Solihull
METROPOLITAN
BOROUGH COUNCIL

Solihull Adult Social Care

Making a difference in the right way, every day

Local Account 2025/26







Solihull's Local Account
Our annual report for Adult Social Care

Contents

Foreword 3
National context – key events from 2025/26 4
Local context – key events from 2025/26 5
What is adult social care? 7
What feedback have we received? 9
Who did we support during 2025/26? 12
What do we know about local people who received care and support during 2025/26? 13
What kinds of support did they receive? 14
For those who received long-term care and support, what type of support did they receive? 16
What did we spend on adult social care in 2025/26? 17
How do we know we are doing well? 18
Solihull Adult Social Care CQC Inspection 18
Our strengths-based approach 18
Quality assurance approach 19
Quality oversight of our care providers 19
What we delivered during 2025/26 20
People and communities 20
Supporting care quality 22
Working with partners 24
Accelerating improvements 26
Where we need to improve 28
Priorities for 2026/27 30
Glossary 34
Useful contacts 37

Foreword

Welcome to Solihull's Adult Social Care Local Account for 2025/26.

This report sets out how we have supported residents, carers and communities during the year, what we achieved against our priorities, and how we will continue to improve services in 2026/27.

This year has been one of continued change and challenge across adult social care. Demand for support continues to grow, financial pressures remain significant across local government and the NHS, and expectations of adult social care continue to evolve. Despite these challenges, our focus has remained clear: helping people to stay independent, safe and well for as long as possible, whilst ensuring that support is available when needed.

During the year we have continued to strengthen our support for carers, progressed new approaches to prevention and independence, developed stronger partnerships with health and community organisations and increased our use of digital technology to improve services. We have also continued our preparations for external assurance and strengthened our quality assurance arrangements to ensure we remain focused on delivering high-quality services and good outcomes for local people.

Most importantly, we have continued to listen to the people who use services, carers, staff and partners. The development of the next Adult Social Care Strategy has involved extensive engagement across the borough and has helped shape the priorities set out in this report.

We would like to thank everyone who has contributed to improving adult social care in Solihull over the past year and look forward to continuing this work together.



Cllr Karen Grinsell

Leader of the Council and Lead Member for Children and Education



Cllr Tony Dicicco

Cabinet Portfolio Holder – Adult Social Care and Health



Jenny Wood

Director for Adult Social Care and Deputy Chief Executive

National context – key events from 2025/26

April 2025

Launch of Baroness Casey's independent commission reviewing adult social care in England

July 2025

Department of Health and Social Care published information on the mandated national adult social care data returns

October 2025

National Adult Social Care Winter Letter issued by the Care Minister setting priorities for winter resilience across health and care systems.

December 2025

Final local authorities received onsite inspection visits from CQC

July 2025

Government publishes 10-Year Health Plan with focus on prevention, community services and digital transformation

September 2025

Rollout commenced for local neighbourhood health programs

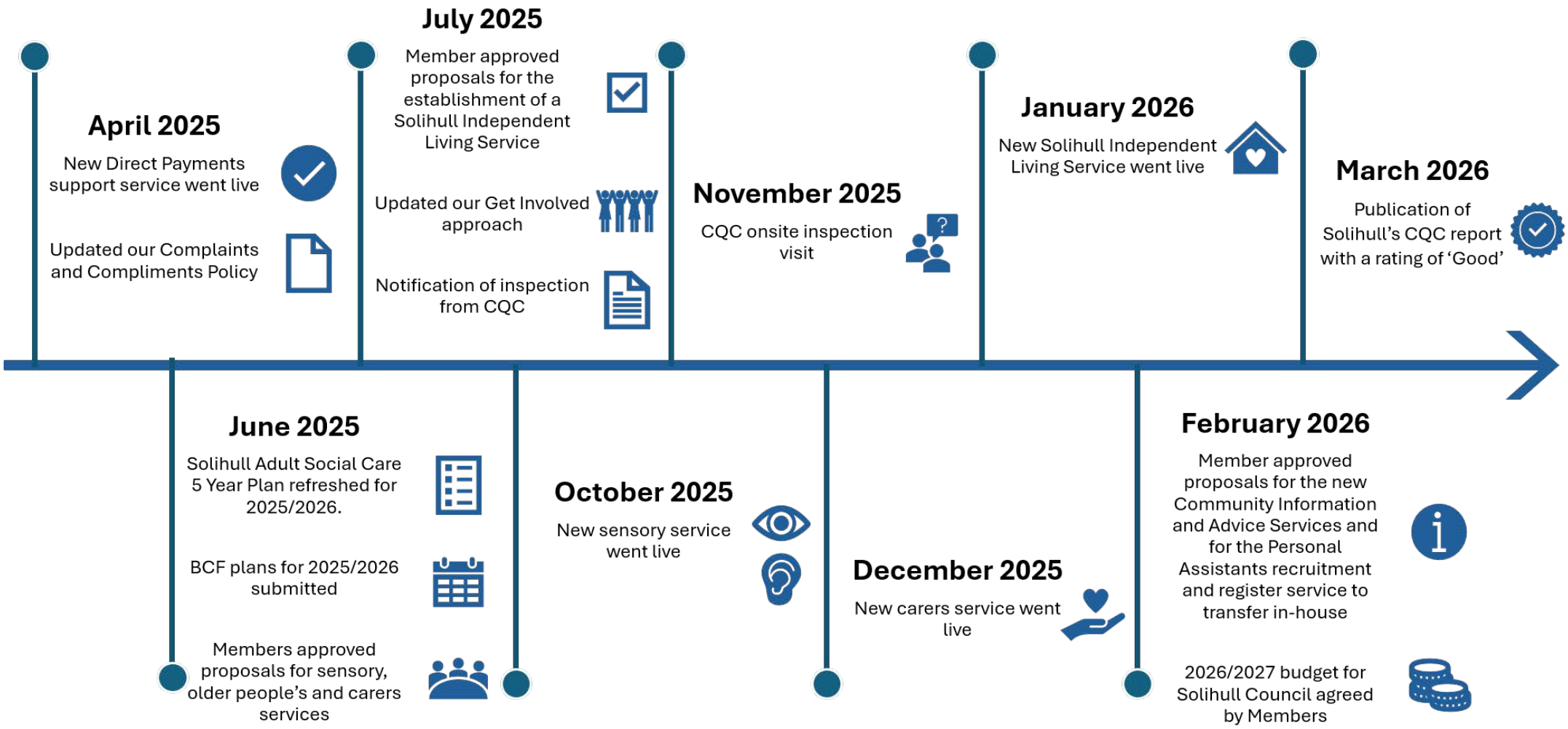
November 2025

Final local government reorganisation proposals were submitted to the government.

February 2026

Better Care Framework for 2026/27 published

Local context – key events from 2025/26



Facts & Figures



• Solihull has around **216,245 residents**



• Solihull has slightly fewer younger adults (aged 18 – 39) compared to the national average and **more people aged 65+**



• In 2021 there were around **20,000** Solihull residents providing at least some unpaid care



• The number of people from an ethnic minority background in Solihull increased by 72% between 2011 and 2021 and this upward trend is expected to continue



• Overall, life expectancy in Solihull is **longer** than national, however there is more than a 10-year difference, between least and most deprived areas of Solihull



• It is estimated that over **4,000** adults aged 18 or over in Solihull have a learning disability.



• It is estimated that over **5,000** Solihull adults (aged 18-64) are physically disabled.



• In 2023 around 42,800 Solihull adults (aged 18-64) were estimated to have a diagnosed mental health condition, and this is **expected to increase**



• In 2023 it was estimated that around 1,200 Solihull adults (aged 18-64) are autistic and this is also **projected to increase**



• Solihull has a higher-than-average rate of care providers who have been assessed as 'good' or 'outstanding' by the Care Quality Commission (CQC)

All of the figures above are drawn from the Council's own data, or the most recently available information from a range of public information sources such as the national census as of June 2022. This is a summary of a wider set of information we use to help develop the right services for Solihull residents.

What is adult social care?

