



Cabinet Member for Adult Services

Time and Date

1.00 pm on Wednesday, 15th July, 2026

Place

Committee Room 1 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 6)
 - a) To agree the minutes of the meeting held on the 1st of April 2026.
 - b) Matters arising.
4. **Quarter Four and End of Year Performance 2025/26 - Adult Social Care**
(Pages 7 - 28)

Report of the Director of Care, Health and Housing.
5. **Outcome of Inspection by the Care Quality Commission of Coventry City Council Adult Social Care** (Pages 29 - 40)

Report and Briefing Note of the Director of Care, Health & Housing.
6. **Outstanding Issues**

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

Private business

None

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

Tuesday, 7 July 2026

Note: The person to contact about the agenda and documents for this meeting is Asher Veness Email: Asher.Veness@coventry.gov.uk

Membership: Councillors L Bigham (Cabinet Member), D Clark (Shadow Cabinet Member) and P Cowley (Shadow Cabinet Member)

Public Access

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Asher Veness

Email: Asher.Veness@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Cabinet Member for Adult Services held at 1.00 pm on
Wednesday, 1 April 2026

Present:

Members: Councillor L Bigham (Cabinet Member)
 Councillor D Toulson (Deputy Cabinet Member)

Employees (by Directorate):

Care, Health and Housing P Fahy (Director), L Hay, B Lindsay

Law and Governance T Robinson

Apologies: Councillor B Mosterman

Public Business

6. Declarations of Interest

There were no disclosable pecuniary interests.

7. Minutes

The minutes of the meeting held on the 25 September 2025 were agreed and signed as a true record.

There were no matters arising.

8. Adult Social Care Annual Representations Report 2024/25 (Comments, Compliments and Complaints)

The Cabinet Member for Adult Services considered a report of the Director of Care, Health and Housing on the annual representations received between 2024-25.

Officers stated that Adult Services has a statutory duty arising from the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, to provide a system for receiving comments, compliments and complaints from people who use its services, or those acting on behalf of them. There is also a duty under the regulations to produce and publish an annual report. The report (attached at appendix 1) set out the details of the representations received across Coventry's Adult Services in 2024/25. It highlighted the service improvements and learning from feedback and included information on future developments in complaint handling and reporting. Appendix 2 to the report set out the complaints handling procedure.

The Director added to the report by providing a valuable context, recognising that receiving such a low number of complaints for such a large service could be conceived as a cause for concern. However, the number of queries dealt with daily

by Adult Social Care (ASC) staff are not captured within the statutory report. The Cabinet and Deputy Cabinet Members, Councillors L Bigham and D Toulson, agreed, recognising how slight increases in statutory complaints indicates the attention paid to service users.

RESOLVED that the Cabinet Member for Adult Services approves publication of the Council's Annual Representations Report in relation to Adult Social Care for 2024/25 as attached as Appendix 1 to the report.

9. **Quarter Three Performance 2025/26 - Adult Social Care**

The Cabinet Member for Adult Services considered a report of the Director of Care, Health and Housing that provided an update to Adult Social Care performance for quarter three 2025/26, alongside actions in place to improve performance and proposed next steps.

Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end. Adult Social Care (ASC) also measures a series of locally defined indicators, which are reported to the Adult Social Care Management Team on a quarterly basis.

The report updated the Cabinet Member on the quarter three performance, provided a summary of key changes and improvements, and outlined actions in place to improve performance and proposed next steps. It also provided an opportunity for the Cabinet Member to provide comment.

An appendix to the report outlined the ASCOF figures for each of the four domains and indicators set out in the report, demonstrating the quarter three improvement of key areas in comparison to 2021/22, 2022/23 and 2023/24 figures. Directional arrows were displayed to summarise performance compared to previous years against these indicators. It also provided a useful comparison between Coventry City Council's figures and those at a regional and national level.

The Cabinet Member was provided with a detailed assessment of the variations in the ASCOF figures and the work undertaken to gradually improve every indicator figure. One key figure that saw a downward quarterly trend compared to previous years were DoLS (Deprivation of Liberty Standards) applications waiting to be allocated to a BIA (Best Interests Assessor) and median waiting times for DoLS to be allocated a BIA. Officers explained that this was due to an efficiency move to conserve resources and bring Coventry in line with other local authorities.

The Cabinet Member was also updated on the engagement work being undertaken for both service users and care providers including practitioner events and ASC surveys. The Bridget app also continued to grow in usership, and improved partnership working was underway at University Hospital Coventry and Warwickshire (UHCW).

RESOLVED that the Cabinet Member for Adult Services notes and endorses the action taken in relation to the Adult Social Care quarter three 2025/26 performance including the next steps as outlined in the report.

10. **Outstanding Issues**

There were no outstanding issues.

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

(Meeting closed at 1.30 pm)

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Cabinet Member for Adult Services:

15 July 2026

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:

Quarter Four and End of Year Performance 2025/26 – Adult Social Care

Is this a key decision?

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

Executive summary:

This report provides an overview of how Adult Social Care performed during the final quarter of 2025/26 and across the full year. This information aids understanding of performance against national measures. Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end and local measures highlight areas of improvement and areas where performance has been more challenging.

Directional arrows are displayed to summarise performance compared to previous years against these indicators. Narrative is provided for each indicator which:

- explains any actions being taken
- updates Members on how Adult Social Care is listening to people who use services, carers, providers and communities
- provides the Cabinet Member an opportunity to comment on progress and steer future work

This is mainly a performance and assurance report. It does not ask Members to approve a new policy or major change.

Within Adult Social Care maximising independence has been the core focus of our work. The report demonstrates some of the way in which are delivering this focus including:

- helping people to remain living at home where possible
- working with people to maintain their independence
- supporting people to build on their strengths
- providing support that avoid unnecessary escalation to more intensive services

Key highlights:

1. Overall, the report shows a mixed but broadly stable picture

Some indicators have improved, some have remained steady, and some reflect growing demand and system pressure. The report explains that Adult Social Care is continuing to prioritise work on a risk basis, so people with the greatest need are seen first.

2. Positive feedback from carers is a real strength. There have been improvements in:

- carer quality of life
- carer satisfaction with services
- carers feeling involved in discussions
- carers having more social contact

3. Reviews and assessments remain a major focus

The report highlights continued work to:

- keep annual reviews up to date
- make sure reviews do not become significantly overdue
- reduce waiting times where possible
- ensure people are seen in a timely way, while still prioritising on the basis of risk

4. Safeguarding performance remains high

Performance on safeguarding risk reduction remains consistently high overall. The report also recognises an important principle in that risks cannot always be completely removed because people have the right to make informed choices and live their lives with choice and control, including where this involves risk.

5. Waiting times and demand pressures are still important issues

Some measures show pressure in the system, including:

- waiting times in some areas
- demand for assessments and reviews
- DoLS pressures following changes to external assessment support, however the recent Supreme Court ruling will impact here.

However, the report makes clear that Adult Social Care continues to manage this through a structured, risk-based approach.

6. Strong engagement and involvement work took place during the year

A major strength in the report is the amount of engagement with:

- people who use services
- unpaid carers
- providers of social care and support
- community organisations
- under-represented groups

Examples include provider forums, carers events, community engagement with diverse groups, support for carers in hospital settings, and wider co-production activity. This is important because it shows Adult Social Care is not relying only on performance data, but also listening to lived experience.

8. Adult Social Care contributes to wider Council priorities

The report links Adult Social Care performance to the One Coventry Plan, including:

- improving outcomes and reducing inequalities
- supporting financial sustainability
- promoting economic prosperity
- strengthening the Council's role as a partner and leader

This is a routine but important performance report that gives assurance on how Adult Social Care is functioning, highlights the pressures being managed, and shows how services are continuing to improve while keeping people's wellbeing, independence and safety at the centre.

Recommendations:

The Cabinet Member for Adult Services is recommended to:

- 1) Note and endorse the action taken in relation to the Adult Social Care quarter four and end-of-year 2025/26 performance including the next steps as outlined in this report.
- 2) Provide any comments in relation to the report and specific actions required as a result.

List of Appendices included:

The following appendices are attached to the report:

Appendix A - Summary ASCOF 25-26 outlines the Quarter Four and end-of-year ASCOF measures.

