



Cabinet Member (Health and Adult Services)

Time and Date

10.00 am on Tuesday, 29th July, 2014

Place

Meeting Rooms, Council House, Earl Street, Coventry, CV1 5RR

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
 - (a) To agree the minutes of the meeting held on 17th June 2014 (Pages 3 - 4)
 - (b) Matters Arising
4. **Adult Social Care Peer Review and Commissioning and Personalisation Plan** (Pages 5 - 58)

Report of the Executive Director, Place
5. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

Private Business

Nil

Chris West, Executive Director, Resources, Council House, Coventry

Monday, 21 July 2014

Note: The person to contact about the agenda and documents for this meeting is Su Symonds 024 7683 3069

Membership: Councillor A Gingell (Cabinet Member)

By invitation Councillors K Caan (Deputy Cabinet Member), Councillor K Taylor (Shadow Cabinet Member), Councillor S Thomas (Chair, Health and Social Care Scrutiny Board (5))

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Su Symonds

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Coventry City Council
Minutes of the Meeting of Cabinet Member (Health and Adult Services) held at
10.00 am on Tuesday, 17 June 2014

Present:

Members: Councillor A Gingell (Cabinet Member)
 Councillor K Taylor OBE (Shadow Cabinet Member)
 Councillor K Caan (Deputy Cabinet Member)

Employees:

M Godfrey, People Directorate
L Newell, People Directorate
S Symonds, Resources Directorate
D Watts, People Directorate

Public Business

1. Declarations of Interest

There were no disclosable pecuniary or other relevant interests declared.

2. Minutes of the Previous Meeting

The minutes of the meeting held on 1 April 2014 were agreed and signed as a true record. There were no matters arising.

3. Learning Disability Strategy (moving forward) 2014-2017

Cabinet Member received a report of the Executive Director, Resources, which was a progress report in relation to a renewed All Age Learning Disability Strategy for the period 2014-2017.

The Council was committed to improving the lives of people with a learning disability through working with health and other stakeholders. The current Strategy had expired in 2013 and work was progressing to develop a new strategy which covered a number of strategic themes, the central one of which was an all age approach to disability. It took into account key policy documents including "Valuing People Now" (2009), "Fulfilling and Rewarding Lives" (2010), "Think Autism" (2014) and the "Winterbourne Concordat" (2012).

Enabling people to be supported in the community and close to home was a priority for people with learning disabilities and a common policy theme, as well as being a key consideration within the Strategy.

Members were supportive of the work being done but were concerned that the stigma of mental illness and perceptions about people with learning disabilities should be addressed positively within the strategy in order to break down existing barriers and encourage inclusion.

RESOLVED that after due consideration of the report and matters raised at the meeting, the Cabinet Member:

(1) Supported the strategic themes for learning disabilities and the development of these in accordance with an all age approach to disability and integration with health.

(2) Would receive a further report at a subsequent Cabinet Member meeting to accept the strategy on behalf of the City Council, following appropriate engagement with health partners and other stakeholders.

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

There were no additional items of public business.

(Meeting closed at 10.47 am)



Public Report

Cabinet Member (Health and Adult Services)
Health and Social Care Scrutiny Board (5)

29th July 2014
30th July 2014

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the Report:

Executive Director - People

Ward(s) affected:

All

Title:

Adult Social Care Peer Review and Commissioning and Personalisation Plan

Is this a key decision?

No

Executive Summary:

A number of significant local and national financial and policy challenges are being experienced across Adult Social Care. Further reductions in the local government settlement, along with increased demand on resources through changes introduced through the Care Act, means Adult Social Care has to continue to improve the way services are provided in line with managing the increasingly challenging financial position.

The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation and innovation. In addition to this the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge plays in ending bureaucratic inspection, improving all Councils impacts on issues like economic development, improving social care and pressing ahead with transforming public services.

There is a regional Adult Social Care Sector Led Improvement board chaired by Martin Reeves. The board is responsible for driving and monitoring progress of the Sector Led Improvement programme. As part of this regional approach each of the 14 local authorities has agreed to participate in a Peer Review. The Association for Directors of Adult Social Services (ADASS) has agreed to support this approach as the Peer Review forms part of the wider regional Sector Led Improvement programme.

Peer Review includes a self-assessment and an on-site review that takes place over the period of four days and consists of a team led by a Director of Adult Services, a lead Elected Member,

Assistant Directors and Experts by Experience. The scope of the review is agreed between the Local Authority and the lead Director.

Coventry City Council's Adult Social Care was subject to a Peer Review in March 2014. The scope of this review was the City Council's approach to Commissioning and how this could reduce demand for traditional services through the use of community assets, families and friends. Five key lines of enquiry were identified to give focus to the review.