Solihull Council works with adults and carers who need care and support, helping people and families to access the right services and resources to live as independently as possible. We work with other council departments, such as Housing, Public Health, and Children's Services, to support people in our community. Solihull Council works closely with our public sector partners, businesses, the voluntary sector and communities to improve the lives of the people we serve. This includes helping residents plan for the future and live as independently as possible, manage their everyday needs, adapt to new circumstances, and stay safe from harm. Residents are at the heart of everything we do, and we always put them first.

All our work is tested against our Directorate purpose:

'To enable people to stay as independent and well as possible for as long as possible. When people do need long term support, this is timely, proportionate, responsive and good quality and enables people to continue to live their lives the way they want to'.

Evidence of our progress towards this overarching purpose is demonstrated through the many interactions between our staff and people with care and support needs each day, and through a series of improvement projects aimed at constantly improving the services available and how we work.

Our work is regulated by the Care Quality Commission (CQC). While CQC began carrying out inspections of adult social care local authority functions in 2023, and Solihull Council was inspected during 2025/26 and received a rating of 'Good'. The inspection purpose is to ensure that we meet our obligations to residents and the care sector within Solihull and follow our duties under the Care Act 2014. The Council's small homes for adults with disabilities are also CQC inspected and are all rated 'good' by CQC.

Our vision: Making a difference in the right way, every day

As set out in 'Our Offer To You', we start from the point that people are part of families and part of communities. Care and support provided via the Council should primarily be a means to help people live the lives they want with their families and friends; enjoying the best that Solihull has to offer.

To achieve this, we published our Adult Social Care 5 Year Plan after extensive involvement, engagement and feedback from people. This included public sessions, pop-up sessions in retail areas, engagement with community and faith organisations, social media, communication to individuals and carers currently in receipt of support, as well as involvement with key partners such as care providers and NHS organisations. The extensive feedback helped us create a plan which now underpins our ongoing work.

We focus on choice, independence, and what individuals can do. This is known as our 'strengths-based approach'. Our vision is 'making a difference in the right way, every day'. This reflects how we want to get things right first time and make a positive difference to people's lives, using our strengths-based approach alongside the skills and expertise of staff. We want to get this right every day, whilst recognising there is always room for improvement.

- We will support residents to have choice and control over their own health and wellbeing, enabling people to take responsibility and find solutions that work for them.
- We will continue to work closely with the strong and established community of organisations, groups and businesses that can help residents to achieve a better life. Often the best solutions will be found in the community, rather than through council services and

we will work with people to build on positives in their life and how these can be supported or improved.

- Residents rightly expect what we offer to be of the best quality we can possibly achieve with available budgets, and we will continue our focus on this standard, as demand continues to grow.
- Finally, we remain absolutely committed to protecting the most vulnerable residents from neglect and abuse, and we will continue to work to ensure that everyone is valued, and everyone is safe.

Delivering our vision, purpose and Adult Social Care 5 Year Plan depends on our strong leadership at all levels, robust governance and clear accountability, a committed and engaged workforce, and being open to continuous improvement. We can demonstrate how we learn from feedback, compliments and complaints and looking at our data, while also celebrating and recognising what is going well.

What feedback have we received?

We welcome feedback to help identify where things are working well and to highlight where improvements may be needed.

We ask people who use our services and their carers to fill out a survey after their assessment. This helps us understand what we're doing well and where we can improve. We ask people to rate the information they received, how they found the assessment process, how they felt about their worker, how involved they felt in the process, and how they felt about the services they received. This is reviewed regularly by teams and leadership to celebrate where things are working well and incorporate any learning and improvement.

People also continued to send their feedback to us through our Compliments and Complaints Team.

We received 256 compliments in 2025/26

Here are some examples of compliments we received during the year:

"I hope you are well. I just wanted to say a huge thank you for all your hard work, professionalism and careful placement of my brother. He is closer to visit regularly now and the accommodation looks perfect for him. You have been fantastic as I am sure he will be so happy in his new surroundings."

"I just wanted to say a huge thank you for the exemplary way you conducted yourself and the empathy & understanding you showed to my family. You are a credit to your profession and organisation. I wish all health care professionals could follow & learn from your high standards."

"I just want to send an email of appreciation for her and how much she has helped my family over the last couple of months. She has been compassionate, kind and has communicated well throughout the process which is very rare to find these days. She deserves this recognition and my nan wants to pass on her heartfelt thanks."

“Her practice was “amazing”. I had no idea what services were available, but she took her time to go through all her options and ensured the support was person centred and appropriate to meet my needs. She made me feel at ease and her patience and support was life changing.”

"I would like to thank you so much for all your help regarding my mum and her care, you have been fantastic and come across very caring about our needs. You acted very promptly and got things moving very fast which doesn’t happen very often and I am so grateful for all your help.”

We also heard a lot of feedback through our Get Involved activities which has been used to shape services. Some examples are:

- People with lived experience helped redesign Adult Social Care information and webpages, resulting in improvements to website content, navigation, accessibility, and the development of more user-friendly online information and advice.
- Feedback from carers highlighted the need for better joined-up working and clearer information, leading to work on improved information resources, stronger links between services, and plans for a self-funder co-production project to support people arranging and funding their own care.
- People with learning disabilities, autistic people and carers influenced service planning through Partnership Boards, helping shape priorities around accessibility, Easy Read information, community safety, virtual care, and support services.
- Residents using day opportunities services co-produced improvements to service information, including recommendations for videos, virtual tours, clearer information, accessibility guides, maps, testimonials and FAQs to make services easier to understand and access.
- People receiving support and carers worked alongside staff to redesign the Adult Social Care Local Survey, improving question wording, accessibility and relevance so that feedback better reflects people’s experiences.
- Feedback from community groups influenced the development of Technology Enabled Care information and engagement activity, ensuring that residents' concerns and questions about digital care solutions were reflected in future communications and service development.
- People with lived experience continued to shape how Adult Social Care engages and co-produces services, with new co-production initiatives being developed around support for self-funders and falls prevention information and resources.

We received 43 complaints about adult social care functions compared to 56 complaints in the previous year.

Where complaints are received from the person drawing on care and support or a confirmed advocate, there is a thorough investigation, and we send a response to the complainant detailing what has been found. We complete a learning form for each complaint to ensure that actions are taken to address any faults found. We ask for feedback following each complaint via an on-line questionnaire (also available in printed format on request).

Example learning from complaints:

You told us communication and updates were not always clear. We strengthened learning and improvement activity, with communication identified as one of the most common learning themes arising from complaints. Teams used complaint findings to improve communication practices and ensure people receive better information and updates.

You told us Adult Social Care information was difficult to navigate. We worked with people with lived experience to redesign Adult Social Care webpages and information, improving accessibility, navigation and online information.

You told us assessments, reviews and support planning information could be improved. We involved residents and carers in redesigning the Adult Social Care Local Survey and continued using feedback from complaints, compliments and engagement activity to shape service improvements and strengthen our approach to co-production.