Background papers:

None

Other useful documents

None

Has it or will it be considered by Scrutiny?

Annual performance of Adult Social Care is scheduled to be considered by Scrutiny Board 5 in September 2026.

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

No

Will this report go to Council?

No

Report title: Quarter Four and End of Year Performance 2025/26 – Adult Social Care

Context (or background)

- 1.1 Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end.
- 1.2 The Adult Social Care Outcomes Framework also measures a series of locally defined indicators, which are reported to the Directorate Management Team on a quarterly basis.
- 1.3 This report outlines performance against these key indicators for quarter four and end of year of 2025/26. Directional arrows are displayed to summarise the direction of movement for these measures. Also outlined is information on how Coventry benchmarks against other local authorities based on most recent benchmarking information from 2024/25.
- 1.4 There has been a revision of ASCOF measures for the 2024/25 reporting year, and as such, the year-end performance report for 2024/25 will include these revised measures.
- 1.5 The ASCOF indicators for 3D Part 1b and 3D Part 2b are no longer being recorded. ASCOF indicator 2E Part 2 has now been split into two different indicators, one for adults aged 18-64, and the other for adults aged 65 and over. We currently do not have the data for the age split at a local level as yet.

1.6 As of 31st March 2026, there were 3,864 people in receipt of long-term support and 475 people in receipt of short-term services.

1.7 In section 2 below the information related to Carers is dated 2023/24 as this is drawn from the Adult Social Care Carers Survey which is undertaken bi-annually.

Performance

2.1 Quality of Life

N.B. These indicators are based on the annual user or bi-annual carers' surveys.

2.1.1 Quality of life of people who use services – 1A



Performance has remained stable since the previous period.

2.1.2 Quality of life of people who use services (adjusted) – 1B



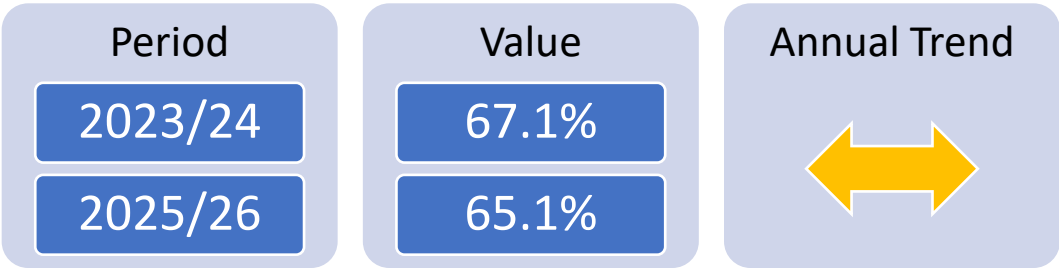
Performance has remained broadly stable since the previous period.

2.1.3 Quality of life of carers – 1C



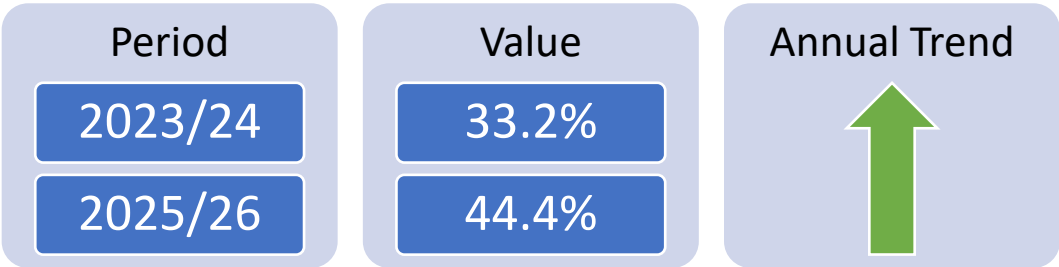
Carer-reported quality of life has improved.

2.1.4 Overall satisfaction of people who use services with their care and support – 1D



Performance has remained broadly stable since the previous period.

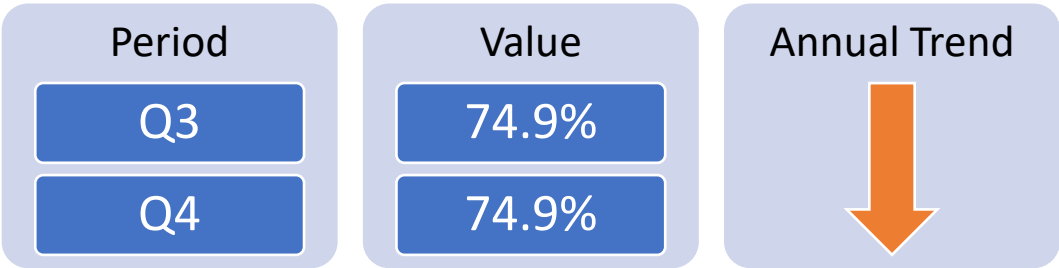
2.1.5 Overall satisfaction of carers with social services (for them and for the person they care for) – 1E



Our continued investment in unpaid carers, including initiatives such as Bridget Cares, is supporting positive outcomes, reflected in an 11.2 percentage point increase since the previous period.

2.2 Independence

2.2.1 Proportion of those that received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level – 2A



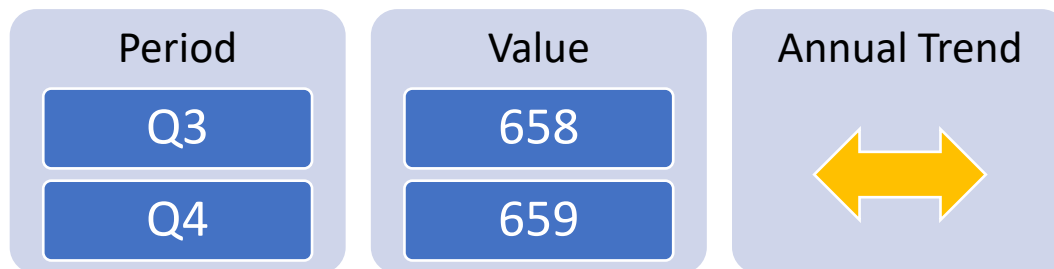
There has been no significant change since the previous period. Although the indicator has decreased from 77.2% at the end of Q4 2024/25, it has remained broadly stable at around 74% throughout 2025/26.

2.2.2 Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population – 2B



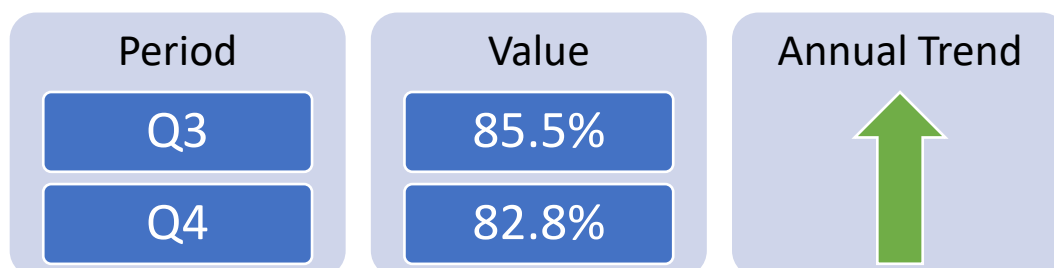
The rate has improved since the last quarter, and the year-end position shows an improvement compared with previous years, when the rate was 27 in both 2023/24 and 2024/25.

2.2.3 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population - 2C



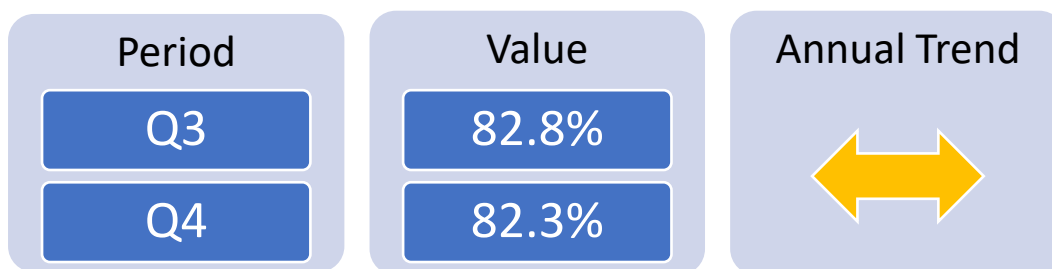
Although we have seen a large jump in the rate of those admitted to nursing and residential homes from quarter one, our annual trend remains steady compared to 2024/25 (654) and 2023/24 (680). Admissions include those with depleted funds who were already within a care home setting plus funding changes from Integrated Care Board (ICB) to local authority.

