident during the initial needs analysis, Equality Impact Assessment stage and through service specification, tender questions / requirements and through contract monitoring and quality assurance
- Specific providers are commissioned to respond to the needs of minority groups. For example; a consortium arrangement through Mind provides bespoke information, advice and support for adults from minority ethnic groups (Sahil and Tamarind) and a specialist mental health service catering for South Asian communities provides supported accommodation (Anjuman)
- Carers Trust Heart of England provide support to informal carers including; African Caribbean, South Asian and Chinese minority ethnic communities. Preventative Support Grants are used to support adults with sensory impairments through specialist support services. Age UK provides support to people from nineteen different minority ethnic groups
- The Council's information and advice offer, including the Community Directory signposts people from diverse communities to culturally appropriate community support

- Our Occupational Therapy led hoarding service assists in safeguarding adults with hoarding behaviours
- Through connections with the Faith Partnership Forum – a group that consists of faith leaders and designed to support people of different faiths and enhance community outreach of diverse communities
- Promoting good practice amongst directly provided and commissioned provision in supporting older people from the LGBTQ+ community, for example signposting providers to the Skills for Care coproduced Framework for working with LGBTQ+ people in later life and guidance available from Age UK.
- Our digital inclusion team provide free devices, data and training to enable people to access services and information.
- We employ experts by experience in some of our mental health services, offering employment opportunities and a chance to use their experience to help others and help us develop services that work for the people who use them

### **Market shaping**

As well as day to day market management to meet the demands of today we engage with the market and stakeholders to commission for future demand. Our engagement with the market takes place through provider forums, a regular provider bulletin and a commissioning microsite that provides a one-stop information point for providers of social care in Coventry. This enables engagement on key developments which recently has included fee increases, safeguarding and inspection.

We also seek third party feedback on support provided to help shape future requirements. An example of which is our work with a Warwick University post graduate student to understand how well supported care providers in Coventry and Warwickshire felt during the pandemic. The findings showed that providers felt generally well supported and particularly well supported around infection prevention and control.

Market wide engagement has supported the completion of our Market Sustainability Plan and the Market Position Statement (MPS) which has been produced in partnership with providers. Our MPS has been refreshed in 2024 to take account of changing need and demand, different service models as well as expectations around the quality of care.

We recognise the important role our voluntary sector partners play in the delivery of social care in the community and maintain positive relationships with these partners, not only given their role in providers of support, but also in assisting in shaping the market and delivery across the health and care sector. A Voluntary, Community Social Enterprise Forum is in place with the aim of forming closer working relationships to increase use of community support options for new and existing people to social care.

## **Ensuring a sustainable and affordable market**

To gain a deeper understanding of sustainability issues facing the market a provider survey was undertaken in order to understand sustainability issues beyond the issue of fees alone. For care homes, the highest reported priority concerns were in relation to the recruitment of staff, followed by staff retention and utility costs. For nursing provision, their most notable challenge was utility costs, followed by insurance costs and the recruitment of staff.

The results of this survey informed our revised market support offer which includes number of actions aiming to make a meaningful impact on the sustainability issues raised:

- Recruitment of new workers into the sector through monthly job fayres, access to an employment hub, advertising tips and support from Coventry's 'Job Shop' and 'Employers Hub'
- Recruitment campaigns working alongside Coventry's Migration Team, aiming to promote a career in care to people who may be unaware of the opportunities available in the sector
- Guidance on bid writing and funding applications, recognising independent businesses may not have the expertise or resources available to respond to tenders. Our support will assist in ensuring our contracting process supports all businesses in accessing opportunities available
- Resources and tips to reduce business costs
- Assistance and guidance to improve CQC ratings
- Resources, including accessing group sessions, to promote wellbeing at work for existing staff. This aids with recruitment and retention strategies and supports the health of our workforce
- Effective digital market techniques
- Guidance on co-production, specifically the benefits this can have on the business and on an individual's outcomes

Information about the areas outlined above are all included in our Provider Support Pack which is available to all providers (both commissioned and non-commissioned) and is on our website.

Information on the cost of living and wellbeing support is provided monthly for providers to cascade to their staffing groups. The intention is to provide support to stop people leaving the care sector for financial reasons alone.

For younger adults our market assessment (MSIF Capacity template return June 2023) highlights some limitations to capacity within the city in relation to younger adult accommodation. This includes younger people transitioning from Childrens Services and working age adults. Our market development plans for LDA/MH and our Market Position Statement has identified this area as a commissioning priority. To start to address this gap the Council has been successful in developing a number of larger, core and cluster style supported living schemes with an additional 56 learning disability units available within the city in the last three years to March 2025 through call-off procedures via our Dynamic Purchasing System framework. An additional 5 mental health providers equating to 32 units have also joined the framework in this time.

## **Quality of provision**

We have a clear approach to quality assurance, this is a joint Coventry City Council and Integrated Care Board (ICB) approach and includes an escalation framework to support providers with quality concerns which contains four levels (one to four) of escalation, from 'No Known Concerns' to 'Persistent Serious Concerns'.

This approach provides assurance and oversight, clear processes and escalations to manage concerns around a care providers quality and enables early identification of possible provider failure. This also ensures consistency across all service areas and utilises available contractual remedies and enforcement options to effect change, where required. Our multi- agency Provider Escalation Panel process, which focuses on risk levels 3 and 4, includes representation from various functions within the Council (e.g. commissioning, safeguarding, the Deprivation of Liberty Safeguards (DoLS) Team as well as health and local CQC representatives.

This ensures the oversight of the quality of social care provision which is causing most concern and ensures co-ordination of corrective action including recommendations for contractual action where appropriate.

Our Care Home Support Nurses, who are part of our Quality Management Team, and who are jointly employed by Coventry City Council and the ICB are an excellent demonstration of how the provider market is supported to develop and improve. The team provide practical support and leadership on quality of care issues and train and work alongside staff and managers within care homes to improve standards. The remit of the joint team is to work with health and social care partners to maintain safe systems of care and ensure continuity and quality of care, with the aim of ensuring a sustainable market of good quality care provision. The team also works closely alongside the Care Quality Commission (CQC) to improve the quality of care in Coventry.

## **Out of City services and arrangements**

Our Out of City process outlines our quality assurance approach to out of city placements, however specific action may be led by the host local authority who will lead on investigations, as Coventry does when we are the host of out of city placements by other authorities.

We have defined arrangements for 'Out of City' placements. This process applies to all care home, supported living, and housing with care placements made outside of Coventry City Council tax boundaries. This is to ensure we are meeting needs and have improved oversight of safety and wellbeing of adults from our community living outside of Coventry.

## **Supporting the wider social care workforce across the whole market**

The workforce is critical in our ability to deliver a range of sustainable and diverse services for now and in the future. This is reflected in our Adult Social Care Workforce Strategy which applies to the internal and external Adult Social Care workforce. This strategy outlines our ambitions for supporting the independent sector market as well as our internally provided services.

In April 2024, to further understand the provider workforce profile and its progress over the last 12 months, a survey on recruitment and retention (linked to the Market Sustainability and Improvement Fund) was completed which produced an 87% response rate. This high return rate is a good indicator of strength in the workforce and represents an increase from the 2023 survey return rate of 73%.

We are also proactive in supporting the local workforce to develop in both capacity and capability, examples of which include:

- In partnership with DWP job shop and local providers our Commissioning Team have developed processes to support local recruitment activities. This has extended to support for international recruitment including providing opportunities for migrants



and asylum seekers who are permitted to work in the UK and which is facilitated with our Migrant Team

- An initiative to improve employment opportunities was jointly undertaken by the Commissioning Team and Adult Education Team. This project was launched in June 2023, with the goal of enhancing recruitment prospects for people in Coventry with an Educational Health and Care Plan (EHCP). This includes people with a learning disability, mental ill health, autism, and physical disabilities
- Improving the rates of paid employment for adults with a learning disability or mental ill health by increasing opportunities to support people with care and support needs into employment. This includes placing interns for employment with adult social care providers
- Providers are being encouraged to become 'Disability Confident Employers'
- We have been successful in attracting grant funding administered through West Midlands ADASS to support International Recruitment and ensure appropriate treatment of international staff and support to those displaced by sponsorship licence revocation and have worked with DHSC on a pilot to provide a support offer to international recruits impacted by licence revocation or suspension
- We work effectively with regional Skills for Care. We ensure that our local care market is informed of developments through our provider forums, provider bulletins and other modes of communication

The commissioning team have a long-standing relationship with Job Centre+ and supported four recruitment events during 2024/25. The events were held at different venues across the city to encourage a diverse mix of attendees. We targeted providers to attend who required recruitment support. There were circa 50 job seekers who attended these events during 2024/25.

The commissioning team also supported a bespoke event to promote the benefits of working in care at Coventry College aimed at younger people, this is often an unrepresented age group for people working in care.

- We share job vacancies (from providers) on a regular basis to recruiting agencies and the job shop
- We promote care jobs with young carers, care leavers, people with a disability, migrants and refugees and have held recruitment events
- We work actively with providers on how they can improve retention of care staff (covered in provider support pack)

## ● Quality Statement Five

**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.**

Partnership working takes place at all levels within Adult Social Care, from the Social Worker engaging with a GP and community nursing team to understanding and co-ordinating support around an individual, right up to the strategic partnership forums that oversee the delivery and improvement of Health and Care for the population of the city.

Some of the specific groups in place within Adult Social Care to ensure partnership working is effective include:

- Learning Disability and Autism Collaborative. A key focus of this group is to bring together a range of professionals, the voluntary and community sector and experts by experience to oversee the development of a robust response to the admissions and discharges for those with learning disabilities and/or Autism.



- Autism Partnership and the Learning Disability Partnership Boards. Bringing together the statutory, voluntary and community sector and experts by experience to formulate priority actions and monitor the effectiveness and the impact of the local strategies across Coventry and Warwickshire.
- Mental Health Collaborative group. Brings together a range of statutory providers with voluntary and community sector providers and experts by experience to coordinate, monitor and address common issues relating to the delivery of mental health services.

### **Working in partnership**

As well as our joint quality assurance team the Council works closely with Coventry and Warwickshire Integrated Commissioning Board to manage commissioning and the quality of provision. Our main vehicle for this is the Adult Joint Commissioning Group which has the remit of:

- Acting as the Board for the agreement and oversight of section 75 provisions in relation to the Better Care Fund
- Facilitating collaboration, joint working, and joint commissioning for adults with health and/or social care needs
- Endorsing, overseeing and making recommendations for strategic and operational joint commissioning strategies and plans

We have a number of joint commissioning arrangements in place with the ICB including:

- Long and short-term home support – including support for the Urgent Care Response in the Community by ensuring home support capacity is available to enable step down from Urgent Care
- Supported living framework for adults with Learning Disabilities and Autism and Mental Health are all jointly commissioned with Coventry City Council as the lead agency
- Transforming care provision which is jointly commissioned with the ICB and also with Warwickshire County Council
- Two lead commissioning posts for Mental Health and Learning Disabilities.
- Contributing to systemwide quality improvement through input to the ICS System Quality Group and monthly Quality Surveillance Group
- Collaboration with infection control nurses to ensure safety of care home residents. Initiatives such as the Say No to Infection accreditation scheme has enabled 54% of older people care homes to become accredited a further 6 homes have received accreditation in 2024/25

### **Innovation and improvement**

Our work to continuously improve and innovate within Social Care requires coordination with other agencies and services. Examples of how we have worked in partnership to deliver improvements include:

## **Mental Health transformation**

The transformation of Mental Health has provided an opportunity to radically rethink all areas of Mental Health delivery. Local commitment to partnership working enabled a joined-up bid to NHSE resulting in additional funding for Adult Social Care and delivery in mental health. The focus was on different mental health needs including perinatal, forensic, eating disorders and for those of older adults. There has also been additional funding to broaden the offer of social intervention into community provisions to supplement the existing offer in Crisis Services. The submission was received positively by NHSE and the then social care advisor to the Department of Health who saw it as one reflective of partnerships and collaboration.

The Community Mental Health Transformation Programme is bringing together experience and support from all sectors across Coventry and Warwickshire to drive improvements across mental health services. Notable achievements include embedding trauma informed practice, working with Experts by Experience as equals and building specialist pathways including new care models, new assessment processes and strengthening partnerships with external agencies.

Achievements during 2024 include:

- Community Mental Health teams aligned to Place and primary care network
- Specialist pathways introduced to improve access to services and better outcomes
- Improved offer to people who use mental health services from diverse backgrounds
- Continue to embed the social intervention offer, focusing on recovery, independence and community connection

In 2025 we renewed our S75 agreement between Coventry City Council, Coventry and Warwickshire partnership Trust and Warwickshire city Council.

The focus for 25/26 will be:

- Continuing the work to evaluate and strengthen the integrated community mental health offer post transformation, to support the move to the neighbourhood model of care
- Reviewing our 'front door' processes to increase access, reduce waits, embed consistency across localities and improve triage processes
- Ensuring data and digital tools are used effectively within the integrated teams
- Preventing and reducing mental ill health by strengthening our approach to early intervention and prevention
- Improving staff experience of health and social care integration

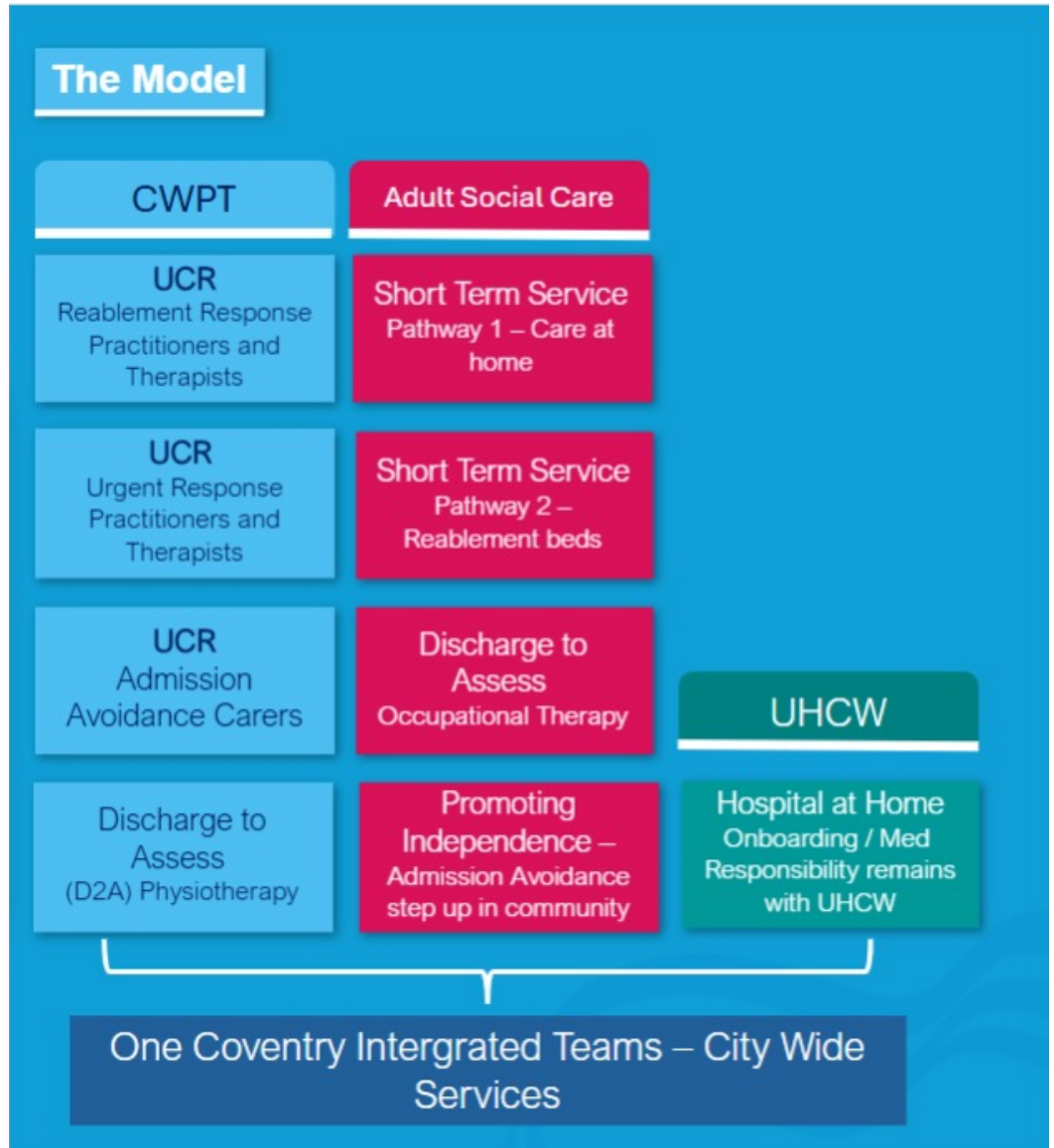
## **Coventry Partnership Dementia Hub**

In July 2023, following a thorough co-production and engagement approach Coventry opened the Coventry Partnership Dementia Hub. This is one of a very small number of "one stop" Hubs in the country offering people with Dementia and their family carers; guidance, support and activities from the first stages of identification before diagnosis through to end of life.

We are extremely proud of the partnership approach taken to responding to the feedback and needs identified by people with lived experience through our engagement. Health, voluntary sector and council services are working together to improve experiences and outcomes for people, encouraging peer support and independence and offering a safe space for those affected. Outreach support, group activities and the use of digital are some of the approaches used to support people in this new model.

## Improving Lives Programme

This programme of work led through the Coventry Care Collaborative which commenced in 2021 achieved full City wide roll-out in July 2024 and is now mainstreamed into our service offer across health and social care. Concluding the programme to its current state as Business as Usual supporting improving outcomes for people through increasing the numbers of people supported at home after a hospital stay and reducing hospital length of stay.



Some of the impacts realised from the work include:

- Supporting people to remain as independent as possible at home with a therapeutic offer delivered via specific providers
- Staff across the system have been largely positive about making the changes across organisations and have embraced new ways of working
- Support on discharge is more coordinated between agencies and patient feedback positive
- Discharge activity and hospital avoidance has improved with a focus on developing nursing led discharge over 7 days

Since its launch in June 2024, The One Coventry Integrated Team (OCIT) has achieved several benefits including:

- Supporting over 6,000 residents and helping 840 patients to avoid unnecessary hospital admission
- Supporting over 1,420 patients with therapy in, or close to their homes
- A reduction in stay of 0.5 days for older patients admitted via the emergency pathway, with patients discharged into OCIT once medically fit
- 10 per cent of emergency admissions avoided through the front door model which proactively identifies patients suitable for care under OCIT with an immediate response from the team

Not only is the programme demonstrating great outcomes for people but has also been shortlisted for the Provider Collaboration of the Year Award at the HSJ Awards 2025.







## ● Theme Three: How Local Authorities ensure safety within the system

**In this theme we describe about our approaches to safeguarding and how we work with people and our partners to establish and maintain safe systems of care**

### **Summary**

Safeguarding adults is central to all our work. Rather than having a separate safeguarding team, we embed safeguarding as everyone's responsibility, ensuring responses are led by professionals who know the individual or are familiar with their community and circumstances.

Any contact that indicates, suggests, or explicitly states a safeguarding concern is immediately directed to the Intake Team and prioritised for prompt intervention, review, and decision-making. In 2023/24, we received 6,796 safeguarding concerns, with a conversion rate to enquiry of 20%. In 2024/25, there were 5,733 concerns—a reduction attributed to an updated recording approach and more consistent signposting for requests that did not meet safeguarding criteria—with an 18% conversion rate. A recent practice review reaffirmed our confidence in the way we convert concerns into enquiries.

We are committed to Making Safeguarding Personal; in 2024/25, 94% of people with care and support needs fully or partially achieved their desired outcomes, matching the result from 2023/24. Where risks were identified, risk was removed or reduced in 93% of cases during 2024/25.

Timely resolution is a priority for our service. In 2024/25, 70% of open safeguarding enquiries were concluded within three months. Although complex cases can take longer, all enquiries open for over six months are reviewed through audit by the Safeguarding Adults Coordinator. These reviews ensure ongoing rigour for cases remaining open and help us identify themes that may affect timeliness, sources of concern, and recurring issues impacting resolution.

The Coventry Adult Safeguarding Board provides essential oversight, assurance, and strategic leadership. It conducts Care Act 2014 audit reviews, ensuring we meet our adult safeguarding responsibilities. We also work closely with local partners—including the police, health services, fire service, voluntary organisations, and other council departments—to ensure a joined-up, multi-agency approach to supporting people and responding to safety concerns.

Our ongoing commitment to partnership working and continuous improvement ensures we deliver effective, person-centred safeguarding across Coventry.

### **Key strengths**

- Strong collaborative working within the Coventry Safeguarding Adults Board, fostering effective partnerships across agencies
- Comprehensive safeguarding policies and procedures for the West Midlands, complemented by guidance tailored specifically to Coventry
- Robust response to high volumes of safeguarding concerns, consistently prioritising a personalised approach that addresses individual needs, reduces risk, and promotes positive outcomes
- Effective management of provider issues and service failures, ensuring swift and appropriate action to safeguard service users



### Areas for Development

- Systematic utilisation of feedback from people involved in safeguarding enquiries to drive continuous improvement
- Deeper understanding of the experiences of minority ethnic communities when seeking safeguarding support, to further enhance inclusivity and accessibility
- Ongoing development of expertise in challenging safeguarding areas, such as self-neglect, to ensure best practice is maintained

## Quality Statement Six

**Safe Systems, Pathways and Transitions. We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.**

### Ensuring Safe Systems of Care

Safeguarding people is a core responsibility within Adult Social Care and remains a top priority for the City Council. Our commitment extends to every aspect of our assessment and review processes, the way we commission care and support, and the standards of quality we expect. To achieve this, we have established a robust framework of policies, escalation procedures, and legal and risk enablement panels to support informed and balanced decision-making. We also recognise that adults have the right to make their own choices and, where appropriate, to take calculated risks.

Collaboration lies at the heart of our approach. We work closely with local partner agencies—including the Police, Health, Fire Services, voluntary organisations, and other Council departments—to promote safety throughout the system. Our safeguarding responsibilities are central to this partnership, and our leadership of the Coventry Safeguarding Adults Board reflects our unwavering commitment to the protection and well-being of adults across the community.

A culture of openness is supported by a 'I have a concern' page on our Intranet which makes it clear to all colleagues what options are available to raise a concern. Our workforce surveys have also demonstrated that people who work for Adult Social Care feel able to speak to managers and raise concerns.

### Examples of how we work with partners to ensure safe systems

Within Coventry a range of multi-agency forums are in place to ensure a joined-up approach to supporting people to live in safety including:

- The Channel Panel (as part of Prevent duties)
- Harm reduction forums to discuss complex multi-agency work with people
- Complex case and risk enablement panels and legal panels to focus on specific people with care and support needs
- Multi-agency public protection arrangements (MAPPA). Brings together Police, Council, probation and Mental Health services to formulate comprehensive plans under single agency plans and multi-agency plans including deployment of resources
- Multi-Agency Risk Assessment Conference (MARAC). A multi-agency conference focusing mostly on perpetrators and their victims in situations of domestic violence
- Domestic Homicide Reviews. To enable lessons to be learned from homicides

where a person is killed as a result of domestic violence and abuse

- Offensive Weapon Homicide Reviews. To ensure that when a homicide takes place, local partners identify the lessons to be learnt
- Safeguarding Adult Reviews (SARs)
- Learning Disability Mortality Reviews (LeDeR). To identify any potentially avoidable factors that may have contributed to the person's death
- Safeguarding practice forum. Engagement forum for those practitioners and managers engaged in undertaking adult safeguarding activity in Coventry
- Modern Slavery forum. A forum to develop our response and practice led by the Councils Modern Slavery Lead. Transitioning between services. The Principal Social Worker leads a group to discuss and share any issues being experienced with the interface and referral management between Coventry and Warwickshire Partnership NHS Trust (CWPT) and Coventry City Council Adult Social Care

### **Ensuring safety when moving between services and areas**

We recognise that points of change can introduce risk to people's safety and therefore have the following specific arrangements in place to support safety at points of change:

### **Transition and Preparing for Adulthood**

The 'Preparing for Adulthood Guidance' is a comprehensive approach, developed and owned by Adults and Children's Services for the Council, designed to minimise the impact on young people as they move into adult services. Considerable work was undertaken to establish a joint methodology, which was recognised in the 2022 OFSTED report:

"For disabled children, transitional planning begins at age 16. This leads to comprehensive pathway plans that address need. There is also positive joint working with Adult Social Care in the local authority to ensure a smooth transition."

Each year, approximately 40 young people transition into adult services, with our team working collaboratively alongside colleagues in children's services to create seamless transition plans. The dedicated Transitions Team within Adult Social Care works in close partnership with the Children's Disability Team to identify young people who are likely to require support. The allocated transitions social worker works directly with the young person and their family, alongside the children's worker, to ensure a person-centred transition that places emphasis on risk factors and safeguarding as core elements of the process.

The service supports young adults from both Children's Social Care and Education Teams, meaning the age at which transition occurs varies, depending upon individual need and educational status.

Transitions from Child and Adolescent Mental Health Services (CAMHS) are managed through the Section 75 agreement between the Council and Coventry and Warwickshire Partnership Trust (CWPT). Social care team leads involved in these arrangements regularly attend the Complex Needs panels for children, ensuring transitions are managed effectively and that suitable pathways into services or universal provisions are negotiated to best meet the needs of each young person.

### **Hospital discharge arrangements**

Our approach to discharge recognises the core skills present within the Hospital. Accordingly, both the REACT team (Emergency Duty and Front Door) and the Integrated Discharge Team (IDT - health) are valued as trusted assessors. These teams have access to vital reablement and temporary support services, enabling them to facilitate safe and timely patient discharges. Their efforts complement the Adult Social Care services based at the Hospital, which support both residents already known to us and those for whom care or safeguarding concerns have been identified. The Hospital-based team also serves as the central point of contact for all Ambulance concerns providing a consistent and responsive service seven days a week.

## **Support for adults with mental ill health**

Care Act delivery in Mental Health is delegated via a Section 75 agreement with CWPT. Under the S75 agreement staff are seconded from the Council to the Trust to operate within multi-disciplinary teams. To achieve joined up support a joint health and social care assessment takes place, supplemented by a strength and needs assessment, if statutory service provision is required. Operational guidance to support the process is extended to those staff within the Adult Disability Team specialising in the delivery of Transforming Care.

Joint working arrangements and intelligence derived from the JSNA have enabled the development of specific roles that support work within our Mental Health services. These include:

- A social worker, that spans Coventry and Warwickshire, (hosted by Coventry City Council in perinatal services)
- A worker specialising in Autism within the Intensive Support Team
- A social worker in Migration Services
- An Approved Mental Health Practitioner (AMHP) to support children in crisis via the Child and Adolescent Mental Health Services (CAMHS)

The urgent care offer within Mental Health services continues to provide robust multidisciplinary and team collaboration with a key priority of 'getting it right first time'. The team continues to develop alternatives to admission by working collaboratively across the system for all vulnerable groups. The approach taken uses a social rather than medical model and by operating in a joined-up holistic way removes barriers and enables a person's needs and wishes to really be heard. It uses strength based practice as it's core and has demonstrated the way in which independence can be taken forward within Mental Health Services and particularly at times of crisis.

The trial informed the overarching transformation programme for Mental Health and the learning from the trial has enabled us to secure additional funding and to develop pathways across our internal provisions to support people. This is a model we are now looking to build on within the Community Mental Health Team as part of our ongoing improvement cycle.

## **Adult Services and NHS Continuing Healthcare (CHC) Team**

Continuing Healthcare assessments and reviews of eligibility for people with care and support needs without an allocated social worker are coordinated by a dedicated team leader, ensuring that Adult Social Care remains actively involved in complex CHC assessments. The team leader and experienced colleagues also offer tailored case-related advice and support to practitioners and managers across the service, particularly in matters concerning NHS Continuing Healthcare, while providing structured training to assist all practitioners in navigating this often-complex area of work.

Recent training initiatives have been delivered collaboratively by Adult Social Care and the Integrated Care Board (ICB), involving both social workers and nurses, which has not only enhanced skills and understanding but also fostered positive working relationships.

Strong and long-standing joint working arrangements between the Local Authority and the ICB are firmly in place. These include robust procedures to ensure the Local Authority is informed and invited to participate in CHC assessments and eligibility reviews, alongside a joint decision-making process for ratifying recommendations concerning Primary Health Need arising from assessment or Multi-Disciplinary Team meetings. A well-established joint dispute resolution process, in place since 2012, has recently been reviewed and is now integrated into the ICB Memorandum of Understanding for Continuing Healthcare.

Furthermore, the joint hospital discharge process, based on the Discharge to Assess model and implemented since 2018, has been highly effective in supporting the ICB to significantly reduce the number of CHC assessments carried out in acute settings, thereby consistently meeting NHSE targets in this area.

## **Providing support to Adults with Learning Disabilities**

Coventry and Warwickshire health and social care systems have collaborated effectively to ensure the successful delivery of the Transforming Care Programme, under the leadership of Coventry and Warwickshire Partnership Trust. Significant progress has been made in both avoiding unnecessary admissions and facilitating timely discharges for people with care and support needs in hospital with a diagnosis of learning disabilities and autism.

Strong joint working is established to deliver the programme's aims, securing improved outcomes for people with learning disabilities and/or autism, while ensuring robust safeguarding and comprehensive risk management in partnership with each individual and their advocate.

We have established arrangements that provide a co-ordinated approach for those at risk of admission and for people experiencing delays in discharge. Our Adult Disability Team maintains a clear focus on the Transforming Care cohort, led by an Approved Mental Health Professional, to ensure an effective and responsive service.

The multi-agency group overseeing this work is known locally as the 'Learning Disability and Autism Collaborative'. This group has expanded to include Experts by Experience, which has in turn led to the formation of the Autism Partnership Group and the Learning Disability Partnership Group, both co-chaired by people with lived experience.

In Coventry, there are currently six adults in ICB-commissioned beds, and fifteen adults in beds commissioned by NHS England or a Provider Collaborative, including placements in specialist eating disorder and deaf inpatient settings, as well as in low, medium, and high secure units. Six inpatients are identified as experiencing delayed transfers of care, and there are active plans to discharge nine inpatients, including five people with care and support needs who have been in hospital for more than five years.

To support effective multi-agency working, cross-agency agreements are in place, including a Memorandum of Understanding covering finance, discharge pathways, and escalation processes.

## **Working with risk and complexity**

Much of the work we undertake is complex and, in many cases, a legal process is required to support and protect people. When this applies, we use our internal Complex Case and Risk Enablement Panels and our Legal Panels to determine how best to ensure people are protected and supported. This involves working closely with stakeholders across the system to secure the least restrictive and best option in the individual situation. At any one time we can expect to have approximately 35 cases in legal process. These cases include DoLS S21a proceedings (where the individual is objecting to being deprived of their liberty, objecting to their current care arrangements, personal welfare applications, deputyship applications and Community DoL).

### **Mental Health Act 1983 and use of Guardianships**

Whilst we do have a Section 75 arrangement in place for Care Act activity this does not extend to our duties under the Mental Health Act. To support delivery we have an Approved Mental Health Practitioner (AMHP) Lead officer, AMHP forum and training and a robust programme to secure AMHP training including our own in house first year development plan. We have an AMHP rota that covers community and crisis areas of practice that is in place 365 days a year.

S117 is subject to scrutiny by a multi-agency panel including the ICB and CWPT which considers least restrictive practices, needs and outcomes separately to funding agreements which are considered by the ICB and Adult Social Care in a joint funding meeting.

We use Guardianship to keep people safe, support recovery and ensure continuity of care. Through the use of Guardianship orders, we have enabled adults to remain in the community and outside of hospital for longer periods of time. Guardianships, all of which are used to support continuity of care in local communities, as opposed to long term hospital admission. As of March 2025, we have 4 people subject to Local Authority Guardianship.

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

The service has seen year on year increases in activity. To support the process we do have a discreet service offer supplemented by the use of contracted agency assessments. The service utilises the ADASS tools and have a robust triage to identify and resolve urgent requests. The national data available has shown that we do receive a higher number of applications but that we do complete more within the year than regional and national averages.

A protocol has been developed for practitioners to help determine if the level of restriction or restraint within the provision of care and accommodation for clients amounts to a deprivation of their liberty in the community. This includes use of a risk assessment so due consideration can be given to intensity, duration and impact of the deprivation on the person.

In April 2025 there were 9 people subject to a community DoL

## **Quality Statement Seven**

**Safeguarding: We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.**

## **Coventry Safeguarding Adults Board (CSAB) setting strategic priorities**

The CSAB is independently chaired and is responsible for publishing our Strategic Plan setting out how as a partnership we work in partnership to meet our safeguarding objectives.

The Board Strategic Plan for 2024-2027 focuses on 4 themes;

- Making Safeguarding Personal (MSP)
- Prevention and Early Intervention
- Engagement and Communication
- Development and Assurance

The Board has the following subgroups;

- Business Executive
- Policy and Workforce Development
- Safeguarding Adult Review
- Quality Audit and Performance

To ensure all partners work together to provide safe systems of care the Coventry Safeguarding Adults Board (CSAB) produces an annual report on key safeguarding performance, progress in reducing or preventing harm and priorities for the following year.

## **Our system approach to safeguarding – Making Safeguarding Personal**

Through the CSAB all partner agencies have adopted a Making Safeguarding Personal (MSP) approach to safeguarding to take a person-centred and outcome focused approach to safeguarding adults.

This board's ambition for an MSP approach translates into practice through involving professionals who may already know the person or are familiar with the context of where the person lives and their local community.

MSP is also a key strand of our Adult Social Care Practice Framework supported by a range of resources and toolkits to support front line practice. As part of our safeguarding work, we capture peoples' wishes and outcomes, for example 'I want to feel safer', 'I would like the return of my property/ money' or 'I want others to be protected'. In 2024/25 87% of people were asked about their outcomes, with 94% fully or partially achieved their outcomes.

In support of MSP the Complex Case and Risk Enablement Panel, chaired by the Principal Social Worker, is in place to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Panel provides a clear process for discussion, and shared decision making to support both staff and people in considering potential consequences of any decisions.

To help ensure the individual is heard and the outcomes they want to achieve are taken into account we have reviewed our previous approaches used 'My Safeguarding Experience' due to low uptake and have anonymised online survey form to be given to people after the conclusion of the s42 enquiry (with the option to provide details for direct contact if required by the person).



## **A joined-up approach to policy, procedure and learning**

The CSAB (and therefore all member organisations) have adopted the West Midlands Adult Safeguarding Policy and Procedures produced in 2019 (updated 2024) for the region. The policy sets out the approach taken across the West Midlands and the approaches to be taken to make this real for our communities. It requires that Section 42 safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre of decision making.

A suite of documentation is in place to support safeguarding work and captures performance information. This includes a Record of Concern, Enquiry and Closure (SG1), Safeguarding Plan (SG2), Safeguarding Minutes/Planning Discussion (SG3), Lead Enquiry Officers Report (SG4). These were reviewed and revised documents to be implemented in 2025.

Procedural documents are supported by a range of information leaflets and posters about safeguarding adults, and the process people can expect. This includes easy to read information which is produced by the CSAB and Adult Social Care. Safeguarding posters have also been translated into the 6 main languages used in Coventry (Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya). Adult Social Care Safeguarding Information, public leaflet and abuse type posters from the Safeguarding Board are also available in Arabic as this is one of the main languages requested to be translated.

Board audit activity is carried out via scheduled enquiry panels over the course of the year and associated multi-agency learning events, are undertaken to ensure that guidance and its application is understood, reflect on practice and that practitioners continue to develop their learning in its' application. These audits have included Safeguarding in Care Home NICE Guidance, Mental Capacity Act, Self-Neglect and Safeguarding Adult Review Toolkit Enquiry Panel.

