



Cabinet Member for Adult Services

Time and Date

1.00 pm on Wednesday, 16th September, 2026

Place

Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 8)
 - a) To agree the minutes of the meeting held on the 15th of July 2026.
 - b) Matters arising.
4. **Quarter One Performance 2026/27 - Adult Social Care** (Pages 9 - 30)

Report of the Director of Care Health and Social Housing.
5. **Outstanding Issues**

There are no outstanding issues.
6. **Any other items of Public Business**

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, 8 September 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, 15 July 2026

Present: Councillor L Bigham (Cabinet Member)

Members: Councillor P Cowley (Shadow Cabinet Member)

Employees (by Directorate):

Care, Health and Housing: P Fahy (Director), K Clarke

Law, Governance and Safer Communities: S Bennett, C Coulson-Haggins

Public Business

1. Declarations of Interest

There were no disclosable pecuniary interests.

2. Minutes

The Minutes of the meeting held on 1 April, 2026 were agreed and signed as a true record.

There were no matters arising.

3. Quarter Four and End of Year Performance 2025/26 - Adult Social Care

The Cabinet Member for Adult Services considered a report of the Director of Care, Health and Housing which provided an overview of how Adult Social Care performed during the final quarter of 2025/26 and across the full year. The information provided in the report aids understanding of performance against national measures.

The report indicated that Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF), with performance reported nationally at year end and local measures highlighting areas of improvement and areas where performance has been more challenging. Directional arrows are displayed in the report to summarise performance compared to previous years against these indicators. Narrative is provided for each indicator which:

- Explains any actions being taken
- Updates 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

Within Adult Social Care maximising independence has been the core focus of work undertaken. The report demonstrated some of the way in which this focus is delivered 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

The report detailed the following 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 and the report highlighted 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 recognised 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 were 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 made it 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.

7. 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

The report concluded that the performance report is important in that it 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.

The Cabinet Member thanked officers for all work undertaken in this regard and commended the contents of the report.

RESOLVED that the Cabinet Member for Adult Services notes and endorses 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.

4. **Outcome of Inspection by the Care Quality Commission of Coventry City Council Adult Social Care**

The Cabinet Member for Adult Services considered a report of the Director of Care, Health and Housing which detailed the outcome of the recent inspection of Coventry Adult Social Care by the Care Quality Commission (CQC). The Inspection Report and the Building on Strengths and Continuous Learning Plan were appended to the report, which had also been considered by the Health and Social Care Scrutiny Board (5) at their meeting on 3 July, 2026 (their Minute 4/26 refers). A Briefing Note detailing consideration of the report by the Health and Social Care Scrutiny Board (5) was also appended to the report.

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. The report indicated that this was 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%.

The Building on Strengths and Continuous Learning Plan appended to the report will be used within Adult Social Care to manage and oversee priority actions, paying particular attention to areas for continued learning as identified in the inspection report.

The Cabinet Member noted that the Scrutiny Board had congratulated the service for the positive outcome of the inspection, recognising the hard work and dedication of officers. The Cabinet Member and Shadow Member also commended all of the work undertaken in this regard, particularly in relation to the way in which officers had positively embraced the inspection.

RESOLVED that the Cabinet Member for Adult Services:-

- 1. Notes and welcomes the outcome of inspection set out in Appendix 1 of this report and supports 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. Welcomes the comments from the Health and Social Care Scrutiny Board (5) in respect of the outcome of inspection.**

3. Formally places on record thanks and congratulations to all those involved in the inspection and its outcome.

5. Outstanding Issues

There were no outstanding issues.

6. Any Other Items of Urgent Public Business

There were no other items of urgent public business.

(Meeting closed at 1.30 pm)

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Public Report

Cabinet Member for Adult Services

Cabinet Member for Adult Services:

16th September 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

Wards affected:

All

Title:

Quarter One Performance 2026/27 – 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 first quarter of 2026/27 compared to quarter four 2025/26. 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 movement when compared to the previous year against these indicators alongside the quarterly change between quarter four 2025/26 and quarter one 2026/27. 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 residents
- 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 we 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

The report shows areas of progress alongside indicators that remain stable and areas where demand and system pressures continue to be carefully managed. Adult Social Care continues to take a proportionate, risk-based approach, ensuring that people with the greatest need are prioritised and receive timely support.

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 one and 2026/27 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 Adult Social Care Outcomes Framework 26-27 outlines the Quarter One Adult Social Care Outcomes Framework measures.