Following the conclusion of the Peer Review the findings outlined strengths and areas for consideration. As a response to this an Adult Social Care Commissioning and Personalisation Plan (2014 – 16) has been developed to outline the key areas and provide a strategy to progress the responses to the findings of the Peer Review along with the other financial and service challenges facing Adult Social Care.

Recommendations:

Cabinet Member (Health and Adult Services) is recommended to:

- (1) Accept the outcome of the Adult Social Care Peer Review on behalf of the City Council.
- (2) Approve the Adult Social Care Commissioning and Personalisation Plan as the overarching strategy to deliver the priorities for the next two years.

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

- (1) Note the outcome of the Peer Review and the proposed actions as encapsulated in the Commissioning and Personalisation Plan and identify any issues for inclusion in the Scrutiny Board work programme.
- (2) Advise as to how the Board wish to be kept informed of developments in Adult Social Care over the coming year.

List of Appendices included:

Outcome of Adult Social Care Peer Review letter

Adult Social Care Commissioning and Personalisation Plan 2014 – 2016

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes - Health and Social Care Scrutiny Board (5) 30th July

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

No

Will this report go to Council?

No

1. Context (or background)

- 1.1 As part of the Budget setting for 2014/15 the cut in Government Revenue Support Grant for 2014/15 locally is £19m – a reduction of 11% on the 2013/14 grant level. To provide some wider context, compared to the Council's level of gross controllable revenue expenditure this is a real-terms cut of 5%.
- 1.2 Reductions in Government resources (the Settlement Funding Assessment) continue to represent the dominant factor in setting the Council's Budget and the need to identify very large on-going cost reductions. Whilst these significant reductions had been expected in 2014/15, recent resource announcements represent a significant worsening of the position in 2015/16 compared to previous forecasts. In addition, senior members of the Government and local government commentators have predicted a continuing downward trend in Government grant allocations for the period from 2016/17 and beyond, a position that the Council is now building into its forecasts. The 'A Bolder Community Services' programme, which incorporates Adult Social Care, has saved in the region of £10m already against a target of £22.5m by 2015/16. These savings are in addition to further reductions recently identified.
- 1.3 Alongside these reductions in funding, two other significant changes will impact on Adult Social Care during the next two years. The implementation of the Care Act is likely to lead to a significant increase in demand on Adult Social Care. Increased resources have been identified by Government as part of its "new burden" resourcing programme at the same time as significant levels of resources are being removed meaning in real terms a net effect of less funding. As the detail of the Act has still not been finalised there remains significant financial uncertainty regarding the full financial impact of the Act, which is due for implementation during 2015/16 and 2016/17.
- 1.4 The Better Care Fund is designed to drive the integration of Health and Social Care Services. Pooling significant resources from the Local Authority and Clinical Commissioning Group will enable a more joined up approach to delivery of community based services, reducing demand on hospital services whilst improving effectiveness of the entire system.
- 1.5 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. The introduction of sector led improvement was as a response to the removal of national targets and assessments for Councils and advocates an approach by which Councils embrace the opportunities and challenges of self-regulation, improvement and innovation in Adult Social Care.
- 1.6 There is a regional Adult Social Care Sector Led Improvement board chaired by Martin Reeves. The board is responsible for driving and monitoring progress of the Sector Led Improvement programme. As part of this regional approach each of the 14 local authorities agreed to have a Peer Review.
- 1.7 Further to this, the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge plays in ending bureaucratic inspection, improving Councils impacts on issues like economic development, improving social care and transforming public services.
- 1.8 To support the drive for sector led improvement the Association for Directors of Adult Social Services (ADASS) has endorsed the undertaking of Peer Reviews as they form part of the wider regional Sector Led Improvement approach.