## **Adapting to new and emerging safeguarding risks**

To ensure we continually enhance our safeguarding practices and support those involved in safeguarding to develop their expertise, the Coventry Safeguarding Adults Board (CSAB) remains committed to producing guidance that addresses emerging challenges, such as the increase in safeguarding concerns and issues of self-neglect.

- Practice Tool to Aid Decision Making – Developed to assist professionals working with adults who have care and support needs, this tool helps to determine when a safeguarding concern should be raised with the local authority. It was introduced in response to the growing number of concerns and also serves social care staff by enabling them to assess the severity and level of risk associated with the cases received.
- Hoarding Best Practice Framework and Toolkit – In light of the rise in cases of self-neglect, including hoarding, this framework and toolkit offer practical methods and approaches that organisations can adopt and tailor to meet the unique needs of those they support.

## **Learning from cases of serious abuse or neglect and taking action to remove future risks**

To support learning the CSAB commissions a Safeguarding Adult Review (SAR) for any case which meets the criteria as identified in law supported by regional and local guidance and toolkits. The SARs we have undertaken are all published on the Board webpages as executive summaries.

We have undertaken 2 SARs in the last 2 years, one of these concerned a person who was experiencing self-neglect and the other a person with learning disabilities who was the responsibility of a local authority outside of Coventry who experienced neglect as part of a discharge from hospital into a care home in Coventry. Every SAR undertaken has an action plan to address any recommendations and learn from the review. Action plans are reviewed one year after the closure of the plan to identify any recurrence.

## **Safeguarding duties under Care Act 2014 - How we respond to concerns**

When the City Council receives a safeguarding concern, this can come through several routes but is generally through Adult Social Care Direct (the name of our 'front door'), the Councils Customer Service Team, the Hospital Team or directly into practitioners undertaking direct casework where a safeguarding concern arises.

Once received the referral and decisions in relation to safeguarding concerns and the requirement to undertake enquires are primarily led by our Intake Team (the team who deal with referrals where there appears to be a need for social care involvement relating to the community) and the Hospital Team (for referrals from hospital staff and West Midlands Ambulance Service).

Mental Health safeguarding concerns are progressed, and enquiries completed where appropriate, by our social work staff seconded to CWPT.

We work in accordance with the West Midlands Adult Safeguarding Policy and Procedures and a local 'Responding to Needs Assessments Requests' Operating Procedure specifies the steps to be taken in receiving, recording, and processing any referrals including safeguarding concerns. This procedure applies to all service areas and helps to ensure consistency in practice.

## **Supporting and developing our workforce in strong safeguarding practice**

All Coventry City Council staff are required to complete essential mandatory training to ensure awareness of potential abuse and to reinforce their duty to report safeguarding concerns. For social care employees and managers, a comprehensive training programme is provided, offering more specialised instruction for those responsible for responding to safeguarding issues and conducting safeguarding enquiries.

Our Safeguarding Adults Co-ordinator leads induction sessions for all new starters, offering a clear overview of safeguarding procedures, recording protocols, available training, and a range of resources designed to support practitioners. The Safeguarding Adults Co-ordinator also chairs a safeguarding practice forum and delivers regular briefings on key aspects of adult safeguarding, such as lead enquiry reports and safeguarding plans.

In 2024/25, compliance with mandatory safeguarding training in Adult Services stood at 89%. Routine oversight and compliance checks are carried out by the safeguarding business support team. Training data is actively used to identify those who have not yet completed their training, and all staff are required to refresh their training every three years after initial completion.

We also employ a specialist practitioner in mental capacity to assist practitioners and staff with the implementation of the Mental Capacity Act 2005. This includes the development of our own dedicated website for adults, carers, and providers of health and social care services living and working in Coventry: [www.umccoventry.co.uk](http://www.umccoventry.co.uk)

## **Safeguarding and mental health under our Section 75 agreement**

Section 75(S75) Partnership Agreement with Coventry and Warwickshire Partnership NHS Trust (CWPT) exists for the delivery of integrated mental health services and includes delegated work undertaken in respect of the Care Act 2014. CWPT has its own safeguarding policy which recognises these delegated duties. As part of the governance arrangements a S75 safeguarding group is in place which is now chaired jointly by Coventry and Warwickshire Councils to enable oversight of adult safeguarding activity. Each Principal Social Worker has a place on the Section 75 Board.

Quantitative data on safeguarding activity and performance is received by the S75 safeguarding group and S75 Board. This data has been revised to be more in keeping with data included in the Safeguarding Adults Collection Return. The CWPT Safeguarding Team also develops an Audit Plan and findings are received by the group.

## Quality and practice improvement

To further ensure consistency, maintain standards and embed learning we have a 'Safeguarding Team' which is led by the Principal Social Worker (Head of Practice Development and Safeguarding) and includes a Safeguarding Adults Coordinator who provides support to practitioners and managers undertaking safeguarding practice in Coventry. This provides for the identification of themes and patterns in safeguarding and the engagement with other services, both internal and external on any matters arising.

The collection and reporting of safeguarding activity, performance and the extent to which outcomes are met is supplemented by audit and assurance activity undertaken by our safeguarding team focusing on the following areas:

- Repeat enquiries - the purpose of which is to ensure safety planning for repeat safeguarding enquiries. There are routine reviews of cases where there have been more than 3 separate safeguarding concerns raised in relation to the same individual within the previous 12 months
- Responsive audits - people who lack capacity and there is no record of the person being supported by an advocate - the purpose of which is to ensure use of an advocate to enable people to fully participate in the safeguarding process. Audits evidence that the absence of advocacy support is low
- Open concerns audit - the purpose of which is to ensure enquiries are logged where required and enquiry work is not completed at the concern stage. A series of dip samples is undertaken regarding the conversion rate (concern to s.42 safeguarding adult's enquiry). This work improved the position and aligns ourselves to the WM median rate
- Data quality - the purpose of which is to ensure appropriate and accurate inputting. Routine Data Quality is undertaken, including following up and seeking progress updates on enquiries open. For example, case open over 6 months audit by the Safeguarding Adults Coordinator to ensure no drift in enquiries, reason for cases remaining open and timely closure
- Scheduled monthly audit activity - the purpose of which is to ensure safeguarding activity is progressing and quality assurance of records is evident. Monthly audit activity across the whole end to end safeguarding process is undertaken to support the identification of good practice and areas for improvement. This includes undertaking dip sample audits at key stages of the safeguarding process including open concerns and enquires
- Engaging with experience via a new anonymised online survey form - to be given to people after the recent conclusion of the s42 enquiry (with the option to provide details for direct contact if required by the person)



## ● Theme Four: Leadership

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**In this theme we describe our approaches to planning our work, our governance and accountability arrangements and how we are learning and improving**

### **Summary**

There is stable leadership within the City Council which provides a strong foundation for effective leadership of Adult Social Care. The Director of Adult Social Services (DASS) has been in position since 2016, the Leader has also been in place since 2016 and the Chief Executive Officer (CEO) has been in post since June 2023.

The lead Member for Adult Social Care was appointed in 2023 and brings extensive experience from a diverse range of political leadership roles within the city.

We are outward looking and have a proven ability to develop and learn from research. This is demonstrated through both our work with West Midlands Association of Directors Adult Social Services (WM ADASS) and the Coventry Health Determinants Research Collaboration (HDRC) led by our public health team.

### **Areas of strength**

1. Stable and consistent leadership that is inclusive and connected to the experiences the people we support
2. Leadership Board (Chief Executive led) has a strong performance and outcome focus
3. Ability to deliver change and improvement programmes as demonstrated through the Improving Lives programme

### **Areas for development**

1. Improved use of data, intelligence and insight to inform improvement activity.

## ● Quality Statement Eight

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**We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.**

### **Strategy and Planning**

In 2025 we produced and adopted the Adult Social Care Plan 2025-30. As well as this specific plan we are also working to support the deliver of other strategic plans including:

### **One Coventry Plan**

This plan is the overarching strategic document for the City Council which sets the following key strategic aims:

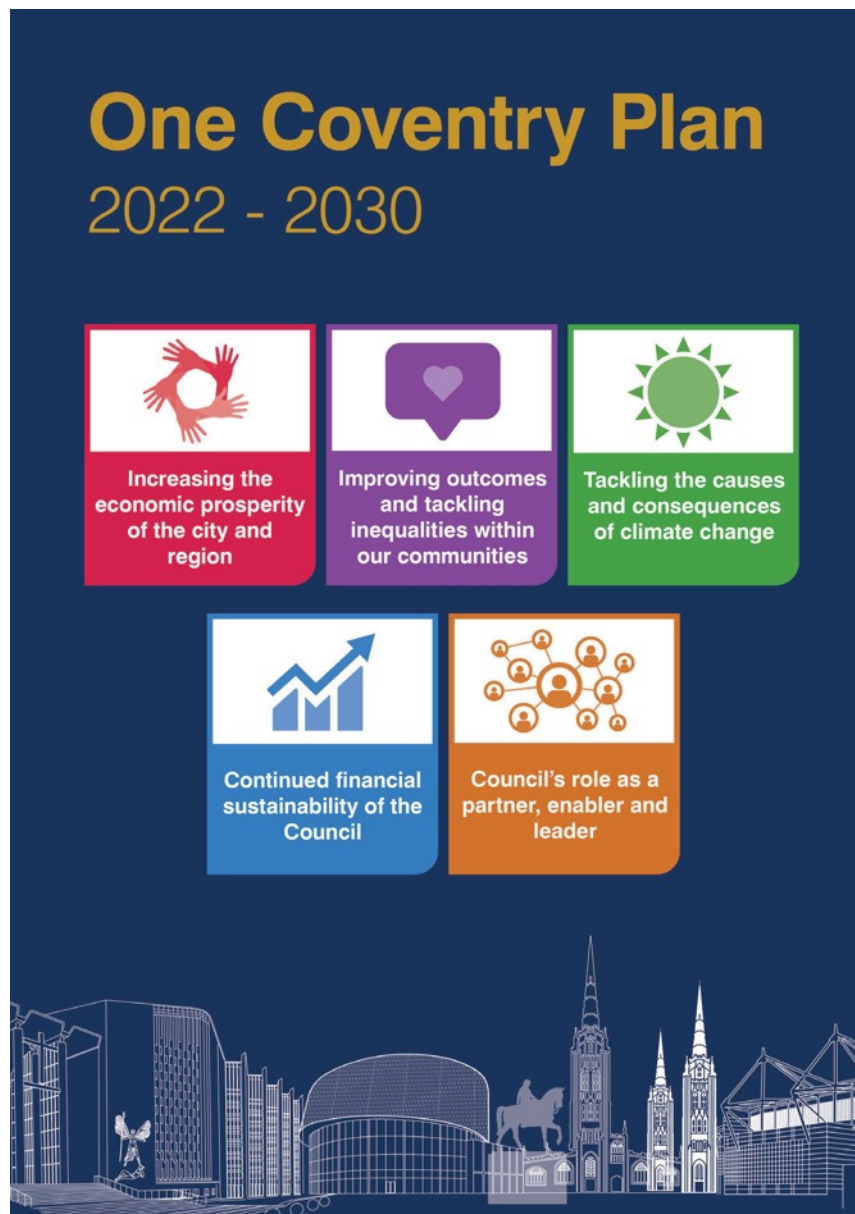
- Increasing the economic prosperity of the city and region
- Improving outcomes and tackling inequalities within our communities
- Tackling the causes and consequences of climate change



Adult Social Care is accountable for contributing to the delivery of these overall Council objectives through specific performance measures including the:

- Number of people supported in ongoing care services
- Effectiveness of short-term services
- Satisfaction with social care

These indicators are specifically selected as supporting the 'improving outcomes and tackling inequalities within our communities' priority. They are considered reasonable overall indicators of peoples' ability to live independently, within their communities, without the need for support from social care on an ongoing basis, and their satisfaction in taking this approach.



Integrated Care System Strategy 'We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence, and put people at the heart of everything we do'.

The strategic priorities within this system strategy are:

- Prioritising prevention and improving future health outcomes through tackling health inequalities
- Improving access to health and care services and increasing trust and confidence
- Tackling immediate system pressures and improving resilience



Coventry Adult Social Care have a direct accountability for the delivery of this system strategy through the Supporting People at Home area of focus which has a system level accountability for the Improving Lives programme (a core programme of change across the City Council UHCW, CWPT and the ICB).

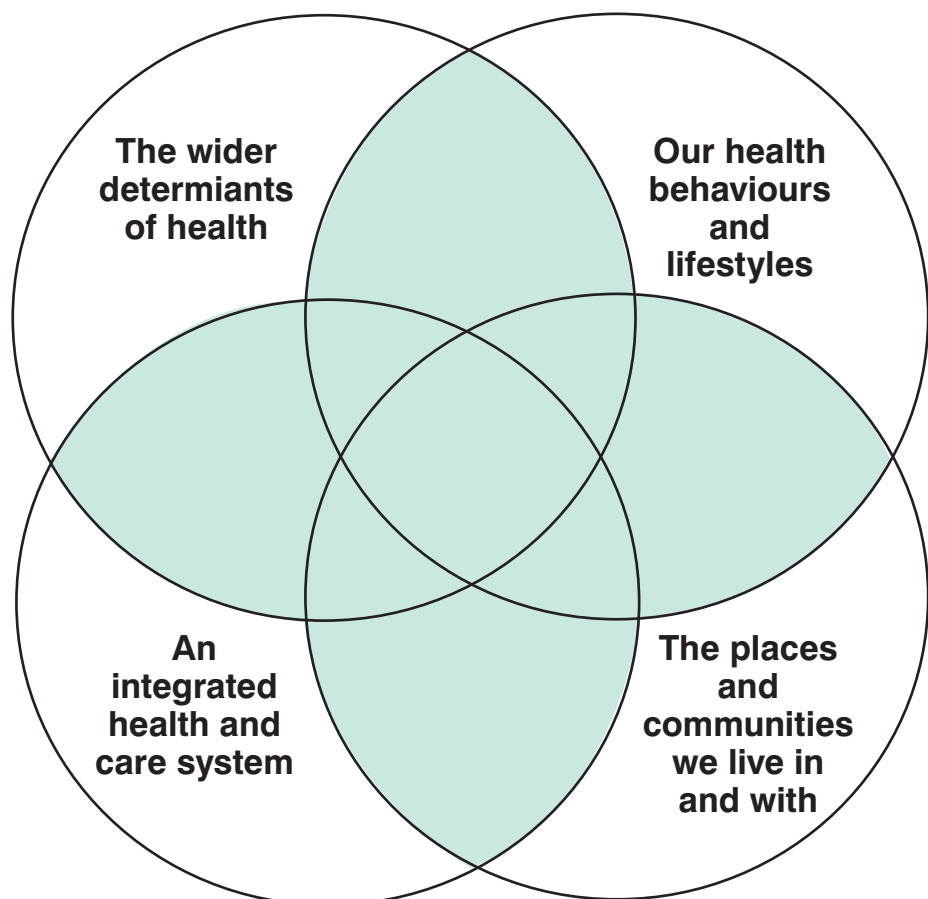
### **Health and Wellbeing Board Strategy**

The Coventry (Health and Wellbeing Board) HWBS Strategy vision is that - 'We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.'

And focus on these three initiatives in respect of this:

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities

A four-quadrant model (below) based on the Kings Fund model is in place to support the delivery of these outcomes which supports the raft of work across health and care integration (our Improving Lives programme being a key delivery item) and the development of community based support.



### **Political leadership**

The Council has a clear framework for formal decision-making by Members and officers. This is supported by working arrangements between officers and members which inform the development and delivery of the Council's strategic priorities and ensure Adult Social Care is accountable for the outcomes it delivers.

A quarterly performance report is produced and presented to the lead Cabinet Member for Adult Social Care to give a direct line of visible accountability between the Cabinet Member and service leadership.

Through this process the Cabinet Member (and Shadow Cabinet Member) holds the team to account on key performance during the quarter, any issues arising from these updates, and recommended next steps. This quarterly reporting also includes our work on involvement and engagement over the same period to evidence how we are involving and listening to people who come (or may come) into contact with Adult Social Care. This demonstrates and creates accountability to the lead member in understanding people's experience of adults social care and the outcomes achieved. The Leader of the Council and the CEO have regular performance meetings (QUADs) with the DASS and Cabinet Member to further ensure oversight and accountability. A Local Account (Annual Report) is produced and has done so since 2011. This document covers both annual performance information, and real-life stories of people who have experienced Adult Social Care. This use of real-life case studies, along with performance data, ensures a more rounded view of, and ability to understand people's care and support experience and outcomes. This gives a high level of visibility and ensures accountability for the delivery of Adult Social Care to the most senior level within the local authority.

Scrutiny also plays a crucial role in ensuring the delivery of Care Act responsibilities, quality, and experience and outcomes. Specific items considered within the Scrutiny environment since 2022 include:

- Quality assurance and market failure
- Customer experience and engagement
- Keeping people safe
- Managing referrals and assessments
- Annual performance against ASCOF indicators

### **Performance, data quality and insights**

Performance is routinely monitored by the Adult Social Care Management Team using Key Performance Indicators linked to the One Coventry Plan, National Performance Frameworks and service improvements via our Adult Social Care Plan 2025 -30.

Through the Performance and Insight Team we have developed dashboards to enable accessible and accurate operational data to be produced. These are utilised to inform work planning and resource deployment. These dashboards are also accessed by the management team, including the DASS to maintain visibility of performance and activity across the service.

### **Risk management arrangements**

Within Adult Social Care a comprehensive Risk Management plan is in place which focuses on the key risks and mitigating actions that can prevent Adult Social Care from delivering good outcomes for the residents of Coventry.

The risks are kept under review on a monthly basis and include areas such as resources (finance and workforce), demand management and quality and sustainability. There is a clear process for escalation and de-escalation of risks, including consultation with the council's Insurance Manager.

### **Workforce engagement**

The Adult Social Care Management team is regularly engaging with the adult social care workforce in a number of ways including; regular service-wide newsletters, Let's Talk Adult Social Care briefing sessions led by the management team and other ad hoc briefings and presentations. Feedback received on these is positive and attendance is on the whole good. Teams are encouraged to present their own best practice examples, learning and developments through these forums. The Management team does not have separate offices to the workforce and spend their time in the office sat alongside our teams. This supports our culture of openness and

inclusivity and retains a strong connection between senior management and the front line workforce..

Across the City Council there is the Spire Awards and Cheers for Peers initiatives in place to provide a mechanism for recognition achievements delivered by the workforce in which Adult Social Care are well represented.

### **Leadership and workforce development**

Coventry's Adult Social Care workforce is diverse with people working for the independent sector, local authority and for people in receipt of direct payments. Within Coventry City Council we employ approximately 1000 staff within Adult Social Care and the wider Adult Social Care Workforce in Coventry amounts to 11,500 posts (2023/24) (Skills for Care data).

Our Workforce Strategy 2023-2026 focuses on this whole workforce with key themes including recruitment, workforce and culture, learning and development, employee relations and health and wellbeing.

We have a considerable range of learning and development opportunities on offer to staff in all roles and grades which is subject to review and updating to ensure relevance and support our application of Care Act 2014 and Mental Capacity Act 2005.

We work closely with our local universities in the design and delivery of qualifying programmes and ensure access to post qualifying opportunities for succession planning. We have dedicated support to our Assessed and Supported Year in Employment (ASYE) programme. We have a strong commitment to apprenticeship including the degree level apprenticeship for social work and occupational therapy.

Employee surveys are held across the City Council (Speak Up & Speak Out Staff Surveys) and we also undertake Adult Social Care Organisational Health Checks Staff surveys, the findings of which are published on our webpages. Workforce surveys provide positive feedback on Coventry as a place to work.

We hold exit interviews with staff leaving the Council to ensure that any learning can be applied to improve the experience of our workforce and have developed approaches such as stay interviews to identify why people remain working with us.

## **Quality Statement Nine**

**We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.**

Improvement through continuous learning is embedded within how we do our work as demonstrated through:

### **System transformation programmes**

Our Improving Lives programme and Mental Health Transformation, as previously referenced are larger scale programmes incorporating innovative ways to improve outcomes and experiences for those who access Mental Health and general Health services.

## **Regional Improvement and Leadership**

Coventry City Council is actively involved in the ASC Improvement Programme, and the Coventry DASS co-chairs the Region's ADASS Branch.

The Council is also involved in region-wide initiatives aimed at improving adult social care services. For example, the Principal Social Worker has chaired our regional PSW Network for a number of years and has been instrumental in establishing the practice review program that has been operating for the last decade, focused on sharing good practice and encouraging peer-led learning between social work practitioners across the region.

The Council also actively participates in 12 improvement networks, covering areas such as safeguarding, family carers, digital, performance and knowledge. These networks provide a forum for sharing best practices and collaborating on initiatives to improve service delivery.

A recent evaluation by the University of Birmingham into the 'Readiness Review' Programme preparing for CQC Inspection that WM ADASS has organised highlighted the efforts the region had gone to embed learning and innovation into the programme and the participation of Coventry as a central pillar in the programme delivery.

Coventry City Council has been engaged in developing the WM-ADASS ASC Data Hub, which is used by all councils in the region to share knowledge and focus on improvement, encouraging an evidence-based approach to assurance and risk. This Hub provides a strong data platform that helps to inform decision-making and drive improvements in service delivery.

Recently, the Council has actively engaged with the regional International Recruitment programme, which supports all 14 councils in the region to adopt best practices in relation to ethical recruitment. Coventry City Council has lead in particular on ground breaking work on the ethical recruitment of International Recruits. This programme helps to ensure that the region's councils can attract and retain the best talent to deliver high-quality adult social care services.

## **Quality frameworks and continuous learning and improvement**

Across the City Council we work to develop a culture of performance and continuous improvement, which identifies the things we do well, celebrates success and takes action to improve where required. Within Adult Social Care we take a similar approach where we are to continuously learn and improve taking on board feedback from source including; Complaints, Ombudsman Enquiries, Safeguarding Adults Reviews, practice quality assurance, audits and experience feedback. Our Complaints Team ensure a consistent approach to complaints management and ensure we identify learning and actions. We also have internal processes for reviewing serious incidents and undertaking Individual Management Reviews.

We support a culture of continuous learning, this is underpinned by staff appraisals and team meetings. This enables everyone to play their part in improving the quality of services provided.

We have a Practice Development, Learning and Improvement framework enabling the systematic identification of organisational wide learning, areas of improvement and sharing best practice across the organisation. This includes the use of Practice Learning Alerts, providing timely information, direction and informed judgments about a specific piece of practice for sharing with staff and discussion in team meetings.

Through using our Quality Assurance mechanisms including thematic practice reviews we are able to explore the quality of practice relating to a specific area where we identified a need to improve and develop practice. This will include areas of practice linked to Care Act 2014 duties. Our Principal Social Worker hosts a quarterly 'Quality and Experience Review' meeting, drawing together all aspects of learning from people's experience, sharing and communicating learning internally and externally via a 'we asked, you said, we did web page.'

## **Engaging with research and evidence**

The West Midlands Adults PSW network are continuing to support WM ADASS in building a research culture for adult social care. This work, supported by our Principal Social Worker included over the last year the appointment of a practitioner research engagement lead (a Coventry social worker) as a progression from previous research champions who undertook a research study based on research mindedness in adults social care, supporting development of Local Authority research engagement plans, engagement with the West Midlands Social Work Teaching Partnership to create research dissemination models via research seminars and promoted access to British Journal of Social Work for all Local Authorities.

In Adult Social Care we participate in research and provide access to knowledge and learning resources to enable staff to learn from research, evidence and best practice. In 2024/25 we continued to host 'Research Circles' which brings together practitioners and academics to attend a reflective session to read and review a piece of research which has been recently published.

The Councils commitment to research is evident by the Coventry Health Determinants Research Collaboration (HDRC) led by our public health team. The HDRC Coventry is a collaboration between Coventry City Council, Coventry University, University of Warwick and a range of partners within the community and voluntary sectors, with support from UHCW NHS Trust and University College London. This is providing opportunities to develop research skills, research ideas and next generation of research leaders.

## **Delivering improvement**

We have delivered improvement across a range of areas in 2024/25 including:

### **Workforce development**

Although our workforce survey indicates that people feel well supported and valued by Coventry City Council. Where we have turnover, this is particularly within the first two years of service (although a large proportion of our workforce remain with us for over five years). Listening to our workforce and developing our workforce skills in order to appropriately support the population we serve is a key priority.

Improvements include:

- Our recruitment - by including supportive video's particularly for mental health where recruitment was most challenging. The videos featured an expert by experience talking about her experience of our services alongside a social worker
- Our use of 'stay interviews' - so we understand what makes people stay working for Coventry rather than just why people leave
- Continuing to support the Social Care Workforce Race Equality Standard (SC-WRES) publishing a second annual action plan

### **Our reviewing approach**

As well as providing an essential check as to whether someone's care and support needs are being appropriately met our approach to undertaking reviews continues to be an opportunity for change in how we promote choice, control and independence in the way we deliver our services.

Improvements include:

- Revising our processes to maximise reviewing opportunities
- A core group continues to build on the choice and control offer
- Using feedback from reviews to identify market gaps to inform commissioning arrangements

## **The voice of the resident**

The more we understand the experience of the diversity of residents who seek support from Adult Social Care the better able we are to develop our services and approaches and our workforce development.

Some of the mechanisms we have in place to hear from our diverse communities include:

- Holding community engagement events, which started at the end of 2022, and have now become a mainstream part of how we engage (specifically within neighbourhoods and communities whose voices are seldom heard, for example connecting with Faith Forums)
- Using our real time customer surveys to help us gather feedback on people's experience
- Establishing closer working relations with the Councils Migration Team leading to a Social Worker being based within the team to support those experiencing mental illness
- Developing information materials to include a wider range of the main languages spoken in Coventry
- Further use of the "We asked, you said and we did" page on our web site to share examples of our responses to feedback
- Contacting those people who subscribe to our regular Adult Social Care news bulletin and ask if they would like to be more involved. For example in the development and commissioning of services, policy development and our information and advice offer
- Increasing the frequency of experts by experience being present on recruitment panels and in selection processes
- Increasing the membership of our Adult Social Care Stakeholder Group to improve the range of voices heard in this group

## **Developing the social care market**

Improving the range and quality within the social care market is an ongoing programme of work to ensure our support offer meets the needs of an increasingly diverse community, as well as the requirement to offer choice, in how care and support requirements are met.

Improvements include:

- Establishing a "creative options" panel of practitioners to enable consideration of alternatives to traditional methods of care at the point of support planning
- Continued creation of partnerships with local Voluntary and Community Sector Groups to support those people who come to us with needs that do not meet Care Act eligibility criteria to help with the delay and prevention of decline and need
- Exploring ways to increase the use of Direct Payments to enable greater independence e.g. improving our information and advice offer and ensuring staff are fully trained and confident in the use of Direct Payments

## **Our use of technology in the delivery of care and support**

We continue to support the adoption and uptake of Integrated Care Records and digital social care records and are exploring and implementing innovative ways to support falls prevention, the use of technologies and virtual care within people with care and support needs own homes and care home settings.

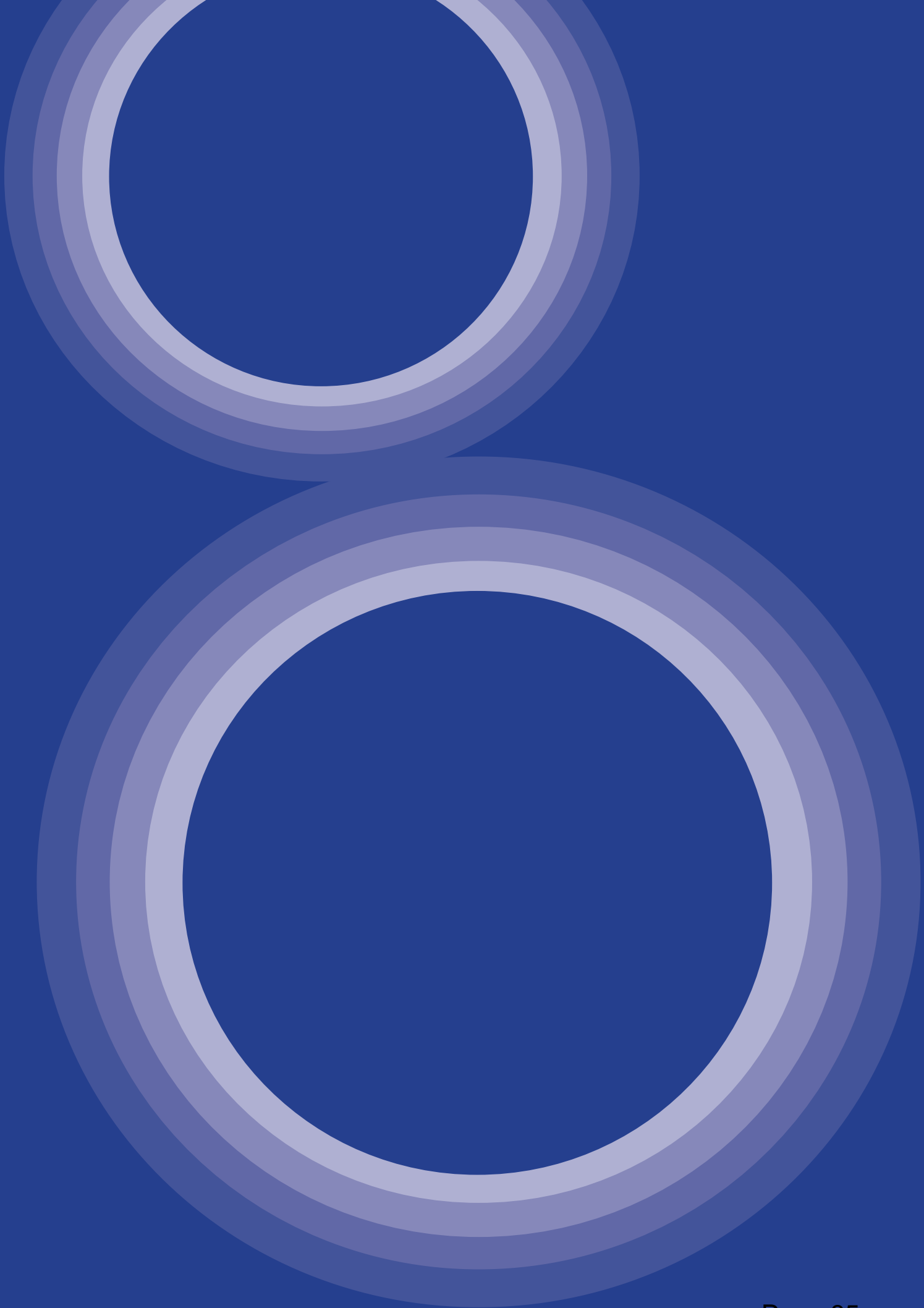
Improvements include:

- Achieved an 80% uptake of Digital Social Care Records in 2024/25 with funding secured through the Digital Transformation Fund via NHS England (NHSE)



- Secured continued funding for 2024/25 from the Department for Science, Innovation and Technology (DSIT) by working with WM5G to support, identify, design and deliver real-world technology solutions and change management that deliver transformative benefits with a viable return on investment (ROI). The project has supported 221 and delivers 1782 virtual care calls per month. The focus will now be on transitioning into a business as usual approach
- Continued development of Integrated Care Records for Adult Social Care, working as part of the Integrated Care System (ICS) to deliver better outcomes for people with care and support needs, minimising the number of times people need to reshare their information and enabling professionals to work in a more integrated way
- Continued development of the Adult Social Care choice and control working group to offer the time and space to share learning and opportunities across the city to support people in alternative ways, for example through the use of funded technology and networks to enable people with mental health challenges to stay connected with their community and to access on-line support tools





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# Adult Social Care Annual Report 2024/25

(Local Account)



**People's Stories**

**Our Adult Social Care Offer**

**Our Key Achievements**





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# What is the **Local Account**?

Every year Coventry City Council produces a report which describes what Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are seeking to develop further. This report is usually referred to as the 'Local Account' but is also referred to as the 'Annual Report' for Adult Social Care.

We hope you find this account interesting and that it provides you with an insight into Adult Social Care in Coventry and the work that is being done to support our delivery of services.





# Foreword



**Pete Fahy**

Director of Adult Services

**The production of this Annual Report remains an important part of the annual cycle of Adult Social Care. It provides an opportunity for reflection on the progress we have made and challenges we face in delivering Adult Social Care within the city.**

The report covers the period from April 2024 to the end of March 2025. As with the previous year's report the structure follows the four themes of the CQC assessment framework, Assessing Needs, Providing Support, Safety in the System and Leadership. Alongside this annual report we are also producing a Self-Assessment. This contains more detail than the Annual Report and is produced as a separate document but for the purposes of CQC assessment the Annual Report and Self-Assessment together provide the overview of how we deliver Adult Social Care in Coventry, its impact and where we have opportunities to improve.

We are really proud of the progress we have made in 2024/25 as reporting in this report and how we provide a responsive service to a high number of people that contact us for support. We

are particularly proud of the changes we have made to carer support in Coventry and how that has extended the range of support available. We are also very proud of our approach to safeguarding and how we deal responsively where concerns are raised.

Over 2024/25 the integrated teams between health and social care that were implemented through our Improving Lives programme, have developed and are making a difference to our success in supporting people to live at home following a hospital stay.

Regardless of progress made there is always much more to do, and I remain certain that we will rise to the challenges and remain immensely proud and privileged to be the Director of Adult Social Care for Coventry City Council.

I hope you find this Annual Report informative and as always myself and my team are happy for any feedback.





**It's with great pleasure and pride I am introducing the Adult Social Care Annual Report for the third consecutive year. It is a privilege as Cabinet Member for Adult Services to reflect on the achievements, dedication and hard work of our workforce during the past year.**



**Councillor  
Linda Bigham**

Cabinet Member for  
Adult Services

**I hope you find the report is helpful and interesting, but please do get in touch if you would like any further information or to offer us any feedback on the Annual Report by emailing [getinvolvedasc@coventry.gov.uk](mailto:getinvolvedasc@coventry.gov.uk)**

Each year an Adult Social Care Report is produced, and this offers a vital insight into the services provided with the support of our partner organisations. We want to explain this as clearly as we can and that's why we try to make it available to as many people as possible. In particular, it reflects on the experiences of those using the services – and the difference, the care provided, makes for people.

We should not underestimate the increasing demands and challenges placed upon this service, including the limited funding available. The team have continued to provide high quality services, care and respite to the most vulnerable adults living in the city and to those unpaid carers who carry out such a vital and important role in supporting and caring for loved ones.

Our staff in Adult Social care are showing real adaptability and innovation, embracing the developments in care technology and digital options to ensure we continue to support people to maintain their independence and to increase accessibility to our services.

I would also like to acknowledge that many people who work in social care also have caring responsibilities outside of their job. This often isn't recognised but requires a huge sacrifice and resilience.

The level of care and empathy, the dedication and respect demonstrated never ceases to amaze me and the examples we see in this report highlight fantastically the outcomes and impact these attributes lead to. Staff are really making a difference on an individual level by focussing on each person and what is important to them!

We will very soon receive an assessment of our Adult Social Care Services, undertaken by the Care Quality Commission and the contents of this report gives me great reassurance that the work and impact reflected will be well received.



# Introduction to Adult Social Care

The delivery of Adult Social Care is the responsibility of the Local Authority which interacts with a range of other local authority functions to support people in our communities, including Housing, Public Health, Children's Services or Culture and Leisure to name but a few. Our work is also closely connected to health organisations and the voluntary and third sector who work with many of the same people who come into contact with Adult Social Care.