Background papers:

None

Other useful documents

None

Has it or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

Report title: Quarter One Performance 2026/27 – Adult Social Care

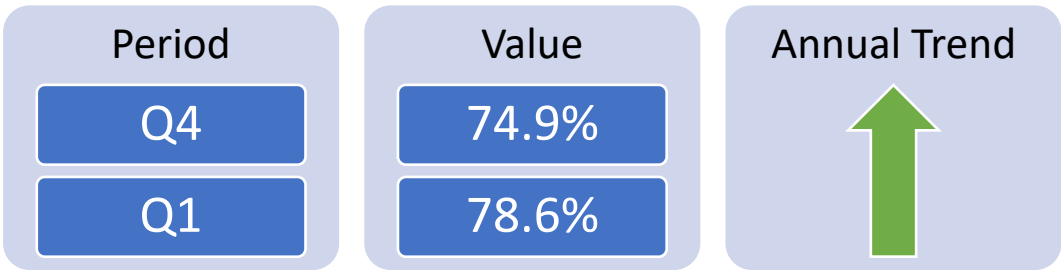
1. Context (or background)

- 1.1 Adult Social Care performance is reported nationally 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 the end of the financial year.
- 1.2 Alongside ASCOF we also monitor a series of local performance indicators aligned to the data factors that the Care Quality Commission pay regard to in their assessment of Adult Social Care.
- 1.3 This report outlines performance against these key indicators for quarter one of 2026/27. 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, quarter one performance report for 2026/27 will include these revised measures.
- 1.5 The ASCOF indicator for 2D is no longer being recorded as it is due to changes in the definition and the change from SALT to Client Level Data (CLD). Similarly, ASCOF indicator 2E Part 2 has now been split into two different indicators, 2E Part 2a and 2E Part 2b, one for adults aged 18-64, and the other for adults aged 65 and over respectively. Nationally, the CLD-based ASCOF indicators are still statistics in development, as such, our methodology is still under development, and these are subject to change.
- 1.6 As of 30th June 2026, there were 3,902 people in receipt of long-term support and 585 people in receipt of short-term services, which is an increase of 3.2% and 21.4% respectively from the same time of the previous year which generally reflects the increase in demand across adult services.

2. Performance

2.1. Independence

2.1.1 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 – ASCOF 2A



We have seen a significant increase in performance since the last period and have seen a steady increase since the beginning of Quarter One 2025/26 when it was 72.5%. This upward trend is positive as demonstrates that our short-term services are increasing in their effectiveness in reducing the need for ongoing care and support.

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



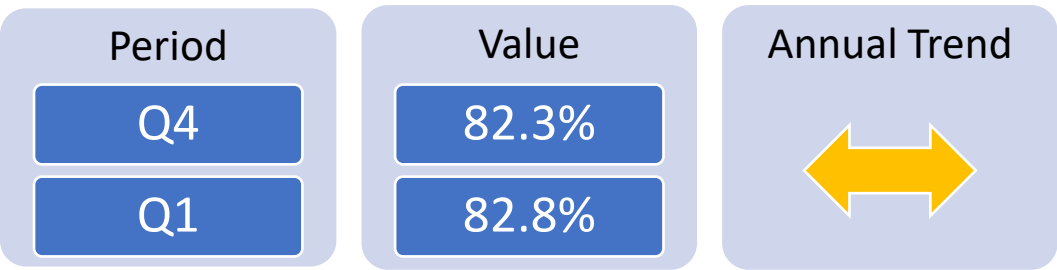
The rate is higher than the previous quarter, it is slightly higher than the average for the previous year. The placement levels associated with this indicator remain relatively high however all placements are scrutinised before being made in order to ensure that it is the most appropriate and cost-effective means through which to meet the needs of the individual and deliver the required outcomes.

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



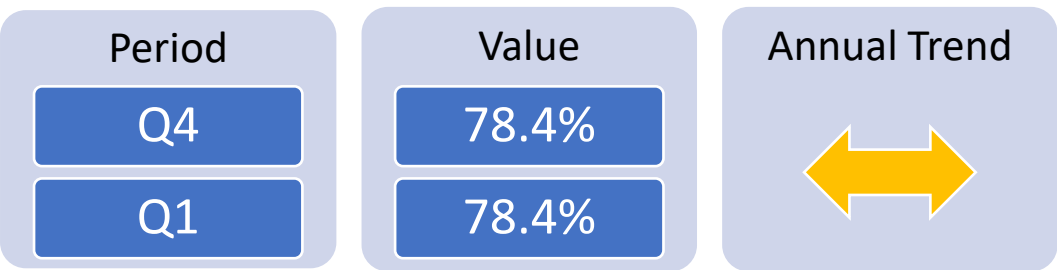
Admissions include those with depleted funds who were already within a care home setting, plus funding changes from the Integrated Care Board to the local authority. We have seen a reduction in these figures using 12 rolling months with the value per 100,000 population. As with ASCOF 2B all placements are scrutinised to ensure that it is the most appropriate and cost-effective means through which to meet the needs of the individual and deliver the required outcomes.

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



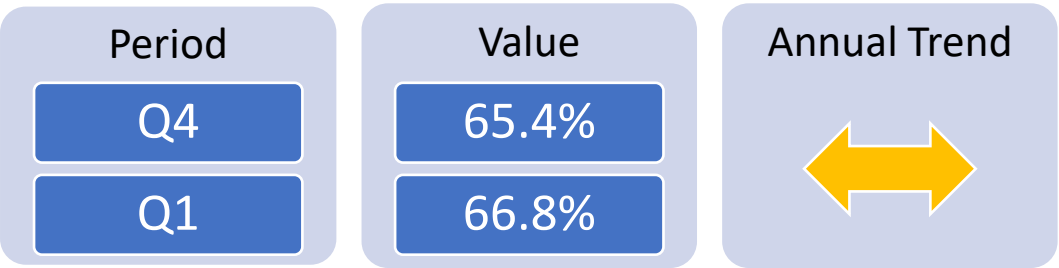
There have been no significant changes in this indicator over the previous quarter, and it remains comparable to previous years (81.2% in 2023/24 and 82.5% in 2024/25).