2.2.4 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital – 2D Part 1



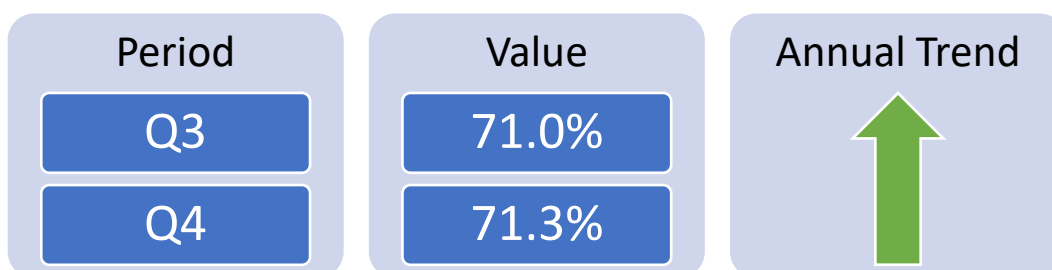
The proportion of older people still at home 91 days after discharge remains higher than the 79.8% reported at the end of Q4 2024/25, despite a 2.7 percentage point reduction since the previous quarter.

2.2.5 The proportion of people who receive long-term support who live in their home or with family with LD aged 18-64 – 2E Part 1



There have been no significant changes in this indicator over the previous quarter and it remains comparable to years (81.2% in 2023/24 and 82.5% in 2024/25).

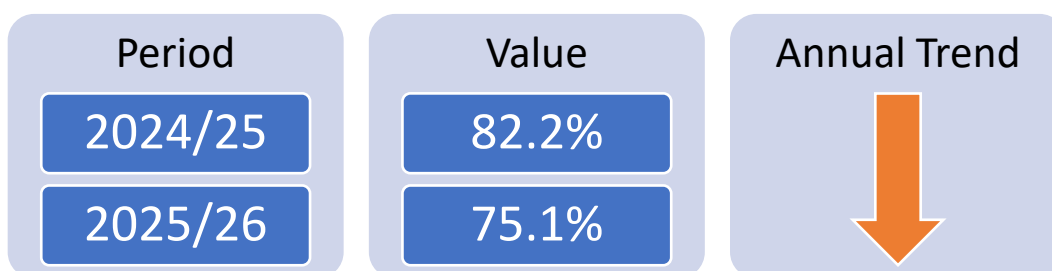
2.2.6 The proportion of people who receive long-term support who live in their home or with family (LD only up to 23-24) – 2E Part 2



This indicator has improved over the year, rising from 67.7% at the end of Q4 2024/25 to 71.3% at the end of Q4 2025/26.

2.3 Empowerment – Information & Advice

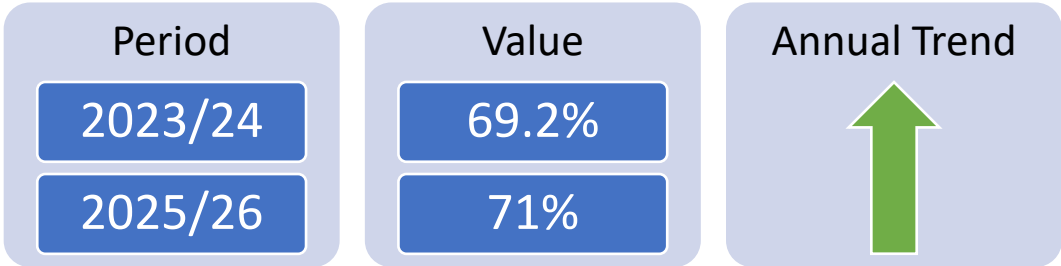
2.3.1 The proportion of people who use services who report having control over their daily life – 3A (user survey)



While the latest result is lower than the previous year and below the 2023/24 position of 78.9%, it is important to understand people’s experiences in more depth and identify where we can build on what is working well. We continue to use local in-year rolling experience surveys, including for people accessing Direct Payments and Safeguarding, to hear directly from people and inform ongoing improvement. Feedback from safeguarding remains

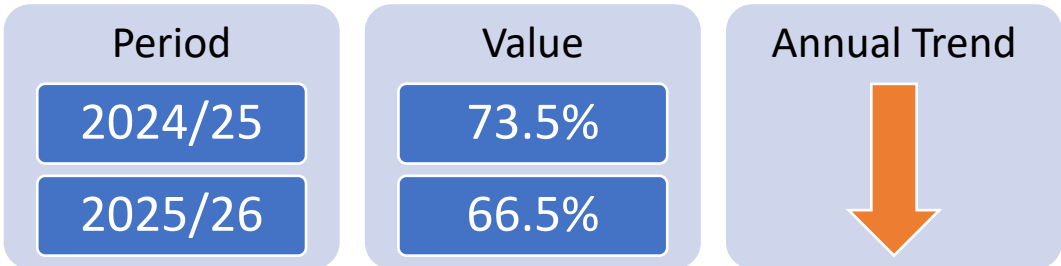
particularly positive, with 98% of people reporting that they felt fully involved, included and listened to in 2025/26.

2.3.2 The proportion of carers who report that they have been involved in discussions about the person they care for – 3B (bi-annual carers’ survey)



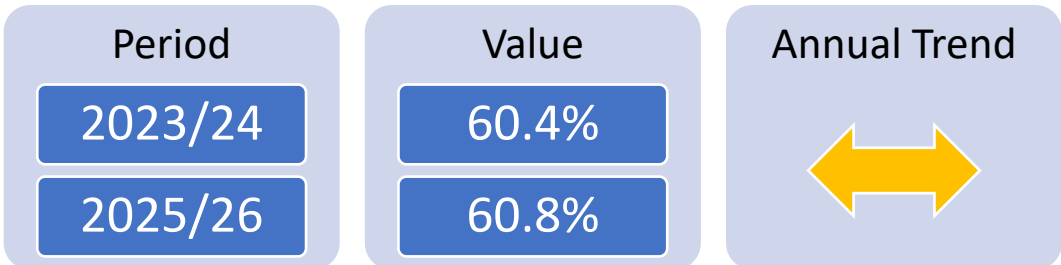
More carers reported feeling involved in discussions about the person they care for compared with the previous year in which the survey was conducted.

2.3.3 The proportion of people who use services who have found it easy to find information about services and/or support – 3C Part 1 (user survey)



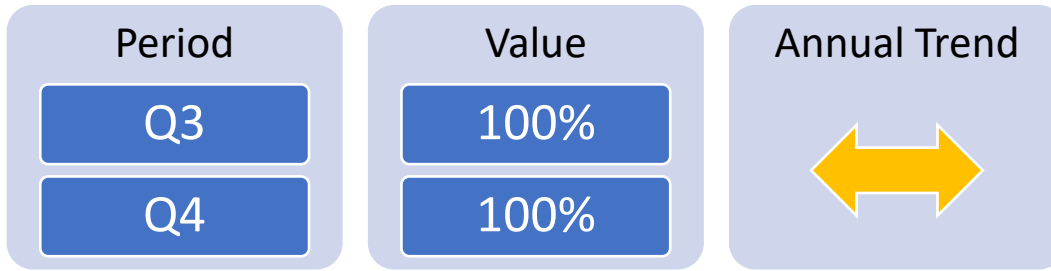
This indicator is lower than the previous year, providing a clear focus for further work to improve how people access information about support, services or benefits.