- 1.9 The Peer Review includes a self-assessment and an on-site review completed over the period of 4 days by a team of peers led by a Director of Adult Services, and comprising a lead Elected Member, Assistant Directors and Experts by Experience. The scope of the review is to be agreed by the Local Authority and the lead Director.
- 1.10 Adult Social Care was subject to a Peer Review on the 10-13 March 2014. An overarching question plus five key lines of enquiry were identified to give focus to the review. These were as follows:
- 1.11 Overarching Question
To what extent can our approach to commissioning, from a macro to micro level, be strengthened to effectively reduce demand for traditional models of care and support through the increased use of community assets, families, friends and own resources?
- 1.12 Key Lines of Enquiry
- How equipped are we for delivering an integrated approach to commissioning in the context of the Better Care Fund (now known as Better Care Programme)?
 - To what extent do our brokerage and panel processes make good use of community assets, families, friends and own resources in delivering outcomes?
 - To what extent do we have the right information systems to support effective commissioning?
 - How could our approach to market development be improved in order to deliver personalised support making better use of community assets, families, friends and own resources?
 - Does our approach to Direct Payments and Personal Budgets support people in making active choices about how outcomes are met?
- 1.13 Over the duration of the Peer Review a series of meetings were held with staff in Adult Social Care, partner agencies, Elected Members, users and carers and providers of services. Visits to two service areas, Eric Williams House and The Pod, were undertaken and performance data and evidence to support the key lines of enquiry were provided.
- 1.14 At the end of the Peer Review a feedback session was held between the Peer Review team, senior management and lead Elected Members. This feedback was then formalised in a letter to the Executive Director, People, identifying strengths and areas for consideration (see Appendix 1).
- 1.15 A summary of the findings are as follows:
- 1.16 Strengths identified by the Peer Review Team
- Partnerships with health colleagues are good and these facilitate close working and integrated approaches to service delivery. These relationships have enabled the Council to progress well with Better Care Fund programme objectives, ensuring benefits locally.
 - The POD mental health recovery service demonstrates an excellent example of a recovery model and was considered by the Peer Review Team as one that offers a comprehensive personalised approach.
 - Local political leadership from the Cabinet Member was recognised as being strong and well respected.

- A 'one organisation' approach was observed by the Peer Review Team. They identified this by people consistently identifying the direction of travel across all areas of the organisation. Staff interviewed were enthusiastic and positive about the transformations in services underway.
- Learning Disabilities, Older People's and Physical & Sensory Impairment Partnership Board members, including service users and family carers, informed the Peer Review Team that the Boards provided an opportunity to engage, shape and influence service provision. They felt fully involved in supporting the Council to redesign how they provide or commission Adult Services.

1.17 Areas for consideration identified by the Peer Review team

- Whilst engagement with stakeholders highlighted a positive experience the Peer Review Team felt that there could have been a greater role for co-production with people who use services and their family carers.
- Development of a single referral pathway for social care and health clients was proposed along with a single point of access to assist with timeliness of signposting, triage and assessments.
- Production of a joint Early Help Strategy in conjunction with the Clinical Commissioning Group and Public Health was proposed to ensure coherent approaches are delivered.
- The Peer Review Team recommended the Council and commissioners consider how providers and the voluntary sector can be involved in the development of community asset based approaches.
- Consideration should be given to how personalisation is fully integrated into the everyday business of Directorate staff and activities. It was proposed that workforce development support should be provided to improve innovation in support planning and service user outcomes.

1.18 There is no obligation that action is taken as a result of the Peer Review. However, following the Peer Review the People Directorate considered the findings alongside the other challenges facing the Directorate including financial and legislative changes .

1.19 In order to meet all of these challenges the People Directorate have developed an Adult Social Care Commissioning and Personalisation Plan (see Appendix 2) which sets out the work to be progressed over the next two years. This plan brings together all of the challenges faced by Adult Social Care, including the recommendations made following the Peer Review.

1.20 The plan has been shared with stakeholders through the People Directorate Transformation Board. Due to the wide ranging nature of the actions within the plan, specific items will need separate consultation and engagement before they are progressed. Where this is required the appropriate approvals will be sought.

1.21 The plan identifies actions in three key areas. A detailed action plan outlining objectives and measures is contained within the Adult Social Commissioning and Personalisation Plan. Outlined below are some examples of the actions under the three headings:

1.22 Managing Demand – Work which will stop or significantly delay the requirement for ongoing care and support, including:

- Improving the Early Help and Prevention offer by effectively commissioning evidentially cost effective services.
- Making better use of information and advice ensuring people are aware of how they can access this within their own communities.

- Redesign of short term service to maximise independence in partnership with the Clinical Commissioning Group.
- 1.23 Managing the Support System – Work which will ensure care and support is arranged effectively with appropriate degrees of user choice, control and effective use of resources, including:
- Implementing a new Resource Allocation System for Adult Social Care ensuring equality and improved utilisation of resources.
 - Improving the approach taken to support planning and brokerage ensuring resources are used effectively and outcomes are achieved.
 - Making better use of Direct Payment and Personal Budgets to meet personalised approach to support planning and individual outcomes.
- 1.24 Managing Supply –Work to help ensure that there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them, including:
- Using the principles of co-production to develop and commission support ensuring service users and family carers are involved in service development.
 - Adopting an integrated approach to commissioning with Health colleagues, creating better outcomes for service users.
 - Jointly commissioning with health partners long term care and support, improving the ability of people to be supported in the city.
- 1.25 Progress against the plan will be monitored through the People Directorate Transformation Board along with appropriate reporting through the political process. Although the plan is single agency, in that it is owned by the City Council, there are key deliverables including the Better Care Programme that will only be delivered in conjunction with health partners.