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



As this is a new indicator, we do not have a full annual trend. However, there has been no significant change to this indicator from the last quarter reported.

2.1.6 The proportion of people who receive long-term support who live in their home or with family aged 65+ - ASCOF 2E Part 2b



As with Part 2a above, we do not have a full annual trend. However, we have seen a small increase of the proportion of those aged 65 and up living in their own home or with family.

3. Empowerment – Information & Advice

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



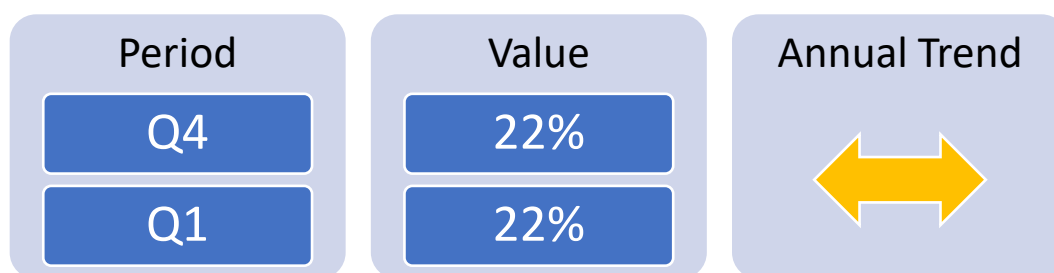
No change has been seen in this indicator. It has remained at 100% since Quarter Four 2023/24. These are personal budgets, and as it is a requirement of all people in receipt of adult social care and support to have a personal budget the indicator consistently reports at 100%.

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



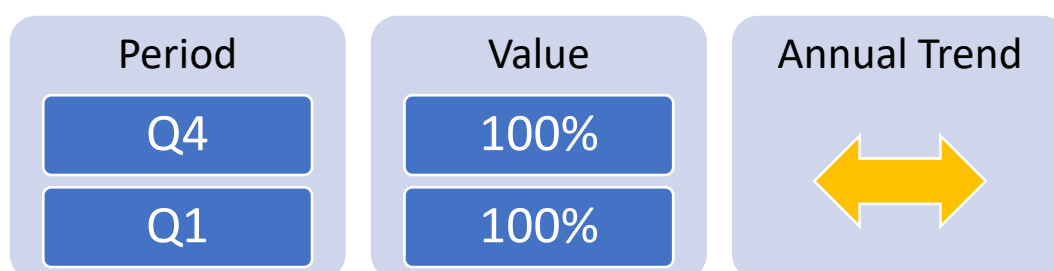
No change has been seen in this indicator. It has remained at 100% since Quarter One 2023/24. As it is a requirement of all people in receipt of adult social care and support including unpaid carers to have a personal budget the indicator consistently reports at 100%.

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



No change has been seen in this indicator. It has remained at 22% since Quarter Three 2024/25. The work we are doing though are Direct Payments strategy is aimed at ensuring that direct payments is a meaningful offer ensuring that people with care and support needs are able to make and informed and supported choice.

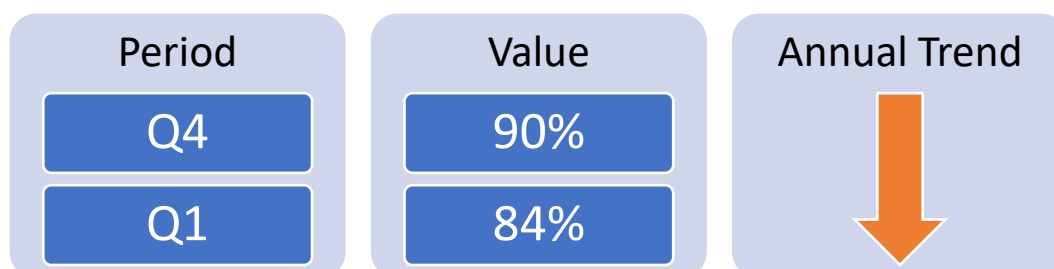
3.4 Carers receiving direct payments for support direct to the unpaid carer – ASCOF 3D Part 2b



No change has been seen in this indicator. It has remained at 100% since Quarter Four 2024/25. The work we are doing though are Direct Payments strategy is aimed at ensuring that direct payments is a meaningful offer ensuring that unpaid carers are able to make and informed and supported choice.