2.3.4 The proportion of carers who use services who have found it easy to find information about services and/or support – 3C Part 2 (carers’ survey)



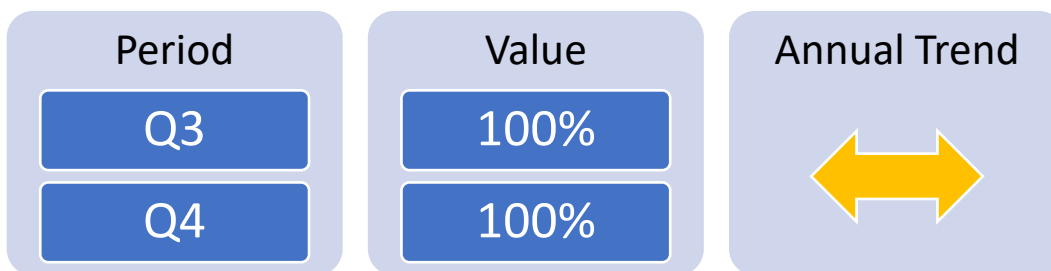
This indicator has remained stable since the previous year in which the survey was conducted, with only a very slight increase.

2.3.5 Adults aged 18 or over receiving self-directed support – 3D Part 1a



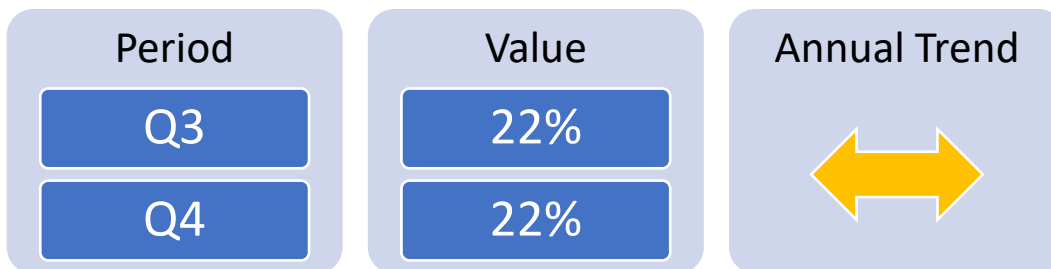
No change seen in this indicator. It has remained at 100% since Q4 2023/24. These are personal budgets, of which all service users are in receipt.

2.3.6 Carers receiving self-directed support – 3D Part 1b



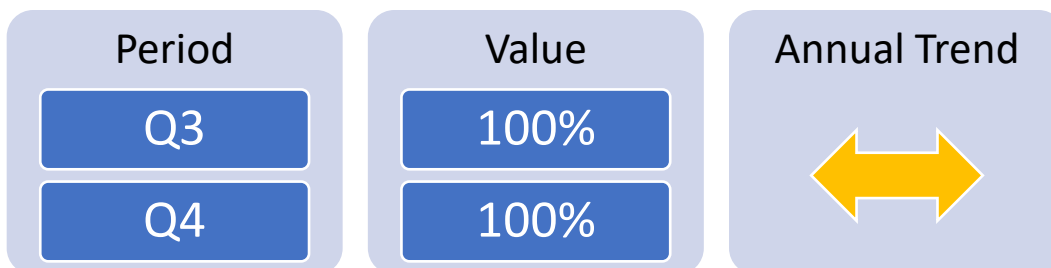
No change seen in this indicator. It has remained at 100% since Q1 2023/24.

2.3.7 Adults 18 or over in receipt of care and receiving direct payments – 3D Part 2a



No change seen in this indicator. It has remained at 22% since Q3 2024/25.

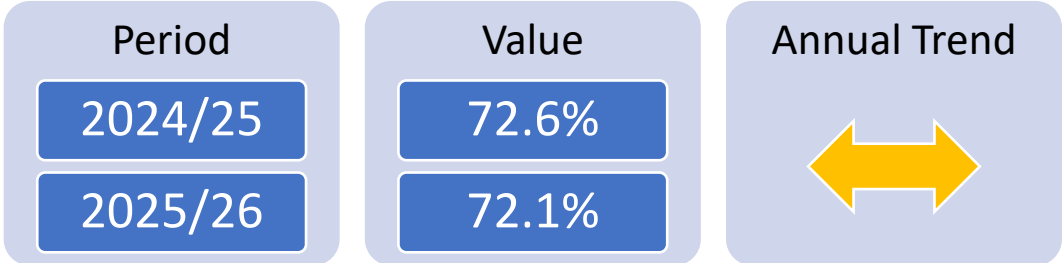
2.3.8 Carers receiving direct payments for support direct to the unpaid carer – 3D Part 2b



No change seen in this indicator. It has remained at 100% since Q4 2024/25.

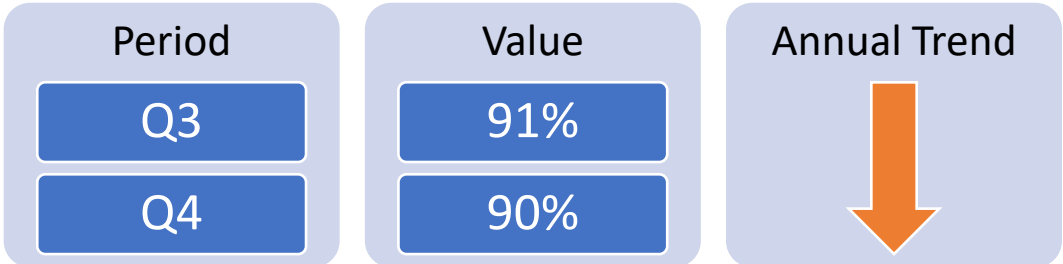
2.4 Safety

2.4.1 The proportion of people who use services who feel safe – 4A (user survey)



No significant changes seen in this indicator from the previous year.

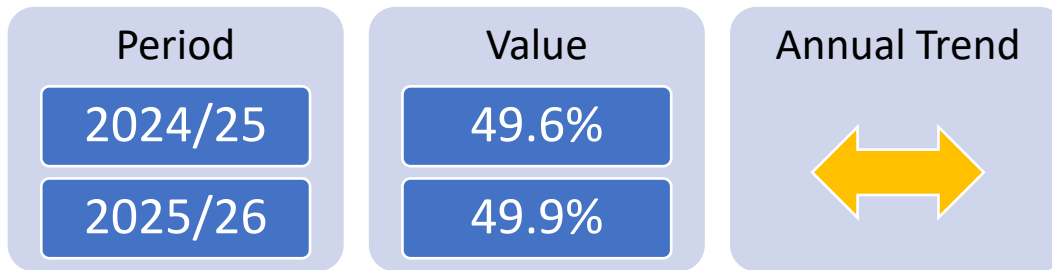
2.4.2 The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed – 4B



Performance against this indicator remains consistently high, fluctuating between 90% and 96%. This reflects sustained practice focus on working with people to reduce or remove identified risks wherever possible. It is recognised, however, that in some cases risk cannot be fully mitigated, as people have the right to make informed choices and exercise control over their lives, including where this involves an element of managed risk. We have seen a gradual decline in the proportion of section 42 safeguarding enquiries where there was a reduction or removal of risk following identification. The indicator had reached 96% in Q1 2024/25.

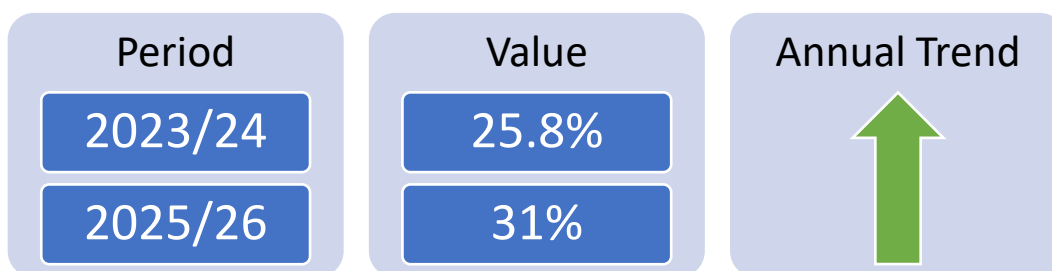
2.5 Social Connections

2.5.1 Proportion of people using services reporting they had as much social contact as they would like – 5A (user survey)



No significant changes seen in this indicator from the previous year.