Although Adult Social Care has a distinct identity, so much of what we do is achieved through working with others. Our success is increasingly intertwined with our health partners. New partnerships 'Integrated Care Systems' (ICS) are bringing together; Acute, Community Health Trusts, GPs, Primary Care services with Local Authorities and other care providers. These aim to bring organisations together to redesign, improve support and outcomes for residents.

Adult Social Care in Coventry is one of several health and care organisations across Coventry and Warwickshire, making up the Coventry and Warwickshire Health and Care Partnership. This Partnership is working to improve the health and wellbeing of our residents. In all our efforts to achieve this we share a common vision:

*'We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.'*

»» As part of this Partnership, NHS Coventry and Warwickshire Integrated Care Board is responsible for commissioning health and care services on behalf of people in Coventry and Warwickshire (this replaces Clinical Commissioning Groups).

**[www.happyhealthylives.uk/integrated-care-board](http://www.happyhealthylives.uk/integrated-care-board)**

In working to this vision, we believe that all our residents deserve to:

- 1. LEAD a healthy, independent, and fulfilled life**
- 2. BE PART of a strong community**
- 3. EXPERIENCE effective and sustainable health and care services**





From an Adult Social Care perspective, we do not have a complex strategy but at every level, we intend to provide support to the residents of Coventry, in the least intrusive manner possible, based on the assets, resources and abilities available to them. Our focus is on the promotion of independence, and this continues to be the at the heart of the way we work and provide support. Progressing this overarching objective is delivered day in, day out through the many interactions between our staff and people with care and support needs and through a series of developments and future planning overseen by the Director of Adult Services aimed at constantly improving what we do.

In 2023 the Care Quality Commission (CQC) became responsible for assessing Local Authorities' delivery of their adult social care functions producing a framework to assess how well Local Authorities are performing against their duties under the Care Act 2014.

[cqc.org.uk/guidance-regulation/local-authorities/assessment-framework](https://www.cqc.org.uk/guidance-regulation/local-authorities/assessment-framework)

At the time of writing this report, we have not received our assessment. The assessment framework for local authorities comprises nine quality statements mapped across four overall themes. The four themes are;

- Working with people
- Providing support
- Ensuring safety
- Leadership

For each theme, CQC identify the: The 'I' statements and quality statements that they will assess:

*Quality statements are the commitments that local authorities must commit to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care*

*I statements are what people expect. They are based on Think Local Act Personal's 'Making It Real' framework*

As part of these arrangements Local Authorities are completing a 'Self-Assessment'. This is detailed report identifying how we are delivering Adult Social Care services in Coventry, our strengths and areas for development. Our Annual Report this year mirrors the content of this assessment highlighting some of the work we are doing through examples of the support we provide.

Our Adult Social Care Team remain proud of the work that we do, this year we have been joined by Kirstin Clarke as Assistant Director after Sally Caren retired. Sadly during the year to come we will say goodbye to Jon Reading Head of Commissioning and Quality who is retiring. The delivery of an Adult Social Care service continues to be the combined efforts of all our staff day in and day out.



# Our Coventry Adult Social Care 5 Year Plan and Adult Social Care Offer

Adult Social Care supports people aged 18 and over who have care and support needs as a result of a disability or an illness. Support is also provided to carers who spend time providing necessary care to someone else. We continue to work in accordance with our primary legislation, the Care Act (2014) and the required changes to practice and policy set out by the Act.

Adult Social Care is always evolving and each year sees different issues arise and new challenges which we both need to predict where possible and then respond to. We have captured key performance and activity within our Annual Report and Self-Assessment but have now also produced a 'Five Year Plan' (2025-2030) in order to set out clearly what the main areas of focus for Adult Social Care will be until 2030.

We have previously produced an 'Coventry Adult Social Care Offer' which is a clear statement explaining our objectives, aligned to the Council's One Coventry Plan 2022-2030 ambitions

[coventry.gov.uk/onecoventryplan](https://coventry.gov.uk/onecoventryplan)

It has been developed as a way of setting out how we do things in Coventry including a description of what people can expect when they contact us, how they can participate in our work and useful links to information and advice.

[coventry.gov.uk/ascoffer](https://coventry.gov.uk/ascoffer)



»»» The delivery of Adult Social Care in Coventry focuses on approaches that promote well-being and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes. In performance terms this means that we would expect to see a relatively smaller number of people in receipt of ongoing social care, and where ongoing social care is required that this is mainly provided in people's own homes. We would also expect that the short-term services we have in place to enable people to be independent are successful in reducing demand for ongoing Adult Social Care.

# How does Adult Social Care work in Coventry?

**By Phone**  
**024 7683 3003**

**By Professional / Carer Referral**  
**Online Referral**

**By Online self assessment**  
**Online Self-Assessment**

## Adult Social Care Direct

Customer services will take any initial information regarding a referral, such as contact details, key information, and the reason for the referral. They may be able to provide signposting advice and information advice at this stage.

## Initial Contact and Duty Teams

The initial contact team gather more information about new referrals and the duty team support any incoming queries through Adult Social Care, for people that are in receipt of support.

## Short Term Support

### Local Integrated Teams

Integrated teams with three geographical bases across the city working with older people and people with physical disabilities to develop their independence and daily living skills and develop a greater understanding of long term/ongoing care and support needs.

### Promoting Independence – Learning Disabilities

A multi-disciplinary team that works with adults with learning disabilities and autism to promote independence. The team provide support such as travel training, occupational therapy and support to use assistive technology.

### Community Discharge Team

Based at University Hospital Coventry and Warwickshire, supporting people to be discharged. The team works across the 7 day week and with extended hours.

### Occupational Therapy and Equipment Services

Providing a range of advice and support about equipment, adaptations and solutions to make every day tasks easier for you, this includes telecare equipment such as personal trigger alarms, movement detectors or medication dispensers as required.

## Long Term Support

### Mental Health

Working with health colleagues at Coventry and Warwickshire Partnership NHS Trust as part of a S75 Agreement to support adults with mental ill health. The supports the Crisis Care pathways and community based services.

### Older People's Assessment and Case Management Team

Work with adults over 65, they will explore the provision of support such as home support, day opportunities, supported housing, respite, residential care.

### All Age Disabilities Team

Support adults turning 18 (or over). They will explore the provision of support such as home support, day opportunities, supported housing, respite, residential care.



# Setting the Scene

## Adult Social Care in a Changing Landscape

The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs.

The illustrations on this page give you an indication of the challenges we face:

**Budget – money matters**

**Activity – facts and figures**

**Demographics –**  
The people who come to use for support

**Our Workforce –**  
The people that provide support where required

The Council is a large organisation spending a net £275.7m on revenue activity during 2024/25.

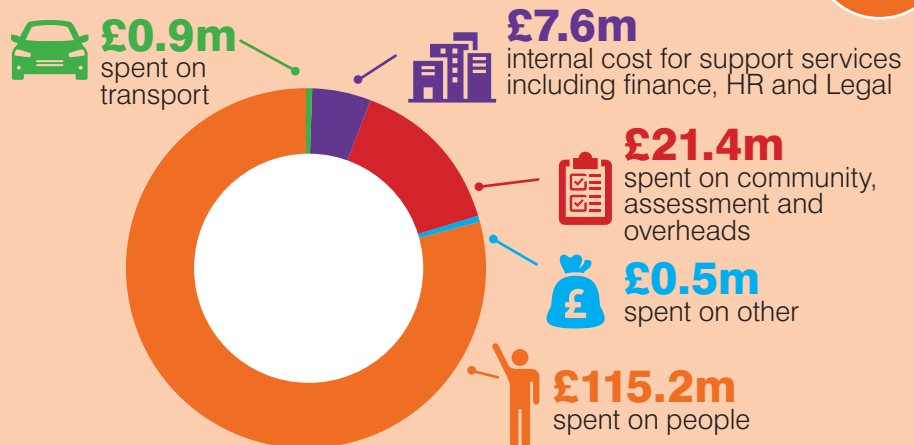
## BUDGET - Money Matters



The Gross Adult Social Care Spend in 2024/25 (minus citizens and other contributions) was

**£145.6m**  
in 2024/25

compared to £139.8m in 2023/24. The largest element of the increase relates to Spend on People.

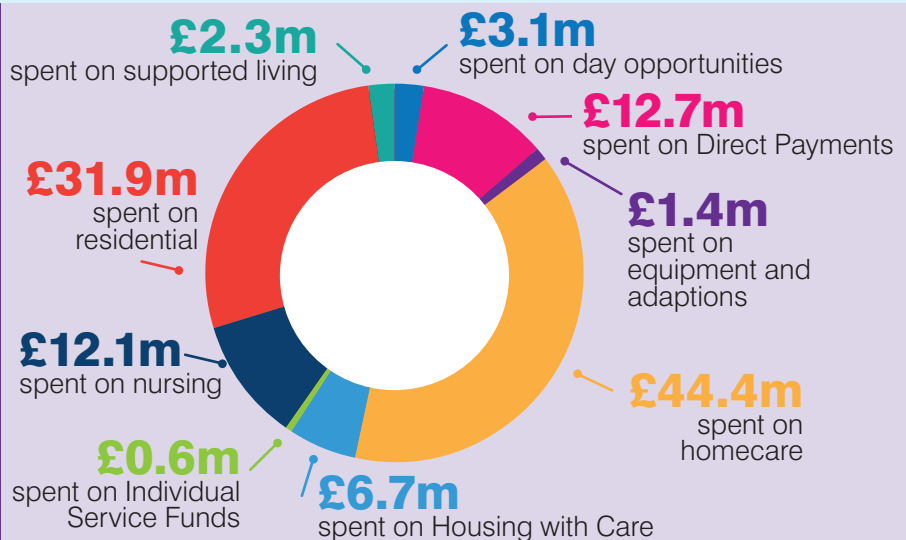


The 'Spend on People' referred to in the chart is

**£115.2m**  
in 2024/25

This increased from £106.1m in 2023/24.

'Spend on People' is money spent directly on the provision of care.



## How do we compare?

In recent years we know that Coventry demonstrates comparatively low spending as a local authority per head of 100,000 population. The Local Government Association publish information about spend later on in the year, but you can view information for 2023/24:

<https://lginform.local.gov.uk/reports/lgastandard?mod-metric=1029&mod-area=E08000026&mod-group=ADASSRegions&mod-type=comparisonGroupType>



Coventry is home to

## 345,300

residents (census 2021)

second largest Local Authority in the West Midlands. Coventry's population has grown by

## 8.9%

over the last 10 years



## 65.5%

of people in Coventry identified their ethnic group within the **'White'** category (compared with **73.8%** in 2011)

## 18.5%

identified their ethnic group as **'Asian, Asian British or Asian Welsh'** category (compared with **16.3%** in 2011)



**The diversity in spoken languages is also increasing**

Deprivation within the city has decreased in more recent years, the % of Coventry neighbourhoods that are amongst the 10% most deprived in England reduced from

## 18.5% to 14.4%

(between 2015 and 2019)

However, over a quarter (25.6%) of neighbourhoods are amongst the most deprived 20% of areas, a particular focus for the health system for tackling inequalities (the 'Core20').

Life expectancy in the city remains lower than the national and regional averages.

For **females** this is **82 years** and for **males 78 years**. There are significant health inequalities across our neighbourhoods.

## 13%

of the population is 65+ projected to increase by

## 27.7%

by the year 2043

The median age of the population is

## 35

five years lower than that of the region and England at 40

## 2.4%

of the population are aged 85 or over

## ACTIVITY – Facts and figures



### People receiving support

Adult Social Care receive a large volume of requests for support on a day-to-day basis. Our aim is to maximise people's independence and support people in the least intrusive way.

# 10,564

new requests for support (a slight decrease from last year's figure of 10,773). 3% of requests resulted in a long-term service (decline from last year's 5%)



# 22.2%

received low level support (decrease on last year's 27%)



# 34%

received a short-term service to promote independence (increase on last year's 26%)



# 4,800

people received long term support during the year out of which 3728 people received long term support as of 31 March 2025

# 2,807

people had been in long term support for over 12 months as 31 March 2025

# 1,901

people received a planned or unplanned review throughout the year (compared to 1364 last year)



# 34

people transitioned from Children's Services to Adult Social Care compared to 43 last year

### Carers receiving an assessment

Adult Social Care have an equal responsibility for anyone providing unpaid care within the city. Anyone providing necessary care to another adult is entitled to a carer's assessment

# 1,564

carers had their needs assessed in 2024/25

# 1,839

carers received support



### How do we compare?

CQC Local Area Analysis data suggests in Coventry, compared to other local authorities that have similar populations, that we think of other solutions first, signposting to universal services and other community support rather than looking at traditional models of support. To explore the Local Area Analysis in more detail you can view the most recent reports from CQC.

[www.cqc.org.uk/publications/themes-care/area-data-profiles#profiles-c](http://www.cqc.org.uk/publications/themes-care/area-data-profiles#profiles-c)

### In comparison to other Local Authorities Coventry continues to have;

Low rates of new requests for Adult Social Care, with an average of 29 a day compared to the national average of 38 in 2023/24;

A lower rate of new requests for Adult Social Care support going straight into an ongoing long-term service than comparators;

A higher proportion of new requests for people aged 65+ going on to receive short term support to maximise independence than comparators;

Continued lower rate of people receiving long term support per 100,000 population compared with our comparators.

## Safeguarding

Protecting adults to live in safety, free from abuse and neglect is a core duty of Adult Social Care. The rising rate of safeguarding concerns reported suggests people know how to report abuse and we are addressing concerns without the need for an enquiry or investigation.

*We continue to closely monitor all our activity and use audits, developing plans when we need to look into our approaches in more depth.*

**5,733** safeguarding concerns received, a 16% decrease from the previous year (6,796)

**88%** of safeguarding concerns received had an initial safety check within two working days

**1,078** completed safeguarding enquiries were undertaken in the year, compared to 1,345 in the previous year

35% of people with a completed enquiry lacked capacity, of which **91%** had an advocate

**1,055** safeguarding enquiries, a 22% reduction from the previous year (1,353)

The rate of concerns that led to an enquiry was **18%**, compared to 20% last year

**70%** of enquiries were concluded within 0-3 months (time taken from decision to enquire to closure date is 30 calendar days median and 62 days average)

**94%** of people with a completed enquiry reported fully or partially achieved outcomes, compared to 96% last year

Where risk was identified, **93%** risk was removed or reduced

## How do we compare?

Coventry has a higher rate of concerns per 100,000 population in 2024/25 (2072) compared to 2023/24 England (1361) and West Midlands (1463). Coventry has a slightly lower rate of enquiries started per 100,000 population in 2024/25 (381) compared to 2023/24 England (390) and significantly higher rate than West Midlands (202). The high number of concerns started compared to England and West Midlands has meant that Coventry's conversion rate (18%) is lower than England (29%) but higher than the West Midlands conversion rate (14%). 2024/25 comparator data is due to be published in August 2025 on the NHS Digital Adult Social Care Analytical Hub at <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults>

## Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

**2,412** There has been an 11% decrease in the number of applications

**2,701**  
2023/24

**255** (10%) are in due process compared with

**463** (17%)  
2023/24

**98%** granted under 6 months (average time to complete 80 days)

In 2024/25  
**2,157**  
applications completed, a 6% decrease from

**2,238**  
2023/24

There was a decrease of applications granted after 6 months of being received from

**87** (9%)  
in 2023/24 to

**23** (10%)  
in 2024/25

## How do we compare?

Comparator information will be published at the end of 2025 however we know last year, we saw a higher proportion of applications compared to other regions that Coventry share similarities with. And similarly, we completed a higher proportion of assessments than our comparators. Nationally local authorities completed on average 716 DoLS applications per 100,000 of the population in 2023/2024 and in Coventry this figure was 963 applications per 100,000 in 2023/2024.

## Our workforce The people that provide support where required



**1062** 

Internal staff (includes housing)

 **81.4%** Female staff

 **18.6%** Male staff

Average age of workforce

**48 years**

**31.83%** of workforce is Minority Ethnic

**62.6%** of the workforce is white

Vacancy rate is

**12.23%**



**57.5%**

workforce aged over 45



Leaver rate is

**13.05%**

136 people



New starter rate is

**16%**

168 people

The wider Adult Social Care workforce in Coventry amounts to

**9,550 jobs**

which includes staff working in 206 CQC registered establishments

In 2024/25 we joined the Social Care Workforce Race Equality Standard (SC-WRES), run by the Department for Health and Social Care with Skills for Care producing our first action plan. The WRES programme aims to progress workforce race equality in adult and children's social care and empower local authorities to address any gaps or concerns of inequality in their workforce.

[coventry.gov.uk/adult-social-care-strategies-policies-plans/social-care-workforce-race-equality-standard-sc-wres-action-plan-1](https://coventry.gov.uk/adult-social-care-strategies-policies-plans/social-care-workforce-race-equality-standard-sc-wres-action-plan-1)

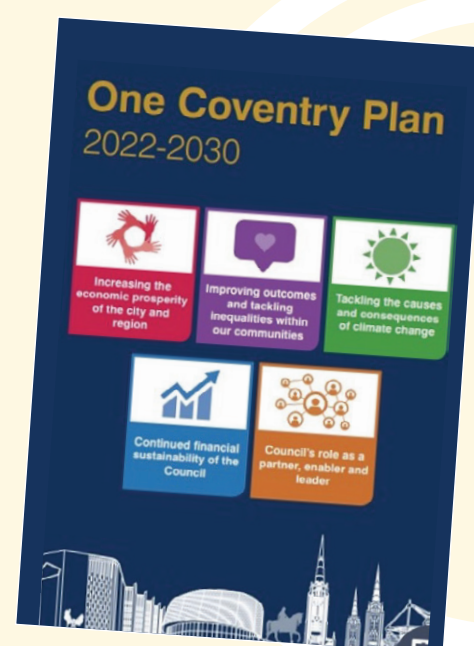
## Our Key Achievements

**The previous section contained a volume of data and comparisons across a number of areas of performance. To summarise this as succinctly as possible would be to say that Coventry continues to support a relatively low number of people with ongoing care and support needs and as a result is a comparatively low spender on Adult Social Care.**

This position has largely been arrived at by our approach to Adult Social Care and Support which is based on supporting people to be as independent as possible. Where independence has been lost or reduced, we work with people to regain skills and where levels of independence have been limited, we work with people to improve this. Our goal is for people to be living independently within their own homes. This is not always achievable and in many cases living independently is only possible with support.

The examples in this report give a flavour of how we have delivered this approach, our commitments in our Adult Social Care Offer and priorities within the One Coventry Plan 2022-2030.

The Report this year is framed around the CQC Themes and Quality Statements and we have used real examples with the consent of those involved.





# Working with people

This theme covers how we work with people, assessing their needs, maximising their independence, supporting people to live healthier lives ensuring a focus on those who may experience more inequality



Improving outcomes and tackling inequalities within our communities

## ASSESSING NEEDS

### Developing our carers support offer

The assessment process is one of the most important elements of the care and support system, a key interaction between a local authority and a person, whether an adult needing care or a carer. We recognise the important role carers play in supporting people and continue to take steps to develop the support we provide to carers.

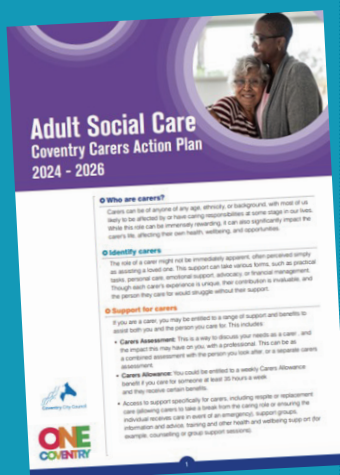
#### Carers Action Plan 2024-26

Last year we wrote about the commencement of our Carers Action Plan, which outlines our three priorities over the next two years and the actions we will be undertaking. This included:

- ▶ Empower carer with flexible respite options ensuring they can take breaks
- ▶ Deliver the right support at the right time and in the right place
- ▶ Maximise the reach of carers assessments to benefit more carers

The progress of the plan has been aided by positive partnership working with University

Hospital Coventry and Warwickshire (UHCW), our Accelerated Reform Fund projects (see page 35 for more details) and a number of new initiatives such as working with Transport for West Midlands to introduce a free 9 month bus pass for carers registered with the Carers Trust Heart of England, this lead to over 600 carers receiving a free bus pass between September and March.



Last year we saw a 32% increase in the uptake of Carers Assessments and a small increase in the use of direct payments for carers. We saw much more personalised outcomes being explored with carers direct payments. We also saw greater utilisation of

respite and short breaks provision, meaning more carers are receiving well needed breaks across the city.

#### What next?

The Carers Action Plan is a two-year plan which will conclude in 2026. In the next year we aim to explore access to respite and breaks for carers alongside the recommissioning of carers support services and the continued implementation of Accelerated Reform Fund projects.

Before we get to providing support for Carers, there is a crucial stage in the work we do, which is identification. *It takes on average two years to recognise yourself as a carer when a caring role commences*, which often means access to information and support is delayed.

In Coventry we use a range of different activities and campaigns to identify unpaid carers, taking a proactive whole-system approach. We know that often, by the time someone requires support through Adult

Social Care, they have often been caring for a long time, so our approach to identification is trying to identify unpaid carers early on in their caring journey, such as in health care settings, through work and within local communities.

We work primarily with the Carers Trust Heart of England to achieve this but come together as multi-agency group bi-monthly to drive this work forward and in the last year many of our partners have committed to undertaking their own identification campaigns, which has been wholly positive.

Carers told us that the most likely place they access is the GP surgery, so since 2019 we have commissioned a GP carer identification project. The project has worked with every GP surgery across the city (60 surgeries) to increase carer awareness, this might be by having information within the surgery such as leaflets or a board or on screens, the project has also set up surgeries within several practices so



# CARERS TRUST

Heart of England

carers can receive direct support at the surgery.

Other examples of working to identify carers include:

- Work with UHCW to produce a carer identification card and a carers passport for staff
- Promoting Digital technology such as Bridgit (online support for carers)
- Incentives and support, such as the West Midlands Bus pass and a Go CV+ Card (leisure and recreational facilities discounts)
- Work being undertaken by Coventry and Warwickshire Partnership Trust (CWPT) to implement the Triangle of Care (a national initiative that recognises the nuances of caring for someone with a mental health condition and the importance of carer involvement in the care of their loved one)
- Working with employers, with a Working Carers Development officer that supports work places, increasing awareness of caring and 'The Carer Friendly Employer Program'
- Young Carer Identification, working with schools, school nurses and family hubs.
- Drop-in sessions and events across the city with targeted campaigns with the

support of Carers Trust Equality, Diversity and Inclusion Officers.

**A Carer's Assessment is an opportunity for someone with caring responsibilities to talk about their caring role, the impact that is has on their life, planning for the future and what they would like to achieve.**



Transport for  
West Midlands



## A Carer's Wellbeing Assessment

A Carer's Wellbeing Assessment is a good opportunity to talk about your needs as a carer, the impact caring has had on you, what you'd like to achieve and explore any support you think that might help, this might include the use of a carers direct payment to support you in your caring role.

Muthu's example demonstrates the holistic support that can be offered and the continuation of that support when needed. Anyone with caring responsibilities can receive an assessment of their needs, it doesn't matter how much care you're giving or how long you have been a carer, we work in partnership with Carers Trust Heart of England to deliver Carers Wellbeing Assessments.

Kirstin Clarke Assistant Director Adult Social Care said:

*'unpaid carers are the unsung heroes who dedicate time, energy, and compassion to support loved ones without financial reward. Caring for those who care for others is not just kindness—it's the foundation of a compassionate society.'*



# MUTHU'S STORY

## Having a Carer's Assessment

Muthu was first put in touch with the Carers Trust when the receptionist at her GP surgery recognised her caring role. Muthu at that time felt overwhelmed with her caring responsibilities, her husband had been recently diagnosed with Alzheimer's. She was supported to apply for attendance allowance and apply for a legal power of attorney.

*"Since registering, if I ever needed to talk to anyone, they (Carers Trust) were there for me to talk me through how or where to get help. Everything I have learnt in my caring role is because of Carers Trust".*

Muthu continued attending groups and activities over the years. In August 2024 it was clear that Muthu was struggling with the overwhelming responsibilities she had. She was supported to access the Carers Trust counselling project, which helped implement some coping strategies and gave Muthu a safe

space to talk about her own wellbeing.

*"Had counselling when I was really, really down. It was SO helpful ! And gave me some strategies and exercises to do to help".*

She also explained that the counselling helped her understand:

*"I need to ask for help when I need it, from family and services".*

Muthu also agreed that now was right time to have a Carers Wellbeing Assessment and it was undertaken by a Wellbeing Advisor and a student social worker at the Carers Trust.

The assessment explored Muthu's caring role and that she was not only looking after her husband but other family members too. Muthu also had her own health needs, including asthma and was waiting for an operation. Muthu still very much wanted to remain caring for her husband.

*"I found the process (assessment and direct payment) GREAT ! you were*

*both very friendly, I had no problem understanding the process and could tell that you had really understood my circumstances. You were very pleasant and helpful."*

The Wellbeing Advisor made a number of recommendations including utilising a Carers Direct Payment. The Carers Trust helped Muthu look at options, such as cleaning services but it became apparent that Muthu needed the house to be deep cleaned as mould had built up in the bedroom and bathroom and this was impacting everyone's health. The Direct Payment was used to pay for the deep clean and to remove the mould. Muthu was provided with information about the several schemes in Coventry that can support with insulation and preventing the mould from returning and she received further advice about ventilating the house and a de-humidifier.

*"I can sleep so much better in my bedroom I feel happier that it*

*is not going to affect my breathing (Muthu has asthma). I have had ventilation fitted in the house and have peace of mind that my health will not get any worse than it is."*

Muthu was also referred to the #CovConnects programme provided by the Council, a scheme which helps address digital exclusion with Coventry residents, where she received a laptop. The laptop means that Muthu can attend Zoom meetings and keep in touch with friends and family, reducing the isolation she was experiencing. This was Muthu's preferred way to take part in activities and keep in touch due to her caring responsibilities.

Muthu continues to receive support from the Carers Trust Heart of England, accessing their activities and groups. As part of having a Carers Wellbeing Assessment regular reviews can take place and on an annual basis.

# SUPPORTING PEOPLE TO LIVE HEALTHIER LIVES

## Alva's road to recovery



**Council's role as a partner, enabler and leader**

### What was the situation?

**Alva is an 82-year-old woman, who lives with her husband Phil. Alva has macular degeneration, an eye disease that can blur your central vision and is registered blind. Alva had previously received rehabilitation support from the Councils Visual and Hearing Impairment Team but no care and support from Adult Social Care being independent with her social care needs.**

Alva was originally born in Staffordshire; she moved to Sunderland to attend the teacher training college. She met Phil in Sunderland; they married in 1963 and moved to Coventry. They had a son named Martyn and 5 years later she started working for the Department of Health and Social Security in Coventry where she stayed for seven years before moving to the Job Centre and stayed there for over 30 years before eventually retiring.

Alva had a fall coming into the house from the back garden and fractured her 'Neck of Femur' (sometimes known as a broken hip). Alva was admitted and needed an operation to resolve the fracture. Alva was in hospital for two weeks, at University Hospitals Coventry and Warwickshire (UHCW) and then Rugby St Cross and then was discharged home with the support from one of the three Local Integrated Teams (LITs) in the south of the city.

### What did we do?

Alva was experiencing problems with her mobility, it not being what it was before the accident. Alva needed to use a wheeled walking frame and was lacking in confidence and nervous. Alva was discharged with two home support calls a day, aimed at helping her to regain independence.

Caroline an Adult Social Care Occupational Therapy Assistant (OTA) completed an initial assessment to establish what she wanted to achieve in terms of her independence and identified the need for some aids and equipment which included grab rails in the shower. A physiotherapist from the team 'Declan' got involved with the aim of improving Alva's mobility and eventually to achieve her aim of being able to use a stick to walk with, indoors and outdoors. This included having a home exercise programme to increase strength and balance.

Lisa an 'Assistant Practitioner', worked closely with Alva supporting her with this physio programme. Alva received support for up to six weeks and during this time the care and support she received reduced as she improved and gained confidence in getting dressed and showered.

### What difference did it make and how are things now?

Alva regained her confidence and no longer needed any care, support or the input of professionals returning to her previous level of independence

Alva said ***"I have no fault with anything, everyone was great. All the carers were very helpful. Declan and Lisa were great and thank you to Caroline for all her help."***

Caroline said: ***"It was pleasure, supporting Alva to achieve her goals and become independent again, which is what the service is all about."***

Since going live in June 2024, three Local Integrated Teams (LITs) - comprising of health and care professionals from Coventry City Council and University Hospital Coventry and Warwickshire and Coventry City Council in a single integrated team to support the whole urgent and emergency care pathway - have provided support for **over 6,000 people**. Over the year, LITs have meant that 840 people have avoided an unnecessary hospital admission, fewer people with an urgent care need required a long stay in a care home and **over 2,000 people** were supported for a short while in their home, or close to where they live. The teams are based in Newfield House, the Opal Centre and Tile Hill Primary Care Centre.



Lead for One Coventry Integrated Team (OCIT), Jodie Storrow said:

*"What we've achieved in a year is truly astonishing. I would like to thank each and every member of the LITs for their compassion and dedication to working differently to deliver improved outcomes for the people of Coventry."*

*"Day in, day out, you are working as a single integrated team which is fundamentally changing the way we support people with an urgent need."*



Aideen Staunton  
Head of Service, Partnerships and Social Care Operations said:

*"What a lovely story that illustrates how working in an integrated way, with a variety of other professionals to promote someone's independence achieves amazing outcomes for people. It is wonderful to see how Alva has regained her confidence and independence with support from a great team."*

## What's next?

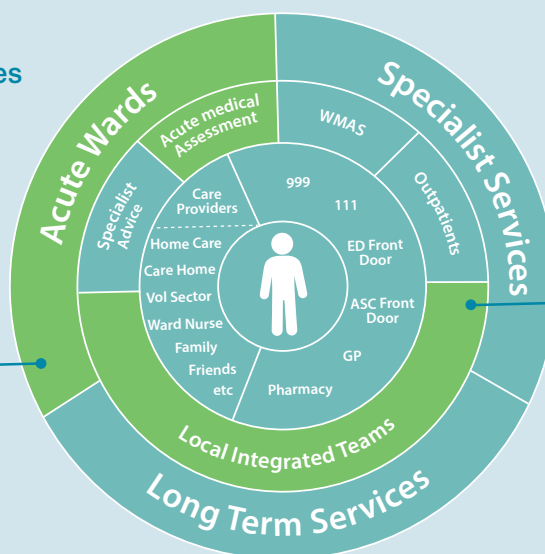
We are now just passed our one-year anniversary of our Local Integrated Teams. While we have achieved a lot within that timeframe, we continue to work collectively to embed new ways of working and work creatively to find the best outcomes for the people we support.

We continue to work with NHS colleagues within University Hospital Coventry and Warwickshire and in the community to support hospital discharge and also how we avoid people needing to be admitted to hospital in the first instance. We are also embracing new technologies and excited to see how we develop this approach further in the next year to further support people's independence and ability to remain at home.

## How do we want our services to be arranged?

We will start to break down the barriers between services by initially focussing on the highlighted areas:

We will improve flow, simplify discharges and ED outcomes by working on processes in the hospital which don't rely on the wider system



We will be building local integrated teams with single operational management across Coventry. These teams will handle all urgent health and social care needs for residents, either directly providing the support or coordinating specialist teams. The resident will be on one caseload

These teams will be connected through human and digital interfaces to a wide range of people from care providers to WMAS, to those working in discharge & the front door.



## EQUITY IN EXPERIENCES AND OUTCOMES

We continue to seek understanding of how accessible our services are and the barriers and inequalities in the way in which we offer support and care. To do this we access a wide range of information, data and feedback from our staff and the people we support. We recognise that people can be at risk of having unmet needs or poor outcomes due to their protected characteristics.

"Seldom-heard groups" refers to individuals who are under-represented. Mental health stigma can contribute to this "seldom-heard" status, as it discourages individuals from seeking help and sharing their experiences. This lack of voice can result in inadequate support and services for those who need them most.



**Improving outcomes  
and tackling  
inequalities within  
our communities**

## Supporting and engaging with migrant communities

Coventry has a history of welcoming migrants and refugees, with a diverse population that includes many individuals outside the city. We already have an existing Migration Team in Coventry that supports migrants, refugees, asylum seekers, and individuals with No Recourse to Public Funds (NRPF).

### What have we done?

We appointed a full-time Social Worker, who has been in post since April 2024. The Social Worker plays a vital role providing support under Care Act 2014 (for adults with eligible needs), Section 117 aftercare (for those discharged from mental health hospitals) and safeguarding duties. A role being key in advocating for migrant rights and fair access to support where eligibility exists.

### What difference has this made?

#### Supporting Mohammed

Mohammed is a 31-year-old asylum seeker from Bangladesh. He has one sister and is currently residing in the UK with his mother after the passing of his father in 2013. He entered the UK on a five-year skilled worker visa in May 2022, having a professional background in civil engineering. However, his employment history in the UK has largely been limited to the role authorised to work.

Mohammed has longstanding psychiatric issues exacerbated by experiences of displacement and trauma. He was admitted to Hospital for a few months and discharge planning was coordinated through extensive multi-agency collaboration, involving the Home Office, police,

and mental health services.

A safe discharge pathway was arranged, including accommodation and consistent mental health follow-up. Family involvement, particularly the role of his mother, was central to the discharge plan, recognising the importance of

familial support in his recovery. Mohammed is now settled in Home Office accommodation, near his family network, and he is now attending Adult Education classes. Support from mental health services and the migration Team is on an ongoing basis, and he hasn't had any other admissions for a number of months.





# Preventing Homelessness

## Matthew's Story – regaining control

### What was the situation?

Having spent most of his life experiencing mental health issues mainly centred around depression, Matthew had found himself homeless and all personal relationships left in tatters.

He approached Coventry City Council and placed in temporary accommodation for 7 months before being offered a one bedroomed flat with Citizen Housing. At this point, he felt he was given the chance to rebuild his life, achieve some sort of stability, and hope to rebuild a relationship with his siblings.

However, over the next two years, Matthew struggled to stay in employment due to his mental health and felt overwhelmed with the pressures of trying to maintain the flat. With debts piling up and a repossession Court Order on the flat, he became more and more isolated with suicidal thoughts. Matthew decided to phone the Mental Health Crisis Line, anticipating that after having the flat repossessioned, he would need some sort of support whilst trying to begin the process again of rebuilding his life again.

Matthew had an initial assessment at the Caludon Centre, Coventry, where several referrals were made for him, one being to the Pod Cafe, Coventry. *"I have to admit, I held out no hope of my housing situation being resolved, thinking really that in a matter of days I would have an eviction date and would need all the advice I could find on*



*how to prevent myself being back on the streets."*

### What happened, what support was provided?

He walked into the Pod extremely emotional, and was introduced to Social Advocate/Development Worker, Tamsin. Matthew reflects on this point, stating: *"And that's where the magic happened!! I cannot understate how impressive the next few weeks proved to be. Tamsin and the overall atmosphere in the Pod came across as very empathetic, obviously very interested and supportive as I explained the situation, after that first initial appointment whilst still feeling hopeless I had a feeling that I had found somebody I could trust and open up to, had I not felt that way, it's pretty undeniable that I would not have returned and would be in a totally different situation. I left that appointment still with very little hope but with the belief that I had found someone who would at the very least be supportive once I had lost the flat."*

On his second appointment, Matthew learned that Tamsin had spent time researching and planning the options available to him with an enthusiasm to help. Having contacted Citizen Housing on his behalf, she had managed to get an adjournment on the repossession order for four weeks which would give some time to try and find other solutions and support. "It's almost impossible to put into words the feeling of confidence she instilled in me that day."