4. Safety

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

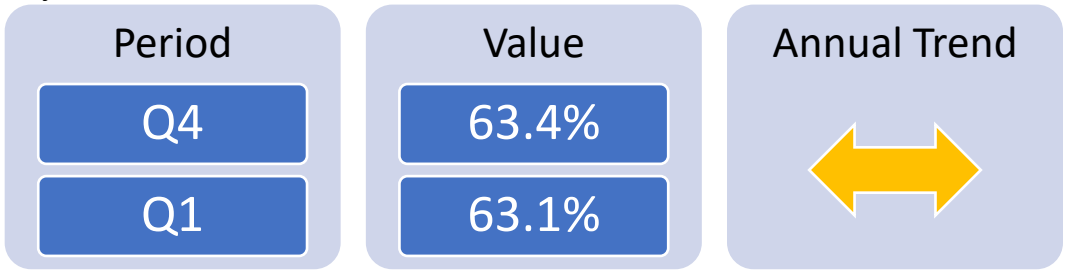


Quarter One performance should be viewed in context, as this is an early position in the year and can fluctuate as further safeguarding activity is completed and recorded. While performance is below the previous levels of 90% to 96%. A single data point in itself is not

a cause for concern and all cases where risk remains are subject to audit by the Safeguarding Adults co-ordinator for assurance.

5. Continuity and quality of care

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

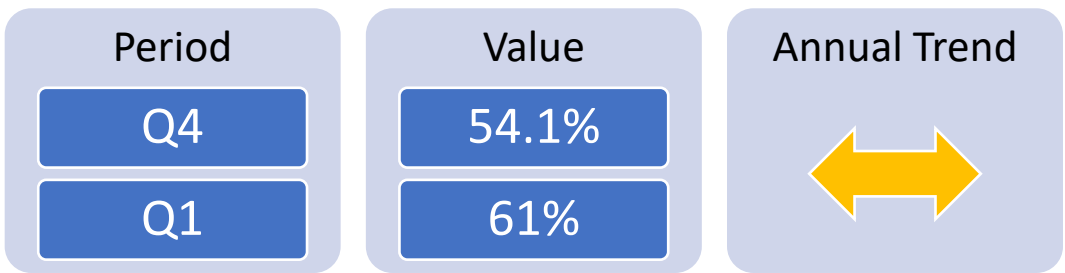


There has been no significant change in this indicator since the previous quarter, with performance remaining stable at around 63% since 2024/25. This is a challenging indicator to improve, and work continues with the market with the objective of improving overall ratings.

6. Adult Social Care Local indicators

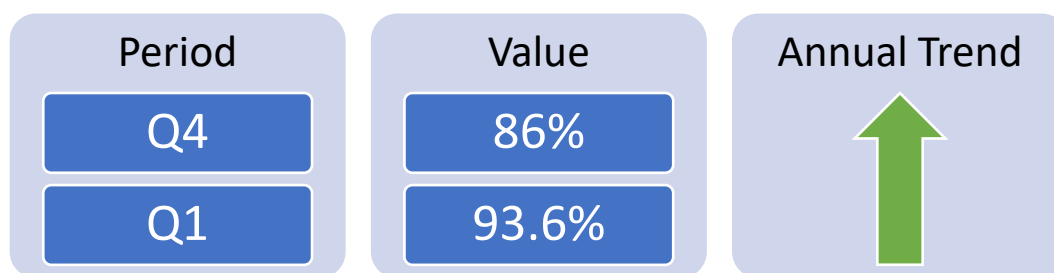
Our local performance indicators are aligned with the Care Quality Commission Information Requests. As the Care Quality Commission continues to refine and update its assessment criteria, we will proactively review and adapt our local assurance processes to ensure that we remain responsive and can demonstrate positive outcomes for our community. The indicators cover a range of operational matters regarding reviews and assessment which we are working to improve in the context of also dealing with the operational challenges of changing our core case recording system.

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



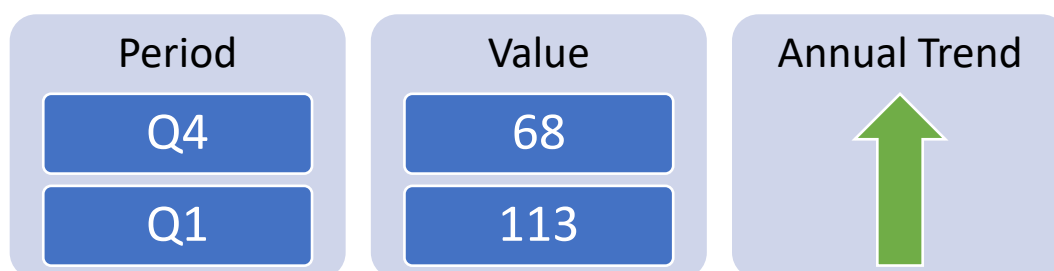
This Quarter One position shows positive progress in this indicator, with performance expected to continue improving as the year progresses. This is cumulative indicator over the year so a lower level of performance at one quarter can be offset by activity later in the year.