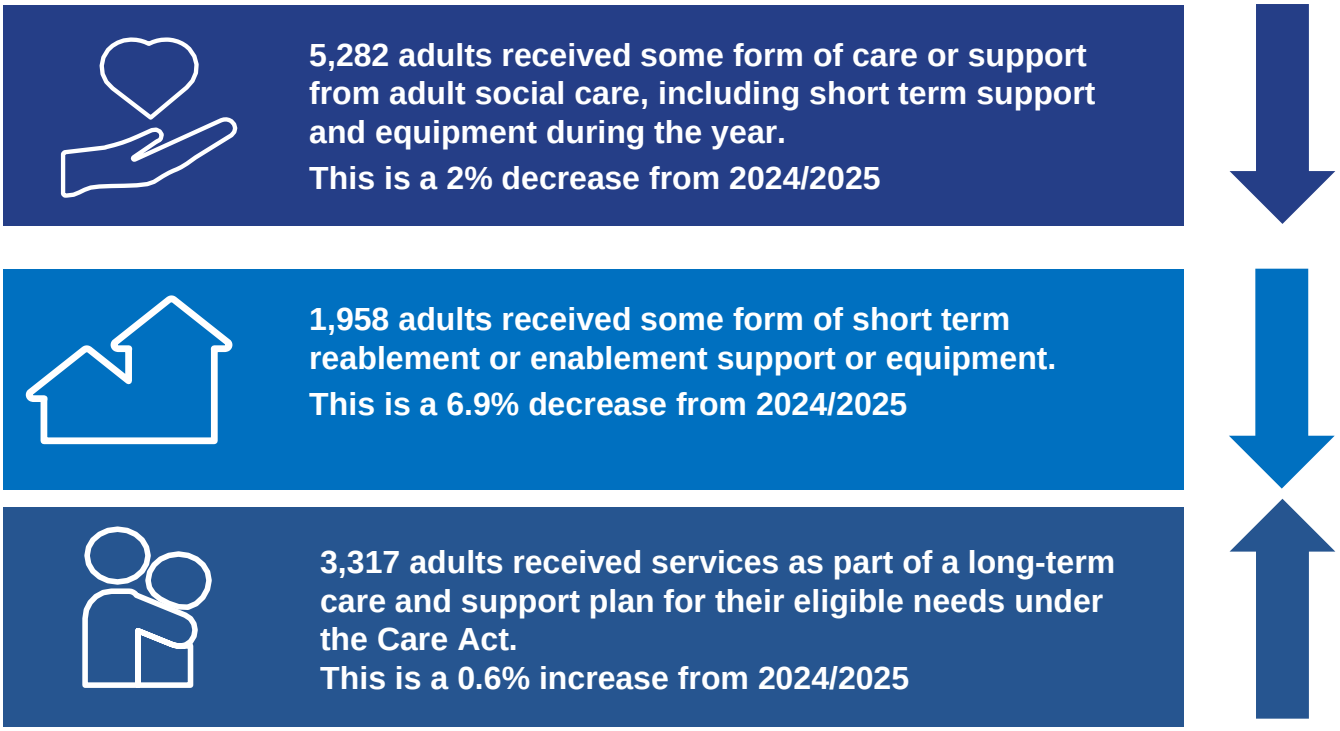
You raised concerns about the quality of care provided by some commissioned services. Complaints about provider quality were investigated and used to inform quality monitoring, improvement planning and provider support. Quality officers worked with providers to address identified issues and improve standards of care. Dissatisfaction with quality of care was the most frequently raised provider complaint theme during the year.

Who did we support during 2025/26?

There were 15,536 individual contacts with adult social care, increase of 10.8% on last year. A contact is a request for support into adult social care front door teams.

Within this there were 7624 adults approached the Council/adult social care for the first time for support, a 25% increase on the previous year.

People who received support include those who contacted Council/adult social care for the first time and people who were receiving ongoing support.



In addition, some people received professional advice. There is some overlap been individuals who received short term support and people who went on to receive long term support. Those in receipt of support may have received support for part or the whole of the year.

What do we know about local people who received care and support during 2025/26?

29% 18-64

71% 65+

59% Male

41% Female

The three biggest ethnic groups were:

- White – 87%
- Asian – 5%
- Black – 2%

What do we know about the carers we support?

25% Male

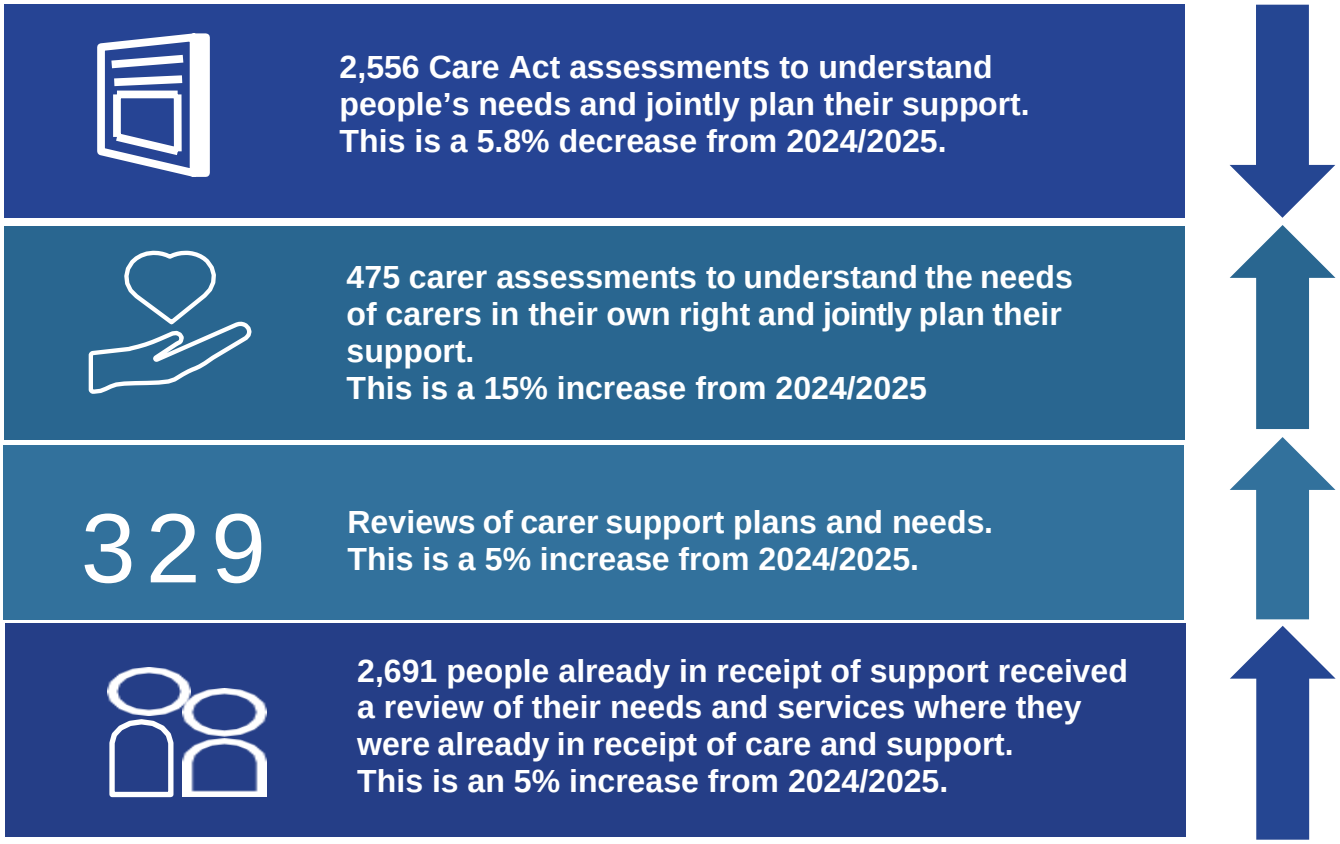
75% Female

54% 18-64

46% 65+

What kinds of support did they receive?

In order to understand people's needs and plan their services, we conducted:



During 2025/26, demand for Adult Social Care continued to grow. We received 15,536 contacts from residents, an increase of 10.8% compared with the previous year, and 7,624 people approached Adult Social Care for support for the first time, a 25% increase on 2024/25. This reflects growing demand associated with an ageing population, increased awareness of support available, and more people seeking advice and support at earlier stages of need.

Despite the increase in contacts, the number of people receiving ongoing long-term support increased only slightly, from the previous year to 3,317 people. This suggests that more people are being supported through information, advice, community resources, equipment, technology enabled care and short-term interventions without requiring longer-term Care Act services.

We supported 5,282 adults during the year through a combination of short-term and long-term services. Whilst the number of people receiving some forms of support reduced slightly, we continued to focus on helping people remain independent and maintain control over their lives wherever possible. Our strengths-based approach seeks to build on people's abilities, family networks and community connections before considering more intensive forms of support.

The mix of support people received reflects this continued focus on independence. Most long-term support was provided in people's own homes, through home care, direct payments, supported living and extra care housing. Around 57% of long-term support arrangements enabled people to remain living in their own home or a housing-based care setting, while a smaller proportion of people required residential or nursing care.