An equitable approach demands that we have continue to focus on what we can do to highlight inclusivity in our practice and develop our own cultural competence (the ability to communicate and support people across cultures through positive behaviours and attitudes). Training for staff has taken place to build understanding, awareness and confidence in having conversations, including sessions on; Religion, Belief and Spirituality and Older LGBTQ+ people, Gypsy, Roma and Traveller people and neurodiversity.

A programme of Social GRRRAACCESSS training (for senior managers, front line managers and staff) commenced in October 2024. This is an acronym highlighting Gender, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual Orientation and Spirituality.

Promoting Social Graces upholds individuals' rights, encourages inclusivity and celebrates diversity. It can help staff to be holistic in their approach with people, connect meaningfully with those they are supporting, remove barriers to engagement and ensure that strengths-based practice is meaningful.



Tracey Denny, Head of Service Localities and Social Care Operations said:

*"Equity is so important to pay attention to in Adult Social Care, we need to ensure everyone regardless of their background or circumstances has access to the support that they need, it's about recognising that people have different needs and that providing the same service or support to everyone doesn't lead to equal outcomes."*



Continued  
financial  
sustainability  
of the Council

# Providing support

This theme focuses on how we provide support ensuring its flexible and supports choice and continuity and how we work in partnership with others to achieve this.

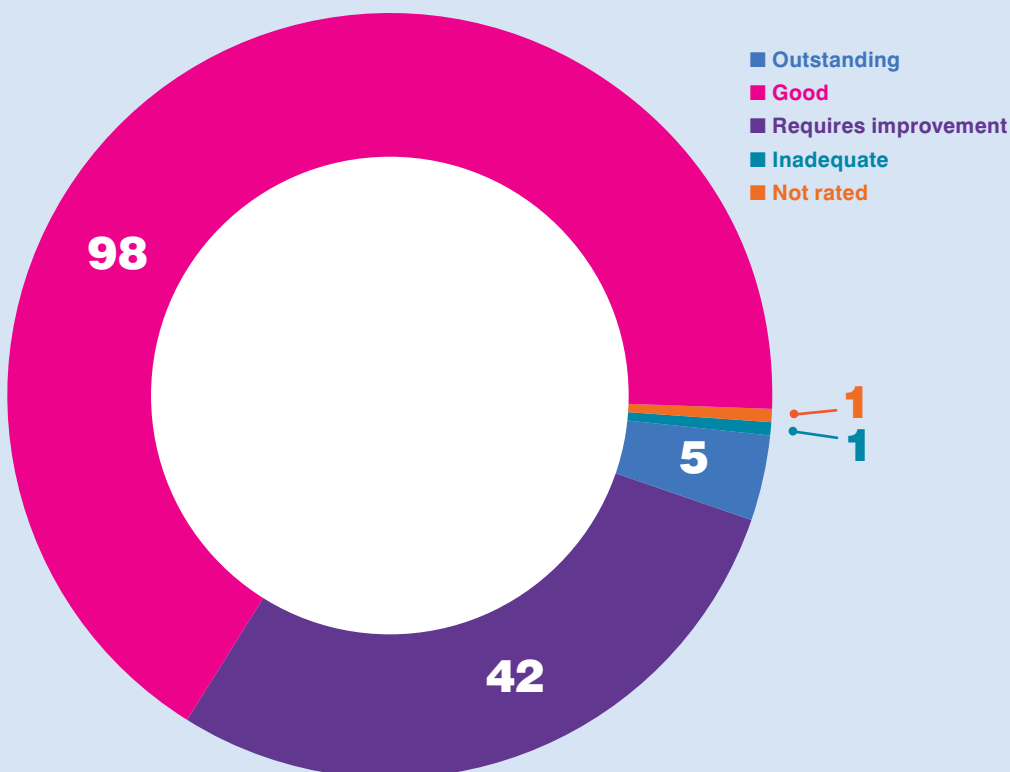
## CARE PROVISION, INTEGRATION AND CONTINUITY

### Meaningful care and support

#### Supporting providers

During the last 12 months Coventry's (Care Homes and Community Based Adult Social Care services) Care Quality Commissioning (CQC) ratings have remained relatively stable. We have seen a slight reduction in the amount of providers rated 'good' but we have also seen a reduction in the amount of providers identified as 'inadequate'.

#### Coventry CQC ratings March 2025



The Joint Health and Social Care Quality Assurance Team work with operational colleagues to ensure the safety of individuals in receipt of support, including where provision was rated as 'Inadequate' or 'Requires Improvement'.

#### Recruitment and retention

Recruitment and retention in the workforce has its challenges. We try and take a proactive approach to encouraging recruitment and work with providers long-term to support retention of staff. Over the course of the year the Commissioning Team supported a number of different events working with the Migration Team, Coventry City College, the Job Shop, Library and the Job Centre+. The event at Job Centre+ brought in over 500 attendees, with people having informal interviews and opportunities to develop their career in Adult Social Care.

Skills for Care data 2023/24 (2024/25 data not available yet) evidences the positive impact and influence our approach is having across the provider market in Coventry. The lower turnover rate supports our aim of improving consistency of care for people, consistency of

care was a key factor for people we engaged with about home support services. The lower vacancy rates, also reduces the need for agency staff, and again supports our aim of improving consistency of care across the sector.

Staff turnover rate in Coventry was 23.8%, which was lower than the region average of 26.7% and England at 24.8%.

The Commissioning Team continue to support providers with recruitment using a different range of approaches from workshops to explore recruitment and retention to working with our partners to onboard staff.

### Provider Forums

Provider forums are an important way of fostering partnership working between different providers, sharing the challenges of running care provision but also new ideas, approaches and providing mutual support to one another. The Commissioning Team hold regular provider forums, for mental health,

home support, learning disabilities provision, care homes and housing with care.

### Market Place Events

Coventry is a diverse, changing city with lots of fabulous organisations that all work to improve the lives of Coventry residents, but one thing we often get told is that it's hard to keep on top of what's going on in the city. This year, continuing the success of last year's event we held two sessions in May and November 2024. Both sessions were incredibly busy, an opportunity for staff and volunteers

to find out more about organisations in the city. It also proved a great opportunity for networking and wider collaboration amongst organisations.



## Katie – A new start with Shared Lives

**Shared Lives is a Scheme that recruits and approves Carers from all walks of life. The Scheme's expertise is in introducing and matching individuals who are assessed as having social care needs with approved Shared Lives Carers who invite individuals into their family homes to share their lives.**

Katie's story highlights how co-production and being introduced to the right carer and family really can be life changing. Katie is a

vibrant young woman who is full of joy and enthusiasm for life. Katie is registered blind and uses technology to her advantage, learning to read Stage 2 Braille at the age of 5. Katie was first introduced to the Scheme by her social worker who has worked with the Scheme previously and is aware of its values and philosophies.

Katie has always lived with her mum Sue, who remains as supportive as ever and supports Katie with her life choices. It

was a huge decision for them to explore alternative support which was initially some respite with Shared Lives. When Katie was introduced to Shared Lives Carer Lucy, Katie said ***"I just knew it was right, Lucy was so warm and caring, I could tell by the way she spoke to me I would like it here, she welcomed me into her home like family. I wanted to move in straight away."***



To ensure the placement was right, Katie had many visits to Lucys home, firstly for drinks and to meet all the family, eventually staying overnight and for weekends.



Lucy was honest, she had not supported someone with a severe visual impairment before and she told us: ***"I want to be the best support that I can and Katie has supported me in my journey of supporting her"***. It soon became clear to Lucy, her biggest asset for learning was going to be Katie. Lucy said, ***"Katie showed me the support she needed, she was the one guiding me"***. Katie agreeing, stating ***"together we make a great team"***. As the introductions continued it really was the perfect match.

Katie is someone who relies on people's voices and always thought Lucy's voice was very kind. Katie's Mum Sue, who gets very emotional talking about Katie's introduction, because of how lucky they feel, ***"Lucy and her family are now like my family, we get on so well, we really couldn't have***

***found anyone better."*** Sue says ***"I am so happy for Katie's future, it gives me peace of mind, that Katie now has someone who will care for her as I do."*** Katie also added ***"Mum can now spend time on herself, I like to know that."***

As always it was vital that we got everything right and the only way of doing that was to really understand how Katie needed her support with regards to her sight and keeping Katie central in the person-centred planning. Katie led on her non negotiables, her likes and dislikes and how best to promote her independence, maintaining her activities including day services, yoga, and space for her meditation.

Before respite began, we sought guidance from the Adult Social Care Visual and Hearing Rehabilitation

Team who suggested a couple of simple but really effective ideas to help Katie identify her room and the bathroom. It was suggested to put things on the door handles such as a hair band on one and something different on the other and this worked brilliantly. Lucy also arranged for a home visit from West Midlands Fire Service who offered guidance in the case of a fire or emergency. Respite arrangements soon became a long-term placement with Shared Lives.

Sue said, ***"I had cared for everyone else but not for me", Katie moving in with Lucy has meant that "I have quality time for myself and still see Katie, I'm not as stressed anymore and feel I now have a more natural relationship with Katie"***. Sue told us that

***it has been a massive reassurance for her and that it has changed her life too.***

Katie said: ***"It has given me freedom, a fresh life and I'm so happy. It has given me quality of life, and consistency of care, and has given my mum a break and time to focus on herself, I really couldn't be happier". Katie wanted to sum up how she now feels, Katie said when she visits her Mum's home, she tells her "this will always be my family home, but now I am going back to my home."***

Each year a Shared Lives celebration event is held, bringing carers and families together to share stories and friendships. Hear from Katie and Lucy who attended in this is this video clip about their experiences <https://www.youtube.com/watch?v=YyPanoKXzqU>



**Shared Lives offers adults the opportunity to live with approved Carers in ordinary family homes, experiencing all the advantages, joys and sometimes difficulties of family life.** If you feel you could change someone's life whilst enhancing your own, and are interested in becoming a Shared Lives Carer, or wish to know more about the Scheme please visit our website:

[coventry.gov.uk/sharedlives](http://coventry.gov.uk/sharedlives)



Jon Reading,  
Head of Commissioning  
and Quality said:

***"Maintaining and improving the quality of Adult Social Care provision in the City is a major undertaking but we are lucky to have a joint quality function with clinical input from quality nurses adding strength to our Council team. We have a great set of providers who share our passion for delivering personalised and compassionate care and continue to support them through a number of recruitment initiatives. In the last year, we are proud of how we have led the way on providing support for international recruits and the invaluable role they play in supporting Adult Social Care"***.

# PARTNERSHIPS AND COMMUNITIES

## Coventry Dementia Partnership Hub

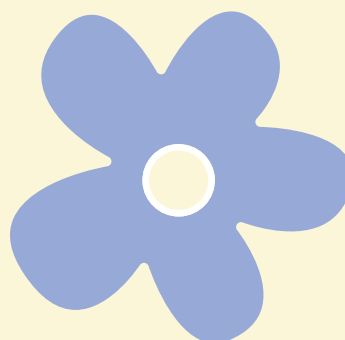
# Coventry Dementia Partnership Hub

**In last year's Annual Report, we shared information regarding the first year of the Coventry Dementia Partnership Hub, a place where people with Dementia and their families can come for information, support and engagement from pre-diagnosis onwards, with an emphasis on partnerships and promoting independence and peer support. At the heart of the Hub is a social café, offering a space for people to meet and share experiences in a welcoming and comfortable environment. The Hub was created following a series of engagement and coproduction events and this continues through the Hub's Steering Group, supporting the development of the service with contributions from those with lived experience.**

The Hub celebrates its second year anniversary in July 2025 and reflecting back over the last year, there are lots of achievements and developments to celebrate. Hear about the impact the Hub is having on people's lives.



**Council's role as a partner, enabler and leader**



## Graham and Hazel's Story

We first discovered the Hub through the Memory Service Team in Coventry, who invited us to attend the Next Steps Fayre in December 2024. Around the same time, my husband Graham began a six-week 'Living Well with Dementia' course offered by the team.

Throughout the course, Graham learned practical strategies to support his memory and daily living. Just as importantly, he had the opportunity to connect with others in similar situations and share experiences. While Graham attended the sessions, I spent time in the Hub's café, where I met other carers. A member of staff kindly gave me a tour of the building and introduced me to the wide range of services available.

One of those services was the Wednesday coffee morning, which we began attending and continue to enjoy. Graham joins a group of friends to play dominoes, while I

have the chance to relax and chat with others. I've formed meaningful friendships with people I feel comfortable sharing my experiences and challenges with. Although each of our journeys is different, it's comforting to speak with others who truly understand.

Over time, we've become part of a supportive and welcoming community. Wherever we go, Graham and I always speak highly of the Hub to help raise awareness of the incredible support it offers.

We also attended the VE Celebration Day and had a fantastic time. We were up singing and dancing, and the buffet provided by the Hub café was absolutely lovely.

***The Hub means so much to both of us. It's more than just a place - it's a lifeline, a community, and a source of joy.***





## Promoting wellbeing through Art



(Melanie, with Bob and Bhanu who attend the Hub)

*"My name is Melanie, and I bring over 15 years of experience as a Wellbeing Coordinator in dementia care. Art plays a vital role in supporting individuals to live well with dementia. It fosters creativity, encourages communication, and has a profoundly positive impact on overall wellbeing.*

*Each week on a Wednesday morning 10:00-12:00, we continue to see growing interest from visitors to the Hub, and the art sessions are proving to be truly exceptional.*

*All the family would like to say thank you".*

## International Recognition 'CommonAge Report – Dementia in the Commonwealth'

In the report the Dementia Hub is referenced in connection with the co-design and coproduction approach used to create this service. This is a significant acknowledgement of how Coventry is leading the way in this field. You can read the full report via [commage.org](https://commage.org)



## National Dementia Care Awards 2024

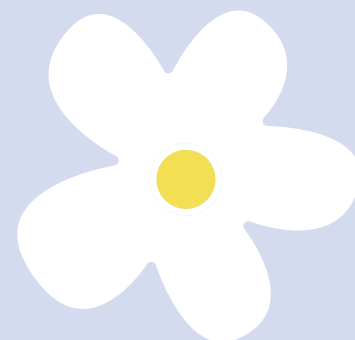


For the second year The Hub was recognised in the National Dementia Care Awards nominations and Ruth Chauhan won her category of "Inspirational person with dementia" for her work at The Hub. Ruth is a key member of the team and as a person living with a dementia, she really does show that you can live well with dementia. Ruth is also a member of The Hub's Culturally Inclusive Group where the aim is to reach out to underserved communities, she volunteers her time and expertise whenever it is needed.

Ruth said *"I couldn't quite believe it when they announced my name as the winner. This award is for everyone who overcomes the difficulties that come with cognitive impairment. If I can inspire just one person to believe that by embracing a 'new*

*normal' you can overcome anything and make a difference, then all the challenges I face every day are worth it."*

Shashi Prasad (Lions Club for Coventry Godiva) was also shortlisted for the Diversity and Dementia award, which recognised Shashi's role as chair of the Culturally Inclusive sub-group which supports the Coventry Dementia Partnership Hub work. Shashi's role is integral to raising awareness of dementia in global majority communities, seeking to break down stigmas around dementia.



## Expanding Diversity and Inclusivity

In order to promote the service to a wider community and improve inclusivity, the Hub has developed a Culturally Inclusive sub-group of the Dementia Hub Steering Group. This group is chaired by a person with lived experience who also represents a voluntary charitable organisation, Lions Club of Coventry Godiva.

The group has created culturally sensitive information and guidance, translated into the main languages used within the city. These have been distributed within diverse communities to promote within targeted audiences, including places of worship.

Members of the Dementia Hub Steering Group will attend a Vaisakhi Sports Festival and Mela in May 2025 to promote the Hub and share information.

The Hub has also hosted events focussing on welcoming people from South Asian communities to and learn about the services and support available. The sub-group has also created two video blogs in Urdu and Punjabi talking about the symptoms of dementia, how to receive a diagnosis and the support available at the Hub:

[https://youtu.be/KLkyo\\_iWiws](https://youtu.be/KLkyo_iWiws)

<https://youtu.be/urlwa5ejnmo>

A range of tools used to tackle language barriers both in assessments and ongoing care provision has also been provided e.g. use of Alexa, flashcards. This has raised awareness of how services could meet the needs of individuals from diverse communities.

There is a newly established regular monthly 'Information and Advice' drop-in at the Forget-me-not café based in Hub called 'Dementia Awareness and Prevention Days' specifically on Sundays to accommodate those who may not be able to attend during the week. These days are open to all, but promotion has been targeted towards those communities from the global majority who are not traditionally accessing services.

Running alongside this is a small project group "improving access to short term services from diverse communities" managers of short-term services meet with both the hospital team and brokerage to understand and monitor referral information. There is now a pool of staff from each short-term service who can speak a second language that enables us to better support in assessing new referrals.



*Georgina our  
café coordinator*

The Culturally Inclusive subgroup continues to grow with representation from the Black Caribbean, Bangladeshi and Malaysian communities all working to the same aim of improving access from diverse communities.

### National Lottery Funding

Following a successful bid the Hub has been awarded funding from the National Lottery for more than £280,000 over the next five years to support the funding of the social café and everyone involved in the Dementia Hub are delighted at the news.

The lottery funding will fund two-café coordinators for five years. The two café co-ordinators run the café that leads into the social space.





## What's Next? Future Developments at the Hub

The team at the Hub are continuing to develop services and look for new ways to support people. Looking ahead there are a number of exciting events coming up:

## Coventry Memory Singers

A new Memory Singers group in Coventry will help people living with dementia connect with loved ones and enjoy the therapeutic, social and cognitive benefits of music. Coventry Memory Singers will take place at Dementia Hub and is open to anyone with dementia and their carers. Sessions begin in September 2025. Run by the renowned choir and music charity Armonico Consort, based in Warwick, this is the third Memory Singers group to be established, with others in Solihull and Warwick.

## ● Bike Tour Mini Performance with James May

In conjunction with the Armonico Consort a fundraising bike tour will make a stop at the Dementia Hub in September 2025 and perform a mini concert. They will also be joined by TV personality James May and international wine expert, Oz Clarke.



Lisa Lawson, Adult Services Programme Delivery Manager said:

*"What an amazing year of achievement and recognition the Hub has had! The team at the Hub continue to develop and expand the service and their ability to reach more communities within the city through their dedication, innovation and love of what they do. Congratulations to all those involved and here's to another successful year!"*



For any enquiries regarding the services provided by the Coventry Partnership Dementia Hub please contact [CDPH@coventry.gov.uk](mailto:CDPH@coventry.gov.uk) or telephone 024 7697 8080.

# Ensuring safety

This theme focuses on how we work with people and our partners to ensure care is safe and how we support people to live in safety free from abuse and harm.



Improving outcomes  
and tackling  
inequalities within  
our communities

## SAFE SYSTEMS, PATHWAYS AND TRANSITIONS

### LUCY'S STORY

#### What are Deprivation of Liberty Safeguards (DoLS)?

The Deprivation of Liberty Safeguards (DoLS) are a legal framework within the Mental Capacity Act (2005), protecting the rights of individuals who lack the mental capacity to consent to their care arrangements, and who are, or need to be, deprived of their liberty in a care home or hospital. Ensures deprivations are authorised, necessary, and in the person's best interests.

A Best Interests Assessor (BIA) is a professional, often a social worker or other qualified practitioner, who assesses whether a proposed deprivation of liberty is in the best interests of a person who lacks the mental capacity to make that decision for themselves. In Adult Social Care we have a dedicated DoLS team alongside BIAs in our wider operational teams who undertake assessments.

#### What was the situation?

Lucy is 56 years of age, of Creole ethnicity and was born in Portugal and had been a British citizen for many years. Following a marriage breakdown, Lucy started to experience severe mental health episodes which led to her being detained under the Mental Health Act 1983.

Lucy was experiencing seizures which were affecting various parts of her brain and was left with an acquired brain injury from her seizure recurrence. Lucy was not able to walk anymore and she lost her verbal communication skills. Lucy was supported to move to permanent nursing care and was subject to a DoLS.

Lucy's family live in Portugal. Lucy was supported with the DoLS assessment by a Paid Relevant Person Representative (PRPR), from VoiceAbility. At the

time the care home manager was using her private mobile telephone so that Lucy could see her family via WhatsApp video calls. Lucy was allocated a Mental Health Social Worker for the purpose of a care and support review. The Best Interest Assessor as part of the request to reauthorise the DoLS, worked with Lucy, her Social Worker, the care home, Lucy's family, and the PRPR to ascertain a better understanding of Lucy's previous wishes, her likes, her interests and to get an understanding of Lucy's lived experience by focussing on her strengths.

Through telephone consultation with her sister, the BIA was able to gain crucial information about Lucy's way of life. Lucy was being supported with a vegetarian diet. She had been pulling at

her own hair as it was combed into a plait. Lucy would not make eye contact and look at the ceiling or down at her feet. The BIA found out that Lucy's religion was especially important to her. Lucy previously prayed at set times during the day. She enjoyed a meat halal diet. She liked to wear traditional customary attire. Music was important to Lucy as well as regular contact with her family.

As part of the DoLS authorisation the BIA made a number of recommendations to the home with a focus on ensuring that any deprivation of a person's liberty was necessary, proportionate, and in their best interests, with appropriate safeguards in place but also focusing on ensuring her cultural and spiritual needs were met.



## What changes took place?

Lucy was supported to purchase an iPad. She had regular private video calls with her family, she would smile at the screen and appeared visibly happier. Her family were happy and very emotional to see her with oiled braided neatly combed hair and moisturised skin. This is a deeply rooted cultural practice which is often passed from one generation to another. Lucy was also supported by the care home to listen to prayers on her television. She wore both western and her traditional clothing. Her diet was prepared and permitted according to Islamic dietary laws. Her room was personalised with sensory activities such a touch, sound, picture books and word boards. Her bed was moved so that she

could see through the window. The care home also allocated Lucy a keyworker who is from the same cultural background as her and supports her to access the local community.

The care home made positive changes to see Lucy as a whole person, considering her previous choices, giving her dignity and respect whilst acknowledging her unique sense of self and gained knowledge to support Lucy with a fulfilling quality of life. The BIA was careful not to offend their excellent work but wanted them to appreciate how culture and diversity is more than just food, music, and customs for some people. For Lucy it was her way of life, her spirituality and who she was.

## ERIC WILLIAMS HOUSE

### Supporting people with their move into the home

Moving into a care home can be a very daunting experience, new surroundings, new people, leaving behind the familiarities of home, its life changing. It can also be very difficult for family and those caring for the person, taking time to adjust and perhaps having mixed feeling of guilt and relief. So, how we support someone with that transition is really important. Here are two examples of how Eric Williams House (residential care home) have supported people and their families in a move to live at Eric Williams.

**Marion** is an 88-year-old woman who moved to Eric Williams House

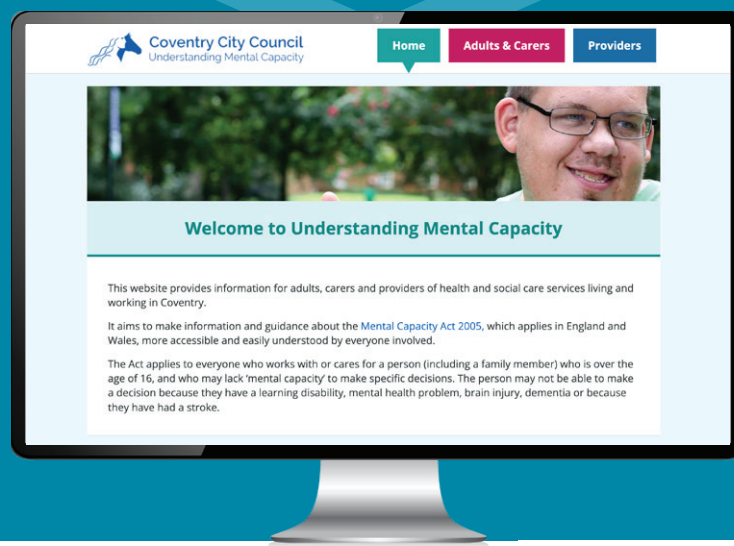
after a period of time in the home following a discharge from hospital. Marion has dementia and had experienced a fall and fracture at her home, where she lived with her son, Martyn. Marion's son was getting worried and had anxiety when he was at work and she was home alone. Martyn had also been a carer for his father, Marion's husband before he needed to go into a residential care home.

Marion often says how well looked after she feels and how much she enjoys the company of both staff and other residents. Marion is an independent woman who likes her own space at times, she has a good sense of humour and enjoys chatting to

## Want to know more about Mental Capacity?

In Coventry we have our own website which provides information for adults, carers and providers of health and social care services living and working in Coventry. It aims to make information and guidance about the Mental Capacity Act 2005, which applies in England and Wales, more accessible and easily understood by everyone involved.

[umccoventry.co.uk](http://umccoventry.co.uk)







the other residents and staff about her family and where she grew up in Baginton.

Before coming to Eric Williams Marion was always trying to help others and would often put others before herself. She loved musicals particularly South Pacific, she was in the past a keen ballroom dancer and really enjoyed country music.

Martyn himself identifies that he did have feelings of guilt and still has those feelings sometimes, but knows his mum is in the best place for her.

***'The communication between Linda and the team, and myself has been excellent. They keep me informed with absolutely everything to do with my mum's health and wellbeing, and the peace of mind this provides to me is priceless.'***

***'The care staff are fabulous with mum (Carol, Becky, Angela, Caroline, Sandy - too many to mention) are all so caring, so loving, always encouraging mum but respecting her wishes too.'***



**Gerald is 64 years old and has Down syndrome, learning disabilities, and dementia.**

From the moment Gerald arrived, the staff at Eric Williams House made him feel welcome and valued. They took the time to get to know him, his interests, and his needs, ensuring a smooth transition. Gerald loves staying busy with activities he enjoys. At Eric Williams House, he can indulge in his favourite pastimes like watching TV soaps, doing jigsaw puzzles, and gardening. The staff also play his favourite music, including songs from "The Lion King," which always brings a smile to his face.

Gerald thrives in the community atmosphere at Eric Williams House. He enjoys talking to people and getting involved in whatever is happening around the home. Whether it's chatting about historical events or singing hymns he knows

from church, Gerald feels connected and engaged.

The staff are attentive to Gerald's emotional needs. They understand that he can become anxious when away from his mother and provide the reassurance he needs. Their patience and understanding help Gerald feel secure and content.

Maintaining strong family bonds is important to Gerald. The staff facilitate regular visits from his mother, Pat, and his cousins, ensuring he never feels isolated. These visits are a highlight for Gerald and contribute to his overall happiness. Gerald's cousin Clive stated:

***"Gerald being at Eric Williams House has helped his mum – she recognises that Gerald is happy and settled. This has helped her to let go – she knows that Gerald is happy and well cared for."***



## SAFEGUARDING

### SAM'S STORY

#### What was the situation?

Sam is a 60-year-old man who worked as a gardener until his health prevented him from working 7 years ago. In March 2024 Sam had a stroke. As he lives alone, he was lying on the floor for 24 hours before a neighbour alerted police and they broke into his flat to find Sam lying on the floor. Sam was admitted to hospital and had a slow recovery assisted by the stroke rehabilitation unit.

On discharge from hospital Sam went for recovery to a Housing with Care where he could get support from carers. Sam lived in an Orbit tenancy and his property had become cluttered and stacked with food. Sam realised that he had a tendency to overbuy tins and packets of food and store these around his flat and was self-neglecting. Whilst living in his previous home Sam explained that he experienced depression due to social isolation and no longer being able to work. He had started drinking and neglecting his environment and himself.

During his time in Housing with Care rehabilitating Sam became more like his old self, he did not feel the need to drink alcohol and was enjoying socialising with other residents. Sam was provided with an Advocate to help him with his assessment and to help him express where he wanted to live and have care. Sam wanted to remain in a supported living environment where he could

receive care and have support. A vacancy became available for Sam to move into. Sam was assisted to end his previous tenancy, sort out his gas and electricity bills and claim the disability benefit Personal Independence Payment (PIP). Age UK assisted Sam with moving home, applying for grants and in sourcing new furniture for his flat.

#### What difference did it make and how are things now?

Sam is now settled, he uses his 4-wheeled walker to go to the local shop to get his paper every day and enjoys socialising in the communal lounge with other residents. Housing with Care provides Sam with the care he needs and an environment where he has been able to thrive. Sam said:

*"I am really settled here, I get on with everyone. I have a couple of close friends and chat with everyone. I have not wanted to drink alcohol since being here and my next goal is to cut down on smoking."*

Stephanie who supported Sam said;

*"When working with Sam, my approach was centred around 'Making Safeguarding Personal' (MSP) recognising Sam's strengths and potential, despite the challenges he faced. The opportunity to live in Housing with Care provided a supportive environment where Sam could regain his sense of self and improve his mental well-being. Seeing Sam thrive and set new goals for himself has been incredibly rewarding."*

Andrew Errington Head of Practice Development and Safeguarding (Adults Principal Social Worker) said:

*'Supporting people who self-neglect can be very challenging, needing to balance rights, risks and taking time to understand the person, so it's great to see this being recognised in the support provided to Sam'. 'Supporting people who self-neglect*

Self-neglect is a category of abuse and neglect, and so the adult safeguarding duties outlined in the Care Act apply equally to cases of self-neglect.

There are various reasons why people self-neglect. Self-neglect can be a complex and challenging area of practice for professionals due to the diverse range of factors involved, the potential for high risks, and the difficulty in engaging individuals who may not recognize or accept the need for help.

**Self-neglect also forms part of the Coventry Safeguarding Adults Board strategic plans for 2024-27**, being identified as a critical safeguarding issue and practice area involving work with partners across Coventry. The Board has produced a range of guidance and undertaken multi-agency audits and learning events.

**[coventry.gov.uk/coventry-safeguarding-adults-board](https://coventry.gov.uk/coventry-safeguarding-adults-board)**



*has become a common presenting need in our Complex Case and Risk Enablement Panel, chaired by myself as the Principal Social Worker since 2018 and features as a key part of our safeguarding training package for frontline staff.'*

# Leadership

This theme is about how we ensure we appropriately manage our support and services, ensuring that we are always learning and improving



Council's role as a partner, enabler and leader

## GOVERNANCE, MANAGEMENT AND SUSTAINABILITY

### Performance matters

**In Adult Social Care we believe performance management is everybody's business and we seek to understand how well our services are doing, checking impact, outcomes, and learning from what we find to guide the development of our services.**

We need to ensure all our staff are clear in their responsibilities for performance management and quality, as we recognise we are publicly accountable for quality, performance and the need to be transparent on how we can work together to improve outcomes for adults and their carers.

This approach includes regular performance reporting and analysis of information and data. Performance data which focuses on critical areas and ensures there are no gaps in our understanding of how we are operating. Some of this data and analysis can be found earlier in the Annual Report on pages 10 to 14.

Through the Performance and Insight Team we have developed data and information dashboards to enable accessible and accurate data and information to be produced which can be used by staff and managers. These are utilised to inform

planning and how we use resources.

Our approach is underpinned by policies, standards and guidance which together support the design and delivery of effective services. These include national performance frameworks (Adult Social Care Outcomes Framework - ASCOF), statutory information returns, local policies, procedures and standards.

National indicators include a need to focus on enhancing the quality of life for people with care and support needs, delaying and reducing the need for care and support, ensuring that people have a positive experience of care and support, and that people are safe. >>>

We identified from our surveys that people said they found it hard to find information about Adult Social Care which led to us reviewing how we provide information.

**We have undertaken a number of activities which have included;**

- Reviewed our 'ASC Offer', providing visibility on approach, commitments and access to practical information and key contacts
- Reviewed and improved the accessibility of our Adult Social Care Webpage information following engagement.
- Increased the number of information leaflets produced and those available in easy read format
- Ensured all information leaflets, identify availability to request, in the six main languages used in Coventry (Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya) and translated more information

**[coventry.gov.uk/adult-social-care-strategies-policies-plans/adult-social-care-public-information](https://coventry.gov.uk/adult-social-care-strategies-policies-plans/adult-social-care-public-information)**



- Created 'Contact Us' posters and staff calling cards

**[coventry.gov.uk/downloads/download/7250/adult-social-care-offer-2022](https://coventry.gov.uk/downloads/download/7250/adult-social-care-offer-2022)**

- Continued to undertake scheduled community engagement events during course of the year
- Continue to produce electronic newsletters which members of the public are able to subscribe to **[coventry.gov.uk/ASCbulletins](https://coventry.gov.uk/ASCbulletins)** **[coventry.gov.uk/carersbulletins](https://coventry.gov.uk/carersbulletins)**



»» In the survey for adults with care and support needs for 2024/25 'Ease of finding information', improved significantly by **8.2% to 73.5%**, reversing last year's decline and making it one of the top-performing indicators!

We continue to explore ways in which we can consider the quality of our services and better understand the experience of those accessing support. In 2024 we created a Quality and Experience Group chaired by our Adults Principal Social Worker which receives and review findings from the range of activities providing any feedback and insights into the quality of support and experiences of those accessing Adult Social Care.

We have processes in place to ensure the collation of practice learning and actions taken via a 'Practice Development, Learning and Improvement Framework'. This involves being systematic in our process of identifying organisational wide learning, areas of improvement and sharing best practice across the organisation. We capture our learning (best practice and areas for development) in a centralised database.

## LEARNING, IMPROVING AND INNOVATION

### Using Digital Technology - Technology Enabled Care (TEC)

**Sheridan, a Community Case Worker from Adult Social Care talks about how she is promoting Digital Technology in her work with people.**



The use of digital technology in Coventry has been beneficial for lots of people I have worked with. I was working with Betty, as her balance was becoming an issue. Betty is a 99-year-old woman who lives independently in her own home and she needed a morning call to support her including putting on a back brace. Betty also expressed her nervousness about living alone, saying 'I feel vulnerable'.

When visiting Betty, I took with me the copy of the DigiTech catalogue, we sat together and discussed each device in length, we agreed I would refer her for the Careium Falls Wearable (a wearable personal alarm in case of falls) and an Alcove Video Doorbell paired with the Alexa Show (a smart speaker with a screen), this would enable her to identify who is at her front door.

The equipment was ordered and after 4 weeks had passed I visited Betty again to check in on how she was getting on with the equipment.

Betty said **"I am pleased about the pendant alarm, it has given me more confidence with moving**

**around my home with the knowledge if I were to fall it will detect it and call for help. I am now using my back garden a lot which is of great pleasure to me, I like to potter around in the sun without fear, earlier this year I fell and had to scream for a neighbour to call for help, now although I am still being careful, I feel better."**

**"Before you told me about the alarm, I felt scared to move around, I had lost my confidence and felt trapped in my own home."**

**"The doorbell was a little difficult to get my head around but once I was shown a few times I feel like I have gotten the hang of it! Which is amazing for a 99-year-old!"**

The use of the smart home devices and the wearable device has improved Betty's quality of life and safety.

Since October 2024 Coventry City Council (CCC) has been engaged in a regional Technology Enabled Care (TEC) Pilot, funded by the Department of Science, Innovation and Technology, in partnership with Birmingham City Council, Wolverhampton City

combined authority.

#### 5GIR TEC 20May2025 - YouTube

TEC refers to the delivery of care that meets identified social care needs with the assistance of technology. For example, the provision of remote care-calls through video calls, the use of smart technologies to provide prompts and reminders around self-care or the use of geo-tracking wearables that allow access to a community with remote monitoring.



Louise Hay, Head of Business Systems and Improvement said:

**"This programme of innovation has given huge opportunities for learning how TEC can support people to live independently and safely. Over 200 people have benefited from over 800 pieces of technology and the impact of this on quality of life has been significant. We will continue to explore opportunities to incorporate the use of TEC into the care and support provided to adults in the city and build on the learning and development achieved to date."**



# ACCELERATED REFORM FUND PROJECTS FOR ADULT SOCIAL CARE

In March 2024 as part of a national initiative to drive innovation in Adult Social Care Coventry and Warwickshire received 2-year funding from the Department of Health and Social Care, called the 'Accelerated Reform Fund'.