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



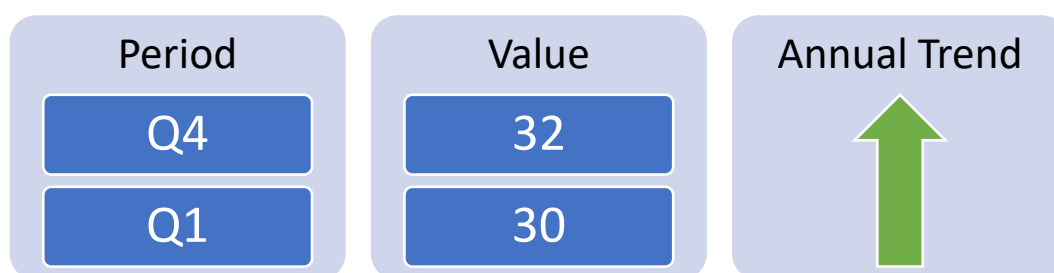
This indicator has continued to improve, building on the upward trend seen since Quarter Three 2025/26. Quarter One performance is now above the same period last year at 90.5%, representing the highest level recorded since reporting began. This is a local indicator that provides visibility of the timescales between reviews recognising that not all people in receipt of care and support have a review within a twelve-month interval.

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



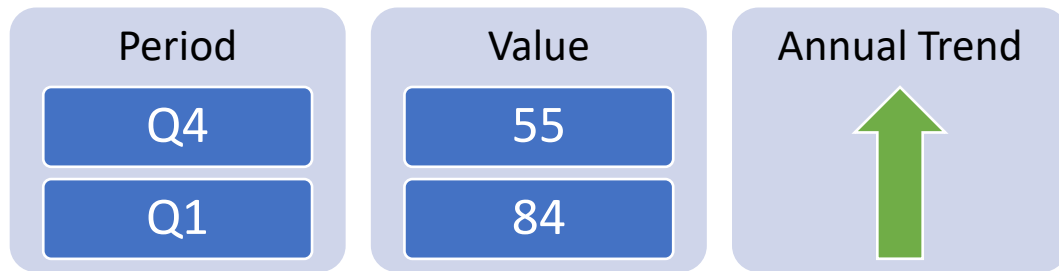
Although the median waiting time has increased since the end of 2025/26, the Quarter One position remains better than the same point in the previous year, when it was 132 days.

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



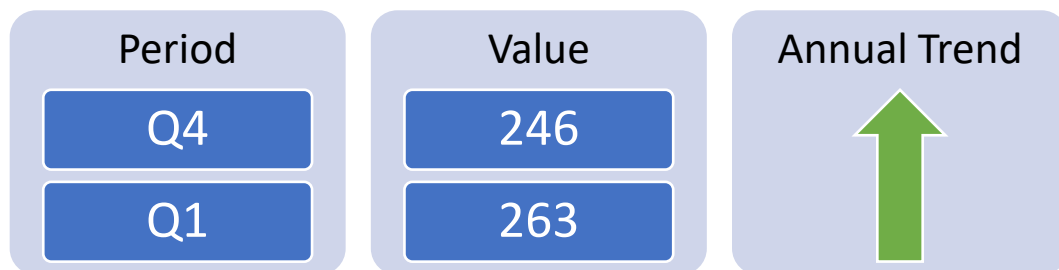
The median waiting time for a Care Act Assessment has continued to reduce, with three consecutive reporting periods showing improvement. The Quarter One position is significantly lower than the same period last year, when it was 54 days, and is now at the lowest level recorded since reporting began, sustaining this improved level is a key priority for the service.

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



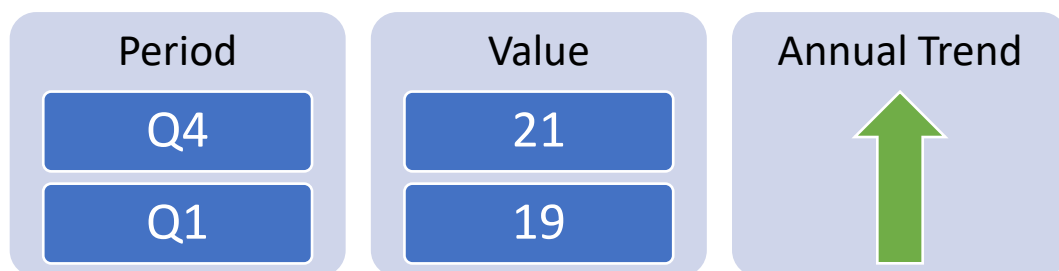
The waiting list for Care Act Assessments is higher than the previous quarter; however, this should be viewed in the context of progress made throughout 2025/26, where the overall position reduced steadily and remains lower than the same period last year.

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



Although the waiting list is higher than the previous quarter, the Quarter One position remains lower than the 449 reported at the same point in 2025/26 and continues to reflect a stronger position overall.

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



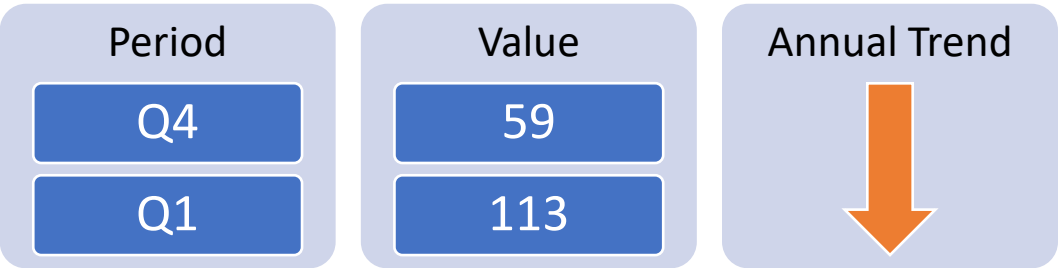
The median waiting time for an Occupational Therapy Assessment has reduced for the second consecutive quarter and is now at the lowest level recorded since reporting began.