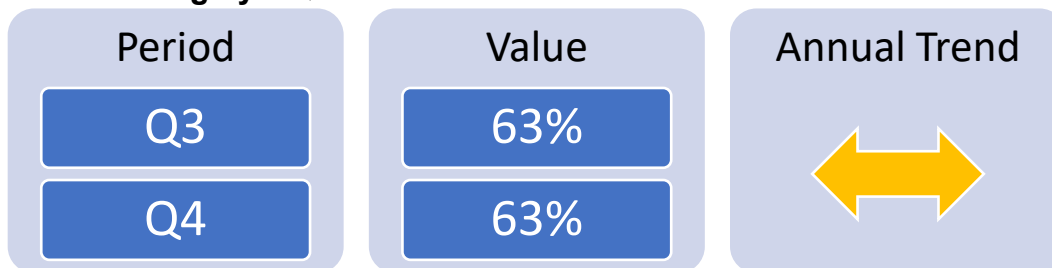
2.5.2 Proportion of carers who reported that they had as much social contact as they would like – 5B (carers’ survey)



This indicator has improved by more than 5 percentage points since the last survey, building on the previous steady position of around 25% since 2021/22.

2.6 Continuity and quality of care

2.6.1 The percentage of residential adult social care providers rated good or outstanding by CQC – 6B

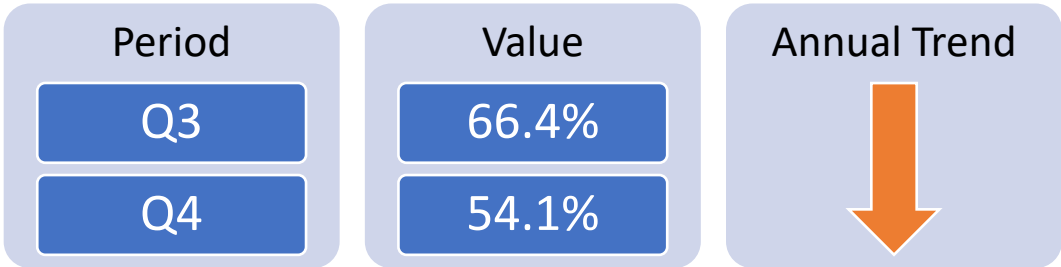


No change seen in this indicator.

2.7 Adult Social Care Local indicators

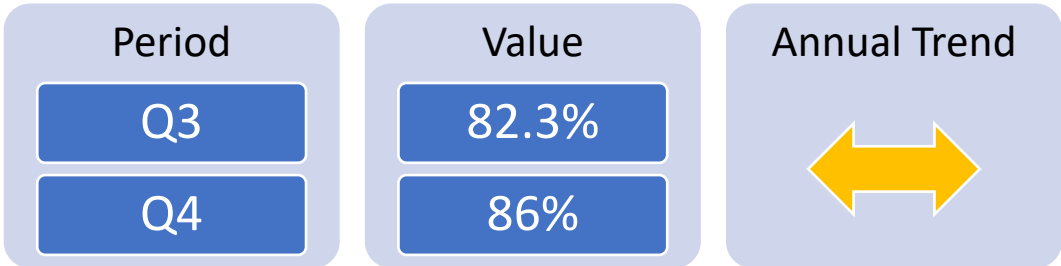
Our local performance indicators are aligned with the Care Quality Commission Data Pack Information Requests. We are committed to maintaining transparency and accountability through these measures, which provide valuable insights into our ongoing efforts to improve services. As the Care Quality Commission continues to refine and update its assessment criteria, we will proactively review and adapt our local assurance processes to ensure that we remain responsive and can demonstrate positive outcomes for our community.

2.7.1 Reviews for people in long term support for 12+ months – CCC1



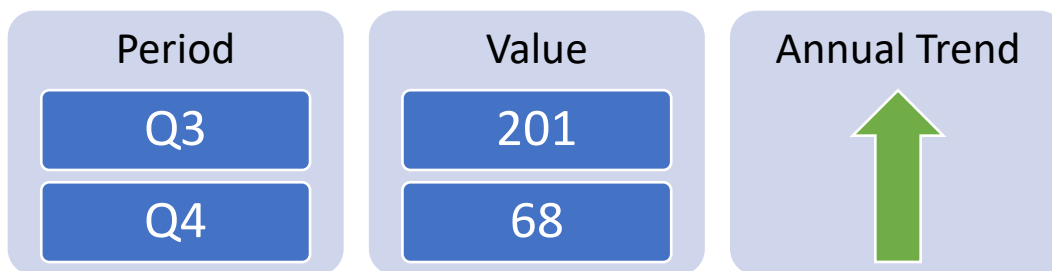
Although performance against this indicator has reduced, this reflects Adult Social Care’s continued prioritisation of resources in response to increased incoming demand and referral activity, alongside the delivery of annual reviews. This work is managed on a risk-based basis, ensuring that people with the greatest level of need or potential risk are prioritised appropriately. The current position therefore reflects a balanced and proportionate approach to managing demand while maintaining focus on people’s safety, wellbeing and outcomes.

2.7.2 People in LTS who were assessed/reviewed within last 18 months – CCC2



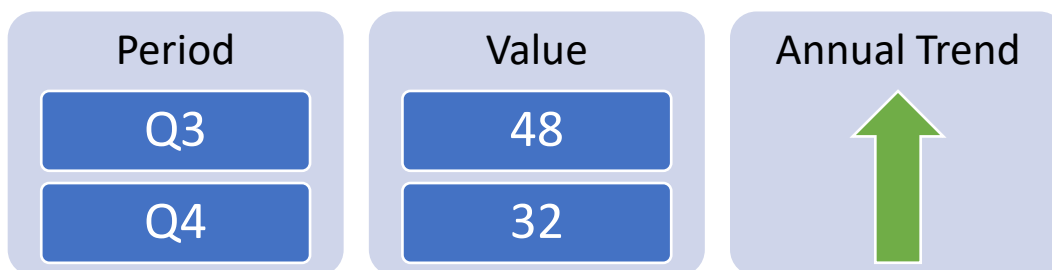
Whilst performance against the 12-month review measure has reduced, this reflects Adult Social Care’s continued commitment to ensuring that annual reviews do not become overdue beyond 18 months. This approach supports a consistent focus on reviewing people’s care and support needs within a proportionate timeframe, while also balancing increasing demand and prioritising activity according to risk. As a result, resources are directed to those people with the greatest level of need or potential risk, ensuring a responsive and person-centred approach to review activity. This is just below the previous reported figure of 88.3% in 2024/25.

2.7.3 Median waiting time for an Adult Social Care Annual Review of Care and Support (days) – CCC3



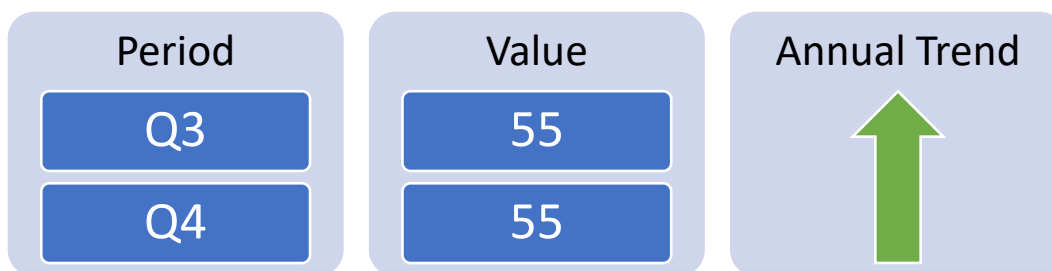
Median waiting times for a review have decreased significantly since the last quarter and since the last quarter of 2024/25.

2.7.4 Waiting times for Care Act Assessment (median) – CCC4



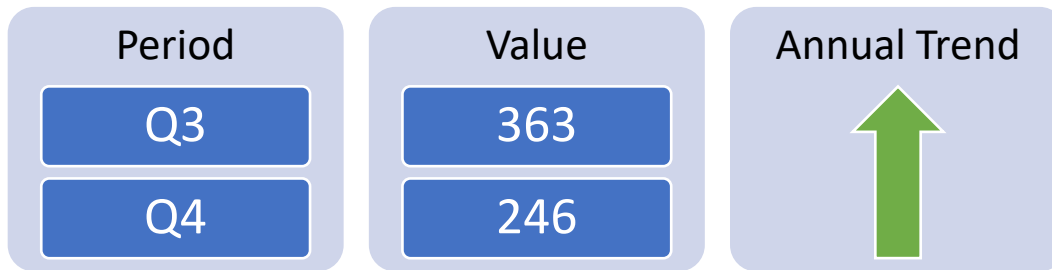
This means people are being seen more quickly for review, supporting a more timely understanding of their current strengths, needs and outcomes. It reflects Adult Social Care’s commitment to maintaining regular contact with people, ensuring reviews do not become significantly overdue, whilst continuing to prioritise activity on the basis of risk. The median wait at the end of Q4 in the previous year being 59.4 days.