We have also continued to strengthen support for carers. The number of carers' assessments increased by 15% during the year, reflecting our commitment to recognising carers' needs in

their own right and ensuring carers receive advice, support and opportunities to maintain their own wellbeing alongside their caring responsibilities.

Looking ahead, demographic projections indicate that the number of older people in Solihull will continue to increase over the coming decade. This means demand for care and support is likely to continue growing. Our long-term approach is therefore focused on prevention, early intervention, technology enabled care, community-based solutions and support for carers, helping people remain independent for as long as possible whilst ensuring that high-quality support is available when it is needed.

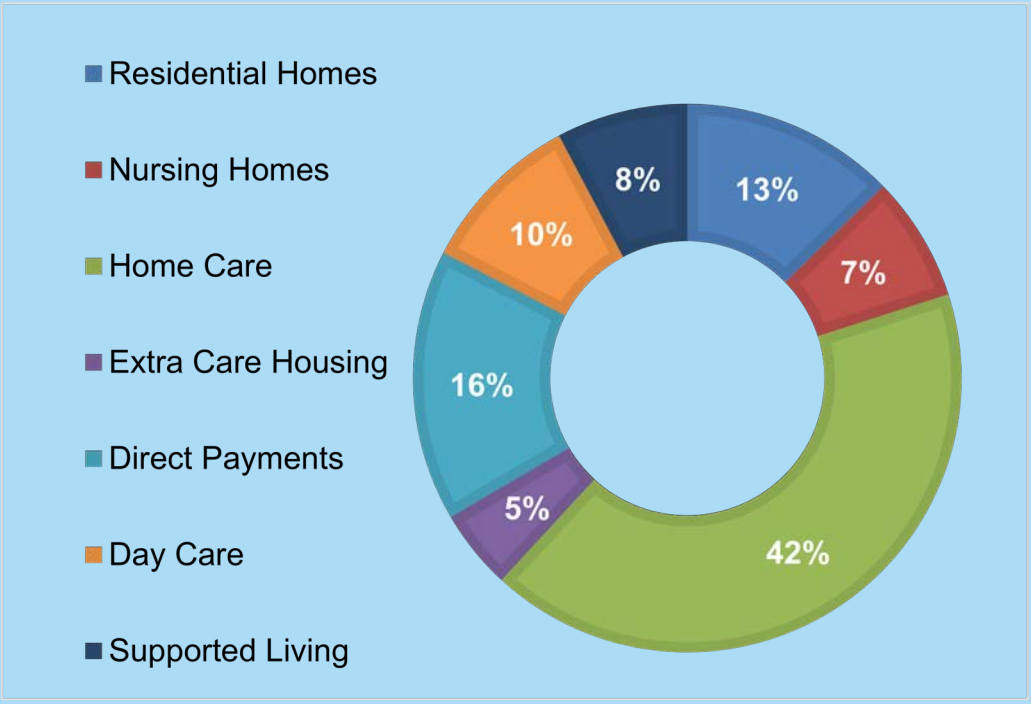


During 2025/26, 19% of safeguarding concerns progressed to a formal safeguarding enquiry, compared with 14% in 2024/25. Not every concern requires a formal enquiry. Decisions are made according to the circumstances of the individual, the statutory criteria and the action needed to address risk. We will continue to monitor conversion rates alongside the quality, timeliness and outcomes of safeguarding decision-making.

For those who received long-term care and support, what type of support did they receive?

In 2025/26, 54% of support provided was in people's own home (including where they have chosen to live in extra care or supported living) and 20% in a residential care home with 16% of people receiving long-term support in the form of a direct payment.

Long-term social care support provided in 2025/26 for Solihull adults



This chart shows the percentage of individual care packages made during the year for each type of support. People can have multiple types of support at once, or over the course of a year, dependent on their needs. For example, some people have some day care and some home care as part of their support.

In addition to these services, there are key other types of support which help people to maintain their independence.

In 2025/26 the Community Equipment Service delivered 33,704 items of equipment to 12,016 people. 79% of "standard stock" equipment was collected within timescale when it was no longer needed and 79% of "non-standard" i.e., specialist stock. Equipment ranges from specialist hospital beds, seating and pressure care to kitchen and toileting aids.

We have significantly increased access to reablement over the last two years, with 70.0% of people offered reablement on discharge from hospital in 2025/26, compared to 46.4% in 2023/2024.

What did we spend on adult social care in 2025/26?

£149.5 million total spend

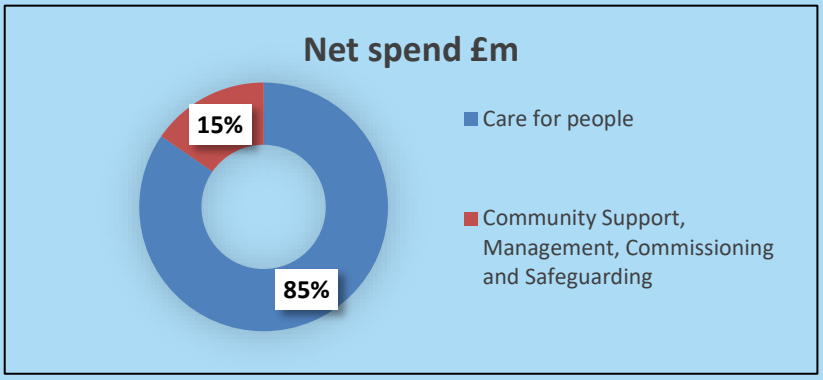
Including spend on care, assessments, staffing, commissioning, and safeguarding.

How was this funded?

We spent £149.5 million on adult social care. Most of this came from council tax and business rates (£86.4 million). The rest came from government grants, the NHS, and people who pay towards their own care (£63.1 million).

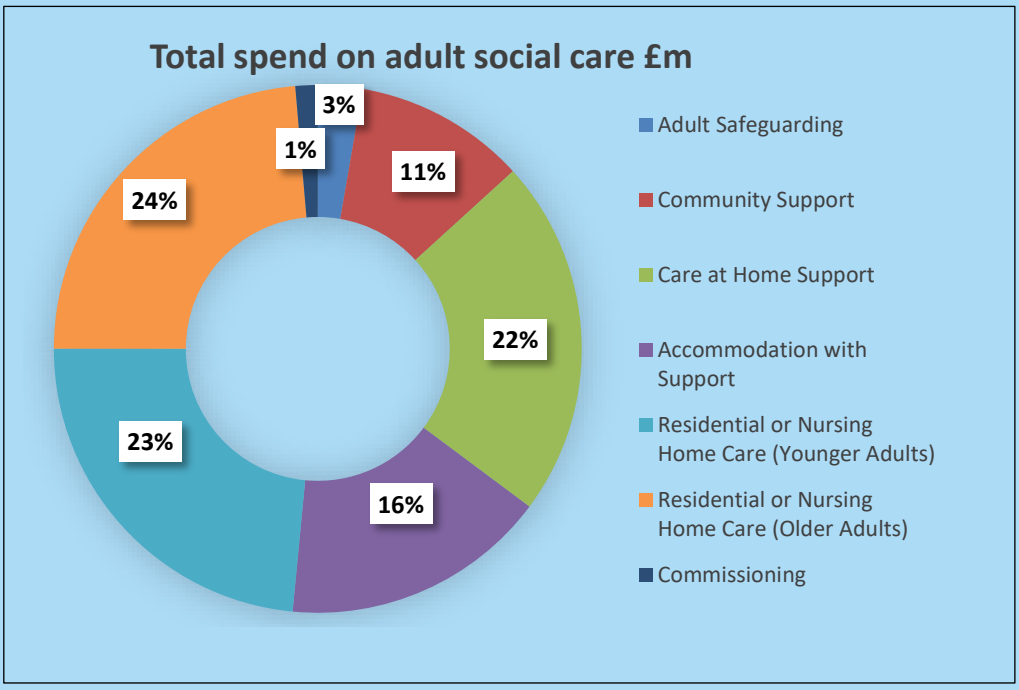
How was the funding used?

The majority of the spend on adult social care is spent directly on care for those who need it. The remainder is spent on employing social workers and occupational therapists and delivering information and advice services.