6.8 Number of Deprivation of Liberty Safeguards applications waiting to be allocated to a Best Interests Assessor - CCC9



The number of applications awaiting allocation to a Best Interests Assessor has continued to increase following the transition away from an external agency through which support was provided for assessments. Adult Social Care continues to ensure that applications are reviewed as promptly as possible using a risk-based approach.

6.9 Median waiting time for Deprivation of Liberty Safeguards applications to be allocated to BIA – CCC10



The median waiting time has continued to increase alongside the increase in the size of the waiting list due to the transition away from an external agency through which support was provided for assessments. Adult Social Care continues to ensure that applications are reviewed as promptly as possible using a risk-based approach.

7. Adult Social Care Involvement and Engagement Approaches

7.1 Engagement and events



During Quarter One, the Adults Commissioning Team delivered four provider forums across Mental Health, Learning Disabilities and Home Support services. These forums covered a wide range of topics, including training availability, case studies, technology enabled care, recruitment, appointee ships, quality assurance, modern slavery, support with smoking cessation and Coventry's Adult Social Care Quality Commission rating score and improvement plan. The sessions were well attended and provided valuable opportunities for collaboration, shared learning, and peer support.

7.2 Workforce support:

During the quarter, our Commissioning Officers presented at the Tulia online conference, sharing insights on migration, resettlement and the contribution of international care workers. They also met with international carers at Esteemed Life Care to discuss their experiences of living and working in Coventry, the support they have received, and how they have integrated into the city. This positive engagement resulted in a series of video case studies that capture the real-life experiences of international carers and highlight the valuable contribution they make to the Adult Social Care workforce.

7.3 Carers / Carers Strategy

Engagement activity to support the development of the local Carers Strategy continued throughout this quarter. The "Let's Talk" platform proved to be a valuable resource, with 176 people completing the survey to inform the engagement process. In addition, 103 carers shared their contact details to participate in future co-production activity, demonstrating a strong level of ongoing interest and involvement.

During the quarter, the carers team undertook 25 engagement sessions, including carer-specific groups as well as wider community engagement with veterans, asylum seekers and people caring for adults with substance misuse. These sessions provided an opportunity to engage with more than 200 carers, gaining valuable insight into their caring roles, experiences and support needs. A further engagement session is planned with Young Adult Carers to ensure their views help shape the Strategy.

In early June, the team attended the Carers Trust Heart of England Carers Week event at the Coventry Building Society Arena, which attracted approximately 250 carers and family members. Around 50 partner organisations were also represented, including a range of Coventry City Council services, the Dementia Hub, #CovConnects, Shared Lives, Coventry Family Hubs and Telecare. During the event, Carers Trust Heart of England conducted structured interviews with carers, collecting 48 feedback cards from adult carers alongside additional feedback from young carers. This information will help inform future service development and delivery.



7.4 Learning Disability Week:

The Learning Disability Service marked Learning Disability Week 2026 by hosting two successful events in support of this year's theme, "Do You See Me?", which focused on ensuring that people with learning disabilities are recognised, listened to and valued.

A coffee morning was held for adults with learning disabilities, their families and carers, with members of the Learning Disability Team in attendance. The event provided a welcoming and relaxed environment where attendees could socialise over refreshments, share experiences and build connections with others. Participants also enjoyed a dance performance by students from Hereward College and heard from a young man who shared his personal journey of living in Supported Living. He spoke about how he has developed greater independence and learned new skills with support from staff, providing a powerful example of the positive outcomes that can be achieved through personalised support.

Representatives from Carers Trust Heart of England were on hand to provide information and advice for families and carers, while members of the Learning Disability Team shared details about the range of services and support available locally.



Later in the week, the team hosted a Professionals Fair, bringing together colleagues from the Commissioning Team, partner organisations and a range of internal services. The event featured a variety of information stalls, enabling attendees to learn more about the support available for adults with learning disabilities and helping to strengthen partnerships across organisations.

Both events highlighted the importance of partnership working, community engagement and listening to lived experience. They provided a positive and meaningful way to celebrate Learning Disability Week while showcasing the ongoing commitment across services to supporting people with learning disabilities to live independent, fulfilling lives.

7.5 General engagement:

In June, Henry Court (Housing with Care scheme) hosted a breakfast meeting which provided an opportunity for Advanced Social Workers to meet with tenants and discuss issues affecting their day-to-day lives. The event was well attended, with approximately 20 residents taking part in conversations about their experiences, concerns and priorities. The session provided valuable insight into the issues most important to tenants and supported ongoing engagement between residents and Adult Social Care professionals.

Adult Social Care continues to produce a range of regular communications tailored to different audiences, including care providers (235 recipients), carers (4,612 recipients), Adult Social Care subscribers (2,297 recipients) and internal staff. These bulletins provide timely information, advice, public health messages and details of local services and community events. Contributions from a wide range of partners help ensure that recipients receive relevant and up-to-date information, supporting awareness of available services and opportunities across Coventry.