2.7.5 Waiting list for Care Act Assessment (number of people) – CCC5



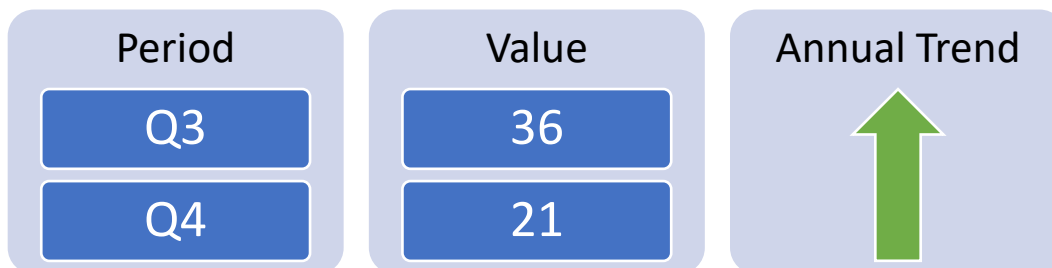
Although the quarterly position has remained the same, this indicator can vary over time. The year-end position shows improvement compared with the previous year, when 87 people were waiting at the end of Q4 2024/25, reflecting continued focus on supporting people to access assessments in a timely and prioritised way.

2.7.6 Waiting list for Occupational Therapy Assessment (Number of people) – CCC6



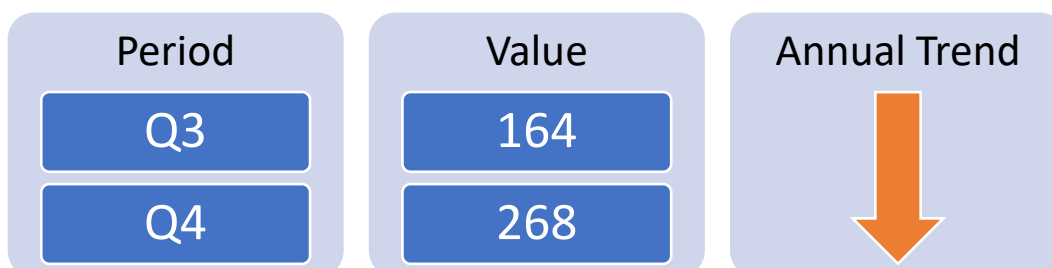
The reduction in waiting list numbers is a positive achievement and reflects effective prioritisation, improved ways of working and a continued focus on supporting people to access the right help. Although median waiting times for Occupational Therapy assessments have increased, this shows that more people are being supported and that resources are being directed to those with the greatest need. The Adult Early Prevention Team is actively addressing delays in screening referrals, with a clear plan in place to reduce numbers further. This demonstrates a strengths-based approach, focused on timely support, independence and better outcomes for people accessing services.

2.7.7 Waiting for Occupational Therapy Assessment (median days) – CCC7



Median wait times have consistently dropped quarter on quarter throughout 2025/26 and as a result see an improved position from Q4 2024/25.

2.7.9 Number of DoLS applications waiting to be allocated to BIA - CCC9



This reflects an increase in applications waiting to be allocated since Q3 following the transition away from external agency support for assessments. Adult Social Care continues to apply a risk-based approach to prioritisation, ensuring that applications are reviewed promptly and those presenting the greatest need are responded to appropriately. It is also positive that 92% of applications continue to be completed within three months. The recent Supreme Court ruling will have a significant bearing on DOLS applications and authorisations.

2.7.10 Median waiting time for DoLS applications to be allocated to BIA – CCC10



Alongside the increase in the waiting list, the median wait for allocation has risen to 59 days from 19 days at the end of Q3 2024/25. This reflects increased demand within the system, with Adult Social Care continuing to apply a risk-based approach to prioritisation so that people with the greatest level of need are responded to as promptly as possible. As above, the recent Supreme Court ruling will have a significant bearing on DOLS applications and authorisations.

2.8 Adult Social Care Involvement and Engagement Approaches

2.8.1 Engagement and events

During Quarter 4, the Strategic Commissioning Team delivered four provider forums across Older People’s, Mental Health, Learning Disabilities and Home Support services. These forums covered a wide range of topics, including winter pressures, discharge processes, Integrated Neighbourhood Teams, co-production, oral health improvement, non-pharmacological approaches, decarbonising home care, and safeguarding escalation.

The sessions were well attended and provided valuable opportunities for collaboration, shared learning, and peer support. Within this period, the Learning Disabilities Forum supported individuals with lived experience to share their perspectives on co-production and their involvement in shaping service improvements – bringing the forums to life with lived experience.



In February, as part of our work to reduce inequalities and promote equity of access, Adult Social Care, hosted a session for Highlife members—an organisation supporting small and medium-sized businesses from the global majority. The session was attended by a range of home support and care providers and covered Adult Social Care’s role, how to engage with the Council, commissioning processes, and the role of direct payments in supporting diversity.

Feedback was positive, with participants reporting increased understanding and strengthened connections with the commissioning team.

Also in February, Strategic Commissioning co-hosted a joint networking event with Warwickshire County Council at Methodist Central Hall for care workers. The event aimed to facilitate networking across agencies and provide access to information and support, including support for wider family members. Over 30 organisations hosted stalls, with 110 care workers attending, demonstrating strong engagement and demand. Feedback from people who attended expressed that the event was incredibly helpful and supportive in their roles.



Analysis of Adult Social Care’s website translation data identified Traditional Chinese as a frequently used language. In response, Adult Social Care engaged with the British Nationals (Overseas) community, attending a Tea Gathering in March. The session, delivered with translation support, introduced Adult Social Care services and access routes. Feedback was positive, and further engagement sessions are planned, focusing on more specific topics.



In early March, the team attended the Carers Spring Expo at Coventry Cathedral, which saw over 150 carers and 33 stallholders present. The event provided valuable opportunities to connect with carers and partners. Feedback from attendees was overwhelmingly positive, with carers highlighting the event’s value.

Engagement activity for the development of the local Carers Strategy also commenced in March. The “Let’s Talk” platform was launched, including a survey to gather feedback. Initial engagement included visits to the “Loving an Addict” group (run by CGL), providing insight into caring roles involving addiction, and the Milan Group, which supports South Asian carers.

Adult Social Care continues to produce a range of bulletins for different audiences, including providers (240 recipients), carers (4,631 recipients), Adult Social Care subscribers (2,280 recipients), and internal staff. These bulletins share valuable information, advice, public health messages, and details of community events, with contributions from multiple partners.

2025 / 2026 - Year Overview

Throughout 2025/26 a wide range of rich engagement activity took place with people utilising services, carers, providers and voluntary sector.

A range of other engagement activities and events took place during 2025/26, including:

- Engagement event hosted at the Dementia Hub, offering families the opportunity to speak to professionals including social workers, financial assessment teams and technology specialists.
- The first Preparing for Adulthood event was held at Cheylesmore Community Centre, including the Transitions Team, Community Learning Disabilities Team (CWPT), Supported Apprenticeships, Shared Lives, Penderels, and various other day opportunity and respite providers.
- The Strategic Commissioning Team began engaging with groups who use preventative support as part of a project to recommission these services, with two workshops: one for people with learning disabilities and autism, and the other for people who had accessed mental health support. These continued throughout the year.
- The Strategic Commissioning Team also delivered provider forums (Older People and Mental Health) to support peer learning and collaborative problem-solving.
- Housing with Care tenants were also engaged to understand their day-to-day experiences and priorities, culminating in a best-practice event at Leofric Lodge.
- A Family Awareness Day was held at the 2 Tone café to support members of the Black community to develop an understanding of adult social care options and culturally appropriate support.
- Fieldwork to complete the Survey for Adult Carers took place, gaining 300 responses.
- Coventry's vibrant and diverse voluntary, community and social enterprise sector took over Floor 1 of Friargate in December for another successful practitioner awareness event. Over 30 stalls including organisations such as Coventry and Warwickshire MIND, Grapevine, Rethink, Relationships UK, St. Basils, Admiral Nurses and Coventry Vision Hub showcased their services to 70 adult social care and other staff.