What support did that fund?

Over half of the total spend on adult social care goes on residential and nursing care, and housing with care because these services are more intensive levels of care and support.



How do we know we are doing well?

Solihull Adult Social Care CQC Inspection

In March 2026, Solihull Adult Social Care received its **CQC local authority assessment outcome**. We were rated 'Good' overall and achieved one of the highest scores nationally. The assessment looked at nine quality areas, where Solihull was rated 'Outstanding' in three areas and 'Good' in six areas. This means Solihull was rated Good or better across all nine areas assessed.

The published report recognised a number of important strengths. These included strong partnership working, effective leadership and governance, a positive organisational culture, and a clear commitment to improving outcomes for people who draw on care and support. The assessment also recognised the strength of relationships across the wider health and care system and provided independent assurance that adult social care in Solihull is delivering against its Care Act responsibilities.

The report highlighted how well we understand Solihull's local population and how this helps us reduce inequalities in people's care and support experience. This included work to build trust, raise awareness and reduce stigma within communities, so that people are more able to access support in ways that work for them. A recent focus on men's mental health was highlighted as one example. The report also recognised positive work with people with sensory needs, autistic people and people with a learning disability to remove barriers and promote inclusion.

We are proud of this outcome, but we also recognise that it is a milestone rather than the end of our improvement journey. Since the report was published, we have used the findings and learning from the assessment process to strengthen our ongoing improvement activity.

Over the next year, we will continue to bring together actions from our self-assessment, inspection learning, quality assurance activity and feedback from residents, carers, staff and partners. This will help us continue to improve the quality, consistency and impact of care and support in Solihull, and support our ambition to achieve outstanding outcomes for people, carers and communities.

We will also continue to prepare for future CQC assurance activity, including annual assurance conversations and any future follow-up inspection activity, through our programme of continuous readiness.

Our strengths-based approach

Following a review of our approach to working with residents, which was supported by the Social Care Institute for Excellence (SCIE), the Council developed a 'Strengths Based Practice Framework' for Adult Social Care. This framework was co-produced with staff from across the Directorate and Experts by Experience. The framework sets out how staff should be working, the tools they should use and the support available to them in order to deliver positive outcomes for adults with care needs and their carers. The framework can be applied by everyone who works in adult social care, supporting the wellbeing of residents and building upon their strengths and existing support to maximise their independence and meet their social care needs.

We have undertaken work with people who receive services, carers, and providers to develop new models of delivery for care at home using this strengths-based approach. Programmes to make

better use of assistive technology and digital tools have also been introduced to support individuals and carers. Working with our colleagues in the Stronger Communities team will also ensure that we make the most of services and activities in the community whilst promoting the wellbeing and independence of individuals.

As social care is constantly evolving, so too does the Strengths Based Practice Framework, changing as our approach develops, using feedback from the people that we support and staff to inform this ongoing development.

Quality assurance approach

We check our work regularly to make sure we're meeting our promises and providing high-quality services. Our Quality Assurance Framework helps us keep our standards high and improve where needed. The framework brings together all the key assurance and governance processes in place to support the delivery of the Adult Social Care 5-Year Plan.

Fundamental to the framework is the Continuous Improvement Board chaired by the Director of Adult Social Care and Deputy Chief Executive to ensure accountability for the delivery of key performance targets and continuous improvement plans. Deep dives into key performance areas are also undertaken through a Quality Assurance Board to offer positive challenge and support with the development of action plans.

To track this journey of continuous improvement, we use performance benchmarking data to monitor plans, aiming to become a top quartile performing authority at the national level. We will use independent case auditors to check the quality of our work.

Quality oversight of our care providers

As of March 2026, 89% of all Solihull care providers rated by the CQC were Good or Outstanding. This includes 89.5% of residential and nursing care providers and 88.6% of registered community care providers. This compares favourably with the national and regional picture, and we have good reasons to be proud of the services care providers deliver in Solihull. This also reflects the work of the dedicated quality officers in the Commissioning team who visit providers, provide support and advice, and put in place improvement plans where needed to improve the quality of the services that providers deliver.

Providers have appreciated the Council's constructive approach to supporting them. Where a provider fails to make improvements, we support people accessing services to find replacement care to protect their quality of life and find security in good quality services.

What we delivered during 2025/26

Looking Back: Our Priorities for 2025/26

In last year's Local Account, we identified four priority areas:

1. People and Communities
2. Supporting Care Quality
3. Working with Partners
4. Accelerating Improvement

This section describes what we said we would do and what progress has been made.

People and communities

What we said we would do

- Refresh our "Get Involved" approach.
- Strengthen co-production and engagement.
- Refresh the Adult Social Care 5-Year Plan.
- Support development of Integrated Neighbourhood Teams.

What we did

Refresh our Get Involved approach

We refreshed our Get Involved approach to provide a clearer framework for how Adult Social Care engages with residents, carers, providers, community groups and partner organisations. The updated approach sets out our commitment to listening to people, explains the different ways people can get involved, and promotes a more consistent approach to engagement and co-production across all Adult Social Care services.

The refreshed approach was supported through engagement with teams across the directorate to reinforce co-production principles and identify further opportunities for involving people with lived experience in service development and improvement.

Strengthening co-production and engagement

We continued to strengthen our approach to involving people who draw on care and support, carers, community groups and partner organisations in shaping Adult Social Care services.

Throughout the year, people with lived experience contributed through Partnership Boards, forums, co-production groups, surveys, community events and engagement activities. This included work with autistic people, people with learning disabilities, carers, people living with dementia, self-funders and residents from diverse communities.

Engagement activity influenced the redesign of Adult Social Care webpages, the review of the Adult Social Care Local Survey, the development of information and resources, and the design of future service developments. We also established new co-production initiatives focused on self-funder information and falls prevention resources, ensuring people continue to have a direct role in shaping services and support.

Refresh of the Adult Social Care 5-Year Plan

We refreshed the Adult Social Care 5-Year Plan to ensure it remained up to date, reflected progress made to date, and incorporated emerging local and national priorities. The refresh provided an opportunity to review achievements, update priority actions for the year ahead, and

strengthen the connection between our strategic ambitions and the areas that matter most to local people, carers and partners.

The refreshed plan continues to provide a clear framework for improving outcomes, promoting independence, supporting carers, developing the local care market and ensuring services remain sustainable and person-centred.

Integrated Neighbourhood Teams

We continued to support the development of Integrated Neighbourhood Teams with NHS partners as part of our commitment to more joined-up health and care services.

These multidisciplinary teams bring together professionals from health, social care and community services around local populations, helping to improve coordination, share information more effectively and provide earlier support. Through this approach, we are working to prevent crises, reduce unnecessary escalation of needs, support people to remain independent for longer and improve people's experience of navigating services.

Adult Social Care colleagues have continued to participate in neighbourhood-based partnership arrangements and regular engagement with NHS partners to support the development and delivery of this approach across Solihull.

What difference has this made?

- More than 140 people with lived experience, carers and community members contributed to engagement activity during the quarter, helping shape Adult Social Care policies, information resources, surveys and future service developments.
- Resident and carer feedback directly influenced improvements to Adult Social Care website content, accessibility and information design, making it easier for people to find and understand support available to them.
- Co-production activity resulted in the redesign of the Adult Social Care Local Survey, improving the quality and accessibility of feedback that informs service improvement.
- Feedback from carers has informed work to improve information, advice and support for self-funders and strengthen links between services, addressing issues raised about navigating complex health and care systems.
- Partnership Board members ensured that the voices of autistic people, people with learning disabilities and carers were reflected in discussions on health services, accessibility, community safety, technology-enabled care and future service planning.
- New co-production projects have been established as a direct result of engagement activity, creating ongoing opportunities for residents and carers to influence council services and future developments

Supporting care quality

What we said we would do

- Develop a Provider Assurance Framework.
- Continue improving care quality.
- Deliver falls prevention and Better Care at Home initiatives.