2. Options considered and recommended proposal

2.1 Recommended Option

It is recommended that the letter confirming the outcome of the Peer Review is made public on the City Council's website and shared with stakeholders. The Adult Social Care Commissioning and Personalisation Plan will also be made public as a proportionate and appropriate response to the Peer Review and other challenges facing Adult Social Care. In doing so it will be necessary to recognise that with any plan the document will be iterative and that actions may need to change or be added to in order to respond to the changing environment in which Adult Social Care operates.

3. Results of consultation undertaken

- 3.1 No specific consultation has taken place. The Adult Social Care Peer Review involved users, carers, providers, staff, Elected Members and key partner agencies and the Adult Social Care Commissioning and Personalisation Plan is a response to this along with the other challenges facing the Directorate. The outcome of the Peer Review will be shared with those who took part. Engagement and formal consultation will be undertaken as appropriate in the delivery of this plan.

4. Timetable for implementing this decision

- 4.1 Some of the actions outlined in the plan are already being progressed and others are due to commence. The plan will be delivered over the next two years.

5. Comments from Executive Director, Resources

5.1 Financial implications

There are no specific financial implications arising from the recommendations in this report. The priorities identified within the Adult Social Care Commissioning and Transformation Plan will need to be progressed and delivered with the financial resources available to the People Directorate and will be expected to contribute to the overall financial reductions facing the City Council.

5.2 Legal implications

The City Council has a duty to make arrangements for the provision of services to meet the assessed eligible needs of individuals. The Local Authority is entitled to do so in the most cost effective way.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The proposals contained within this report support the City Council's commitment to support those who are most vulnerable through ensuring that the resources available to Adult Social Care are used in the most appropriate manner.

6.2 How is risk being managed?

Risk management plans will be in place for elements of the plan as it is progressed. Risks will be managed in line with corporate risk management procedures.

6.3 What is the impact on the organisation?

There will be an impact on staff working across Adult Social Care in respect of ways of working, training, processes and procedures. There may also be a direct impact on numbers and types of jobs as the Directorate looks for further ways to operate within the resources available. As specific impacts are identified they will be shared with trade unions and staff and managed through the appropriate City Council procedures.

6.4 Equalities / EIA

In adopting the Adult Social Care Commissioning and Personalisation Plan due regard will be given to the Public Sector Equality Duty including the need to eliminate discrimination and promote equality of opportunity for those with protected characteristics. Equality and Consultation Analysis will be developed for areas identified as they are progressed and consultation will be undertaken as appropriate.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Although the Adult Social Care Commissioning and Personalisation Plan is a City Council document elements of it can only be delivered in conjunction with partner organisations. Partners have been involved in the Peer Review, the findings of which contributed to the plan, and the plan has been shared through the People Directorate Transformation Board which includes representatives from the Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust, University Hospital Coventry and Warwickshire and the Voluntary Sector.

Report author(s):

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Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
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David Watts	Assistant Director	People	9.7.14	16.07.14
Mark Godfrey	Deputy Director	People	9.7.14	16.07.14
Sara Roach	Deputy Director	People	9.7.14	14.07.14
Michelle McGinty	Service Manager	People	9.7.14	09.07.14
Lara Knight	Governance Services Team Leader	Resources	11.07.14	11.07.14
Other members				
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance Manager	Finance & Legal	9.7.14	09.07.14
Legal: Julie Newman	Head of Service	Finance & Legal	9.7.14	10.07.14
Director: Brian Walsh	Executive Director	People	9.7.14	15.07.14
Members: Cllr Gingell	Cabinet Member	Health and Adult Services	14.7.14	15.07.14

This report is published on the Council's website:

www.coventry.gov.uk/meetings



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Date: 31st March 2014

My Ref:

Your Ref

Dear Brian

I write to give you formal feedback following the Peer Challenge. This builds on the provisional feedback we shared with you at the end of the Challenge Visit on Thursday 13 March 2014.

I was pleased to lead the Peer Challenge and I was joined by Keymn Whervin and Liam Waldron, both Experts by Experience Solihull; Councillor Steve Evans Cabinet Member Wolverhampton; Karen Murphy Assistant Director Solihull; Suzy Joyner Head of Community Care Walsall; and Eddie Clarke WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Coventry forward to host this Peer Challenge. There were many positive things that we will take away from our visit, including the examples of good policy and practice that we all observed.