The main aim of the Accelerated Reform Fund is to address barriers to adopting innovative practice and build capacity and capability in Adult Social Care, there is a particular focus on supporting carers as part of the initiative.

The project involved working across the Integrated Care Board with our colleagues in Warwickshire, deciding upon the projects we wanted to explore based on what people have told us and feedback we have received.

In Coventry we've launched the following projects;

## Bridgit Care



Bridgit Care is an online, easy to navigate self-help tool for carers, that can be accessed day and night. The tool has helpful modules that help people navigate different areas of support specific to their caring role and populates a self-help plan.

## Shared Lives – Supporting Recruitment

There are many wonderful examples of how Shared Lives makes a difference to people's lives but recruiting new Shared Lives can prove challenging.

We used funding to develop the marketing of Shared Lives and look at how we recruit and get Shared Lives carers on board. This included making a short video, launching a bus back campaign and using radio adverts.



## My Time

My Time is a project run by a Liverpool based charity called Local Solutions, they work with hoteliers, leisure services and local businesses to secure a range of different breaks for carers to access. A range of breaks are now available from local businesses, including Coombe Abbey, the Slug and Lettuce and Historic Coventry.



Pictured left to right: Gabrielle Boro, Richard Harrison, Hazel Brown and Michalina Kryska, with Faye Mackey and Cllr Linda Bigham (seated) at Coombe Abbey Hotel



Improving outcomes  
and tackling  
inequalities within  
our communities

## Carer Support at University Hospital Coventry and Warwickshire (UHCW)

Through our feedback from carers we recognised how important the right support was whilst in hospital, preparing for a discharge and making sure there is good access to information and advice. The additional funding has meant we are able to fund an additional carer hospital liaison worker, to support and identify carers whilst in hospital. We hope this will mean earlier access to support and better identification of carers in the hospital setting.



### What next?

All projects are now live and Coventry residents will now benefit from the support. We will continue to work our Accelerated Reform Partners to evaluate the impact that they have on people's lives.

# Co-production and Engagement

Improvement through continuous learning is embedded within how we do our work but one of most important ways we learn is by listening to, involving and engaging with those who have 'lived experience'.

In Adult Social Care we place adults and their carers at the heart of everything we do. We are committed to ensuring that people with care and support needs and their carers can be equal partners in planning and shaping future developments in Adult Social Care. But we know we've still got some way to go with this.

Behind the scenes we've been continuing working hard to try and develop our own approach to co-production and ensuring that we are involving people in the development of services, something as simple as ensuring we get feedback along people's journeys, to being part of recruitment decisions to helping shape and create new services. We have developed the 'Engagement, Involvement and Co-production Our Approach', a document which outlines our key commitments to making this happen. We want to ensure that the involvement of people with care and support needs and carers becomes standard practice.

[coventry.gov.uk/downloads/file/39258/adult-social-care-engagement-involvement-and-co-production-it-s-our-approach](https://coventry.gov.uk/downloads/file/39258/adult-social-care-engagement-involvement-and-co-production-it-s-our-approach)

We have been looking at any barriers that might exist to involvement and have produced a policy for reimbursement of expenses and fees for participation.

We are also continuing to seek feedback from people accessing our support via our Experience Survey which also asks if people want to receive more information about Adult Social Care and 'get

involved', growing the group of people we can engage with. It also asks people for one change or improvement they would like to make to the support they have or are receiving. We read all of these, contact people if they need support and take action on any themes. [coventry.gov.uk/health-social-care-say-getting-involved/getting-involved-adult-social-care/2](https://coventry.gov.uk/health-social-care-say-getting-involved/getting-involved-adult-social-care/2)

In 2024 we also introduced two new experience surveys;

- A Safeguarding Experience Survey, capturing people's experience of Section 42 safeguarding enquiries
- A Direct Payments Experience Survey, seeking to find out more about what it's like receiving a Direct Payment in Coventry, what's working well. things people may like to see changed and to get involved in a peer group. A Direct Payment Strategy has been informed by feedback from people receiving Direct Payments including direct quotes from people identifying how Direct Payments help and what difference they make.



We want to continue to grow the number people who want to be involved and hear their views. We produce regular bulletins or newsletters for people interested in Adult Social Care which includes updates on developments and details of forthcoming opportunities for getting involved. **2,108 people are receiving our Adults Bulletin and 4,334 people our carers.**

If you want to be added to our newsletter circulation list, please let us know, by subscribing yourself;

[coventry.gov.uk/downloads/download/7329/adult-social-care-bulletins](https://coventry.gov.uk/downloads/download/7329/adult-social-care-bulletins)

[coventry.gov.uk/downloads/download/4473/e-bulletins\\_for\\_carers](https://coventry.gov.uk/downloads/download/4473/e-bulletins_for_carers)

Where we have acted on feedback, will share this on our webpages via a 'We asked, you said, we did' page.

[coventry.gov.uk/health-social-care-say-getting-involved/said](https://coventry.gov.uk/health-social-care-say-getting-involved/said)







We have a live demographic dashboard which tells us who is accessing adult social care compared to the city population and we are using this information to inform our approaches. We have updated all our public information which identifies that they can be made available in 6 main languages used in Coventry – Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya. We have also produced our safeguarding posters in these languages alongside specific information about

safeguarding in Arabic as this is one of the most requested languages for translation and more recently our Direct Payments leaflets into Punjabi, Urdu, Arabic and Gujarati.

**coventry.gov.uk/  
ASCpublicinformation**

In 2022 we started to hold open days, inviting people to come and hear more about Adult Social Care and get involved. We have continued to hold events through 2024/25. This year we've held two sessions at the Dementia Hub and a transitions session at the Cheylesmore

Community Hub. We have also attended partnership sessions this year this included a session at the Muslim Resource Centre (Health and Wellbeing Event), Penderels Direct Payment Event and events during carers week. Also 'Pop ups' as we like to call them. The pop-up events help us speak to a wide range of people, people that might not be receiving Adults Social Care, might not have heard of our support and people who self-fund their care. We've made sure we have a wide range of staff, such as occupational

therapists, social workers and always a popular one, the financial assessments team.

### What's next and looking forward

*We recognise that there is always more to do, and that learning is an ongoing process. We want to get people more involved in the commissioning of services and also ensure information gets to those who need it most.*

## Adult Social Care Stakeholder Group

The work of Adult Social Care continues to be supported by our Stakeholder Group, who meet regularly to discuss any updates and influence the improvements of the service. The group is made up of Coventry residents who are experienced in how services work.



June the groups co-chair said:

*"The stakeholder group is a friendly group of people that live in Coventry with different experiences of health and social care, whether from their own personal experience or the people who they support and care for, there are*

*also voluntary groups and other professionals that attend.*

*We meet at alternate months to discuss any updates and be given an opportunity where we can influence the improvement of services. As I am someone who has worked in the community and Hospital for many years, I also care for several people, I know how important it is that you get the right information at the right time, as I attend the group, I can bring my experience and knowledge to improve services for the people of Coventry."*

To find out more about Getting Involved you can access the webpage.

**coventry.gov.uk/health-social-care-say-getting-involved/getting-involved-adult-social-care**



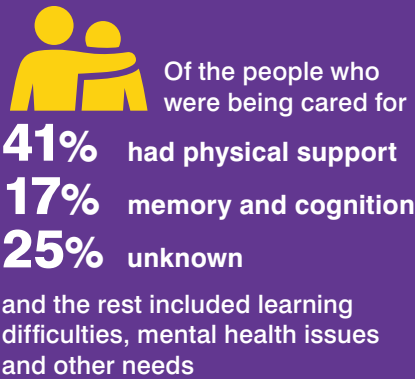
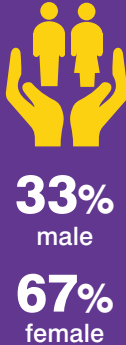
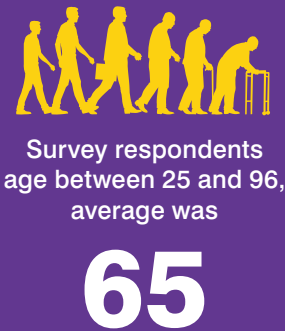
# PERFORMANCE HIGHLIGHTS

On a yearly basis Adult Social Care undertake a survey of the experience of adults in receipt of support and every other year we undertake a survey of the experience of carers. These infographics shows our performance. This information helps us set our future priorities and identify any areas for improvement.

## Understanding the views and experiences of Adult Social Care CARERS 2023/24

### About the survey

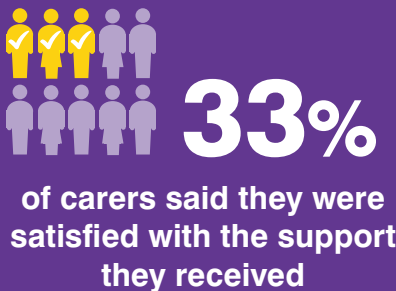
A random selection of people with caring responsibilities who received an assessment or review within 12-month period prior to 1 September 2023



Enhancing the quality of life for people with caring responsibilities



Ensuring that people with caring responsibilities have a positive experience of care services and support



Ensuring people with caring responsibilities are included and consulted in discussions about the person they care for



The next survey will take place at end of 2025

# Understanding the views and experiences of Adult Social Care PEOPLE WITH CARE AND SUPPORT NEEDS 2024/25

## About the survey

Respondents were people who were accessing long term support as 1 December 2024



**740**

gave feedback during January and March 2025



Survey respondents aged between 18 and 103. Average age

**66**



**45%**  
male

**55%**  
female



Of the people who were supported

**52%** had physical support

**30%** learning difficulties  
the rest had other needs

Enhancing the quality of life for people with care and support needs



People scored their quality of life

**19.6**  
out of **24**



Over **49%**  
said they had as much social contact as they would like



Almost **8** out of **10**  
people said they have enough control over their daily life

Ensuring that people have a positive experience of care services and support



over **7** out of **10**  
people said they were satisfied with the social care and support they received

**73%**



said it was fairly easy to find information and advice about support, services or benefits

Ensuring that people who are vulnerable feel safe and protected from harm



**72%**

said services received helped them feel safe



# S75 PARTNERSHIP AGREEMENT

We have a Section 75 Partnership Agreement with Coventry and Warwickshire Partnership Trust (CWPT) for the delivery of integrated mental health services.

This agreement, dating back to 2014, is renewed every 3 years. As part of the agreement and each year the Partnership Trust produces its own Annual Report of the performance of the partnership arrangements to provide integrated mental health services in Coventry and Warwickshire. This report when published will be available via the Trusts website:  
[www.covwarkpt.nhs.uk](http://www.covwarkpt.nhs.uk)

## Complaints and Compliments

Everyone has the right to receive a good level of service and we want people to get the best possible support from us. Listening to people's views helps us to put things right and improve our services for the future, so comments, compliments, complaints and suggestions are important and always welcome.

**[coventry.gov.uk/health-social-care-say-getting-involved/adult-social-care-comments-compliments-complaints/3](http://coventry.gov.uk/health-social-care-say-getting-involved/adult-social-care-comments-compliments-complaints/3)**

In 2024/25 we received 85 statutory complaints but over 2 times more compliments (185)

*"I want to thank you all for everything you did for mum; you put the joy in her day and I know this because she'd get off the bus and be humming coming up her stairs and her mood*



*would be so much lighter." (Staff at Gilbert Richards Centre)*

*"Very big thanks for coming out to see Mum and myself yesterday to talk through the Telecare system and then coming back in the same day to install and get things up and running. Thank you for your patience and working through those moments and chatting with Mum which made a real difference as she seemed settled and a lot more on board when I was leaving last night with further reassurance from myself." (Telecare)*

Adult Social Care had 10 Local Government and Social Care Ombudsman (LGSCO) Ombudsman complaints in total, 4 being upheld.

**[www.lgo.org.uk/your-councils-performance](http://www.lgo.org.uk/your-councils-performance)**  
Each year the Council

produces an Adult Social Care and Local Government Social Care Ombudsman (LGSCO) Complaints Annual Report which is approved by the Cabinet Member for Adult Services. This provides an overview of our response to complaints and learning.

**[coventry.gov.uk/downloads/download/781/adult\\_social\\_care\\_complaints\\_and\\_representations\\_annual\\_reports](http://coventry.gov.uk/downloads/download/781/adult_social_care_complaints_and_representations_annual_reports)**

In 2024, our complaints leaflet was updated, identifying its availability in other languages and easy-to-read leaflet has been developed.

**[coventry.gov.uk/adult-social-care-strategies-policies-plans/adult-social-care-public-information](http://coventry.gov.uk/adult-social-care-strategies-policies-plans/adult-social-care-public-information)**



**In 2024/25 we received**

**85 complaints**

**BUT**

**2x more compliments**

**185**



# CELEBRATING OUR STRENGTHS

## Awards and Good News

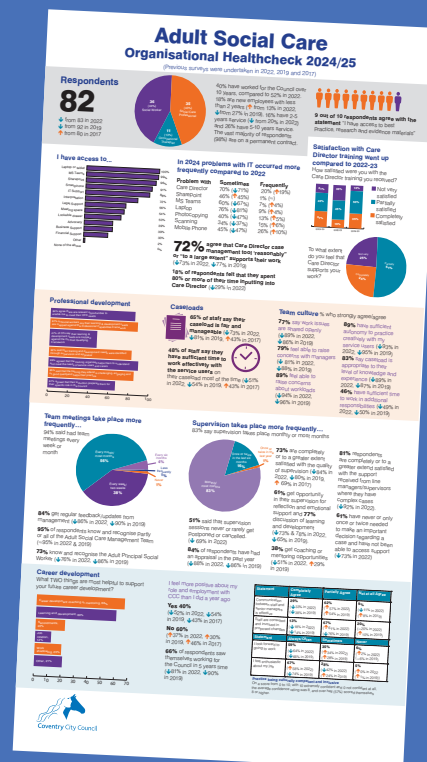
### Organisational Health Check 2024/25

In Adult Social Care we have a long-standing commitment to seeking feedback from staff and undertake an Organisational Health check approximately every two years. The results are published on the Council's Adult Social Care public webpages. This commenced in 2017/18.

Throughout all the Organisational Health Checks undertaken, response analysis has shown we have consistently had positive responses to our professional development opportunities, support received and positive working cultures.

#### In 2024/25 responses included:

- **84%** of staff agree there are relevant Continued Professional Development opportunities
- **84%** get regular feedback/updates from managers
- **95%** know and recognise partly or all of Adult Social Care Management Team
- **79%** feel able to raise concerns with managers
- **89%** feel able to raise concerns about workloads
- **89%** feel have sufficient autonomy to practice creatively with service users



## ANGELA'S CAREER JOURNEY IN ADULT SOCIAL CARE

I started working at Eric Williams House (internal care home provider for people with dementia) in 2017 on a relief contract, this swiftly became a full-time support worker position and progressed to their first Activities Co-ordinator role.

Whilst I enjoyed my time with the residents and developing the role at Eric Williams House, I became aware that I wanted to develop my skills and my knowledge further. Support work

had been my life since the age of 16 and I have adapted my work to look after my family and raise my children. They soon became of an age where I could start to think about my career and how I could move this forward.

I initially applied for the Community Case Worker (CCW) and was offered a job as a CCW in the Intake Team in Adult Social Care.

I have been with the team for coming up to three years now, the team are very supportive as are

the team leaders and managers. I thoroughly enjoyed the challenges that we face and the diversity of the work that we see in the Intake Team. I enjoy learning from my more experienced peers and social workers and finding solutions to what can be challenging situations for the people that we are supporting.

I also have a caring role at home for my son who is autistic and my mother-in-law who is 84. When I feel that the time is right, I



would like to consider progressing further with a social work degree. Adult Social Care is very supportive of career progression and provide these opportunities for those who wish to progress further.

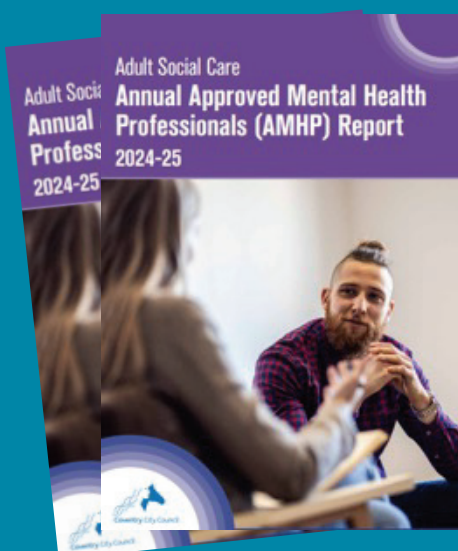


## Approved Mental Health Professional (AMHP) Annual Report 2024/25

We have produced our first Annual Report which we hope will aim to increase understanding of the role by providing information about what Approved Mental Health Professionals are, what we do and our legal requirements. This is a report based on Mental Health Act assessments undertaken by Coventry Approved Mental Health Professionals (AMHPs) during the year 2024/25.

Approved Mental Health Professionals (AMHPs) are registered professionals (social workers, nurses, occupational therapists, or psychologists) who have undertaken additional training. AMHPs are (amongst other duties) responsible for setting up and coordinating assessments under the Mental Health Act and, if necessary, making applications to detain ("section") people in hospital for assessment and treatment of their mental health needs.

The report will be published on our Adult Social Care webpages  
**[coventry.gov.uk/adult-social-care-strategies-policies-plans](https://coventry.gov.uk/adult-social-care-strategies-policies-plans)**



## Social Work Degree Level Apprenticeship – third cohort graduates!

Over the recent years, to meet the increased demand in social care, the routes to becoming a qualified Social Worker has increased and varied. One of these is the Social Work Degree Level Apprenticeship, this is a three-year course, and the focus is on both academic and practice development. In 2019 Coventry Adults and Children enrolled their first cohort of apprentices at Coventry University and have since continued to offer and support this opportunity. In 2024 we had one Adult Social Care apprentice graduate, Joanne Unsworth, who was in the last cohort at the Coventry University. We currently have six apprentices who completed the SW Degree Apprenticeship, seven currently on the course at Warwick University and four

awaiting to undertake a course in September 2025.

Joanne said:

*"the Apprenticeship Degree enabled me to build on my existing skills whilst developing them through academic study and bringing theory into practice. It (my graduation) was a truly fantastic day and I feel honoured to have been given the opportunity to complete my degree through the Apprentice route. Without the support from Coventry I would never have had the chance to study and achieve a Degree."*

We are also pleased to be supporting the Occupational Therapy Degree Level Apprenticeship with three members of staff undertaking the degree.



## Adults Services Wellbeing Event

Adult Services held a fourth wellbeing event in 2025, and this year changed from a week to a month to allow as many staff as possible to engage and benefit.

The month was organised as an opportunity to reflect on our own wellbeing and perhaps learn some new ways of looking after ourselves and our health. It was in recognition of the hard work, commitment and efforts staff put into their job. This was also a brilliant way of showing appreciation and value, by focusing an entire month on the importance of their wellbeing.

There were a variety of sessions on offer which included virtual sessions focusing on

learning new skills, boosting well-being and how to prevent burnout. Community Care Inform and Care Knowledge shared a host of well-being tools, research and tips on maintaining good physical and mental health. There were also appointment-based sessions for nutrition and blood pressure/cholesterol levels. The event was well received, and the plan is for this to be an ongoing annual staff event, seeking feedback from staff on how future events will be organised.

## Principal Social Worker Annual Report

Most areas have a Principal Social Worker for Adults and Children's, supported by national and regional networks. The Care Act 2014 says local authorities should make arrangements to have a 'qualified and registered social work professional practice lead' in place.

In support of ensuring visibility for the role and celebrating achievements, our Adult's Principal Social Worker, Andrew Errington, has produced a sixth annual report.



### Annual Report of the Adults Principal Social Worker 2024/25 Key Achievements and Developments

This graphic describes the work of the Adults Principal Social Worker (PSW) Andrew Errington for Coventry City Council during 2024/25.

#### What is PSW?

Care Act 2014 states a PSW should:

- be visible across the organisation
- support and develop effective conditions for practice
- oversee quality and improvement of practice
- have direct contact with the Adults Director and front-line practice

The PSW for Adults, Andrew Errington commenced in post in July 2016 and is the Head of Safeguarding and Practice Development.

#### Workforce Development

Updated the Learning and Development portfolio for Adult Services in ensuring access to a range of relevant and current virtual and in person training opportunities.

**89 training events relevant to Social Work attended by 1113 staff**

**3 dedicated CPD events and refresher training for disabled assessors**

Training events held with a focus on legal literacy and ensuring assessment and support is inclusive and engages with sexuality, gender identity and religion, belief and spirituality.

Hosted a 7th 'virtual' annual practice week with the Children's PSW providing access to a week of practice focused events.

**665 staff attended the 7 events during the week**

Further Adult Services Wellbeing week in May 2024 with staff attending various online and in person activities and events focusing on health and wellbeing. Next event planned for June 2025.

#### Social Work Education

Embedding links with our local Higher Education Institutions Coventry and Warwick Universities and supporting the West Midlands Social Work Teaching Partnership. Practitioners supporting teaching on the Adults Module at Coventry University.

Continuing to support new routes into Social Work, including the new Degree Level Social Work apprenticeships.

**Third cohort of 2 apprenticeship quality and first cohort graduate at Warwick University, 5 members of staff undertaking the Degree Level SW apprenticeship, 2 further places planned for 2025.**

#### Meeting Standards

Supporting the Post Qualifying Standards for SW Practice Supervisors, commissioning supervision training and purchased reflective, theory and self-cards practice for every supervisor to use.

Prepared practitioners for the 5th renewal with their Social Work Regulator 'Social Work England'.

Launched a new 'Learning Hub' for front line staff.

Preparing for CQC Assurance Frameworks.

#### Strength Based Approaches

Continuing to support Strength-based Practice Framework with Motivational Interviewing training and coproduced with practitioners a direct work resource with a range of tools to support communication and engagement.

<https://www.coventry.gov.uk/directworktoolkit>

Continued to chair Complex Case and Risk Enablement Panel discussions.

Leading on establishing the demographic profile of people accessing Adult Social Care, exploring experiences of different communities.

#### Practice Development Roles

SW Practice Development roles are supporting newly qualified Social Workers, promoting Practice Education and providing practice support to front line staff and managers

**Supporting 12 new NQSWs (as of end of March 2025)**

**3 primary placements for SWs**

**3 new SW Practice Educator trained**

#### Practice Quality

Practice Quality Assurance Framework with new simplified audit system. Includes observation of practice, practice and supervision audits. Allows organisational view on practice themes.

**330 audits undertaken in 24/25 (as of end of March 2025)**

Embedding the senior managers Quality assurance activity, receiving and feeding back on examples of case work and undertaking customer interviews.

Developed a Practice Development, Learning and Improvement Framework systematic way of identifying organisational wide learning areas of improvement and sharing best practice across the organization and making use of 'Practice Learning Alerts'.

Commenced a quarterly Quality and Experience Review meeting, receiving and reviewing findings from the range of activities providing any feedback and insights into the quality of support and experiences of those accessing Adult Social Care.

Continue to update a 'We asked, You said, We did' process to ensure any improvements identified by quality assurance and experience approaches are subject to feedback <https://www.coventry.gov.uk/health-social-care-say-getting-involved/said>

#### Professional Curiosity

Ensuring practice informed by evidence and enquiry, raising the profile of our subscription to 'Community Care Inform', 'Care Knowledge', and 'SW Connect' helping staff to stay up to date on the latest expert information and legislation to help day to day practice.

**354 staff are now using Community Care Inform**

**112 staff are now using Care Knowledge**

**87 staff now accessing SW Connect**

9 in 10 respondents in health check survey agree with the statement 'I have access to best practice, research and evidence materials'

Commenced use of 'Research Circles' brings together practitioners and academics to attend a reflective session to read and review a piece of research.

#### Policy and Best Practice Guidance

Chairing the Adult Services Policy Group, ensuring policy and public information are accessible to all relevant staff and up to date.

Championing the use NICE National Guidelines, part of a national research study on the use of Guidance and producing a WM resource for frontline staff 'How can NICE guidance support evidence informed SW practice' (in conjunction with NICE implementation field team).

<https://www.coventry.gov.uk/downloads/download/7891/nice-guidance-support-evidence-informed-social-work-practice>

Policy lead and author of key policies and guidance.

Reviewed, updated and produced a new suite of public information for Adult Social Care. Ensuring public information note availability in the 6 main languages used in Coventry.

<https://www.coventry.gov.uk/ASCPublicInformation>

Translating key safeguarding information and posters into different languages.

[https://www.coventry.gov.uk/downloads/download/4244/safeguarding\\_adults\\_information\\_leaflets\\_and\\_posters](https://www.coventry.gov.uk/downloads/download/4244/safeguarding_adults_information_leaflets_and_posters)

Leading Diversity & Inclusion work including joining the Social Care Workforce Race Equality Standard (SC WRES) and publishing first Action Plan

<https://www.coventry.gov.uk/adult-social-care-strategies-policies-plans/social-care-workforce-race-equality-standard-sc-wres-action-plan-1>

Organisational wide CPD programme in relation to 'Social Grades' arranged.



#### Practice Leadership

Elected Co-chair of the West Midlands Adults Principal Social Worker Network until 2025 (chairing network since January 2017).

PSW research associate supporting the development of a research culture in the region <https://www.wm-adess.org.uk/improvement/research/>

Undertaking regional virtual 'safe and effective practice reviews' in support of CQC assurance preparations.

Member of STS Board and ICB leadership governance boards.

#### Safeguarding Adults

Supporting the work of the Safeguarding Board through chairing the SAR subgroup. Supporting Board multi-agency learning events on key issues.

<https://www.coventry.gov.uk/coventry-safeguarding-adults-board-workforce-development>

Trialing new approaches to seeking people's feedback on safeguarding enquiries.

Member of the WM Safeguarding Leads network.

Chair of the Safeguarding Adult Review (SAR) subgroup

#### Engaging and Coproducing

Co-chair of the Adult Social Care 'Stakeholder Group', Supporting development of coproduction and engagement activities including an annual schedule of community engagement events.

<https://www.coventry.gov.uk/downloads/file/39258/adult-social-care-engagement-involvement-and-coproduction-is-our-approach>

Leading on the production of Coventry's 'Local Account', an annual report reflecting on the work of Adult Social Care.

[https://www.coventry.gov.uk/info/192/adult\\_social\\_care\\_strategies\\_policies\\_and\\_plans/1399/annual\\_report\\_for\\_adult\\_social\\_care](https://www.coventry.gov.uk/info/192/adult_social_care_strategies_policies_and_plans/1399/annual_report_for_adult_social_care)

Leading 'real time' experience survey to seek feedback from people, identify areas for improvement and to ask people if they want to get involved.

<https://www.coventry.gov.uk/health-social-care-say-getting-involved/getting-involved-adult-social-care>

Introducing new surveys for safeguarding and DPs.

#### Celebrating and Connecting with Practice

Virtual networks and forums in place for staff engagement continued.

Supporting Adult Social Care Celebration event.

Keeping in touch with staff via the Adult Services E Bulletin and 'Let's Talk' sessions.

#### Priorities for 2024/25

- To continue to develop strength-based tools and techniques in practice, their translation into conversion and recording, with a focus on inclusive practice

- To continue to focus on practice quality and to engage in different ways with the experience of people accessing Adult Social Care

- Embed the Practice Development, Learning and Improvement Framework



[coventry.gov.uk/downloads/download/5650/adults\\_principal\\_social\\_worker\\_annual\\_reports](https://coventry.gov.uk/downloads/download/5650/adults_principal_social_worker_annual_reports)





# OUR SUCCESSES AND DELIVERING ON IMPROVEMENTS

## Updates from 2024/25

Since the last Self-Assessment and Annual report were published, Coventry's Adult Social Care services have made significant strides in enhancing support for individuals and communities. This provides a brief summary of some of our key successes and improvements from 2024/25.

### Supporting hospital discharge and increasing independence through our Improving Lives Programme

Our Improving Lives approach, delivered with NHS partners was an ambitious programme to implement community led discharge through integrated teams of health and social care professionals who would focus on getting people back home with the maximum degree of independence. The programme trialled early in 2024 and by July 2024 we achieved city-wide roll out of our Community Integrated Teams.

### Enhancing support to unpaid carers

We continued the delivery of our carers action plan. In 2024/25 we further developed our support to unpaid carers in Coventry as highlighted in the Annual Report.

### Annual Reviews of care and support plans

During 2024/25 we reached a performance of 66.4% for completion of annual reviews. This is marked

increase on the previous three years, improving our review performance and assurance that we are meeting the care and support needs of people in Coventry in a timely and appropriate manner.

### Responding to people when they first make contact

Following a review of our early help team approach, we have enhanced our "waiting well" offer to ensure robust oversight for individuals seeking support. This encompasses those requiring assessments or reassessments, equipment provision, or outreach services such as hoarding support. Our Occupational Therapy service has introduced dedicated clinics to address the increasing demand for support with tasks like bathing and navigating stairs. These clinics provide an accessible option for individuals to receive assistance promptly, circumventing the need to wait for an individual visit from an Occupational Therapist.

## Developing our Direct Payment offer

We have engaged on and implemented a new Direct Payments strategy which clearly sets out how we will improve our Direct Payments offer and ensure that Direct Payments are a meaningful option for more people with care and support needs and carers [coventry.gov.uk/downloads/file/44404/asc-direct-payment-strategy](https://coventry.gov.uk/downloads/file/44404/asc-direct-payment-strategy)

## Supporting our international recruits

We have developed effective support mechanism for both international recruits and employing providers through;

### Employers' forum

The provider forum is where social care employers who employ international recruits come together to discuss issues within the sector, solve problems and share their good practice with others.

### 'Welcome to Coventry'

Welcome sessions for International Recruits. These welcome sessions will bring together a range of organisations and partners from across the city who can provide support in legal, employment, education, and food/wellbeing.

## Using technology to enhance our support offer

We have increased our use of new technology to support the delivery of care and support services through the Technology Enabled Care (TEC) Pilot as mentions in this Annual Report and;

### Digital Transformation Funding – Digitising of Care Records

As part of NHS England's Digital Transformation Strategy, Coventry City Council, in partnership with Warwickshire County Council and the Coventry and Warwickshire ICB, has led on promoting the transition from paper-based record keeping to approved, digital solutions amongst regional home care and residential providers.

## Supporting our diverse communities

We have improved our capacity and capability in supporting the different communities and diversity of needs within the city through;

## Social Graces

Developing the capacity of our workforce to respond to the diverse needs of our community we have implemented an organisational wide programme of Social Graces training. This will better enable our workforce to engage confidentially with residents on issues of diversity.

## Access to information

We have improved the accessibility of information through increasing the provision of easy read and translated materials. Our experience surveys are also now available in a range of communication methods enabling feedback from more diverse groups.

## Leadership development

As a City Council, we have invested in leadership development through the 'Owning and Driving Performance' Leadership Development Programme which all senior leaders from our Service Manager level to our Chief Executive are participating in. The aim of this programme is to develop the culture of the organisation to be performance and development focussed, empowering people to make a real difference for the residents we support.



*We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.*



# GLOSSARY

This section provides an explanation of some definitions and terms that appear throughout this document.

## **'One Coventry'**

One Coventry is how we describe the Council's objectives, key strategies and approaches. It includes the Council's vision and priorities; new ways of working; and core areas of activity.

## **Think Local Act Personal's 'Making It Real' Framework**

Making it Real is a framework to support good personalised care and support for providers, commissioners and people who access services.

## **Integrated Care Systems (ICSs)**

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

## **Promoting Independence**

Short-term services which aim to maximise the independence of the individual. At the end of the support, ongoing care and support services will be arranged as required.

## **Short-term Support**

Short term support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council.

## **Safeguarding**

Safeguarding is how we work with people to prevent them experiencing harm from others or sometimes themselves. It includes helping people recover when they have been abused.

## **Carer Assessment**

If you care for someone, you can have an assessment to see what might help make your life easier. This is called a carer's assessment.

## **No Recourse to Public Funds**

A person will have no recourse to public funds when they are 'subject to immigration control'. A person who is subject to immigration control cannot claim public funds (benefits and housing assistance), unless an exception applies.

## **Paid Relevant Person Representative (PRPR)**

A Paid Relevant Person Representative (PRPR) is a professional advocate appointed to represent and support individuals who are deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) when no suitable friend or family member is available.

## **Making Safeguarding Personal (MSP)**

'Making Safeguarding Personal' (MSP) is an approach to Safeguarding that aims to ensure that the person (adult at risk) and/or their advocate in relation to the safeguarding enquiry, are fully engaged and consulted throughout and that their wishes and views are central.

## **Technology Enabled Care (TEC)**

Technology Enabled Care involves using digital tools and software solutions to deliver improved health and social care services. These telecare services can support and enhance more traditional in-person services to help make care more convenient and accessible for people.

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## **Co-production**

When an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.

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## **Adult Social Care Outcomes Framework (ASCOF)**

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

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## **Approved Mental Health Professionals (AMHPs)**

An AMHP is approved to carry out functions under the Mental Health Act 1983. The role of the AMHP is to coordinate the assessment of individuals who are being considered for detention under the Mental Health Act 1983.

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## **Section 75 Partnership Agreement**

These partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated, and functions can be reallocated between partners.

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# USEFUL CONTACTS

## Adult Social Care and Communities Directory

This online directory has all the information and advice you need in one central place, so you can find the information you need easily.

[cid.coventry.gov.uk](http://cid.coventry.gov.uk)

### Council contacts and mental health services

<b>Adult Social Care Direct</b>	The first point of contact for any referrals into Adult Social Care.	<b>024 7683 3003</b>
<b>Emergency out of hours</b> (After 5pm Monday to Thursday, 4.30pm on Friday and through the weekend)	For urgent enquiries / emergencies only outside of normal office hours.	<b>024 7683 2222</b>
<b>Main Council Customer Services</b>	The main switchboard for Coventry City Council.	<b>080 8583 4333</b>
<b>Mental Health Access Hub (Crisis Resolution and Home Treatment Team)</b>	Run by Coventry and Warwickshire Partnership Trust (CWPT), this is the first point of contact for people accessing CWPT mental health services.	<b>080 8196 6798</b>

### Other organisations

<b>Age UK Coventry</b>	Supporting adults 18+ providing information and advice, support and groups.	<b>024 7623 1999</b>
<b>Alzheimer's Society Coventry</b>	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	<b>033 3150 3456</b>
<b>Carers Trust Heart of England</b>	One-stop shop for unpaid carers of all ages.	<b>024 7663 2972</b>
<b>Coventry &amp; Warwickshire MIND</b>	Support for people living with a mental health condition.	<b>024 7655 2847</b>
<b>Macmillan Cancer Support</b>	Cancer Support Service.	<b>024 7696 6052</b>
<b>SEND Information, Advice and Support Service</b>	Providing information and advice to young people with disabilities and special educational needs.	<b>024 7669 4307</b>

## Special thanks to...

Muthu  
Alva  
Mohammed  
Mathew  
Katie  
Graham and Hazel  
Bob and Bhanu  
Lucy  
Sam  
Marion  
Gerald  
Betty  
June and our Stakeholder Group  
All care providers across the city  
The staff at Adult Social Care  
All our partners

## Contact us

You can contact us about this report at:  
**[getinvolved@coventry.gov.uk](mailto:getinvolved@coventry.gov.uk)**

### You can contact Adult Social Care Direct at:

Email: **[ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)**

Call: **024 7683 3003**

### Next Generation Text

(also known as Text Relay and TypeTalk)

Call **18001 024 7683 300**

More information about Adult Social Care can be found at:  
**[coventry.gov.uk/adultsocialcare](http://coventry.gov.uk/adultsocialcare)**

If you require this information in another language or format, please email  
**[ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)**

Jeśli potrzebujesz zawartych informacji w innym języku lub formacie, prosimy o wiadomość e-mail na adres  
[ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ

[ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk) 'ਤੇ ਈਮੇਲ ਕਰੋ

اگر آپ کو یہ معلومات کسی دوسری زبان یا فارمیٹ میں درکار ہوں تو براۓ مہربانی [ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk) پر ای میل کریں۔

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 17<sup>th</sup> September 2025**

**Subject: Training and Development for Care Staff Supporting People with Dementia**

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### **1 Purpose of the Note**

- 1.1 Alzheimer's Society recently published a report '*Because We're Human Too: Why dementia training for care workers matters and how to deliver it*', which expresses concern at low levels of dementia training amongst care staff – 29% nationally.
- 1.2 The report recommends local authorities, when commissioning adult social care services, include a contractual obligation for care providers to ensure staff undertake the Alzheimer's Society's dementia training programme at an annual cost of £2,000 per care home.
- 1.3 This briefing provides assurance to the Scrutiny Board that current training protocols for care homes are robust and appropriate within available resources. While some training delivered or procured by providers may differ in scope from that recommended by the Alzheimer's Society, it nonetheless contributes to enhancing staff knowledge and the overall quality of dementia care.