What we did

Strengthening provider assurance

During 2025/26 we strengthened our approach to provider assurance and quality oversight, building on existing arrangements to develop a more comprehensive understanding of quality, sustainability and risk across the local care market. We enhanced our quality monitoring processes, bringing together intelligence from quality visits, safeguarding activity, complaints and compliments, Care Quality Commission (CQC) feedback, provider self-assessments and engagement with people who use services and their families.

We continued to work closely with providers through regular provider forums, quality assurance visits, training opportunities and targeted improvement support. This helped us identify emerging issues earlier, share good practice more effectively and provide a more coordinated response where concerns arose. The strengthened approach has improved our understanding of market quality and resilience, enabling us to focus support where it is needed most.

Continuing to improve care quality

Most care providers in Solihull continue to deliver good quality care, with 89% of providers rated Good or Outstanding by the Care Quality Commission. This includes 89.5% of residential and nursing providers and 88.6% of community-based providers.

Where concerns about quality were identified, we worked alongside providers to develop and implement improvement plans, evidence progress and access appropriate support and learning opportunities. Feedback from complaints continued to play an important role in identifying areas for improvement. During the year, dissatisfaction with the quality of care provided was the most common provider complaint theme. Complaints were investigated and used to inform quality monitoring and improvement activity with providers, helping to ensure that learning leads to positive change.

Providers have continued to report that they value the Council's supportive and constructive approach to improvement. One provider commented:

"The support provided by the quality team has been invaluable. The feedback from visits, advice and guidance has helped us strengthen our service and improve outcomes for the people we support."

By combining support with robust oversight, we have continued to improve our ability to identify, respond to and address quality concerns while maintaining positive relationships with providers.

Better Care at Home and falls prevention

Supporting people to remain independent at home continues to be a key priority. During 2025/26 we continued work through the Better Care at Home programme to redesign and strengthen support available within people's own homes and communities.

This included improving collaboration between occupational therapy, technology enabled care,

community prevention services, social work teams and health partners. By bringing together expertise from different services, we have been able to promote more joined-up support, helping people maintain their independence, confidence and wellbeing for longer.

Working alongside NHS and wider system partners, we also progressed the Birmingham and Solihull Falls Strategy. Falls remain one of the leading causes of loss of independence for older people and can often result in avoidable hospital admissions. The programme has focused on improving prevention, increasing awareness of falls risks, strengthening referral pathways and ensuring people can access support earlier.

What difference has this made?

- Stronger provider oversight and earlier intervention. Enhanced quality monitoring has improved our ability to identify emerging concerns, target support and work proactively with providers to maintain quality and sustainability across the market.
- High levels of care quality across the Solihull market. As of March 2026, 89% of CQC-rated providers in Solihull were rated Good or Outstanding, providing assurance that the majority of people receiving commissioned care continue to access good-quality services.
- Learning from complaints leading to improvements. Complaints relating to provider quality and communication have been used to inform quality monitoring, provider improvement planning and staff learning, ensuring concerns raised by people and families contribute to service improvements.
- More support for independence at home. Continued investment in occupational therapy, technology enabled care, prevention services and falls prevention has helped strengthen support for people to remain safe, independent and connected to their communities for as long as possible.
- Improved partnership working. Closer collaboration between Adult Social Care, health services and care providers has strengthened the local system's ability to respond to challenges and support people with increasingly complex needs.
- Stronger foundations for market sustainability and future improvement. Enhanced provider assurance arrangements, combined with a supportive improvement approach, provide a stronger evidence base for market oversight and continuous improvement.

Working with partners

What we said we would do

- Progress development of a Home Improvement Agency.
- Strengthen locality partnerships.
- Further integrate services with health partners.

What we did

Home Improvement Agency development

We continued to work with Solihull Community Housing, health partners and other stakeholders to develop a future Home Improvement Agency model for Solihull. The programme is bringing together services that help people remain safe, independent and well at home, including housing adaptations, repairs and maintenance, falls prevention, assistive technology and Technology Enabled Care.

The development work has focused on improving how residents access support, reducing duplication between services and creating a more coordinated preventative offer. By bringing these services together, the intention is to provide people with a simpler route to accessing advice and practical support that helps them maintain their independence and remain living safely in their own homes for longer.

Strengthening locality partnerships

Throughout the year we continued to strengthen locality-based partnerships across health, social care, housing and the voluntary and community sector.

This has included supporting neighbourhood approaches that bring organisations together around local populations, improving information sharing, identifying opportunities for earlier intervention and promoting a more coordinated response to people's needs. These partnerships have helped build stronger relationships between services and created greater opportunities to address issues before they escalate into crisis.

Integrated working

The Solihull Locality Hub and Elmdon Unit continued to play a key role in supporting integrated care pathways and delivering a Home First approach.

Adult Social Care teams worked closely with NHS colleagues to support people at risk of hospital admission, facilitate timely hospital discharge and ensure that people could return home with the right support in place. This collaborative approach helps professionals make shared decisions, coordinate care more effectively and focus on achieving the best possible outcomes for residents.

The continued development of integrated working arrangements has strengthened joint problem-solving between organisations and helped ensure support is organised around the person rather than around individual services.

What difference has this made?

- More people have been able to access coordinated support from health, social care and housing services, reducing the need to navigate multiple organisations independently.
- Improved joint working between Adult Social Care, NHS partners and housing services has strengthened the focus on prevention, helping people receive support earlier and reducing the risk of escalating needs.
- Greater coordination through locality arrangements has supported more effective hospital

discharge planning and helped more people return home with appropriate support in place.

- The continued development of a Home First approach has reinforced independence-focused practice, ensuring that people are supported to remain in their own homes wherever this is safe and achievable.
- Stronger partnership working has improved information sharing, reduced duplication and enabled professionals to work together more effectively around individual needs.
- Development of the Home Improvement Agency model has created the foundations for a more integrated preventative offer that will make it easier for residents to access practical support, adaptations and technology that help them live independently.

Accelerating improvements

What we said we would do

- Implement Magic Notes.
- Introduce online carers' assessments.
- Improve information and advice services.

What we did

Digital innovation

During the year we continued to explore how digital innovation can improve both the experience of people who draw on care and support and the way Adult Social Care services are delivered. A key development was the implementation of Magic Notes, an artificial intelligence tool designed to support practitioners with recording and documentation tasks.

The introduction of the technology aims to reduce the time social care staff spend completing administrative activities, enabling them to focus more of their time on direct conversations, relationship building and support planning with people and their families. The implementation formed part of our wider commitment to modernise services and use technology to improve efficiency while maintaining a person-centred approach.

Improving support for carers

We successfully implemented online carers' self-assessments, providing carers with greater flexibility and choice in accessing support.

The new digital option allows carers to complete assessments at a time that suits them, reducing barriers to access and making it easier for carers to identify their needs and request support. The change complements existing assessment routes and forms part of our wider work to improve access to information, advice and support for unpaid carers.

Alongside this work, we continued to strengthen our partnership with carers through engagement activity, helping to ensure that future improvements are informed by carers' experiences and priorities.

Information and advice

During the year, a decision was taken to redesign the Council's information, advice and online customer journey for Adult Social Care. This recognised the importance of ensuring residents, carers and professionals can easily find clear, accessible and consistent information about support available in Solihull.

As part of this work, we progressed the redevelopment of the Here2Help directory and undertook a comprehensive review of key Adult Social Care webpages, including the Adult Social Care menu, Adult Portal, Day Opportunities pages and safeguarding information. People with lived experience, carers and staff were directly involved in reviewing content and identifying improvements.

Feedback highlighted the need for clearer navigation, more accessible language, improved signposting, better use of visual content, and greater consistency across webpages. Recommendations included introducing videos, virtual tours, maps, FAQs, case studies, accessibility information and clearer explanations of available services. These improvements are being incorporated into the redesign programme to create a more user-friendly and accessible experience for residents.

What difference has this made?