7.6 Accelerated Reform Fund: Supporting Innovation in Adult Social Care

- **My Time Project** – Throughout Quarter One the My Time Project continued to grow, with a few new partners, including local restaurants. At the end of June, 212 carers have now benefitted from breaks across the city with 272 breaks offered in total. Additionally, 30 carers benefitted from cupcakes and thank you gifts during carers week donated by local businesses. 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.

- **Bridgit Online Support Tool** – The Bridgit app has continued to grow in usership, giving us greater insight into its use. By the end of Quarter One 2026/27, 7,440 people had accessed the site, with 11.3k self-help plans created for carers. The most popular search topics were carer's allowance, providing care for someone and carer's 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 departments. 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 also being held on Ward 40, Medicine Care for the Elderly. The team also supported a Caring for Carers event aimed at supporting staff at University Hospital Coventry and Warwickshire who are also caring for someone.

8.0 Options considered and recommended proposal

There are no specific options associated with this report.

9.0 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

10.0 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.

11.0 Comments from Director of Finance and Resources (Section 151 Officer) and Director of Law, Governance and Safer Communities

11.1 Financial Implications

There are no direct financial implications arising from this report.

11.2 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

12.0 Other implications

12.1 How will this contribute to the One Coventry Plan?

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

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.

12.2 How is risk being managed?

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.

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.

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.

12.3 What is the impact on the organisation?

None

12.4 Equalities / EIA

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

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

None

12.6 Implications for partner organisations?

None

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Contributor/approver name	Title	Directorate	Date doc sent out	Date response received or approved
Kirstin Clarke	Assistant Director Adults Social Care	Adult Services and Housing	14.08.2026	24.08.2026
Aideen Staunton	Head of Service Partnerships and Social Care Operations	Adult Services and Housing	14.08.2026	19.08.2026
Tracey Denny	Head of Service Localities and Social Care Operations	Adult Services and Housing	14.08.2026	25.08.2026
Andrew Errington	Adults Principal Social Worker	Adult Services and Housing	14.08.2026	19.08.2026
Neil Byrne	Head of Commissioning and Quality	Adult Services and Housing	14.08.2026	20.08.2026
Louise Hay	Head of Business Systems and Continuous Improvement	Adult Services and Housing	14.08.2026	17.08.2026
Chris Whiteley	Finance Manager	Finance	26.08.2026	
Lisa Lawson	Programme Manager	Adult Services and Housing	14.08.2026	26.08.2026
Claire Coulson-Haggins	Team Leader, Legal Services	Law, Governance and Safer Communities	26.08.2026	27.08.2026
Asher Veness	Governance Services Officer	Law, Governance and Safer Communities	26.08.2026	03.09.2026
Names of approvers for submission: (officers and members)				
Pete Fahy	Director of Adult Services and Housing	Adult Services and Housing	14.08.2026	28.08.2026
Councillor L Bigham	Cabinet Member for Adult Services		26.08.2026	03.09.2026

This report is published on the council's website: www.coventry.gov.uk/meetings

Adult Social Care Outcomes

Indicator OLD	Brief Description							Trend	Annual Trend	Notes	Peer Group	West Mids	England	Rank - England	Rank - England	Rank Change	Quartile							
		2025-26				2025-26	2026-27				2024/25	2024/25	2024/25	2024/25	2024/25	2024/25	2024/25	2024/25						
uality of life		Q1	Q2	Q3	Q4		Q1																	
1A	Quality of life of people who use services	NA	NA	NA	NA	19.1	NA		↑		18.66	19.20	19.00	10		↑	1							
1J	Quality of life of people who use services (Adjusted)	NA	NA	NA	NA	0.445	NA		↑		0.41	0.44	0.42	23		↑	1							
1D	Quality of life of carers	NA	NA	NA	7.3	7.3	NA		↔		7.04	7.40	7.30	106		↔	3							
3A	Overall satisfaction of people who use services with their care and support	NA	NA	NA	NA	65.10%	NA		↑		62.8%	66.8%	65.1%	52		↑	2							
3B	Overall satisfaction of carers with social services (for them and for the person they care for)	NA	NA	NA	44.40%	44.40%	NA		↑		33.3%	38.6%	36.7%	105		↔	3							
dependence																								
2D	The proportion of people who received short-term services during the year - who previously were not receiving services - where no further request was made for ongoing support.	72.50%	74.30%	74.90%	74.90%	74.90%	78.60%		↑		66.22	68.50	77.10	96		N/A	3							
2A1	The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	14	25	25.2	21.4	21.4	26		↓		19.2	20.4	17.0	132		N/A	4							
Number of admissions		8	29	47	50	50	15																	
2A2	The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	496	658	658	659	659	548		↑															
Number of admissions		63	169	244	338	338	71																	
2D																								

2E Part 1	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital
1G	The proportion of people who receive long-term support who live in their home or with family with LD aged 18-64
2E Part 2	The proportion of people who receive long-term support who live in their home or with family, aged 18 to 64
2E Part 2	The proportion of people who receive long-term support who live in their home or with family, aged 65 and over

mpowerment - information and advice

1B	The proportion of people who use services who report having control over their daily life.
3C	The proportion of carers who report that they have been involved in discussions about the person they care for