### **2 Recommendations**

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to:
  - 1) Consider the information provided in the briefing note and appendices
  - 2) Identify any further comments or recommendations for the Cabinet Member

### **3 Background - What is Dementia?**

- 3.1 Dementia in its various forms is a debilitating and progressive condition that results in significant cognitive impairment, behavioural and personality changes that can be distressing for the person and their loved ones. While it usually affects older people, it is not a natural and inevitable part of aging.
- 3.2 There are approximately 14 types of dementia conditions of which six are commonly diagnosed and eight are rarer types of dementia. Whilst Alzheimer's disease is the most prevalent, vascular dementia, dementia with Lewy bodies, frontotemporal dementia and mixed dementia (multiple types of dementia) are also commonly diagnosed.
- 3.3 It is also possible for a younger person to develop dementia. When a person develops dementia before the age of 65, this is known as young onset dementia.

- 3.4 In 2024<sup>1</sup> an estimated 3,780 Coventry citizens were living with dementia, of whom 2,249 had a formal diagnosis. By 2040 around 4,800 people are expected to be affected.
- 3.5 Although primarily a condition of older age there are an estimated 80 younger adults with dementia living in the City.
- 3.6 The aim of care and support for people with dementia is to enable them to live well regardless of their circumstances and to ensure appropriate support for their families. This involves ensuring that people with dementia are supported to live their best lives and to maintain independence for as long as possible. People living with dementia have told us that one of the most important things for them was getting to meet someone who had lived with dementia for a while, as soon as possible after their diagnosis. This gave them hope and helped them plan how to make the best of their circumstances and get the support that was right for them. Other important features in good dementia support include depth life story work with plans based around this, dementia-friendly environments, decoding behaviours that challenge on an individual level, understanding the unique health needs and presentations for people with dementia, and supporting the whole family as the condition progresses.
- 3.7 Often family members take on a significant amount of care when a person has dementia and proper support in their role as carers is essential in ensuring their wellbeing. This includes support via breaks, training, peer support and mental health support. Support for families to maintain relationships is important in ensuring everyone's wellbeing when personality and behaviour changes, financial pressures and the stress of caring make this more challenging.
- 3.8 Inevitably much support is provided by paid carers who either support people in their own homes or in accommodation-based settings including care homes and housing with care. Supporting paid carers to improve their relationships with people living with dementia/unpaid carers and to promote independence of those living with dementia is key in delivery of good support.

#### **4 Service Profile**

- 4.1 Coventry City Council delivers a number of services that cater specifically for people with dementia namely a residential home, (Eric Williams House) and a specialist award winning Dementia Partnership Hub which was co-designed by people with dementia and brings together a range of services and support in one dementia-friendly building (Maymorn). The Council's six housing with care schemes, although not dementia specific, can cater for people with mild/moderate confusion, similarly the Gilbert Richards Centre provides day opportunities for older people some of whom have mild forms of dementia.
- 4.2 Independent sector providers are commissioned to provide residential and nursing care places for people living with dementia with 25 homes providing approximately 220 places.
- 4.3 An innovation in Coventry is Arden Grove specialist Housing with Care scheme which provides 33 flats for people living with dementia (including 2 short term flats to support people leaving hospital or requiring step up support from the community). This provides an alternative to care home provision when someone living with dementia is unable to stay living at home.
- 4.4 The Council also commissions a wraparound service in the community, delivered by Carers Trust Heart of England that supports people living with dementia to



regain a level of independence upon discharge from hospital or to prevent admission to hospital or a care home.

- 4.5 Our independent sector home support services are able to support adults and older people to live well with dementia in their own homes and communities.
- 4.6 Our preventative support grant is used to support people living with dementia through a service currently provided by Coventry and Warwickshire Alzheimer's Society which offers a range of support to people with dementia and their families from pre-diagnosis to end of life. Other preventative support services are also key in supporting people with dementia such as Age UK and Good Neighbours. People in Coventry also benefit from Admiral Nurses, a nurse-led service supporting carers of people with dementia towards end of life.
- 4.7 Many other commissioned services are able to support people with lower levels of confusion who do not require specialist support.

## **5 Policy and Strategy**

- 5.1 National Care Standards require a minimum level of training of care staff new into care through the Care Certificate.
- 5.2 Dementia training is included in the Care Certificate which covers an identified set of standards that health and care professionals must adhere to in their daily working life. This ensures that a basic level of knowledge and awareness is attained by all care staff.
- 5.3 The Care Certificate gives everyone the confidence that health and care professionals have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support in their own particular workplace setting. The Care Quality Commission as regulator of adult social care expects providers to ensure that their staff undertake the training and obtain the certificate or demonstrate equivalent induction and training to the same standards. One of the 15 standards within the Care Certificate is awareness of mental health dementia and learning disability. Importantly these standard state that those staff supporting people with dementia should receive further training and support to enable staff to help people live well.
- 5.4 The national Department of Health and Social Care Dementia Training Standards Framework aims to ensure quality and consistency in dementia education and training. It details the essential skills and knowledge necessary for workers in health, social care, and housing.
- 5.5 Coventry and Warwickshire Dementia Strategy 2022-2027, endorsed on 3<sup>rd</sup> October 2022 by Cabinet, has, as one of 6 priority areas, "Training Well".
- 5.6 The Training Well objective is that: "We will work to ensure training and awareness opportunities are offered to support communities to increase their awareness of dementia, and that staff who work with people affected by dementia have access to appropriate, accredited training".
- 5.7 The Council is currently working with other agencies in Coventry and Warwickshire to complete the 'Dementia 100' self-assessment tool which supports the implementation of the strategy.

## **6 Training Offer for Social Care Staff**

- 6.1 Where care organisations are providing support, it is clearly imperative that their staff should have appropriate training and development opportunities to enable them to provide the best possible care and support within the normal constraints of financial resources.

6.2 As well as requiring care staff to achieve the national care certificate the following training and development opportunities are available to support knowledge and practice in relation to dementia which can be funded through the Adult Social Care Learning and Development support scheme.

6.3 The table below illustrates available courses, accredited training providers and funding available per candidate:

<b>Award</b>	<b>Training providers</b>	<b>Funding available</b>
<b>Level 2 Award in Awareness of Dementia</b>	<b>City and Guilds Highfield iCQ Innovate Awarding NCFE/CACHE OCN London TQUK</b>	<b>£125</b>
<b>Level 2 Certificate in Dementia Care</b>	<b>TQUK NOCN</b>	<b>£305</b>
<b>Level 3 Award in Awareness of Demetia</b>	<b>BIIAB City and Guilds iCQ NCFE/CACHE OCN London TQUK</b>	<b>£185</b>
<b>Level 3 Certificate in Dementia care</b>	<b>iCQ</b>	<b>£430</b>

6.4 The Learning and Development Support Scheme provides a digital online claims service that allows adult social care employers to claim funding for certain training courses and qualifications on behalf of eligible care staff.

6.5 Providers have accessed webinars delivered by Dementia experts as part of the joint work with the Integrated Care Board. New sessions are being delivered in the coming months including non-pharmaceutical approach to dementia care in October.

6.6 All services can also access Dementia Friends development sessions via local champions as part of the Alzheimer's Society programme. These sessions are available for unpaid carers as well as paid staff and are free to access.

6.7 The Dementia Dictionary is a national dictionary that all services can access and contribute to, building a better understanding about communication for people with dementia.

6.8 Our Quality Assurance team have developed a handbook on non-pharmacological approaches and are delivering training to equip care staff with the skills to support

people with distressed behaviour without resorting to the use of antipsychotics. This will be supported by monthly clinics where providers can bring any situations where they would like advice on supporting someone more effectively without the use of medication to manage behaviour.

## **7 Quality Assuring Training and Development of Care Staff**

- 7.1 The Care Quality Commission is responsible for ensuring provider compliance with care standards including ensuring that staff are appropriately trained.
- 7.2 Coventry City Council, in partnership with Coventry and Warwickshire Integrated Commissioning Board, jointly assure the quality of contracted services and those provided directly by the Council. The quality assurance approach includes checks of providers' training matrices which capture the planned and delivered training including that in relation to caring for people living with dementia.
- 7.3 Evidence is triangulated from other sources, for example, conversations with staff, checks of supervision records and other documentary evidence. Where providers fall short corrective action is required by given deadlines.
- 7.4 Youell Court care home in Binley is an example of good practice in its application of the Butterfly Scheme. This scheme is a program designed to help staff care for people with dementia or memory impairment. It involves using a blue butterfly symbol to identify people, allowing staff to provide appropriate support and care. The scheme also includes a training program for staff to learn how to deliver best care for people including using communication strategies and adapting tasks. The scheme empowers people living with dementia and their carers to choose the care they want, allowing for a more personalised approach.
- 7.5 The Virtual Dementia Tour is available for purchase anywhere in the UK via one of 9 mobile dementia simulators (Bus) or in-house training using 2 rooms. This worldwide, scientifically and medically proven method of giving a person with a healthy brain an experience of what dementia might be like, allows delegates to enter the world of the person and understand which simple changes need to be made to their practice and environment to really improve the lives of people with dementia. Invented 25 years ago in America and owned by Second Wind Dreams, Training 2 CARE are the UK partners and pioneers in this country. The Virtual Dementia Tour has now been proven during research produced by Ulster University to change practice within 95% of delegates, improve knowledge in 97% of delegates and improve outcomes for 100% of clients. Costs are from £1,040 for 16 people and £1,140 for 32 people.

## **8 National Alzheimer's Society Position**

- 8.1 The Alzheimer's Society have published a report '*Because We Are Human Too: Why Dementia Training for Care Workers Matters, And How to Deliver It*' outlining their position that enough is not being done nationally in terms of training and development opportunities for care workers. (See Appendix 1)
- 8.2 The report notes that only 29% of all carers have received formal dementia training and advises that national and local decision-makers, and care providers, take urgent steps to improve dementia training, and help ensure that people living with dementia consistently receive the care they deserve. It also calls for:
  - Training in dementia made mandatory for the social care workforce
  - Implementation of dementia-specific contractual and commissioning provisions

- Implementation of evidence informed key components

## **9 The Local Position**

- 9.1 Coventry providers have been made aware of the training offer from the national Alzheimer's Society to enable them to make a decision around purchasing this additional support for their staff.
- 9.2 Coventry benefits from having 50%<sup>2</sup> of **all** care staff in the wider care and support market having received formal dementia training thus exceeding national performance by a wide margin. Note that this figure includes staff who do not work directly with people with dementia. Our quality assurance processes provide assurance that the proportion is far higher amongst dementia specialist service staff.
- 9.3 Coventry Council and Coventry and Warwickshire ICB are currently encouraging our providers to participate in a national study with Leeds Beckett University and the Alzheimer's Society to identify the gaps in training nationally and look at ways to improve this across the sector.

## **10 Conclusion**

- 10.1 Adult Social Care are assured that levels of dementia training amongst Coventry's whole adult social care workforce exceed those cited nationally, and that for those working directly with people with dementia, our workforce has good levels of awareness and understanding of how to provide good dementia care.
- 10.2 The availability of what is essentially free training for providers as outlined in the table at paragraph 3.24 is a comprehensive offer to support staff working with those living with dementia. The training can be supported by further "on the job" development opportunities.
- 10.3 It would be inappropriate and not enforceable for us to contractually obligate providers to use one specific training provider, and this could potentially lead to additional costs being passed onto the Council during challenging financial times.
- 10.4 We remain committed to ensuring our wider workforce is well-positioned to provide good dementia care and alongside ensuring minimum training standards are met, we will continue to promote opportunities for additional training including the Alzheimer's Society's offer, to ensure the quality of support for people living with dementia in Coventry continuously improves.

## **11 Health Inequalities Impact**

- 11.1 An Equality Impact Assessment was produced for the Dementia Strategy which incorporates "Training Well".

### **Appendix 1: Because We Are Human Too; Why Dementia Training for Care Workers Matters, And How to Deliver It**

### **Appendix 2: Presentation**

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# Because we're human too

Why dementia training for care workers matters, and how to deliver it.



**Alzheimer's  
Society**

Together we are help & hope  
for everyone living with dementia

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November 2024



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# Foreword



Getting social care right for people with dementia in England, Wales and Northern Ireland is vital. There are currently around one million people living with dementia in the UK today, a figure that's set to rise to 1.4 million by

2040.<sup>1</sup> Social care can be a lifeline for people with dementia, and helps people manage symptoms and live as well as possible at each stage of the condition. Yet as Executive Director of Dementia Support and Partnerships at Alzheimer's Society, too often I hear from people who are not getting the quality of social care support they need. It can be hard at times to find hope when national headlines talk about social care in crisis. There are some exciting proposals for social care reform being discussed or under way across the three nations, which promise change. But achieving this change can seem a long way off. Yet I am hopeful. Because, while long-term thinking and wider reform is certainly needed, there are also smaller changes that can deliver real benefits here and now.

This is why I'm so pleased we are publishing a report which demonstrates the significant benefits that dementia training for the care workforce can bring to people's lives, and to our wider health and care system. It shows that high quality training could be delivered nationally at relatively low cost.

For people with dementia, well-trained social care staff means improvements in their day-to-day quality of life – and best practice examples of training have been shown to reduce use of antipsychotic medication and physical restraints. For care staff, being trained in dementia can lead to increased confidence and job satisfaction – and could potentially help address an urgent national imperative, namely reducing staff turnover. For care providers, benefits can include increased staff engagement and enhanced reputations with regulators and local commissioners. And for our wider health and care system, there can be significant savings: one long-running study of a

dementia training intervention showed savings of £2,000 per care home, per year, to the wider health system (made through reductions in use of primary and hospital healthcare).

Of course, to be effective dementia training for care staff must be good quality. We know that there is much good practice already and our report highlights two examples of this. But sadly, we also know this is not consistent nationally. The quality of training design is vital to its success, as is how well it is facilitated. What's also important are organisational and systemic factors that enable a positive learning environment, such as supportive management and time for staff to reflect. This report reviews the available evidence and distils it into five key components for implementing impactful dementia training in care homes and homecare agencies. Local authorities and care providers have an important role to play, and we set out actions they can take now to improve quality and uptake of dementia training.

The benefits are so significant, and the costs so affordable, that we argue dementia training for care workers should be mandated nationally in England, Wales and Northern Ireland. Key players agree with us: the Adult Social Care Sector Workforce Strategy published in England by Skills for Care in July of this year recommended that all care workers should have dementia training mapped to the Dementia Training Standards Framework. Our vision at Alzheimer's Society is for people living with dementia to be able to easily access affordable, high quality social care that can respond to their dementia-specific and individual needs, delivered by a well-trained workforce. I urge governments, local systems and care providers in England, Wales and Northern Ireland to implement the recommendations in our report and take a significant step towards realising this vision.

**Dara de Burca**  
Executive Director of Dementia Support and Partnerships

13 November 2024

# Executive Summary

There are currently 982,000 people with dementia in the UK.<sup>2</sup> Many people living with dementia rely on social care, making up around 60% of people who draw on care at home in the UK,<sup>3</sup> and 70% of residents of older age residential care in England.<sup>4</sup> Yet currently, no legal requirement exists for care staff to undertake dementia training in either England, Wales or Northern Ireland. Whilst some positive steps to upskill the care workforce are taking place across the three nations, developments to date have failed to make dementia training for care staff the priority it needs to be.

As a result, in England, only 29% of care staff undertake any kind of dementia training,<sup>5</sup> while

in Wales and Northern Ireland, there is no comprehensive national data available on levels of dementia training amongst care staff. People with dementia and their carers report care that is not personalised,<sup>6</sup> with less than half (44%) of individuals surveyed in England rating care staff's understanding of dementia positively.<sup>7</sup>

This report demonstrates the significant benefits of dementia training to people living with dementia, care staff, care providers and the wider health and care system – showing that it can considerably improve people's quality of life, increase staff job satisfaction and lead to savings in the wider health and care system.

## Benefits of dementia training

People living with dementia and their family	Staff	Care providers	Wider system
<p>Receiving care from staff who can understand the evolving needs associated with dementia.</p> <p>Providing a healthier and more ethical means of supporting complex needs such as agitation.</p> <p>Reducing inappropriate prescribing of antipsychotic medications and other psychotropic medications.</p> <p>Promoting better quality relationships.</p> <p>Enabling culturally competent care.</p>	<p>Improved attitudes towards dementia.</p> <p>Improved knowledge and confidence.</p> <p>Higher levels of job satisfaction.</p> <p>Reduced workforce turnover.</p> <p>Potential to reduce stress and burnout.</p>	<p>Improved staff team engagement.</p> <p>Increased activity and engagement between staff and people living with dementia.</p> <p>Improved relationships with family.</p> <p>Enhanced reputation with regulators and local commissioners.</p> <p>Improved physical environment.</p>	<p>Fewer GP visits.</p> <p>Fewer hospital visits.</p>

Based on this evidence, we call on national governments to ensure all care staff undertake dementia training. We also make recommendations to local authorities and care providers on steps they can take now to improve quality and uptake of dementia training. We draw on two best practice examples to show how this can be done impactfully at a relatively low cost, demonstrating that a small investment in high-quality dementia training could deliver significant wider system benefits. By way of example, one long-running dementia training

trial demonstrated cost savings of £2000 to the wider health system per care home, per year (made through reductions in the need for primary, hospital, emergency and community health care).

Vital to the impact of dementia training for care staff is the quality of the training. We have reviewed the available evidence on what makes for impactful dementia training and distilled this into five key components, as set out in the table on the next page.



## Key components for the implementation of impactful dementia training

### 1. Evidence informed training design

- Training design should be underpinned by evidence and represent the full diversity of lived experience of people living with dementia, unpaid carers and staff. Providers can assess the quality of dementia training using the DeTDAT tool (Dementia Training Design and Delivery Audit Tool).<sup>8</sup>
- Providers should develop or access appropriate evaluation tools (for example, feedback surveys).

### 2. Effective delivery method

- Training should use a combination of delivery methods with a skilled and experienced facilitator, including face-to-face or online group learning to enable reflection. If self-directed or classroom teaching are used, they should be combined with interactive methods and use a skilled and experienced facilitator.

### 3. Inclusive digital learning

- The digital skills of learners and accessibility of digital learning should be considered. Where appropriate, digital training should be accessible on the learner's own devices to enable flexibility.

### 4. Support and accessibility

- Live interactive support such as coaching, formal mentoring, supervision and/or peer support are essential to support well-being. Training should be relevant and realistic to the role, experience, English language literacy and skill level of trainees, and consider the cultural backgrounds of staff and their clients.

### 5. Strong leadership

- Effective leadership is vital to both ensure the impact of dementia training is sustained, and to embed an organisational culture which respects and fosters learning. Dementia champions can support implementation and sustainability of training.

**Our report highlights the benefits of high-quality dementia training for care staff and shows how this can be delivered. The case for change is clear. What's needed now is swift action, with both governments and local systems leaders playing a pivotal role in improving dementia training. Our recommendations demonstrate how change can be achieved.**

# Recommendations

National and local decision-makers, and care providers, must take urgent steps to improve dementia training, and help ensure that people living with dementia consistently receive the care they need and deserve.

## 1 Training in dementia made mandatory for the social care workforce

- Governments in England, Wales and Northern Ireland should enact a statutory duty for all care providers registered with the relevant regulatory body in each nation (CQC in England, Social Care Inspectorate in Wales and Regulation and Quality Improvement Authority in Northern Ireland) to ensure their care staff undertake dementia training. Training content must be mapped to the relevant national framework in each nation (the [Dementia Training Standards Framework](#) in England, the [Good Work Framework](#) in Wales and the [Dementia Learning and Development Framework](#) in Northern Ireland).
- This should be underpinned by sufficient funding, following the precedent in England of the Oliver McGowan Mandatory Training on learning disabilities and autism.<sup>9</sup>

## 2 Implementation of dementia-specific contractual and commissioning provisions

- When commissioning adult social care services, local authorities in England and Wales, and Health and Social Care Trusts in Northern Ireland, should include a contractual provision obliging care providers to ensure care staff undertake dementia training mapped to the relevant national framework in each nation.

## 3 Implementation of evidence informed dementia training

- When sourcing and implementing training, local authorities in England and Wales, Health and Social Care Trusts in Northern Ireland, and care providers should ensure all five key components for impactful dementia training, set out in section 7 below, are factored in (in addition to ensuring training content maps to the relevant national framework).



# 1. Introduction

There are currently around one million people with dementia in the UK, a figure projected to rise to 1.4 million by 2040.<sup>10</sup> Dementia is not an inevitable part of ageing. It is caused by diseases, such as Alzheimer's, that damage nerve cells within the brain. It is progressive, and currently without a cure. There are many different diseases that can affect the brain, and they do so in multitude ways, meaning the symptoms people with dementia experience can vary. People living with dementia draw on social care for support with daily activities, to help them manage their symptoms and live as well as they can.





People living with dementia make up a large proportion of those who draw on care, yet there is no requirement for care staff to undertake dementia training in England, Wales or Northern Ireland.

There are a number of specialist support needs associated with dementia, and in order for social care to best support those needs, care staff need appropriate training in dementia. People living with dementia make up a large proportion of those who draw on care, yet there is no requirement for care staff to undertake dementia training in England, Wales or Northern Ireland.

In England, only 29% of care staff undertake any kind of dementia training,<sup>11</sup> while in Wales and Northern Ireland, there is no comprehensive national data available on levels of dementia training amongst care staff. Whilst we do hear of examples of good practice in dementia training, research suggests that much of the training currently provided is not

evidenced based or of high quality.<sup>12,13</sup> This is particularly concerning given that, as this report demonstrates, when high quality dementia training is implemented, it can lead to significant benefits for people who draw on care, for care staff and for the wider health and care system. Not only does dementia training deliver these benefits, but it can also positively impact on an urgent imperative in each nation, namely reducing care workforce turnover. Skills for Care data in England shows that social care staff who receive regular training (not dementia specific) in their role have a lower turnover rate (31.6%) than those who do not (40.6%), with learning and development being one of the top three retention factors.<sup>14</sup>



We acknowledge that other workforce factors, such as pay and career advancement opportunities, play an important role in attracting high-quality staff and retaining them once trained. These factors are outside the scope of this report. It is also clear that healthcare as well as social care is vital to the welfare of people living with dementia. Providing high-quality care and support to people living with dementia is a shared responsibility, spanning both the health and care systems; whole system change is needed to improve the care for people living with dementia. But implementing high-quality dementia training for the care workforce is an action that can be taken right now, and it is a vital and relatively low-cost step to achieve significant improvements to people's care.

This report focuses on dementia training for the social care workforce and should be considered against the backdrop of developments in the social care landscape across England, Wales and Northern Ireland. These developments demonstrate that the importance of high-quality training for the care workforce is beginning to be more widely understood.

For example, in England, the recently published [adult social care workforce strategy](#), led by Skills for Care, highlighted training as one of the key retention factors that reduced staff turnover and recommended that all care staff should undertake dementia training mapped to the [Dementia Training Standards Framework](#). In Wales the new [Social Care Workforce Delivery Plan 2024-2027](#) noted that “80% of the workforce are keen to improve their skills and knowledge.” In Northern Ireland, an Education and Training Workstream has recently been established as part of the Department of Health led Regional Dementia Project Board.

It should also be acknowledged that there are undoubtedly areas of best practice within dementia training: indeed, our report looks in detail at two best practice case studies.





However, all three nations have much further to go. Alzheimer's Society are calling on governments in England, Wales and Northern Ireland to enact a statutory duty for all care providers registered with the relevant regulatory body in each nation<sup>15</sup> to ensure their care staff undertake dementia training, with content mapped to the relevant national framework in each nation.<sup>16</sup> This should follow the precedent in England of the Oliver McGowan Mandatory Training on Learning Disabilities and Autism.<sup>17</sup> But local adult social care commissioners do not need to wait for such a duty to take steps to improve both quality and uptake of dementia training.

**Alzheimer's Society is calling on governments in England, Wales and Northern Ireland to introduce a statutory duty for all care providers to ensure care staff undertake dementia training.**

When commissioning adult social care, local authorities in England and Wales, and Health and Social Care Trusts in Northern Ireland, should ensure that a contractual provision is included, obliging care providers to ensure care staff undertake high-quality dementia training, mapped to the relevant national framework.

To support our policy calls, we want to ensure that both national and local decision-makers understand what delivery of high-quality training looks like in practice. We have examined the evidence on what impactful dementia training looks like both for staff providing care in people's homes (homecare staff) and care staff working in residential and nursing homes (long-term care staff). We also looked at organisational and other factors that contribute to the success or otherwise of training. Our report draws on this evidence to set out clear, achievable principles for how high-quality dementia training can be delivered. Our message to local authorities and care providers is that when sourcing and implementing training, they should ensure these core components (set out in section 7 below) are factored in.

Throughout the report, we draw on relevant expertise, including insights from people living with dementia and their carers, leading academics in the field and practitioners in the sector.

**The case for change is clear. We know the benefits of dementia training for care staff, the key principles for impactful training and we understand the enablers and barriers to successful implementation. What's needed now is action.**

## 2. Social care and dementia

People living with dementia make up around 60% of people who draw on care at home in the UK<sup>18</sup> and 70% of residents of older age residential care in England.<sup>19</sup> They deserve high-quality social care that meets the specific needs associated with dementia, so they can live as well as possible at each stage of their condition.

### People with dementia

**70%**

of residents of older age residential care in England.

**60%**

of people who draw on care at home in the UK.

Skills gap

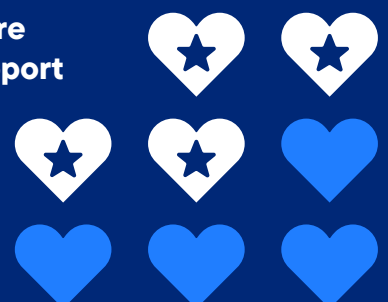
**29%**

of care staff in England are recorded as having had training in dementia in 2023/2024

**65%**

When asked what would best help to improve the lives of people living with dementia, **65% of people said more care workers skilled in caring for those with dementia**<sup>20</sup>

Less than four in 10 are satisfied with the support available for people living with dementia



**In 2022, the All-Party Parliamentary Group (APPG) on Dementia (a cross-party group made up of MPs and Peers with an interest in dementia) conducted an inquiry into what people with dementia want and need from social care, and they identified a number of specific needs associated with the condition:<sup>21</sup>**

## **Communication**

Dementia can have a profound effect on an individual's communication, and communication challenges often increase as the condition progresses. Care staff need to both communicate effectively and be able to support effective communication.

## **Complex needs, including behaviours that challenge**

Staff may struggle to understand people with dementia as they try to communicate a response to environmental stimuli (including provision of care) or an unmet need that is causing them distress or pain. As a result, staff may inappropriately use restrictions or restraints to manage behaviour experienced as agitation and aggression, both physical and verbal. Care staff need to understand why such behaviour may arise, how to address the underlying causes of such behaviour, and be able to demonstrate the empathy and patience required in such situations.

## **Cognitively stimulating activity**

Activities that are cognitively stimulating can help to preserve existing cognitive and functional abilities and delay progression of decline,<sup>22,23</sup> as well as improve wellbeing, bringing the individual joy in their daily life. In this context it is vital to understand people's individual interests – activities that are engaging for one person (for example, gardening) may not be for another person with different interests.

## **Needs associated with different types of dementia**

There are a number of different diseases that cause dementia, which can result in differing symptoms. It is important that care staff understand how symptoms may differ and how to support individuals' varying dementia types.

The 2022 APPG report found that people living with dementia and their carers want care staff with the knowledge and understanding to meet these needs, and to deliver personalised care.<sup>24</sup>

They also want staff with the right skills to provide culturally appropriate care, as well as staff that understand the importance of involving family members as partners in care.<sup>25</sup> But research shows this is not currently consistently being delivered. The APPG inquiry revealed that less than half (44%) of individuals living with dementia in England surveyed rated care staff's understanding of dementia positively, while two in five reported their care was not personalised.<sup>26</sup> This is not surprising given that only 29% of care staff in England are recorded as having had training in dementia in 2023/2024,<sup>27</sup> with the data failing to provide information on the level of dementia training staff received, neither the duration or the quality.

A recent survey commissioned by Alzheimer's Society suggests that the situation in England has not improved since the APPG report in 2022 and suggests similar challenges in Northern Ireland and Wales. The survey gathered responses from 3,476 people, across England, Wales and Northern Ireland, who are close to someone with dementia or living with symptoms, and found that:

- less than four in 10 are satisfied with the support available for people living with dementia; and
- when asked what would best help to improve the lives of people living with dementia, 65% of people said more care workers who are skilled in caring for those with dementia.<sup>28</sup>

### 3. State of play in England, Wales and Northern Ireland

Despite the clear need for – and benefits of – dementia training, it is not yet mandatory for care staff in either England, Wales or Northern Ireland.





## England

The '[Dementia Training Standards Framework](#)' (DTSF) (developed by Health Education England and Skills for Care, published in 2015 and updated in 2018) describes the skills and knowledge needed by the care workforce in supporting someone living with dementia. It is structured in tiers applicable to different levels of roles and responsibilities of staff, and is applicable across health and social care, although not mandatory.

In England, there is no formal registration process for social care workers, although Skills for Care guidance sets out the statutory and mandatory training that staff must undertake as part of their induction process.<sup>29</sup> Dementia is not listed

as mandatory, although since July 2024, it has been listed as an example of additional training that could be undertaken based on the needs of the service and people who draw on care and support.<sup>30</sup> NICE Dementia Guidelines<sup>31</sup> recommend that: "Care and support providers should provide all staff with training in person-centred and outcome-focused care for people living with dementia." Additionally, regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires CQC-registered providers to ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties.<sup>32</sup>

## Wales

The '[Dementia learning and development framework for Wales](#)' (the 'Good Work Framework'), published in 2016, sets out a rights-based, wellbeing and person-centred approach to dementia education, and identifies skills and knowledge for three different tiers of workers ('Informed, Skilled and Influencer'). These tiers are not mapped to levels of roles and responsibilities, rather the framework suggests a 'complementary model of expertise' where everyone involved in the care of someone living with dementia has something to contribute. Despite the Framework being available to support training, a 2023 Social Care Wales survey<sup>33</sup> identified that 40% of care staff felt there were barriers to accessing training at work.

All adult care home workers and domiciliary care workers in Wales are required to be registered with the national regulatory body, Social Care Wales. Two registration routes exist: 1) register with a qualification, and 2) register by employee assessment.

If registering via route 1, the Learning Outcomes and Delivery guidance from the Level 2 Health and Social Care qualification in Wales does include dementia-specific outcomes.

If registering via route 2, the employer must assess the employee's understanding of certain criteria (which do not reference dementia), and a carer does not have to complete their level 2 qualification for up to six years into their post (although Social Care Wales expects most to complete theirs within three years).<sup>34</sup> The employer assessment form for route 2 does state that employers are expected to support employees to complete the [All Wales Induction Framework](#) (AWIF).

The AWIF includes a number of dementia learning outcomes, including: 'how person-centred approaches can be used to support individuals living with dementia' and 'what needs to be considered when communicating with an individual with dementia'.<sup>35</sup> However, it is not clear how or if completion of the AWIF is monitored.<sup>36</sup> There is no specific national data available on levels of dementia training among care staff. The Social Care [Wales Workforce Delivery Plan](#) 24-27 states: "75 per cent of care workers hold the qualifications needed to work in the sector, 22% are working towards the required qualifications and 4% are working through an apprenticeship." However, we have been unable to obtain a breakdown of what 'qualifications needed to work in the sector' refers to.

## Northern Ireland

The '[Dementia Learning and development framework](#)' (published in 2016) outlines the knowledge and skills that health and social care staff require in order to respond sensitively to the needs of people living with a dementia, their families and carers. It is structured under four incremental tiers, applicable to different roles and responsibilities of staff. The Framework is applicable to employers and educational organisations who provide education and training to health and social care staff and students.

As in Wales, the care workforce in Northern Ireland is required to register with the regulatory body, the Northern Ireland Social Care Council (NISCC). There is currently no training required to register, but staff should receive suitable induction training from their employer within the first six months of employment. NISCC have an [induction programme document](#), but this does not reference dementia or dementia training. There is no national data available on levels of dementia training among care staff.





## Recent developments

**There have been positive steps taken recently in each nation towards improving training and career progression pathways for the care workforce. However, to date these developments have failed to make dementia training for care staff the priority it needs to be.**



## England

In January 2024, the Conservative Government introduced the [Care Workforce Pathway](#), which sets out a national career structure for the care workforce. This aims to improve perceptions and experiences of a career in care – to improve attraction and retention of staff. The Pathway includes a new Level 2 Care Certificate, which includes a dementia component, with the guidance suggesting that staff providing direct care to people with dementia should have dementia training, referencing the Dementia Training Standards Framework as a suggested learning resource. However, as with the existing Level 2 certificate, the new certificate is not mandatory and is therefore at the discretion of employers as to whether they enrol employees.

Encouragingly, a new sector-supported [Adult Social Care Workforce Strategy](#), led by Skills for Care, published in July 2024, recommends that all care staff should undertake dementia training mapped to the DTSF.<sup>37</sup> The Labour manifesto promised a Fair Pay Agreement for care staff, to “set fair pay, terms and conditions, along with training standards.”<sup>38</sup> In September 2024, the new Labour Government published an Employment Rights Bill, which will give the Secretary of State powers to establish an Adult Social Care Negotiating Body, and has confirmed that consultation will be undertaken on how the Fair Pay Agreement will be designed.”<sup>39</sup> Alzheimer’s Society believe that the Fair Pay Agreement represents an opportunity to link pay to skills, including a requirement for all staff to undertake dementia training.

## Wales

In May 2023, the Welsh Government published a draft proposal for a Pay and Progression Framework<sup>40</sup> for the social care workforce. It sets out a series of bands for different job roles and includes the skills, values, knowledge, understanding and typical tasks for each one. It sets out that new joiners should complete the All-Wales Induction Framework and then work towards Level 2 Health and Social Care (which does include dementia learning). In 2020, the Welsh Government published a [Workforce Strategy for Health and Social Care](#),

committing to “investment in education and learning for health and social care professionals” to “deliver the skills and capabilities needed to meet the future needs of people in Wales.” Further detail was provided with the [Social Care Workforce Delivery Plan](#) 23-27 published in June 24, which noted that “80 per cent of the workforce are keen to improve their skills and knowledge”, and committed to “clear education and training pathways that are attractive and accessible.” Neither document makes specific mention of dementia training.

## Northern Ireland

The Northern Ireland Social Care Council have been commissioned by the Department for Health (DoH) to develop:

- a continuous professional learning framework, career development pathway
- qualification-based register for social care workers.