2.8.3 – Accelerated Reform Fund – Supporting Innovation in ASC

- **My Time Project** – Throughout Quarter 4 the My Time Project continued to grow, with a number of new partners, including local restaurants. At the end of March 199 carers have now benefitted from breaks across the city. Carers have told us about a range of benefits seen through having a one-off break, including feeling restored, valuable distraction through a difficult time, connecting with old friends and importantly feeling valued. A number of new businesses signed up in Quarter 4, including the Wave, the Olive Tree restaurant and Coventry Football Club.
- **Bridgit Online Support Tool** – The Bridgit app has continued to grow in usership giving us a greater insight into its utilisation. By the end of Quarter 4 2026, 6,591 circa people have accessed the site, with 9,471 self-help plans created for carers, with most popular search topics, carers allowance, providing care for someone and carers assessments.
- **Supporting Carers in Hospital Settings** – Support continues to be delivered within University Hospital Coventry and Warwickshire, with the hospital liaison workers firmly established in the hospital setting, building ties with wards and department. During this quarter a regular drop-in session has been established within the Outpatient department, which has proved incredibly busy, a regular evening drop-in session is being held on Ward 40, (Medicine Care for the Elderly). The team also supported a Caring for Carers event aimed at supporting staff at UHCW who are also caring for someone.

3. Options considered and recommended proposal

There are no specific options associated with this report.

4. Results of consultation undertaken

Although consultation is not specifically required for this report, the Adult Social Care involvement approach outlined above demonstrates our ongoing engagement with people who draw on support and their unpaid carers

5. Timetable for implementing this decision

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

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

6.1. Financial Implications

There are no direct financial implications arising from this report.

6.2. Legal Implications

Whilst there are no specific legal implications arising from the contents of this report at this stage, the Local Authority's responsibility is to promote wellbeing and ensure a diverse, sustainable care market that meets local needs. The Adult Social Care Outcomes Framework helps measure how effectively services deliver the outcomes that matter to people and informs national and local priorities

7.0 Other implications

8.0 How will this contribute to the One Coventry Plan?

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

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

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

Adult Social Care's strengths-based practice makes an important contribution to the continued financial sustainability of the Council, while also supporting the economic prosperity of the city and region. By working alongside people to build on their strengths, maintain independence, and access employment and community opportunities, this approach helps promote wellbeing and reduce reliance on formal services where appropriate. With approximately 9,600 adult social care jobs in Coventry, the workforce also makes a significant contribution to the city and region's wider economic strength.

9.0 How is risk being managed?

9.1 Adult Social Care is taking forward a range of actions to strengthen service delivery and build on existing good practice, with a particular focus on supporting timely assessments and keeping annual reviews up to date for people receiving services.

9.2 The "Responding to Needs Assessment Requests" risk management tool, introduced in 2022, provides a strong framework for supporting practitioners to make informed, proportionate decisions and respond effectively to demand.

9.3 The Adult Social Care Management Team maintains active oversight of risk across services through the Adult Social Care Risk Register and the Corporate Risk Register, supported by the Council's Insurance Manager, helping to ensure a consistent and proactive approach.

9.4 What is the impact on the organisation?

None

9.5 Equalities / EIA

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

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

None

10.0 Implications for partner organisations?

None

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Names of approvers for submission: (officers and members)				
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Councillor L Bigham	Cabinet Member for Adult Services		3.7.2026	3.7.2026

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Coventry City Council

Briefing note

To: Cabinet Member for Adult Services

From: The Health and Social Care Scrutiny Board (5)

Date: 15 July 2026

Subject: Outcome of Inspection by the Care Quality Commission of Coventry City Council Adult Social Care

1 Purpose of the Note

- 1.1 To inform the Cabinet Member for Adult Services of the recommendations arising from an item on the Outcome of inspection by the Care Quality Commission of Coventry City Council Adult Social Care considered at the meeting on 3 July 20206

2 Recommendations

- 2.1 The Health and Social Care Board (5) recommend that the Cabinet Member:
- 1) Support the recommendations in the report

3 Information and Background

- 3.1 At their meeting on 3rd July 2026, the Health and Social Care Scrutiny Board (5) considered a report on the Outcome of inspection by the Care Quality Commission of Coventry City Council Adult Social Care.
- 3.2 Members were also provided with a presentation covering the key points in the report, including that 7 out of 9 areas were assessed as Good, two areas were assessed as Requires Improvement (evidence shows some shortfalls):
- How the LA works with people - Equity in experience and outcomes
 - Providing Support - Care provision, integration and continuity
- 3.3 Members congratulated the service for the positive outcome of the inspection recognising the hard work and dedication of staff. They considered the information provided and asked questions and received responses in the following areas:
- How the service is reaching communities that don't engage, and what would be expected to demonstrate improvement, including SignVideo, engaging with faith organisations, and communities that may have culturally different views on the role of caring in families.
 - That the use of AI for report writing is checked and balanced by the social workers or occupational therapists.
 - The training offered to staff through on-going needs assessment, "growing your own" and Practice Week

- That the news of the inspection outcome was shared with staff through a variety of ways including celebrations, Let's Talks sessions and briefings
- That there is an organised improvement mechanism throughout the region where good practice and continuous improvements is shared across the West Midlands.
- A recognition that there are not enough young people with complex needs going into employment, but that there were strategies in place through links with the Job Shop, internships and partner organisations to build this aspect of the service.

3.4 The Board also requested a specific item on waiting times to be added to the work programme, looking at time from point of contact to point of something happening

Gennie Holmes
Scrutiny Co-ordinator
Law and Governance
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Health and Social Care Scrutiny Board (5): 3 July 2026

Cabinet Member for Adult Services: 15 July 2026

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor L Bigham

Director approving submission of the report:

Director of Care, Health & Housing

Ward(s) affected:

All

Title:

Outcome of inspection by the Care Quality Commission of Coventry City Council Adult Social Care

Is this a key decision?

No - although the proposals affect more than two electoral wards, the impact is not expected to be significant.

Executive summary:

This report details the outcome of the recent inspection of Coventry Adult Social Care by the Care Quality Commission (CQC).

This inspection was the first inspection of Coventry Adult Social Care since the Health and Care Act 2022, re-introduced formal inspections for Adult Social Care. Prior to this re-introduction a process of Sector Led Improvement and Peer Challenge was in place led by the Local Government Association since 2011. The purpose of the inspection was to assess how well Local Authorities are performing their duties under Part 1 of the Care Act 2014 and associated responsibilities.

The CQC inspection took place over a number of stages with Coventry City Council first receiving notification of inspection in May 2025 with the on-site phase of the inspection taking place over 6 October 2025 to 9 October 2025. In the course of the inspection the Care Quality Commission sought evidence from people working in Adult Social Care, City

Council leadership, people with care and support needs, unpaid carers, partners and stakeholders as well as undertaking case tracking.

The format of the inspection focussed on four themes of:

- Working with people
- Supporting people
- How the local authority ensures safety within the system
- Leadership

Each of the above themes was accompanied by quality statements, and the totality of evidence collected by CQC was used to calculate an overall rating against the four categories of Outstanding, Good, Requires Improvement and Inadequate alongside a percentage score.

Coventry Adult Social Care was rated **Good** overall, with a score of **70%**. CQC found that seven of the nine quality statements met a Good standard, with two identified as areas in development. This is a positive outcome and provides a strong foundation for continued improvement. At the time this report was finalised, 115 CQC reports had been published nationally, with 23 local authorities scoring higher than 70%.