- Adult Social Care has established the infrastructure to use artificial intelligence safely and effectively within practice, reducing the administrative burden on practitioners and creating greater capacity for direct engagement with people and families.
- Carers now have an additional, more flexible route to access support through online self-assessment, making it easier to request help at a time that suits them and reducing reliance on traditional office-hour contact methods.
- A clear programme of redesign has been established to improve how residents access information, advice and support, ensuring that information is easier to find, understand and navigate.
- Digital developments have strengthened the foundations for future service transformation by embedding new technologies, improving digital access routes and creating more efficient ways for people to access support.
- By modernising information, assessment and recording processes, Adult Social Care has improved its ability to provide timely, accessible and person-centred support while making better use of staff time and resources.
- The combination of digital innovation, improved information and more accessible support pathways is helping create a more responsive Adult Social Care system that is easier for residents and carers to navigate.

Where we need to improve

We are proud of the positive feedback we receive from residents, carers, partners and care providers, and of the outcome of our recent CQC assessment. However, feedback from complaints, quality assurance activity and independent assurance highlights areas where we know we can do better. We are committed to being open about these areas and using what we learn to drive continuous improvement.

Communication and keeping people informed

The most common theme arising from complaints during the year related to communication. People told us that they did not always receive updates when expected, calls or emails were not always returned promptly, and information was sometimes unclear or difficult to understand. Unsatisfactory communication was the most frequently raised complaint issue across Adult Social Care teams.

In response, we have strengthened learning from complaints, reinforced expectations around communication standards, and continue to improve how we provide information, advice and updates to people, carers and families. Improving communication and managing expectations remains a priority for 2026/27.

Consistency of practice

While many people receive high-quality support, complaints and quality assurance activity show that people's experiences can vary. Issues relating to following processes, decision-making, assessments, reviews and care planning continue to arise in some cases. Complaints investigations identified learning relating to following correct processes, improving professional practice and improving record keeping.

We will continue to strengthen supervision, audit activity, workforce development and quality assurance processes to improve consistency and ensure that people receive the same high standard of support regardless of who they work with or where they live.

Quality of commissioned care services

Most care providers in Solihull are rated Good or Outstanding by the Care Quality Commission, and provider quality compares favourably with regional and national performance. However, complaints about commissioned services show that we cannot be complacent. The most common provider complaint theme related to dissatisfaction with the quality of care provided, alongside concerns about communication and aspects of service delivery.

Where concerns are identified, we work closely with providers to implement improvement plans, monitor progress and improve outcomes for people who use services. We will continue to strengthen provider assurance arrangements and support providers to deliver safe, effective and person-centred care.

Demonstrating impact and outcomes

The CQC assessment recognised many strengths, including leadership, partnership working and understanding our local population. We also recognise the need to continue strengthening how we demonstrate the difference Adult Social Care makes to people's lives. While we collect a wide range of performance information, feedback and quality assurance data, we want to provide clearer evidence of the outcomes people achieve and the impact of our services.

Over the coming year we will further develop outcome reporting, make greater use of feedback from residents and carers, and strengthen how we use data, audits and lived experience to evidence improvements and drive future service development.

Involving people in service improvement

The CQC assessment highlighted the value of listening to people and understanding local communities. We have made significant progress in co-production and engagement, but we know there is more to do to ensure that people with lived experience, carers and communities consistently influence decisions at every stage of service design, commissioning and improvement.

We will continue expanding opportunities for people to get involved, increasing engagement with seldom-heard groups and embedding co-production throughout our improvement programmes so that services are shaped by the people who use them.

Our commitment

The feedback we receive through compliments, complaints, engagement activity, quality assurance and external assurance is invaluable. We will continue to be open about where improvements are needed, learn from experience, and work alongside residents, carers, staff, providers and partners to deliver better outcomes for the people of Solihull.

Priorities for 2026/27

Looking ahead to 2026/2027, we have a number of priorities for development as well as continuing to deliver existing services and support.

These build on the four high level priorities in the Adult Social Care 5-year Plan and give some more detail to the changes people will see.

These priorities reflect feedback from residents, carers, staff, partners and community organisations, as understood through our ongoing programme of engagement.

1. Prevention and independence

Helping people stay independent for longer

We want more people to be able to live independently, stay connected to their communities and maintain control over their lives for as long as possible. As demand for adult social care continues to grow, we will continue to focus on prevention, early intervention and support that helps people maintain their wellbeing before more intensive services are required.

To achieve this, we will:

- Expand neighbourhood-based approaches, bringing together Adult Social Care, health services, housing, community organisations and local residents to develop solutions around the needs of local communities.
- Increase access to preventative services, including falls prevention, community support, strength and balance programmes, assistive technology and services that help people remain active and connected.
- Continue developing Technology Enabled Care and digital support options that help people remain safe and independent within their own homes.
- Strengthen links between occupational therapy, reablement, home care, housing and community services to provide more coordinated support.
- Improve access to information and advice so that residents and carers can understand the support available and access help earlier.
- Support discharge from hospital through Home First approaches that maximise recovery and independence.

Progress will be overseen through the Adult Social Care Continuous Improvement Board, Better Care at Home Programme and partnership governance arrangements with NHS and community partners. Success will be measured through indicators such as reduced demand for long-term care, increased use of preventative support, delayed need for formal services and people's reported ability to live independently.

2. Communities, engagement and co-production

Working alongside people and communities

People with lived experience, carers, providers and community organisations play a vital role in shaping Adult Social Care. We will continue to strengthen our approach to engagement and co-production so that people are involved not only in providing feedback, but also in designing, reviewing and improving services.

We will:

- Expand opportunities for involvement through our Get Involved programme and ensure engagement is accessible, meaningful and inclusive.
- Increase engagement with communities whose voices may not always be heard, including people with learning disabilities, autistic people, carers, people from minority ethnic communities and people who fund their own care.
- Support the development of community champions and peer networks who can help shape services and share information within local communities.
- Strengthen Partnership Boards, resident forums, provider forums and engagement networks to ensure feedback influences decision-making.
- Embed co-production requirements within commissioning, service redesign, policy development and quality assurance activity.
- Demonstrate how feedback has influenced services through regular "You Said, We Did" reporting.

Progress will be monitored through engagement plans, co-production programmes and regular reporting to senior leadership and governance boards. Success will be measured through increased participation, wider representation and evidence that feedback directly influences decisions and service improvements.

3. Information, advice and managing expectations

Helping people understand their options

Feedback from residents, carers and complaints activity has highlighted the importance of providing clear information, consistent communication and realistic expectations about how Adult Social Care can help and what alternative support may be available.

We will:

- Refresh and promote our local offer so residents can more easily understand available services and support.
- Continue improving website content, printed information and accessible formats, working alongside people with lived experience.
- Improve information relating to care funding, charging and financial assessments.
- Strengthen communication with residents, carers, providers and partners.
- Support staff to have confident, strengths-based conversations that clearly explain available options and decision-making processes.
- Use learning from complaints and compliments to identify areas where communication can be further improved.

Delivery will be supported through communications plans, website development programmes, staff development activity and quality assurance arrangements. We will monitor website accessibility, customer feedback, complaint themes and residents' understanding of Adult Social Care through surveys and engagement activity.

4. Workforce, innovation and organisational resilience

Supporting our workforce and embracing innovation

Our workforce is fundamental to delivering high-quality Adult Social Care services. We want staff to be supported, confident and equipped with the skills, tools and technology needed to provide excellent care and support.

We will:

- Continue investing in workforce wellbeing, supervision, support and staff engagement.
- Strengthen learning and development pathways for social workers, occupational therapists, care professionals and managers.
- Build on our strengths-based practice framework to support consistent, person-centred practice.
- Continue implementing digital innovation and technology that supports better outcomes and reduces unnecessary administrative burdens.
- Use artificial intelligence responsibly to support professional practice while maintaining appropriate governance and oversight.
- Maintain robust workforce planning arrangements to support organisational resilience and respond to future demand.
- Use learning from quality assurance, complaints and audits to continuously improve practice.

Delivery will be overseen through workforce governance arrangements, service improvement programmes and leadership forums. Success will be measured through workforce stability, staff engagement, recruitment and retention, audit outcomes and quality indicators.

5. Partnerships and integrated working

Working together to improve outcomes

Good outcomes depend on strong partnership working across health, housing, social care, voluntary organisations and local communities. We will continue strengthening integrated approaches that help people receive coordinated support and avoid having to navigate multiple services.