A new practice framework is under development to support social care workers to develop professionally, and all new social care workers will be required from September 2024 to obtain a new work-based entrance qualification – the Safe and Effective Care Practice Certificate. This new entrance qualification will cover the mandatory training people would be expected to undertake, such as moving and handling, understanding

of medication and first aid. Currently available information<sup>41</sup> regarding the new Certificate suggests that dementia will not be included as part of this mandatory training.

The Social Care Collaborative Forum (SCCF), who were tasked by the DoH to deliver adult social care reform, has established a workstream focused on Workforce Development, which is developing a workforce strategy. Additionally, an Education and Training workstream has been set up as part of the Regional Dementia Project Board (RDPB). The RDPB was established by the Strategic Planning and Performance Group (SPPG), who are accountable to the Department of Health. Encouragingly, the long-term aim of this workstream is to achieve mandatory dementia training for the workforce.

### Why mandatory training is needed

- Current guidance on dementia training is not working. For example, in England, Care Quality Commission Regulation 18(2)<sup>42</sup> and NICE's guidance<sup>43</sup> stipulate that care staff should have appropriate training to deliver quality care. Yet most care staff have not received any form of dementia training.<sup>44</sup>
- High turnover rates within the social care workforce<sup>45</sup> (and particularly high turnover rates within the first three months of people starting their role)<sup>46</sup> mean that if dementia training is not mandated, and so not completed at the outset of a care worker's employment, a large proportion of the workforce will remain untrained.



## 4. Benefits of quality dementia training

High-quality, evidence-informed dementia training and education delivered to care staff can lead to positive impacts for people living with dementia and staff delivering care. It can also benefit the wider system by reducing hospital admissions or additional healthcare usage.



**Who benefits from dementia training?**

## 4.1. Benefits to people living with dementia and unpaid carers

### Helps staff to understand the evolving needs of the person living with dementia

People with dementia require more support as their dementia progresses and they, and their unpaid carers (including family members), want reassurance that their needs will be met. People with dementia are likely to experience additional behavioural and psychological symptoms that can manifest as behaviours that challenge. Behaviours that challenge (also sometimes called behaviours that communicate),<sup>47</sup> can include expressions of aggression or restlessness, all of which indicate unmet needs requiring greater care and support.

These expressions are common amongst people living with dementia in the community (60%),<sup>48</sup> and more so in care homes, with some studies citing symptoms in over 70% of residents with dementia.<sup>49</sup> Training and education for care staff that enable them to understand and best meet those needs, is crucial in reducing these symptoms and delivering good quality person-centred care.<sup>50</sup> Evidence highlights that high-quality training improves staff's ability to understand and manage these needs and improves the quality of life for people living with these symptoms.<sup>51</sup>

### Provides a healthier and more ethical means of supporting the management of agitation

For some people with dementia, agitation might be a symptom of their dementia and for others it might be a behavioural response to feeling frightened, confused or angry if care and care environments do not meet their needs. Agitation, especially involving physical or verbal aggression, is frequently the most challenging aspect of dementia for care home staff to experience.<sup>52</sup>

Training care staff in person-centred approaches to understand how to prevent and manage stress and distress is particularly important for people with dementia and their family members. This is partly because older adults with dementia are at a higher risk than other people of experiencing the use of restriction and restraints to help manage agitation,

despite the numerous negative physical and psychological outcomes associated with restraint use. One of the most common risks associated with using restraints is physical injury or immobility. When used in long-term care settings, prolonged use of restraints can lead to falls, dehydration, skin breakdowns, circulatory problems, infections and even death in certain cases. Restraints may also lead to the person with dementia becoming more confused or agitated due to a loss of freedom. This can cause feelings of helplessness and vulnerability, as well as an increased risk of developing psychosis-like symptoms, such as delusions or delirium. Agitation is therefore associated with lower quality of life for care home residents<sup>53</sup> as well as increased costs, and work-related stress in care home staff.<sup>54</sup> Person-centred care staff dementia education programs are available that are effective in reducing agitation and the number of restraints<sup>55</sup> amongst long-term care residents.

“

**Training is so important as we [people living with dementia] too are human beings.**

M, person living with dementia

”

### Reduces inappropriate prescribing of antipsychotic and other psychotropic medications

Psychotropics are medicines that affect behaviour and mood, and include a variety of medicines such as antipsychotics, antidepressants, benzodiazepines, and hypnotics. Quality dementia training that focuses on person-centred care has shown strong positive results in reducing the use of anti-psychotic medication and other psychotropic medicines in care homes.<sup>56</sup> This is important because whilst there is modest evidence of some clinical benefits of psychotropic medication use in dementia<sup>57</sup>, there are also considerable risks. These include worsening of cognitive decline, increased risk of stroke, falls, fractures<sup>58</sup>, and an increased risk of death.<sup>59</sup> Tackling inappropriate use of psychotropic medications for the management of dementia symptoms through training is therefore essential as it maintains quality of life.

## Promotes better quality relationships between the person living with dementia and staff

Research also highlights the importance of the quality of one-to-one relationships between staff delivering care and people living with dementia and their unpaid carers. For example, one qualitative study<sup>60</sup> collecting insights from older people with dementia and their family carers, found that where homecare workers had a deep understanding of the lived experience of dementia and the tools and skills to develop effective communication and rapport, more positive experiences of receiving care were expressed. Many participants in this study described the positive effects of being able to establish an effective relationship with home care workers and the importance of mutual collaboration to best meet the needs of the person with dementia. Building and maintaining relationships is essential to adhering to the partnership working theme of the [Care Act \(2014\)](#).

## Enables culturally competent care

Dementia does not discriminate – it affects people of all cultures and backgrounds from diagnosis to end of life. Research highlights that people with dementia who come from culturally and linguistically diverse backgrounds often face poor health and social outcomes such as stigma, depression, and reduced help seeking behaviours.<sup>61</sup> The Alzheimer's Society Health and Social Care committee, made up of people with lived experience of dementia, highlighted the importance of quality dementia training in enabling culturally competent care. Training should enable care professionals to meet the social and cultural needs of the person with dementia, and this is essential whatever the care professional's cultural background and preferences.

Homecare workers' understanding of their clients' identity can enable active participation in tasks and meaningful choice.<sup>62</sup> The Care Quality Commission (2023)<sup>63</sup> found that good quality, culturally competent, dementia training can counter a lack of awareness of specific needs and preferences. For example, an individual's service engagement may be interlinked with their culture, faith, ethnicity, gender, sexuality, disability and previous experiences, and it is important for care workers to be sensitive to these. Training staff to be more aware and deeply understand structural inequalities can enable them to be more proactive in addressing issues of inequality in care planning and delivery.

Social care is provided by a culturally diverse workforce.<sup>64</sup> Research highlights the importance of training for migrant care workers that includes support with communication. More research on whether training should also cover care workers' own cultural beliefs, values and attitudes towards dementia is needed, as there is currently a lack of clarity regarding the intersection of culture in the provision of person-centred dementia care. Care workers from diverse backgrounds may benefit from training to support cross-cultural interactions.

Equality, diversity and inclusion are referenced in the training standards for England, Wales and Northern Ireland and in NICE guidance.<sup>65</sup>

**“I think, if [training] is done right, it'll be a much better experience for people living with dementia.”**

R, person living with dementia

Page 163



**“Cultural specificity is a really important issue.”**  
HM, person living with dementia



“

**Training [can] enable people to have a different perspective of dementia and to ensure dementia gets the respect it deserves. Currently neither people living with dementia, nor their carers get that respect.**

”

M, person living with dementia



## 4.2. Benefits to staff

International studies reveal that care staff have low confidence in their ability to deliver quality care, lack dementia-specific knowledge and feel unable to support the complex care and communication needs of people with dementia. This includes the management of certain dementia-specific issues such as physical and verbal aggression, which can be caused by distress and needs not being met. They also feel inadequately skilled when they communicate with people with dementia, which may contribute to lower job satisfaction.<sup>66</sup> Quality dementia training can increase staff competency and attitudes towards dementia along with the actual care of people with dementia.<sup>67</sup>

### **Improves attitudes, knowledge and confidence in ability to support people with dementia**

Long-term care workers who complete training can experience improvements in their knowledge of dementia and their confidence and belief in their ability to express caring behavior and build compassionate relationships with people with dementia.<sup>68</sup> When coupled with appropriate organisational support, this can lead to increased levels of activity, improved communication, less task-focused care and increased resident well-being.<sup>69</sup> In addition to this, staff attitudes towards dementia have been found to be positively influenced by dementia education,<sup>70</sup> with changes maintained over time.<sup>71</sup>

### **Has the potential to reduce stress and burn out**

For homecare workers, there is some evidence that well-designed dementia training can support staff confidence and reduce the likelihood of experiencing stress and burnout.<sup>72</sup>

However, as with all other benefits mentioned, it is important to note that research also highlights a range of other factors that can influence staff feelings of confidence and competence to deliver dementia care. These include organisational climate, the provision of practical support to implement both training and care practices, promotion of staff autonomy and trust. These in turn may impact individual factors, such as staff burnout and staff attitudes. More positive attitude and intentions to implement person-centred care can lead to greater confidence.<sup>73</sup> Experts emphasise the importance of care worker well-being as an important factor in provision of good dementia care.

### **Enables higher levels of job satisfaction**

Delivery of dementia training to care staff can also help foster higher levels of job satisfaction and career commitment amongst staff.<sup>74</sup> For staff to experience these benefits of dementia education and training, other factors beyond the training itself are just as important. We explore these factors further in section 5.



## 4.3. Benefits to care providers

Qualitative findings from research projects such as FITS into practice<sup>75</sup> and WHELD<sup>76</sup> highlight positive changes in care homes who have completed training. These include improved physical environment, improved staff team engagement, increased activity and engagement between staff and residents, improved relationships with family and enhanced reputation with regulators and local commissioners.<sup>77</sup>

## 4.4. Benefits to the wider system

There is emerging research that high-quality dementia training can also lead to wider system benefits. Dementia has a significant impact on healthcare services.<sup>78</sup> One in six hospital beds today are occupied by people with a diagnosis of dementia. Compared to people without dementia, people with a diagnosis visit the GP up to three times more per year. Without action, and as prevalence increases, this impact is likely to grow: by 2040, there will be 6.9 million additional primary care contacts associated with dementia, requiring an estimated 1.7 million more hours of primary care time.<sup>79</sup>

However, through improved dementia training for the workforce, positive progress can be made. The WHELD training intervention in care homes, described in more detail in section 5, led to fewer emergency hospital admissions and fewer GP visits. We project that if WHELD were to be rolled out nationally, this might also lead to significant cost savings to the wider system.

More research is needed to quantify the system benefits of quality dementia training.





## 5. Case studies of best practice dementia training for the social care workforce

Guided by our own research and a recent evidence and policy review by the NIHR Dementia and Neurodegeneration Policy Research Unit (Queen Mary),<sup>80</sup> we have identified two recent evidence-based dementia training and education programs trialled in the UK. These programs have been found impactful, simple to use by social care staff and for people living with dementia to receive: WHELD (Well-being and Health for People Living with Dementia) and NIDUS-Professional (NIDUS stands for 'New interventions for Independence in Dementia').



Many high performing care organisations currently implement effective dementia training, that are not WHELD or NIDUS-Professional but are grounded in evidence. One example is FITS into practice,<sup>81</sup> a pre-cursor of WHELD that was built on extensive stakeholder and patient and public involvement co-creation. In our report we use WHELD and NIDUS-Professional as costed case study examples to highlight what may be achievable if modest investments were made to implement evidence-based training to support the dementia care workforce.

## 5.1. WHELD

WHELD is an optimisation of FITS into practice and is an evidence-based person-centred training programme for care home staff supporting people with dementia. Shown to be effective in two large clinical trials, WHELD seeks to reduce reliance on antipsychotic medication and uses social interaction, personalised activities and exercise to improve care. In response to the Covid-19 pandemic, WHELD was adapted to online delivery to create iWHELD, to ensure care homes continued to have access to high-quality evidence-based dementia training.

iWHELD consists of 12 online coaching sessions across four months with an iWHELD coach. Weekly for the first eight weeks, then fortnightly for the remaining eight weeks. Care homes also have access to an online digital hub of ideas and resources and peer-to-peer support with a wider community of care workers. Within each participating care home, between two and four existing staff are self-appointed as Dementia Champions to support the implementation and evaluation of iWHELD to the rest of the care home.

Both remote<sup>82</sup> and in-person<sup>83</sup> iterations of the WHELD intervention have demonstrated effectiveness in improving quality of life (QoL) for individuals with dementia, reducing antipsychotic medication use, and agitation and aggression amongst residents. Early findings also indicate the benefits of WHELD in improving staff attitudes towards people with dementia, as well as improved job satisfaction.

Alongside this, residents experience improvement in quality of care, with fewer emergency hospital admissions and fewer GP visits. The benefits were greatest in people with moderately severe dementia.

Both WHELD and iWHELD have been successfully implemented in over 1000 care homes and with over 1600 residents. iWHELD coaches reported seeing changes in the communication skills of staff facilitating activities, including being able to involve people living with advanced dementia with loss of verbal skills. Coaches also reported positive feedback from care home managers and relatives.<sup>84</sup>

### iWHELD Costings

We estimate that the total cost of delivering the iWHELD intervention to all 14,705 CQC-registered care homes in England would be approximately £29.4m per annum. This includes the fixed cost of the digital platform, coach/trainer fees to deliver the training and provide mentorship, and quality oversight measures, including a management structure. Our costings methodology is set out in Appendix 2.

**Within the hub and throughout the coaching, tools and exercises offered through WHELD and iWHELD focus on five topics:**

- 1 Person-centred care**
- 2 Creating moments that matter**
- 3 Personalised care planning**
- 4 Understanding unmet needs**
- 5 Reviewing and reducing antipsychotic medication**



## 5.2. NIDUS-Professional

NIDUS-Professional is a training and support intervention for home care workers caring for people living with dementia in their own homes. The program comprises six online sessions, lasting from an hour to an hour-and-a-half, delivered by two facilitators to groups of between six and eight home care workers (HCWs). Sessions are delivered over three months and are followed up by three monthly catch-up groups to support care workers in applying their learning in practice. During the six sessions, facilitators use an evidence-based manual to cover four key topics:

- 1 **Building positive relationships and managing reluctance to engage.**
- 2 **Supporting people to stay active and involved in meaningful activities.**
- 3 **Supporting each other, and working as a team with carers and other professionals.**
- 4 **Managing behaviours that challenge.**<sup>85</sup>

NIDUS-Professional is the first dementia training and support intervention to be trialled and tested in UK home care agencies.<sup>86</sup> The findings of the study show that, once engaged, home care workers valued the opportunity to speak with peers, reflect on their practice and learn new strategies. The sessions fostered new connections between home care workers, and increased the number of requests for agency-level peer support.

Home care workers involved in NIDUS-Professional welcomed the training's practical focus and reported applying learning to improve client care, including innovative communication techniques, ideas for enjoyable activities, improved understanding of behaviour and relaxation exercises to alleviate clients' anxieties.<sup>87</sup>

**“Not only are we benefiting but primarily our people who we’re looking after are benefiting. It is just fabulous, and you can make even more difference to those people and their families with the support that you can offer if we’ve got some more strategies, like we’ve learned from talking to each other.”**

Care professional

Home care workers reported using strategies to promote their own wellbeing and developing new support systems. In addition to this, home care workers also reported increased confidence in their skills. Some home care workers felt empowered to advocate for change including sharing learning with

colleagues, asking management to implement improvements to agency systems and care planning processes, establishing peer support groups, and requesting additional dementia training for those unable to receive NIDUS-Professional.

The overall findings contribute to the evidence showing that where home care workers are supported to build skills, confidence and a sense of value in their work through peer support, reflective practice and practical strategies, they are enabled to deliver better quality care.<sup>88</sup>

### NIDUS Costings

We estimate that a roll-out of NIDUS-Professional to all 15,000<sup>89</sup> homecare agencies in England registered with the CQC would cost approximately £24 million including staff reimbursement costs. Full details of our costing methodology are set out in Appendix 2.

## 5.2. Cost benefits of national roll out of high-quality dementia training

Not only would rolling out dementia training for care staff nationally lead to benefits for people with dementia and care staff, but it would also be cost effective for governments.

As set out above, the costings for rolling out iWHELD and NIDUS-Professional nationally are relatively small. Furthermore, after accounting for the cost of implementing the iWHELD programme, health and social care cost savings equated to approximately £2,000 per care home, per year (primarily due to fewer hospital and GP visits).<sup>90</sup> If all CQC registered care homes in England were iWHELD trained, this would equate to approximately £29.4 million national cost savings. Equally, if more homecare staff were well-trained, as they were with NIDUS-Professional, we could potentially keep more people with dementia at home for longer, reducing the time they need to spend in costly residential or nursing care. For example, training staff using the NIDUS-Professional model in one homecare agency costs £1,606, which is less than two weeks of full-time care in a care home.<sup>91</sup>



## 6. Critical enablers and barriers to success of training implementation

When looking at the implementation of impactful dementia training, it is important to consider readiness for change and approaches to achieving behavioural change at an individual and organisational level.<sup>92</sup> The 'What Works? In dementia education and training' is a key study that helps us to understand critical enablers and barriers to the success of training.<sup>93</sup>





“

**I think very key... is how busy the people are in care homes and also people that visit [in your own home]. They're on a time constraint of, you know 15 minutes, if you're lucky, three times day.**

”

**Carer of someone living with dementia and health and social care professional**

Having an organisation that understands the importance of training, and supports its employees to feel valued and able to implement their training into practice is key to supporting staff to stay within their organisation. Effective training should understand the individual organisation's wants and needs to support implementation and sustainability of training.

“

**[People who undertook training] would try for so long to make the changes, and in the end they would just give up because there wasn't that support.**

”

**Care professional and person living with dementia**

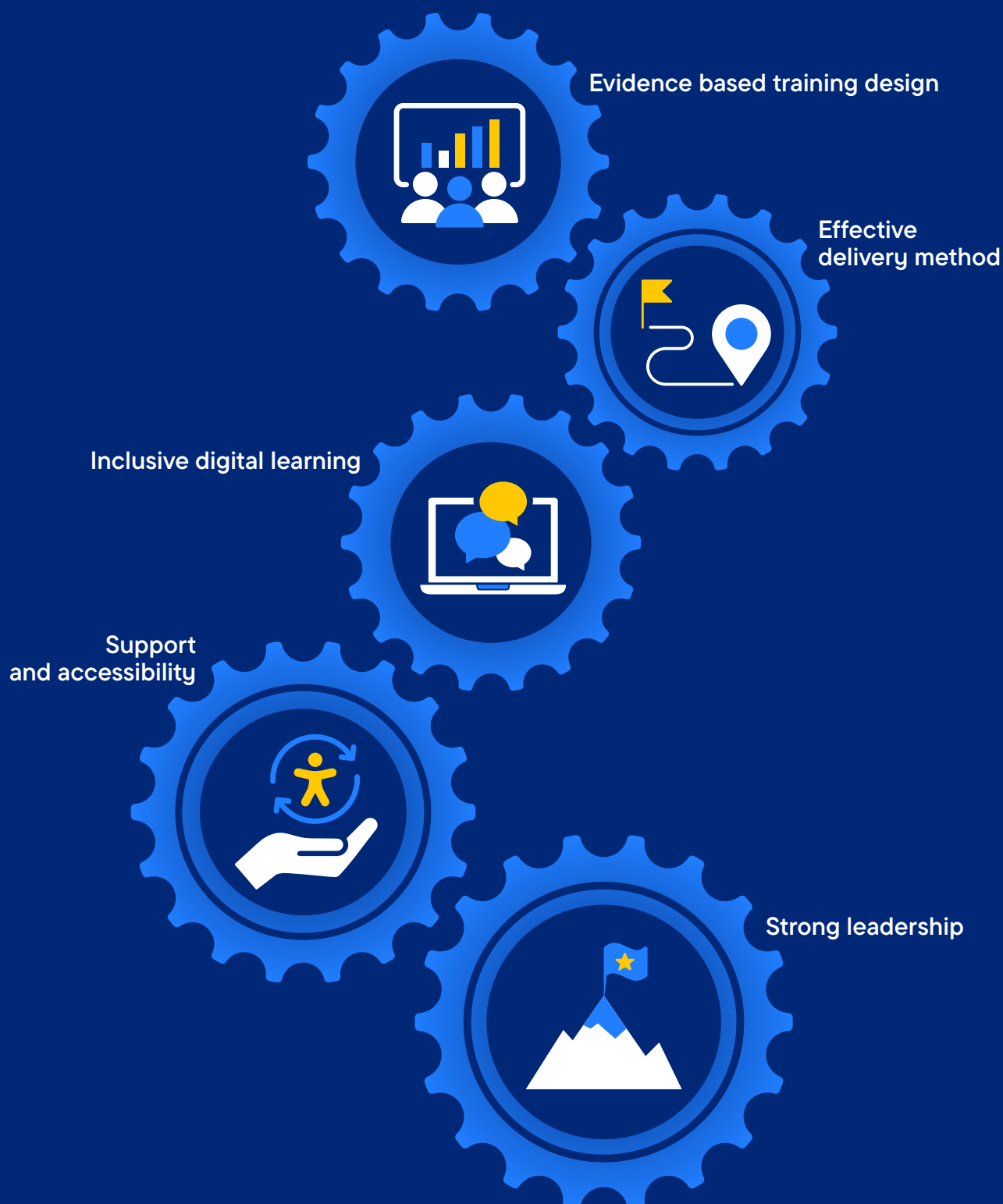
Table 1 summarises some of the critical enablers and barriers to the implementation of dementia training identified from published literature. We combine key features of behavioural change frameworks such as the COM-B model<sup>94</sup> which focuses on individual factors that impact on behavioural change and the i-PARHIS<sup>95</sup> and Theoretical Domains<sup>96</sup> Frameworks, which focus more on wider organisational factors.<sup>97</sup> Experts suggest that optimising the system in which staff are working will enhance the benefits and sustainability of training.



**Table 1 Enablers and barriers of dementia training and education**

	<b>Enablers</b>	<b>Barriers</b>
<b>Capability</b> Affecting how staff felt in their ability to implement training into practice including their knowledge, skills, memory, attention and decision-making processes.	Face-to-face learning Group-based learning Adaptable training Multi-disciplinary perspectives Experienced staff	Acceptability Relevance to job role, skill level and experience Training accessibility One-size-fits-all training One-off single delivery Digital skills of staff
<b>Opportunity</b> The ability of staff to attend training and implement training into practice, including staffing, resource and environmental factors.	Designated time for training during paid hours Flexible training Ability to access external training Shared resources Pre-planned staff cover Protected time to reflect	Lack of time Competing demands. Lack of dedicated training space. Difficulties releasing staff to complete training. Lack of time to put training into practice. Poor service user engagement. Location/distance to travel. Costs. Staff turnover. Staffing issues including short staffing and inappropriate staffing ratios Reduced access to speciality staff for support
<b>Motivation</b> The goals, intentions, role, beliefs and emotions of staff including reinforcement.	Skilled, experienced, proactive facilitator Mixed peer group training. Personal values. Incentives to complete training (badge, certificate, monetary). Committed training lead. Committed, proactive staff. Peer support. Formal, trained mentors. Staff feeling valued by their clients, organisation and society.	Having to complete training in own time. Lack of interest in learning. Low staff morale. Burnout. Job satisfaction. Failing to appreciate why training is important. Perceived as a low-status profession. Inappropriate, disengaged mentors.
<b>Organisation</b> The wider context of the organisation setting the training is taking place within, including social and cultural factors.	Positive learning culture which values training. Workforce development strategy in place. Training reinforced by organisational goals. Supportive management who are engaged with the intervention. Effective leadership. Work environment which is supportive of good dementia care. Promotes staff autonomy and trust. Practical support to implement training into practice. Needs-based model of care.	Lack of funding. Challenging work environment. Difficulties evaluating the impact of training. Lack of sustainability of changes due to training. Task-based model of care. Lack of management support.

# 7. Key components for impactful dementia training





This section articulates five key components for the implementation of impactful dementia training. They have been informed by current available evidence, largely building on knowledge from the ‘What Works? In dementia education and training’ study and through consultation with experts in the field. We also layered onto this knowledge our understanding of core principles for social care for people living with dementia; and a review of the dementia training standards and guidance in the three nations of England, Northern Ireland and Wales.

These components only apply to the implementation of dementia training, not content. Providers must also ensure that the content of dementia training is mapped to their relevant national framework, namely the [Dementia Training Standards Framework](#) in England, the [Dementia Learning and Development Framework](#) in Northern Ireland and the [Good Work Framework](#) in Wales. Content of dementia training should also be updated regularly to reflect latest research findings and best practice guidance in dementia care.

### 1. Evidence informed training design

- Training design should be underpinned by evidence and represent the full diversity of lived experience of people with dementia, unpaid carers and staff. This can be achieved by involving them in the creation and/or delivery of training.
- Providers can audit the quality of dementia training design and delivery methods using the DeTDAT tool (Dementia Training Design and Delivery Audit Tool).<sup>98</sup> This tool contains guidance on the minimum time length and other key features of impactful dementia training. Providers should also observe training delivery to ensure adherence to best practice.
- Providers should develop or access appropriate evaluation tools, for example feedback surveys and knowledge and attitudes questionnaires.

**“It’s essential that people living with dementia are actually involved in the design of the training.”**

R, Care professional and person living with dementia

### 2. Effective delivery method

- Training should use a combination of delivery methods with a skilled and experienced facilitator. Self-directed learning (such as a workbook or e-workbook) can be used

but should always be combined with live interactive delivery methods such as group discussions (whether face-to-face or online), to enable reflection. This facilitates learning and retention of information.

- Interactive learning methods which reflect real life experiences should be used. If simulation training (such as role play or virtual reality) is used, adequate time should be given for preparation and debriefing to ensure psychological safety of staff.

### 3. Inclusive digital learning

- The digital skills of learners should be taken into account. For example, if someone has low digital literacy, training in how to use digital platforms should be included at the outset, alongside ongoing support.
- Digital learning should be accessible and where appropriate, available on own devices to support flexibility for a workforce with competing demands on time. This is particularly important for home care workers who often travel as part of role responsibilities and who may work in geographically dispersed settings.
- It is important to consider access to internet when considering digital learning, particularly for those working in rural areas.

#### 4. Support and accessibility

- Live interactive support such as facilitation, coaching, formal mentoring, supervision and/or peer support, either in person or virtual, is essential to support the delivery of training including building confidence of trainees and to facilitate learning. Dementia training and person-centred care can make trainees more emotionally vulnerable, and it is important to recognise emotional and well-being support needs, for example when discussing safeguarding issues and coping with grief.
- Training should be tailored to be relevant and realistic to the role, experience, English language literacy and skill level of the trainees, with local factors and cultural backgrounds of both staff and people living with dementia taken into account. A one-size-fits-all approach to dementia training should be avoided.

#### 5. Strong leadership

- Effective leadership is vital to ensure the long-term impact of dementia training and embed an organisational culture which respects and fosters learning.
- Dementia champions in the context of training are staff with knowledge and skills in the care of people with dementia who are trained to support implementation of training - including through informal learning. They can help identify and nurture the skills and experience of a wide range of staff, thus building further capacity and capability in dementia care. Care must be taken to select dementia champions who are appropriately trained as trainers and are influential within their organisations.



## 8. Conclusion

Our vision for people living with dementia in England, Wales and Northern Ireland is for everyone to have access to high-quality social care that meets their dementia-specific needs, delivered by a well-trained and supported workforce.

In the current climate, social care reform can appear challenging and sometimes out of reach. Government plans for broad social care reforms and, in England and Wales, promises of a National Care Service, are hopeful but do not engender imminent change.

Whilst working on these wider reforms governments must take action to improve social care for people with dementia now. Our report shows that a relatively small and achievable change – improving quality and uptake of dementia training for the care workforce – could have a significant impact.

Implementing mandatory high-quality dementia training for the care workforce could improve quality of life for people living with dementia, result in higher levels of job satisfaction within the workforce, and reduced pressure on the wider system via a reduction in hospital and GP visits. Our case study examples, WHELD and NIDUS-Professional, show how this can be done, and our costings demonstrate a national roll out is affordable.

In making this change, governments must ensure that everyone with dementia benefits, wherever they draw on social care. Only a statutory duty can achieve this, and national governments in England, Wales and Northern Ireland must take action urgently and introduce this.

Local governments and care providers must also take action now. Pockets of good dementia training practice exist, but it is not consistent or at scale. Local authorities must ensure the care providers they commission have their staff properly trained in dementia, and care providers should use our principles to source high-quality training.

Governments, local leaders and care providers all have a critical role to play in improving social care for people living with dementia. By taking forward the recommendations in this report, and through investment and prioritisation in dementia training, significant progress across England, Wales and Northern Ireland can be achieved resulting in positive and lasting impact for people living with dementia now and in the future.



# Appendix 1

## Methodology

The social care workforce is diverse and there are many different occupations and settings involved in delivering care and support for people living with dementia. Our evidence review focuses on the roles of home care workers and long-term care workers. It does not look at regulated professionals. This is largely due to the two main service settings for social care being residential and domiciliary (home-based) care. In addition, by job role, approximately 76% of posts are direct care workers (people who work directly with service users).<sup>99</sup>

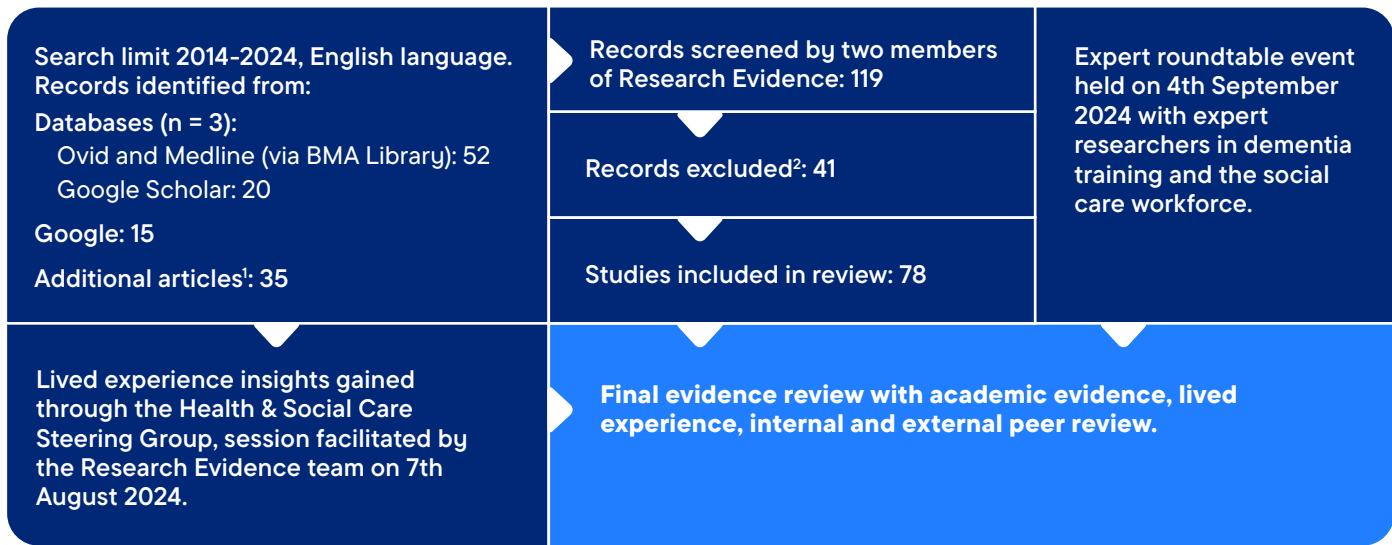
**Definitions:**

- References to social care in this report refer to adult social care only
- Home care worker also known as domiciliary carers are professionals who provide direct care within residents own homes, such as through assisting with household tasks, medication, and other activities that help to maintain quality of life.
- Long-term care worker are professionals who provide direct care to residents in nursing and/or residential homes, also known as care homes.

- Care workforce encompasses primarily the home care and long-term care worker roles but may also include the wider social care workforce.
- Dementia training - defined as any formal method to enable learning that uses expert input (via a teacher, coach, mentor, trainer or facilitator) to develop people’s skills and understanding of dementia and how best to support those living with the condition. It most commonly relates to a specific role and has a focus on application of knowledge into practice.<sup>100</sup>
- Learning - the process of acquiring new understanding, knowledge, skills, attitudes or behaviour. It can be an outcome of training but also education and everyday experience.<sup>101</sup>

Figure 1 shows the methodology used to gather and appraise the evidence used within this report and the original literature review. This includes academic evidence, grey literature, lived experience insights and the expert roundtable event.

**Figure 1 Methodology**



<sup>1</sup> Identified through citation review, recommended articles, discussions with Alzheimer’s Society internal colleagues.  
<sup>2</sup> Records excluded following abstract screen, ineligible following full reading, removing duplicates.



## Appendix 2

# Costing methodology

### iWHELD: Costs

WHELD and iWHELD have currently been delivered to circa 500 care homes. On this basis, the iWHELD programme costs approximately £2000 per year, which covers 24/7 access to the digital platform and ongoing input from coaches and senior managers to sustain benefit and quality assure the training.

The cost of delivering iWHELD to all 14,705 care homes in England would therefore be around: £29.4 million. This would include senior clinical supervision and management infrastructure.

Furthermore, a 2018 PLOS Medicine paper<sup>102</sup> tells us that over the nine months of the study, running the WHELD programme led to an average cost saving of £4,740 per care home, compared with usual care. After accounting for the cost of the WHELD programme, health and social care cost savings were evident, equating to approximately £2,000 per care home, per year or approximately £29.4 million for all CQC registered care homes per annum. Health and social care costs refer to accommodation costs, primary care, hospital, community health and emergency. This was calculated at a nine-month follow-up from initial intervention.

### NIDUS-Professional: Costs

Considering the costs of delivering dementia training in home care settings, it cost £1,915 to deliver NIDUS-professional to four agencies in the recent feasibility trial (considering training and facilitator costs alone), or £478 per agency. Including costs for the time workers and managers spent engaging with the intervention at usual rates of pay, the average cost per agency of training provided was £1,606.

There are around 15,000<sup>103</sup> home care agencies in England registered with the CQC, so the estimated cost of roll out would be approximately £24 million including staff reimbursement costs. This is a relatively small cost, especially when set against the costs associated with inadequate home support. Put another way, training staff in one agency (£1,606) costs less than two weeks of full-time care in a care home.<sup>104</sup> So good quality home care from trained and supervised home care workers is not only what people with dementia and family carers prefer, but also far more cost effective.

While NIDUS-professional has only been tested in a feasibility trial, a recent evidence synthesis indicated that it is of a similar level of intensity (six hours of training) to other successful interventions, for example the PITCH trial in Australia.<sup>105</sup> NIDUS-professional is the only intervention package that has been tested in the UK in an RCT to date. It is based on the PITCH trial materials. PITCH was an intervention that increased care worker sense of competence in dementia care in a full trial. A full trial of NIDUS-professional is planned, with the intention of exploring how co-facilitation of the intervention by trained and supervised agency staff might increase buy-in and enable the content to be tailored to agency needs, while ensuring training is rigorous and evidence-based.