Recommendations:

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

1. Provide comment and feedback to Cabinet Member on the outcome of inspection and continuous improvement plan.

The Cabinet Member for Adult Services is recommended to:

1. Note the outcome of inspection set out in Appendix 1 of this report and support the attached continuous improvement plan set out in Appendix 2 of this report that will be used to guide preparations for future inspection and oversight activity.
2. Consider any recommendations from Scrutiny Board 5 in respect of the outcome of inspection.

List of Appendices included:

Appendix 1 – Coventry City Council Inspection Report

Appendix 2 – Building on Strengths and Continuous Learning Plan

Background papers:

None

Other useful documents

None

Has it or will it be considered by Scrutiny?

Yes

Health and Social Care Scrutiny Board (5) – 3 July 2026

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

No

Will this report go to Council?

No

Report title:

1. Context (or background)

- 1.1. Inspections of Local Authority Adult Social Care was introduced in the Health and Care Act 2022. Prior to this re-introduction a process of Sector Led Improvement and Peer Challenge was in place which had been the case since 2011. The purpose of the inspection was to assess how well Local Authorities are performing their duties under Part 1 of the Care Act 2014 and associated responsibilities.
- 1.2. The CQC inspection took place over several stages with Coventry City Council first receiving notification of inspection in May 2025 which commenced the process through requiring an Information Return covering 38 categories of evidence.
- 1.3. The on-site phase of the inspection then took place over 6 October 2025 to 9 October 2025 where the inspection team spoke to people working in Adult Social Care and City Council leadership. Before and after the on-site phase the inspection team also sought evidence from people with care and support needs, unpaid carers, partner organisations and stakeholders to gain a wide evidence base of the support provided by Coventry Adult Social Care. Over the period of the inspection the Care Quality Commission also undertook case tracking related to people with care and support needs and unpaid carers to gain an in depth understanding of people’s experience.
- 1.4. The range of evidence collected was then assessed against four inspection themes and nine quality statements which was then used to calculate an overall rating against the four categories of Outstanding, Good, Requires Improvement and Inadequate. The Coventry rating against each of the quality statements is detailed in table one.
- 1.5. The outcome of the Coventry inspection was that we were found to reach a Good standard against seven of the nine quality statements with the other two rated as requires improvement. This led to an overall rating of GOOD with a score of 70%.
- 1.6. Table One: Themes, Quality Statements and Coventry ratings

Theme	Quality Statement	Rating
Theme One: Working with people	Assessing needs: We maximise the effectiveness of peoples care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them	Good
	Supporting people to live healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support	Good

	them to live healthier lives and where possible, reduce future needs for care and support	
	Equity in experience and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience and outcomes. We tailor the care, support and treatment in response to this	Requires Improvement
Theme Two: Supporting people	Care Provision, integration and continuity: 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	Requires Improvement
	Partnerships and communities: 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.	Good
Theme Three: How the local authority ensures safety within the system	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.	Good
	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.	Good
Theme Four: Leadership	Governance, management and sustainability: 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	Good

	<p>Learning, improvement and innovation: 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.</p>	<p>Good</p>
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The inspection report included in Appendix One contains the detail of CQC findings along with a summary of strengths and continuous learning. Particular strengths and areas for learning include:

1.7. Strengths

- **Strong governance and strategic oversight** - Clear governance systems, performance data use, and strategic planning supporting Care Act delivery.
- **Person-centred, strengths-based practice** - Practice framework promotes independence, inclusion, advocacy, and culturally appropriate care.
- **Effective partnership working and integration** - Strong alignment with health partners and integrated arrangements improving pathways and discharge.
- **Focus on prevention and community support** - Positive use of Voluntary, Community and Faith sector and initiatives such as Dementia Hub and The Pod supporting independence and wellbeing.
- **Strong quality assurance and safeguarding systems** - Robust provider oversight, timely safeguarding screening, and well-embedded learning from practice and feedback.

1.8. Areas for continued learning

- **Waiting times across core services** – Capacity for improvement in waiting times assessments, reviews, and Occupational Therapy services, although noting that there had been some improvement
- **Workforce capacity and workload pressures** – Increasing difficulty managing workloads, due to volume and complexity of workload
- **Outcomes and consistency in key pathways** – Providing a more consistent experience for people who contact Adult Social Care particularly at the front door
- **Support to unpaid carers** – Providing improved equity of experience and improving the consistency of positive outcomes for carers
- **Reducing out of city provision** – Limited options available in city for those with the most complex needs

1.9. In respect of next steps, a Post Inspection Learning Plan has been produced that will be used within Adult Social Care to manage and oversee priority actions, paying particular attention to the issues identified in the inspection report.

1.10. Going forward CQC will be adopting a mechanism of annual review meetings to establish key progress and areas of risk since the last inspection. This will be supplemented by an ongoing process of comprehensive inspections based on levels of risk and timescale since the last inspection, with the annual review meetings contributing to the CQCs view on risk. Ratings can only be changed as an outcome of a comprehensive assessment.

2. Options considered and recommended proposal

2.1. While there is an option not to implement the Continuous Improvement Plan following the findings of the Care Quality Commission (CQC) report, doing so would represent a significant missed opportunity to enhance the quality of care and support we provide to our residents. The CQC assessment is a statutory process that will continue, and failure to act on its findings could negatively impact future evaluations. This option is therefore not recommended.

2.2. The recommended proposal is to support the recommendation set out in this report on the basis that the Council remains committed to using the insights from the inspection as a catalyst for learning and continuous improvement. This is the recommended option.

3. Results of consultation undertaken

3.1. Due to the nature of this report no consultation was required.

4. Timetable for implementing this decision

4.1 Adult Social Care is committed to continuous learning and improvement, building on the strengths identified through the inspection and taking forward further action to enhance the way services are delivered for Coventry residents.

5. Comments from Director of Finance and Resources and Director of Law, Governance and Safer Communities

5.1. Financial Implications

There are no specific financial implications associated with this report.

5.2. Legal Implications

The Care Act 2014 requires local authorities to ensure that individuals receive services that prevent their care needs from becoming more serious, provide information and advice to help people make informed decisions about their care, and offer a range of high-quality, sustainable care and support services. Local authorities must assess anyone who appears to need care and support, focusing on their wellbeing and desired outcomes, and involve them in the assessment process. Additionally, they must work with communities and other partners to promote

independence and wellbeing and support the care market to meet the needs of their local population.

The Council is delivering on its statutory duties as outlined within the Care Act 2014.

6. Other implications

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

Adult Social Care supports the One Coventry Plan by helping people to live well, stay independent where possible, and access the right support when they need it. This contributes to improving outcomes and tackling inequalities across the city. The inspection report also highlights the strength of our partnership working and shows how Adult Social Care works with others as a trusted partner, enabler and leader to support better outcomes for Coventry residents.

6.2. How is risk being managed?

There are no specific risks associated with this report. However, Adult Social Care maintains a departmental risk register which is reviewed quarterly with risks escalated to the corporate risk register as appropriate.

6.3. What is the impact on the organisation?

The inspection outcome is positive and recognises that Coventry Adult Social Care provides a good standard of support for residents. We are clear that not everyone yet experiences the consistently high quality of support we want for Coventry, and we are committed to building on the strengths identified, listening to people's experiences, and driving further improvement with ambition and purpose. This outcome provides a strong foundation for continued confidence in Adult Social Care in Coventry, while also reinforcing our determination to achieve better and more consistent outcomes for people with care and support needs and unpaid carers.

6.4. Equalities / EIA?

As this report is concerned with the outcome of inspection and, as such, does not have specific options and Equalities Impact Assessment (EIA) has not been completed. It is however recognised that one of the quality statements rated as Requires Improvement was equity of experience and outcomes from people with care and support needs and unpaid carers. This is therefore an area we aim to improve the standard of evidence provided.

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

No impact.

6.6. Implications for partner organisations?

There are no specific implications for partner organisations arising from this report. Adult Social Care has well-established and valued working relationships with a wide range of partners, including NHS organisations, emergency services and the voluntary, community and faith sectors. The positive inspection outcome provides assurance that these partnerships are supporting effective, joined-up working and contributing to positive outcomes for Coventry residents. We will continue to build on these strengths, working collaboratively with partners to further improve experiences and outcomes for people with care and support needs and unpaid carers.

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