We will:

- Continue development of Integrated Neighbourhood Teams with NHS partners.
- Strengthen joint working across health and social care services.
- Expand collaboration with housing partners to support independence, prevention and suitable accommodation options.
- Work alongside voluntary, community, faith and social enterprise organisations to strengthen local support networks.
- Develop shared approaches to prevention, wellbeing and population health.
- Improve shared planning and governance across partnership programmes.

Progress will be monitored through partnership boards, Integrated Care System governance arrangements and locality-based delivery structures. Success will be measured through improved coordination of services, reduced duplication, improved resident experience and stronger population-level outcomes.

6. Demonstrating impact and value

Showing the difference Adult Social Care makes

Residents, carers and partners told us they want clearer information about the impact of Adult Social Care and how public resources are used. We are committed to being open about both our successes and the challenges we continue to face.

We will:

- Strengthen outcome-focused reporting so that people can better understand the difference Adult Social Care makes.
- Develop a balanced set of performance measures that combine activity, quality, outcomes and lived experience.
- Increase transparency about Adult Social Care funding, expenditure and value for money.
- Publish case studies, resident stories and examples of service improvement.
- Strengthen our use of feedback, complaints, compliments, audits and quality assurance activity.
- Use learning from CQC assurance, self-assessment and peer challenge activity to drive continuous improvement.
- Report openly on areas where further improvement is required alongside areas of strong performance.

Delivery will be overseen through the Quality Assurance Framework, Continuous Improvement Board and performance governance arrangements. Success will be measured through improved outcomes, increased transparency, stronger public understanding of Adult Social Care and continued evidence of learning and improvement.

Looking forward

Adult social care continues to operate within a challenging and changing environment. However, we have strong foundations, committed staff, excellent partners and engaged communities.

Over the coming year we will continue building a preventative, community-connected and financially sustainable adult social care system that helps people remain independent, supports carers, works alongside communities and demonstrates the difference that good social care can make to people's lives.

Making a difference in the right way, every day.

Glossary

Adult Social Care / ASC

Services delivered or arranged by the Council to support people with social care needs. The Care Act is the main law governing what councils need to provide.

Appointeeship

An Appointee is someone who manages a person's benefits on their behalf when they are no longer able to manage their own finances.

Autism

Autism, or autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Care Act 2014

A law passed in England in 2014 that sets out what care and support you are eligible for and what local councils have to do.

Care at Home

Care at home, often also referred to as homecare or domiciliary care, is help available if you're having trouble with everyday tasks. That could be getting in and out of bed or cooking and cleaning.

Carer

Any adult or child providing regular unpaid emotional or physical support to a family member, partner or friend who needs help because of illness, frailty, disability, a mental health problem or an addiction.

Carers' assessment

If you are an unpaid carer for a family member or friend, you have the right to discuss with your local council what your own needs are, separate to the needs of the person you care for.

Commissioning

A cycle of activity that starts with assessing the needs for care and support in the local community, then developing plans and actions to deliver the range and quality of services to meet needs and expectations and checking that services meet those expectations**.**

Community Advice Hubs

The first point of contact for information, advice, and support in Solihull.

Continuous Improvement Board

The senior Adult Social Care governance group that oversees performance, quality assurance and improvement activity across services.

Co-production

Working together with people who draw on care and support, carers, families and communities to design, develop, review and improve services as equal partners.

Day Opportunities

Opportunities to do things during the day. These may include social activities, education, or the opportunity to learn new skills.

Dementia

Not a specific disease but a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer's disease is the most common type of dementia.

Deprivation of Liberty Safeguarding (DoLS)

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Deputyship

When somebody lacks mental capacity to make a decision for themselves at a certain time, a person can apply to their deputy to do things like pay the person's bills or organise their pension (property and financial affairs deputy) or make decisions about medical treatment and how someone is looked after (personal welfare deputy).

Enablement

Enablement means working with people to support them to do things for themselves e.g., supporting a person to learn how to budget themselves rather than managing their money for them. Enablement services focus on life skills that will support people to return to independence and build up confidence.

Experts by Experience

People with lived experience of care and support services who use their knowledge and personal experiences to help shape and improve services.

Exploitation

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person, or adult.

Get Involved

Solihull Adult Social Care's approach to engagement and co-production, providing opportunities for residents, carers and stakeholders to influence services and policy.

Home First

A principle that when you are well enough to leave hospital you will be supported to return home wherever possible. If you still need some support, that will be provided in your home by the Home Discharge Service to enable the planning for your future support to take place in your own home rather than in hospital.

Home Improvement Agency

A service that helps people remain safe and independent at home through adaptations, repairs, equipment and related support.

Housing with care / Extra Care Housing

An umbrella term which covers extra care housing (housing with care for adults over 55) and supported living services (housing with care and support for adults with disabilities), where the care is provided in a designated housing setting, often a building with multiple independent flats.

Integrated Care Board / ICB

ICBs are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan of actions.

Integrated Neighbourhood Teams (INTs)

Multi-disciplinary teams that bring together health, social care, housing and community services to support local populations and improve coordination of care.

Learning Disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities– for example household tasks, socialising or managing money – which affects someone for their whole life.

Liberty Protection Safeguards (LPS)

The Liberty Protection Safeguards is the procedure prescribed in law that will take over DoLS, to support individuals who lack capacity to consent to care or treatment.

Mental illness

Also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviour.

Reablement

Reablement is a short period of rehabilitation which usually takes place in your own home and is provided by a team of social care workers and occupational therapists following illness or a recent stay in hospital.

Respite

A service giving carers a break, by providing short-term care for the person with care needs at home or in a residential setting.

Safeguarding

This is how we work with people to prevent harm and abuse. It includes helping people recover when abuse has occurred.

Self-Funder

A person who arranges and pays for their own care and support without local authority funding.

Social Care reforms

An overarching description of the government's future plans for adult social care.

Support plan

A plan we develop with you that says how you will spend your personal budget to meet your eligible social care needs.

Technology Enabled Care (TEC)

Technology and digital solutions that help people remain safe, independent and connected, including alarms, sensors, monitoring equipment and digital support tools.

The Care Quality Commission (CQC)

The independent regulator of all health and social care services in England.

Useful contacts

Internal Council contacts	
Solihull Connect (working hours) – for all direct enquiries/referrals for Adult Social Care	0121 704 8007 https://www.solihull.gov.uk/tell-us/solihull-connect-walk-centres/solihull-connect-local
Social Care (out of hours emergency)	0121 605 6062 https://www.solihull.gov.uk/adult-social-care
Main Council general enquiries	0121 704 8001 / 6000 https://www.solihull.gov.uk/Tell-us/Contact-us
Deprivation of Liberty Safeguarding (DoLS) team	0121 709 7113 https://www.solihull.gov.uk/adult-social-care/mental-capacity-act-and-deprivation-liberty-safeguards-dols

Other useful contacts		
Solihull Action Through Advocacy	Providing independent advocacy in for vulnerable people.	0121 706 4696 https://solihulladvocacy.org.uk/
Age UK Solihull	Supporting older adults, providing information and advice, support and groups.	0121 704 7840 https://www.ageuk.org.uk/solihull/
Alzheimer's Society Solihull	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	0333 150 3456 https://www.alzheimers.org.uk/find-support-near-you
Carers Trust Solihull	To help support carers of all ages and backgrounds, through expert information and advice.	0121 788 1143 https://www.solihullcarers.org/

Elder Abuse Helpline	Contact number for help and information on what to do if you think a vulnerable person is being abused.	0808 808 8141
Healthwatch Solihull	An independent organisation commissioned by Solihull Council to champion the views of patients and social care users in Solihull, with the goal of making services better and improving health and wellbeing.	0800 470 1518 https://healthwatchbsol.org.uk/
The Care Quality Commission (CQC)	The independent regulator of all health and social care services in England.	0845 015 0120 https://www.cqc.org.uk/

















Solihull
METROPOLITAN
BOROUGH COUNCIL
URBS·IN·RURE