## Appendix 3

# List of professionals consulted and lived experience insights

### Professor Claire Surr

Leeds Beckett University

### Professor Clive Ballard

University of Exeter

### Professor Karen Spilsbury

University of Leeds

### Dr Kritika Samsi

Kings College London

### Dr Monica Leverton

Kings College London

### Dr Mark Wilberforce

University of York

### Professor Christine Wilson

Queen's University Belfast

### Professor Claudia Cooper

Queen Mary University of London

### Professor Linda Clare

University of Exeter

### Dr Deirdre Harkin

Ulster University

### Nicola Jacobson-Wright

University of Worcester

### Dr Isabelle Latham

Hallmark Care homes

### Suzanne Mumford

Care UK

### Dr Catherine Charlwood, NIHR Policy Research

Unit in Dementia and Neurodegeneration

University of Exeter (DeNPRU Exeter)

### Nick Andrews

DEEP Cymru

### Lived experience insights:

With thanks to Alzheimer's Society Health and Social Care Steering Group members who shared their lived experience insights as people living with dementia and current and former carers.

### Martina Davis

### Peter Riley

### Bill Cavender

### Katie Griffin

### Ruth Chauhan

# References

1. Carnall Farrar (2024), [The economic burden of dementia](#).
2. Ibid.
3. UKHCA/Homecare Association (2015), [Dementia and Homecare: Driving Quality and Innovation](#).
4. Wittenberg, R (2018). [The Costs of Dementia in England, Int Jr Geriatric Psychiatry](#), Vol 34, Iss. 7, pp.1095-1103.
5. Skills for Care (2024). [The state of the adult social care sector and workforce in England 2024](#).
6. All-Party Parliamentary Group on Dementia (2022), [Workforce Matters: Putting People Affected by Dementia at the Heart of Care](#). The survey that underpins the APPG report was undertaken in England. However, we consider the specialist needs identified applicable across nations.
7. Ibid.
8. University of Bradford, Leeds Beckett University et al, [Dementia Training Design and Delivery Audit Tool \(DetDAT\) V4.0 2018](#). (accessed 8 August 2024)
9. UK Public General Acts (2022), [Health and Care Act \(2022\)](#).
10. Carnall Farrar (2024), [The economic burden of dementia](#).
11. Skills for Care (2024). [The state of the adult social care sector and workforce in England 2024](#).
12. Jane Fossey et al (2014), [The disconnect between evidence and practice: a systematic review of person-centred interventions and training manuals for care home staff working with people with dementia](#). This study found widespread use of training manuals that were not evidenced based.
13. Smith, S.J. et al (2019), [An audit of dementia education and training in UK health and social care: a comparison with national benchmark](#). This study found that in 386 dementia training packages analysed in England, only 40% of the Dementia training Standards Framework learning outcomes were covered.
14. Skills for Care (2024). [The state of the adult social care sector and workforce in England 2024](#), 38.
15. CQC in England, Social Care Inspectorate in Wales and Regulation and Quality Improvement Body in Northern Ireland.
16. The [Dementia Training Standards Framework](#) in England, the [Good Work Framework](#) in Wales and the [Dementia Learning and Development Framework](#) in Northern Ireland.
17. UK Public General Acts (2022), [Health and Care Act \(2022\)](#).
18. UKHCA/Homecare Association (2015), [Dementia and Homecare: Driving Quality and Innovation](#).
19. Wittenberg, R (2018). [The Costs of Dementia in England, Int Jr Geriatric Psychiatry](#), Vol 34, Iss. 7, pp.1095-1103.
20. Walnut (2024), [Personal Experiences of the Dementia Journey: The True Picture](#).
21. All-Party Parliamentary Group on Dementia (2022), [Workforce Matters: Putting People Affected by Dementia at the Heart of Care](#). The survey that underpins the APPG report was undertaken in England. However, we consider the specialist needs identified applicable across nations.
22. Schulz et al (2015), [Participation in cognitively-stimulating activities is associated with brain structure and cognitive function in preclinical Alzheimer's disease](#).
23. Woods B, et al (2023). [Cognitive stimulation to improve cognitive functioning in people with dementia](#). Cochrane Database of Systematic Reviews 2023, Issue 1. Pub3
24. All-Party Parliamentary Group on Dementia (2022), [Workforce Matters: Putting People Affected by Dementia at the Heart of Care](#). The survey that underpins the APPG report was undertaken in England. However, we consider the specialist needs identified applicable across nations.
25. Ibid
26. Ibid
27. Skills for Care (2024). [The state of the adult social care sector and workforce in England 2024](#).
28. Walnut (2024), [Personal Experiences of the Dementia Journey: The True Picture](#).
29. Skills for Care (updated 2024), [Statutory and mandatory training guide for adult social care employers](#).
30. Ibid
31. National Institute for Health and Care Excellence (2018), [Dementia: assessment, management and support for people living with dementia and their carers](#).
32. Care Quality Commission (2024), [Regulation 18: staffing](#).
33. Social Care Wales (2023), [Social care workforce survey 2023](#).
34. Social Care Wales (2023) [Registration changes for social care workers and managers](#).
35. Social Care Wales (2023), [All Wales Induction Framework Section 3 'Health and Wellbeing](#).

**36.** Social Care Wales (2023), Guidance to Regulation 36 of The Regulation and Inspection of Social Care (Wales) Act 2016 contains reference to social workers completing the relevant induction programme required by Social Care Wales, although, as set out above, it is unclear whether and how this is monitored.

**37.** Skills for Care (2024). [A Workforce Strategy for Adult Social Care in England](#).

**38.** Labour Party (2024). [Manifesto](#).

**39.** HM Government (2024). [Employment Rights Bill](#).

**40.** Welsh Government (2023). [Proposals for a pay and progression framework for the social care workforce in Wales](#).

**41.** Northern Ireland Social Care Council (2024). [What does the Care in Practice Framework mean for you and your staff?](#)

**42.** Care Quality Commission (last updated 2024). [Regulation 18: staffing](#).

**43.** National Institute for Health and Care Excellence (2018). [Dementia: assessment, management and support for people living with dementia and their carers](#).

**44.** Skills for Care (2023). [The state of the adult social care sector and workforce in England](#).

**45.** In England, in 2023 the turnover rate for care workers was 13.3%, with a vacancy rate of 7.2% as of September 2023 ([The workforce employed by adult social services departments England 2023](#), [skillsforcare.org.uk](https://skillsforcare.org.uk)). while 390,000 people left their job in 2022/23 – one third of whom left social care altogether (Skills for Care, 2023, [The state of the adult social care sector and workforce in England](#), p.19). In Wales, the social care workforce has approximately 5,323 vacancies recorded, equivalent to a vacancy rate of 9% in total, from a total number of 84,134 people estimated to work in the social care sector (Social Care Wales, [Social Care Workforce Report 2022](#), p. 10). In Northern Ireland, on 31 March 2024, the leaving rate of Health and Social Care staff was 7.7% during the prior year. This is a decrease from the rate of 8.4% reported in 2023. The joining rate of Health and Social Care staff on 31 March 2024 was 9.3%. At 31 March 2024, the Social Services staff group made up the highest proportion of all vacancies actively being recruited, at 25.7%, equating to 1,381 vacancies (Department of Health, 2024, [Northern Ireland Health and Social Care Active Recruitment Statistics & Northern Ireland Health and Social Care Workforce Statistics March 2024](#)).

**46.** Skills for Care (2024). [A Workforce Strategy for Adult Social Care in England](#).

**47.** James IA et al (2023). [Management of Agitation in Behaviours That Challenge in Dementia Care: Multidisciplinary Perspectives on Non-Pharmacological Strategies](#). Clin Interv Aging. 2023 Feb 18;18:219-230. doi: 10.2147/CIA.S399697. PMID: 36843632; PMCID: PMC9946002.

**48.** Wittenberg R, et al (2018). [The costs of dementia in England](#). Int J Geriatr Psychiatry. 2019; 34: 1095–1103.

**49.** Kim D, et al (2024). [How Do Nursing Home Nurses Conceptualize the Management of Behavioral and Psychological Symptoms of Dementia? A Phenomenographic Study](#). Nurs Health Sci Vol. 26, Iss. 1.

**50.** Spector A, et al (2013). [A Systematic Review of Staff Training Interventions to Reduce the Behavioural and Psychological Symptoms of Dementia](#). Ageing Res Rev Vol. 12, Iss. 1, pp. 354–64.

**51.** Ballard C, et al (2020) [Improving Mental Health and Reducing Antipsychotic Use in People with Dementia in Care Homes: The Wheld Research Programme Including Two RCTs](#). Southampton (UK): NIHR Journals Library; 2020 Jul. PMID: 32721145.

**52.** Ballard C, and Corbett A (2013). [Agitation and aggression in people with Alzheimer's disease](#). Curr Opin Psychiatry. 2013; 26(3): 252-259.

**53.** Martyr A, et al (2019). [Living Well with Dementia: A Systematic Review and Correlational Meta-Analysis of Factors Associated with Quality of Life, Well-Being and Life Satisfaction in People with Dementia](#). Psychol Med Vol. 48, Iss. 13, pp. 2130–39.

**54.** Costello H, et al (2019). [A Systematic Review and Meta Analysis of the Prevalence and Associations of Stress and Burnout among Staff in Long-Term Care Facilities for People with Dementia](#). Int Psychogeriatr Vol. 31, Iss. 8, pp. 1203–16.

**55.** Möhler R, et al (2013). [Interventions for preventing and reducing the use of physical restraints for older people in all long-term care settings](#). Cochrane Database Syst Rev. 2023 Jul 28;7(7):CD007546. doi: 10.1002/14651858.CD007546.pub3. PMID: 37500094; PMCID: PMC10374410.

**56.** Ballard, C et al (2020). [Improving Mental Health and Reducing Antipsychotic Use in People with Dementia in Care Homes: The Wheld Research Programme Including Two RCTs](#). Programme Grants for Applied Research 8, no. 6 (2020).

**57.** Muhlbauer V, et al (2017). [Antipsychotics for agitation and psychosis in people with Alzheimer's disease and vascular dementia](#). Cochrane Database of Systematic Reviews.

**58.** Mok, P et al (2024). [Multiple adverse outcomes associated with antipsychotic use in people with dementia: population based matched cohort study](#). BMJ, e076268.

**59.** Ralph, S.J and Espinet, A.J (2018). [Increased all-cause mortality by antipsychotic drugs: Updated review and meta-analysis in dementia and General Mental Health Care](#). Journal of Alzheimer's Disease Reports.

**60.** Polascek, M. et al (2020) ['I Know They Are Not Trained in Dementia': Addressing the Needs for Specialist Dementia Training for Home Care Workers](#). Health Soc Care Community Vol. 28, Iss. 2, pp.: 475–84.



61. Shatnawi E, Steiner-Lim GZ, Karamacoska D (2024). Cultural inclusivity and diversity in dementia friendly communities: An integrative review. Dementia (London). 2023 Nov;22(8):2024-2046. doi: 10.1177/14713012231206292. Epub 2023 Oct 23. PMID: 37871120; PMCID: PMC10644696.
62. Leverton M, et al (2021). Supporting independence at home for people living with dementia: a qualitative ethnographic study of homecare - PubMed (nih.gov). Soc Psychiatry Psychiatr Epidemiol. Vol. 56, Iss. 12, pp. 2323-2336.
63. Care Quality Commission (2023). Rapid literature review: Inequalities in dementia.
64. Skills for Care (2023). The State of the Adult Social Care Sector and Workforce in England.
65. National Institute for Clinical Excellence (2018). Dementia: assessment, management and support for people living with dementia and their carers.
66. Rasmussen, B. M. et al (2023) Effectiveness of Dementia Education for Professional Care Staff and Factors Influencing Staff-Related Outcomes: An Overview of Systematic Reviews. International Journal of Nursing Studies Vol. 142.
67. Dow, B et al (2024). Promoting Independence Through Quality Dementia Care at Home (PITCH): An Australian Stepped-Wedge Cluster Randomised Controlled Trial Evaluating a Dementia Training Program for Home Care Workers. International journal of geriatric psychiatry, 39(9), e6140.
68. Newbould, L et al (2022). Developing Effective Workforce Training to Support the Long-Term Care of Older Adults: A Review of Reviews. Health Soc Care Community Vol. 30 pp. 2202-17.
69. Education and Training in Dementia Care: A Person-Centred Approach (Paperback). Surr, C; Latham, I; Smith, SJ. 2023.
70. Islam, M. et al (2017). The Nature, Characteristics and Associations of Care Home Staff Stress and Wellbeing: A National Survey. BMC Nursing Vol. 16 Art. 22.
71. Rasmussen, B. M. et al (2023). Effectiveness of Dementia Education for Professional Care Staff and Factors Influencing Staff-Related Outcomes: An Overview of Systematic Reviews. International Journal of Nursing Studies Vol. 142.
72. Newbould, L. et al (2022). Developing Effective Workforce Training to Support the Long-Term Care of Older Adults: A Review of Reviews. Health Soc Care Community Vol. 30, pp. 2202-17.
73. Parveen S, Smith SJ, Sass C, Oyeboode JR, Capstick A, Dennison A, Surr CA. Impact of dementia education and training on health and social care staff knowledge, attitudes and confidence: a cross-sectional study. BMJ Open. 2021 Jan 19;11(1):e039939. PMCID: PMC7817792.
74. Rasmussen, B. M. et al (2023). Effectiveness of Dementia Education for Professional Care Staff and Factors Influencing Staff-Related Outcomes: An Overview of Systematic Reviews. International Journal of Nursing Studies Vol. 142.
75. Brooker, D. J. et al (2016). FITS into practice: translating research into practice in reducing the use of anti-psychotic medication for people with dementia living in care homes. Aging & mental health, 20(7), 709-718.
76. NIHR (accessed September 2024), WHELD into Practice: improving Wellbeing and mental HEaLth for care home residents with Dementia and reducing unnecessary sedative medications.
77. University of Worcester, Association of Dementia Studies (2014). FITS into Practice: Developing Dementia Specialist Care Homes Summary Report.
78. Carnall Farrar (2024). The economic impact of dementia – Module 2: Dementia's contribution to health metrics.
79. Ibid.
80. Delray, S. et al (2024). Systematic policy and evidence review to consider how dementia education and training is best delivered in the social care workforce, and how policy does or can enable its implementation in England. NB: This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.
81. Brooker, D. et al (2016). FITS into practice: Translating research into practice in reducing the use of anti-psychotic medication for people with dementia living in care homes. Aging Ment Health. 2016 Jul;20(7):709-18. Epub 2015 Jul 13. PMID: 26167720; PMCID: PMC4898161.
82. McDermid, J. et al (2024). Impact of the iWHELD Digital Person-Centered Care Program on Quality of Life, Agitation and Psychotropic Medications in People with Dementia Living in Nursing Homes during the COVID-19 Pandemic: A Randomized Controlled Trial. Alzheimers Dementia Vol. 20, Iss. 3, pp. 1797-1806.
83. Ballard, C. et al (2020). Improving mental health and reducing antipsychotic use in people with dementia in care homes: the WHELD research programme including two RCTs. Programme Grants Appl Vol. 8, Iss. 6.
84. Fossey, J. et al (2020). A qualitative analysis of trainer/coach experiences of changing care home practice in the Well-being and Health in Dementia randomised control trial. Dementia (London, England), 19(2), 237-252.
85. Modelled on PITCH, the Australian evidence-based education program for HCWs supporting people living with dementia and their families at home. Dow, B., et al (2024). Promoting Independence Through Quality Dementia Care at Home (PITCH): An Australian Stepped-Wedge Cluster Randomised Controlled Trial Evaluating a Dementia Training Program for Home Care Workers. International journal of geriatric psychiatry, 39(9), e6140.

**86.** Cooper, C., et al (2024). Feasibility and Acceptability of Nidus-Professional, a Training and Support Intervention for Homecare Workers Caring for Clients Living with Dementia: A Cluster-Randomised Feasibility Trial. Age Ageing Vol. 53, Iss. 4.

**87.** Kelleher, D. et al (2024). A Process Evaluation of the NIDUS-Professional Dementia Training Intervention for UK Homecare Workers. Age Ageing Vol. 53, Iss. 5.

**88.** Cooper, C. et al (2024). A Psychosocial Goal-Setting and Manualised Support Intervention for Independence in Dementia (NIDUS-Family) versus Goal Setting and Routine Care: A Single-Masked, Phase 3, Superiority, Randomised Controlled Trial. Lancet Healthy Longevity Vol. 5, pp. e141–51.

**89.** Care Quality Commission (accessed 19 September 2024), CQC registered home care agencies. NB: this is a 'live' number that is updated regularly.

**90.** Ballard, C et al (2018). Impact of person-centred care training and person-centred activities on quality of life, agitation, and antipsychotic use in people with dementia living in nursing homes: A cluster-randomised controlled trial. PLOS Medicine. Table 5.

**91.** Age UK estimates that residential care costs around £800 per week in a care home, and £1708 per week in a nursing home. See: Age UK (2024), How much does care cost?

**92.** Education and training in dementia care: A Person-centred Approach. Education and Training in Dementia Care: A Person-Centred Approach (Paperback). Surr, C; Latham, I; Smith, SJ. 2023.

**93.** Surr, et al (2024). 'What works' in dementia education and training? Identifying the programmes and approaches that lead to the best outcomes for people with dementia and their families. (accessed 31 August 2024).

**94.** Michie, S. et al (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 6(1).

**95.** Harvey, G., & Kitson, A. (2016). PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. Implementation science : IS, 11, 33.

**96.** Atkins, L. et al (2017). A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. Implementation science: IS, 12(1), 77.

**97.** Education and Training in Dementia Care: A Person-Centred Approach (Paperback). Surr, C; Latham, I; Smith, SJ. 2023.

**98.** University of Bradford, Leeds Beckett University et al, Dementia Training Design and Delivery Audit Tool (DetDAT) V4.0 2018. (accessed 8 August 2024).

**99.** The King's Fund (2024), The adult social care workforce in a nutshell.

**100.** Education and Training in Dementia Care: A Person-Centred Approach (Paperback). Surr, C; Latham, I; Smith, SJ. 2023.

**101.** Ibid.

**102.** Ballard, C et al (2018). Impact of person-centred care training and person-centred activities on quality of life, agitation, and antipsychotic use in people with dementia living in nursing homes: A cluster-randomised controlled trial. PLOS Medicine. Table 5.

**103.** Care Quality Commission (accessed 19 September 2024), CQC registered home care agencies. NB: this is a 'live' number that is updated regularly.

**104.** Age UK estimates that residential care costs around £800 per week for a care home and £1078 per week for a nursing home. See Age UK, How much does care cost?

**105.** Dow, B et al (2024). Promoting Independence Through Quality Dementia Care at Home (PITCH): An Australian Stepped-Wedge Cluster Randomised Controlled Trial Evaluating a Dementia Training Program for Home Care Workers. International journal of geriatric psychiatry, 39(9), e6140.



# Alzheimer's Society

Together we are help & hope  
for everyone living with dementia

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# Training and development for care staff supporting people living with Dementia

Health and Scrutiny Board 5  
17 September 2025




# Background and purpose

- Alzheimer's Society recently published a report '*Because We're Human Too: Why dementia training for care workers matters and how to deliver it*', which expresses concern at low levels of dementia training amongst care staff – 29% nationally.
  - The report recommends local authorities, when commissioning adult social care services, include a contractual obligation for care providers to ensure staff undertake the Alzheimer's Society's dementia training programme at an annual cost of £2,000 per care home.
  - This paper offers assurance on the current requirements for dementia training and the associated training compliance within Coventry's Adult Social Care workforce.
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# Dementia in Coventry

- 'Dementia' describes a set of symptoms such as memory loss, confusion, problems with language and understanding, and behavioural and personality changes which develop over time due to damage to nerves in the brain. Alzheimer's and vascular dementia are most common types of dementia, but there are 12 other types of dementia people may develop, or people can have more than one (mixed dementia).
- While intervention and support can greatly improve quality of life for the person with dementia, there is currently no cure for dementia, and it will always become progressively worse. However, the length of time someone lives with dementia can vary greatly – for some they deteriorate within weeks, while others live well with dementia for many years.
- In 2024 an estimated 3,780 Coventry citizens were living with dementia. By 2040 around 4,800 of our residents are expected to be affected.
- Dementia usually affects older people, but rarely younger people may be diagnosed with dementia – it is estimated that 80 younger adults are living with young onset dementia in Coventry.

# Why good dementia training matters

- ASC share the Alzheimer's Society's view that good dementia training amongst our adult social care workforce is important:
    - A trained workforce enables more effective and compassionate care, particularly if the person becomes agitated or displays behaviour that challenges.
    - Settings where staff are sufficiently trained are less likely to rely on antipsychotics and other psychotropic medications to manage behaviour.
    - Relationships are better when staff properly understand and can communicate well with the person with dementia, and when environments are dementia-friendly.
    - Well-trained staff are more likely to be confident, competent and remain in their jobs, providing consistent and good quality care to our citizens.
- 



# Dementia training requirements for care staff

- **The Care Certificate:** National Care Standards require a minimum level of training for all new care staff, with dementia training included to ensure a consistent level of knowledge and awareness. Also states staff supporting those with dementia should have additional training.
- **DHSC Dementia Training Standards Framework:** aims to ensure quality and consistency in dementia education / training, specifically the skills and knowledge necessary.
- **Coventry and Warwickshire Dementia Strategy 2022-2027:** 6 priority areas, including 'Training Well' - *"We will work to ensure training and awareness opportunities are offered to support communities to increase their awareness of dementia, and that staff who work with people affected by dementia have access to appropriate, accredited training"*. Implementation of this is being strengthened through the multiagency Dementia 100 self-assessment Coventry and Warwickshire are currently going through.

# Additional dementia training funded in Coventry above the requirement level

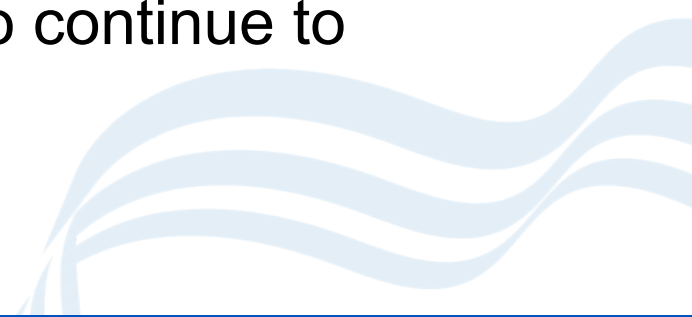
- In addition to the National Care Certificate, the following training and development opportunities are available which can be funded through the ASC Learning and Development Support Scheme

Award	Training providers	Funding available
Level 2 Award in Awareness of Dementia	City and Guilds Highfield iCQ Innovate Awarding NCFE/CACHE OCN London TQUK	£125
Level 2 Certificate in Dementia Care	TQUK NOCN	£305
Level 3 Award in Awareness of Dementia	BIIAB City and Guilds iCQ NCFE/CACHE OCN London TQUK	£185
Level 3 Certificate in Dementia care	iCQ	£430

# Quality assurance

- The regulator, Care Quality Commission, is responsible for ensuring provider compliance with care standards and ensuring staff are appropriately trained.
- CCC, in partnership with CWICB, jointly quality assure contracted services and internally provided services, including checks on training matrixes, conversations with staff, checks of supervision records etc. to ensure competence.
- **Example: Youell Court Care Home** use of the Blue Butterfly sticker scheme to identify individuals with dementia to signify they may require extra support
- **Example: Non-Pharmacological Approaches** – our QA team have developed a handbook and are delivering training to equip care staff with the skills to support people with distressed behaviour without resorting to pharmacological approaches. This will be supported by monthly clinics.
- **Example: Virtual Dementia Tour** available nationwide giving training delegates a scientifically and medically proven simulation of what it is like to live with dementia. Research indicates this has proven to change practice in 95% of delegates, improve knowledge in 97% and improve outcomes for 100% of clients. Costs are from £1,040 for 16 people and £1,140 for 32 people.

# Our local position

- All Coventry providers are aware of the Alzheimer's Society training offer to enable them to make an informed decision around purchasing additional training.
  - 50% of **all care staff** in Coventry have received formal dementia training – well exceeding the national performance level (29%). Our QA processes assure us that rates are considerably higher amongst our dementia care home staff.
  - We strive to continue to build on this and regularly promote training opportunities through our Provider Forums, Provider Bulletin and Quality Assurance processes. We have encouraged Coventry providers to engage with a study at Leeds Beckett University aiming to continue to strengthen the adult social care workforce.
- 



# Summary

- We are committed to ensuring our wider workforce is well-positioned to provide good dementia care and alongside ensuring minimum training standards are met, we will continue to promote opportunities for additional training including the Alzheimer's Society's offer, to ensure the quality of support for people living with dementia in Coventry continuously improves.
- We have a level of assurance that levels of dementia training amongst Coventry's **whole** adult social care workforce exceed those cited nationally, and that for those working directly with people with dementia, our workforce has good levels of awareness and understanding of how to provide good dementia care.



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## Briefing note

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 17<sup>th</sup> September 2025**

**Subject: Health and Social Care Scrutiny Board (5) Work Programme 2025-26**

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### **1 Purpose of the Note**

- 1.1 To provide Board Members an opportunity to discuss potential items for the work programme 2025-26.

### **2 Recommendations**

- 2.1 The Health and Social Care Scrutiny Board (5) is recommended to:
  - 1) Consider information shared regarding Cabinet Member priorities.
  - 2) Consider the draft Work Programme attached at Appendix 1.
  - 3) Identify and agree any additional items for the Work Programme 2025-26.

### **3 Background and Information**

- 3.1 The role of scrutiny is to hold the Executive of the Council to account. The Health and Social Care Scrutiny Board (5) is responsible for the scrutiny of the portfolios of the Cabinet Member for Adult Services and the Cabinet Member for Public Health, Sport and Wellbeing, as well as external providers of health services in Coventry.
- 3.2 The Cabinet Members have been invited to share their portfolio priorities for the municipal year 2025-26
- 3.3 The Work Programme provides a schedule of items for meetings over the coming municipal year. The draft Work Programme for the Health and Social Care Scrutiny Board (5) for 2025-26 is attached at Appendix 1.
- 3.4 Scrutiny Work Programmes are working documents and will adapt and change over the year to react to Members' requirements. Any item agreed at this meeting does not preclude any future amendments to the Work Programme.

### **4 Health Inequalities Impact**

- 4.1 There is no impact on health inequalities for these specific recommendations, but Members may want to consider how identified Work Programme items may impact on health inequalities.

Appendix 1: Health and Social Care Scrutiny Board (5) Work Programme 2025-26

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<b>17 September 25</b>
Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25 Cabinet Member Portfolio Priorities Training of Care Staff supporting patients with Dementia
<b>8 October 25</b>
Improving Lives Director of Public Health's Annual report
<b>12 November 25</b>
Young person's risky behaviours service Prioritisation of NHS Services
<b>17 December 25</b>
Digital Access to Health
<b>21 January 26</b>
Family Health and Lifestyles Service
<b>25 February 26</b>
Virtual Beds Update end of 25/26 Update on The Physical Activity and Sport Strategy
<b>1 April 26</b>
Primary Care Healthwatch Annual Report (April 26)
<b>TBC</b>
ICB efficiency savings – 25/26 - Update on ICB Blueprint / ICB Clustering Integrated Health and Care Delivery Plan Safeguarding Adults Annual Report Disabled Facilities Grant PALS Rugby St Cross Mental Health Community Pharmacists Trans/Non-binary/Intersex Health Ambulance Service / Fire Service / WMP HDRC Grapevine Task & Finish Group Access to Dentistry and All age Oral Health Age UK UHCW - A&E Waiting Times Health and care of students in Coventry Neighbourhood Health Early Adopter Programme

## Health and Social Care Scrutiny Board Work Programme 2025/26

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>17 September 25</b>	Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25	To consider the Cabinet Report of 30 <sup>th</sup> September 2025 and identify any further recommendations.	Andrew Errington / Cllr Bigham / Pete Fahy
	Cabinet Member Portfolio Priorities	To invite Cllrs Caan and Bigham to identify their priorities for the coming year to identify future items and hold Cabinet Members to account	Cllr Caan / Cllr Bigham
	Training of Care Staff supporting patients with Dementia	Sufficiency of training of care staff who support patients with dementia	Cllr Bigham Pete Fahy Jon Reading
<b>8 October 25</b>	Improving Lives	A follow up item from the meeting on 10 <sup>th</sup> April 2024, to review following 12 months of implementation of a whole city approach To include clarification around how ASC is allocated based from need. (Referred from SCRUCO Transformation Programme Item)	Pete Fahy UHCW
	Director of Public Health's Annual report	This report focuses on the city's rich cultural diversity and health inequalities that are facing migrant populations.	Cllr Caan, Allison Duggal
<b>12 November 25</b>	Young person's risky behaviours service	Update on service development before recommissioning	Cllr Caan/ Rachel Chapman
	Prioritisation of NHS Services	Led by ICB	Rose Uwins

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>17 December 25</b>	Digital Access to Health	Partners supporting switch to digital To include: The number of patients using the NHS App month by month including a demographic breakdown if available. How to raise awareness of the NHS App including linking with the Council's Digital Inclusion Team and Cov Connects on Digital Inclusion.	Rose Uwins / A Duggal / Caan
<b>21 January 26</b>	Family Health and Lifestyles Service	Referred from SB2 - To looking in more detail at how the service is tackling health inequalities and targeting services at those in need on a localised basis. School nurse and health visiting provision. Also how the service is supporting Early Help. from Dec25/Jan26	A Duggal / Cllr Caan
<b>25 February 26</b>	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/Pete Fahy / Cllr Bigham
	Update on The Physical Activity and Sport Strategy	Progress of the draft Physical Activity and Sport Strategy to be brought back to the Board in the 2025/26 Municipal Year.	P Fahy / J Hunt / D Nuttall / Cllr Caan
<b>1 April 26</b>	Primary Care	Update in 12 months time - To cover access to GP's and other primary care,	R Uwins / Alison

## Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		particularly in relation to reducing pressure on A&E For Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry	Cartwright / Cllr Caan
	Healthwatch Annual Report (April 26)	To consider the work of Healthwatch and how scrutiny can use their findings	Ruth Light
<b>TBC</b>			
	ICB efficiency savings – 25/26 - Update on ICB Blueprint / ICB Clustering	An item requested at the meeting on 17 <sup>th</sup> January to look in more detail at the proposed actions to make significant efficiency savings at the ICB. To include an update on the future plans around the ICB Blueprint. Transition plan expected from September - SB5 involvement to oversee the implementation of the transition plan	Rose Uwins
	Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities. Understand how the transition to this cluster will be managed - What will be	ICB Rose Uwins



Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		the positive/negative impacts for coventry residents from the clustering	
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Disabled Facilities Grant	Delivery and waiting times	Cllr Bigham Pete Fahy / Sally Caren / Aideen Staunton
	PALS		UHCW
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan
	Mental Health	Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams.	CWPT
	Community Pharmacists	To include Pharmacy First	
	Trans/Non-binary/Intersex Health		A Duggal Cllr Caan
	Ambulance Service / Fire Service / WMP	Partnership working - Improved partnership working between the ambulance, fire and police services. To include WMFS to provide further	Kirsty Tuffin and Vivek Khashu, Rachel Danter ICB

## Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		information on safe and well, or strong checks that's provided within the City	
	HDRC		
	Grapevine		
	Task & Finish Group	Smoking cessation in pregnancy	
	Access to Dentistry and All age Oral Health	Update from recommendations raised during January 2025 - Public Health to work collaboratively with the ICB on the following: <ul style="list-style-type: none"> <li>o dental promotion</li> <li>o promotion of dental hygiene in school settings</li> <li>o appointment availability across the city</li> <li>o dental availability and awareness in areas of inequality and deprivation across the city.</li> </ul>	
	Age UK	Update around work undertaken of experience of elderly in A&E - 'Corridor Care'	
	UHCW - A&E Waiting Times	Updates on waiting times – complaints on hospital appointments availability. Review following 12 months of SB5 last visit - to identify any changes and improvements	A Hardy / Cllr Caan
	Health and care of students in Coventry	Visit to Warwick University for members, health, and care of students in the City	

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
	Neighbourhood Health Early Adopter Programme	SB5 involvement potentially if the bid is successful	Pete Fahy Cllr Bigham

#### Frequently Used Health and Social Care Acronyms

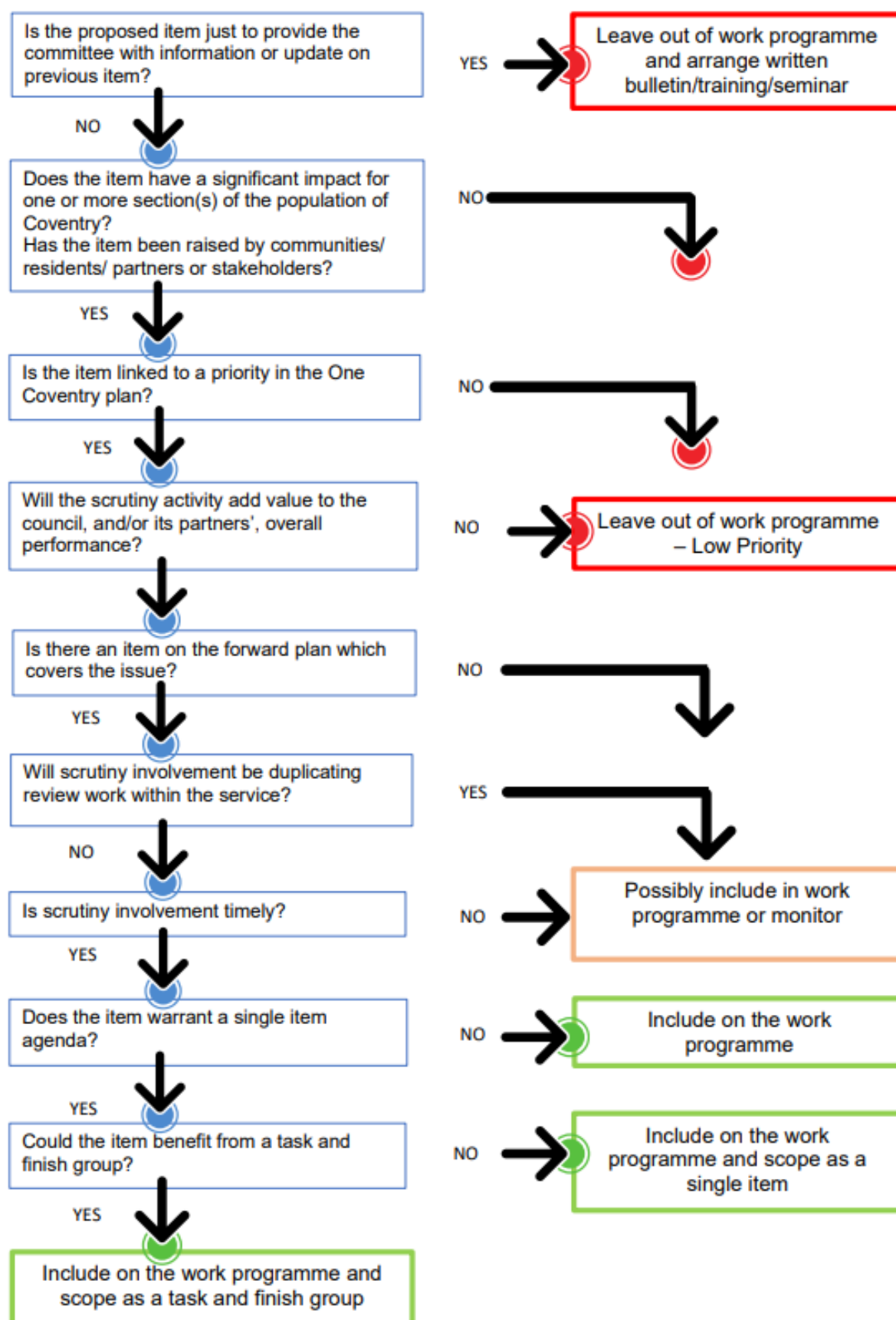
- ASC – Adult Social Care
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal

## Health and Social Care Scrutiny Board Work Programme 2025/26

- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service
- WMFS – West Midlands Fire Service



## Work Programme Decision Flow Chart



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