3C	
3D1	The proportion of people who use services who have found it easy to find information about services and/or support
3D2	The proportion of carers who use services who have found it easy to find information about services and/or support

3D	
1C1A	Adults aged 18 or over receiving self-directed support
1C1B	Carers receiving self-directed support
1C2A	Adults 18 or over in receipt of care and receiving direct payments.
1C2B	Carers receiving direct payments for support direct to carer.

afety

4A	The proportion of people who use services who feel safe
NEW	The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed

ocial connections

5A	
1I1	Proportion of people using services reporting they had as much social contact as they would like
1I2	Proportion of carers who reported that they had as much social contact as they would like

ontinuity and quality of care

New	The percentage of residential adult social care providers rated good or outstanding by CQC
New	
New	
New	
New	

82.4%	81.8%	85.5%	82.8%	82.8%	NA
82.6%	82.4%	82.8%	82.3%	82.3%	82.8%
NA	NA	NA	78.4%	78.4%	78.4%
NA	NA	NA	65.4%	65.4%	66.8%
NA	NA	NA	NA	75.10%	NA
NA	NA	NA	NA	71.00%	NA

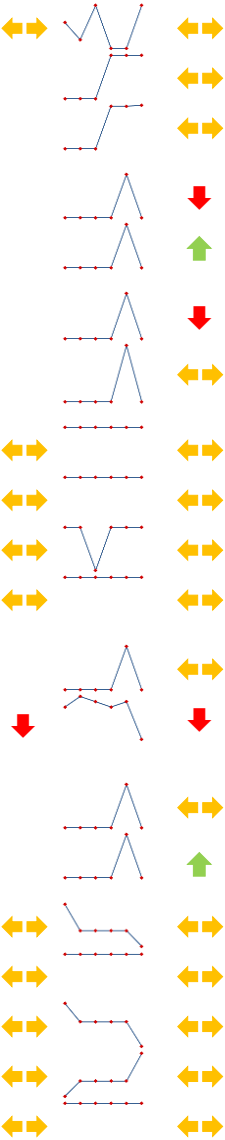
NA	NA	NA	NA	66.50%	NA
NA	NA	NA	NA	60.80%	NA

100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
22.0%	22.0%	21.0%	22.0%	22.0%	22.0%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

NA	NA	NA	NA	72.10%	NA
90%	92%	91%	90%	91%	84%

NA	NA	NA	NA	49.90%	NA
NA	NA	NA	NA	31.10%	NA

63.9%	63.4%	63.4%	63.4%	63.4%	63.1%
1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
62.5%	61.9%	61.9%	61.9%	61.9%	61.1%
33.3%	33.8%	33.8%	33.8%	33.8%	34.7%
2.8%	2.8%	2.8%	2.8%	2.8%	2.8%



60.48	58.20	60.70	125
80.40	78.10	81.40	78

67.50	58.00	60.30	60
-------	-------	-------	----

73.70	77.40	77.30	15
60.40	66.90	66.40	52

66.40	68.00	67.80	24
55.50	60.80	59.10	65

82.90	95.80	82.40	1
N/A	N/A	N/A	N/A
24.80	25.70	24.50	95
N/A	N/A	N/A	N/A

67.30	72.20	70.10	46
88.65	86.50	91.20	62

43.10	46.70	45.40	22
27.81	32.20	30.00	118

76.99	75.70	80.00	150
-------	-------	-------	-----

N/A	4
N/A	3

N/A	2
-----	---

↑	1
↔	2

↑	1
↔	2

N/A	1
N/A	N/A
N/A	3
N/A	N/A

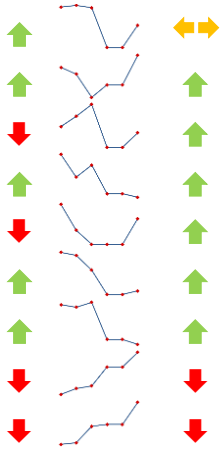
↓	2
N/A	2

↑	2
↔	1

N/A	4
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CQC IR5 Reviews for people in long term support for 12+ months
CQC IR5 People in Long term support who were assessed/reviewed within the last 18 months
CQC IR5 Median waiting time for a review
CQC IR5 Waiting times for Care Act Assessment (median of days)
CQC IR5 Waiting list for Care Act Assessment (number of people)
CQC IR9 Number of people waiting for an OT assessment
CQC IR9 Median waiting time for an OT assessment
CQC IR29 Number of Dols applications waiting to be allocated to BIA
CQC IR29 Median waiting time for Dols application to be allocated to a BIA

66.6%	67.2%	66.4%	54.1%	54.1%	61.0%
90.5%	88.8%	82.8%	86.0%	86.0%	93.6%
132	164	201	68	68	113
54	41.25	48	32	32	30
100	71	55	55	55	84
449	434	363	246	246	263
35	34	36	21	21	19
117	150	164	268	268	350
10	14	54	59	59	113



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