I would like to thank all the people who use services, family carers, staff, partners, the Chief Executive, and the Cabinet Member (and others) who participated in the Challenge. We were made very welcome and the process was very well organised by Kuldip Manota. We were very impressed with the way in which people embraced the peer challenge and this helped make it constructive and fruitful.

This letter provides our findings and recommendations on the 5 headings on which you asked the Team to report. The headline scope was:

“To what extent can our approach to commissioning, from a macro and micro level, be strengthened to effectively reduce demand for traditional models of care and support through the increased use of community assets, families, friends, and own resources?”

The following includes an Executive Summary, an initial Overview of the positives we identified, and then a section on each of the five sub-headings of the scope.

Executive Summary

These are the main points identified during the Peer Challenge visit:

- * The Council has significant financial challenges and has embarked upon a programme of transformation for adult social care
- * The Council has identified that personalisation needs to be re-launched and learning/practice from the POD shared across all services
- * Integration and early intervention, with pace and real substance, should be substantial elements of transformation
- * Urgent savings and transformation plans, and urgent implementation, are necessary to meet the challenges for 15/16 and beyond
- * The Market Position Statement, outcomes based commissioning, and performance management systems should be enhanced to meet the transformation and personalisation agenda
- * Co-production should be a full and consistent part of commissioning

Overview

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths.

All staff that were interviewed are enthusiastic and positive about the changes in services to date and those that are planned. There was very much a “one organisation” approach from staff and no sense of any “them and us”.

There is a clear desire to improve personalisation and to achieve better outcomes with people.

Partnerships with the Clinical Commissioning Group (CCG) and NHS Trusts are positive, as is the relationship with external providers of care and support.

The Partnership Boards, which involved people who use services and family carers, stated that they felt very engaged and are able to shape and influence services and their direction.

The POD in Mental Health Services is an excellent example both of a recovery-based model of service, and one that is also extremely personalised in its delivery and outcome focus.

What follows are the Team’s observations and recommendations on the five sub-headings of the main scope, and the strengths and areas for consideration by the Council.

1 – How Equipped Are We For Delivering An Integrated Approach to Commissioning In The Context Of The Better Care Fund?

Strengths

The good relationship with the CCG and NHS Trusts will offer additional opportunities for integration and already there has been good progress on agreeing the Better Care Fund submission with its three key areas.

The arrangement for a “Hothouse” event is innovative and is a good way of bringing all partners together to discuss and plan further how integration and service developments can bring about better outcomes for people.

Integration across health and social care is an objective supported by the Council and Health partners and this commitment will assist the evolution of the plans for the Better Care Fund.

The Cabinet Member is seen as strong and is well respected, having experience in Health too through being the Chair of the previous Primary Care Trust.

The Team were impressed with the approach of both internal and external care providers who stated their on-going willingness to engage with the Council on new commissioning initiatives. They were not daunted by further change. They embraced it.

The re-tendering of reablement services will support the improvement of outcomes for people and be more cost effective for the Council.

The Team noted also the improvement on reducing the delayed transfers of care from hospital.

Areas for Consideration

The Team concluded that there is scope for a more radical partnership and vision with the CCG, based on agreed transformation priorities, such as fully integrated services (as in Staffordshire) and Early Help, as with the model in Walsall.

The Team recommends that leaders across Health and Social Care, with stakeholders, should look intensively at options for the further integration of both commissioning and care services as part of a new vision for improving the quality of life of citizens in Coventry who require care and support.

Whilst engagement with stakeholders is experienced positively, the Team felt there was an opportunity for greater co-production with people who use services and family carers. This should be a fundamental aspect of all commissioning. A regional example is the People to People approach in Shropshire. Also, the Hothouse event is the type of event that offers some opportunity for real co-production at all stages of commissioning.

The Team recommends that co-production is embedded in the planning of all major commissioning.

The Team noted the joint agreement (Section 75) on Mental Health Services and the Joint Commissioner for Learning Disability Services, and determined that this could be built upon to enhance joint commissioning arrangements and opportunities. You had already identified this as a direction you wished to pursue.

The Team recommends that options for extending joint commissioning be explored and identified.

The Team received information about two different reablement pathways and for both service users and staff this appeared not to optimise resources for, or access to, care and support. Again, the Team noted that you had identified already a need to remedy this position.

The Team recommends that a single reablement pathway be developed with Health colleagues.

Similarly, a single point of access between the Council and Health would assist the appropriateness and timeliness of signposting, triage and assessments.

The Team recommends that a single point of access be examined with Health colleagues.

Delayed transfers of care (DToCs) are high when compared to similar Councils. Some progress has been made on this but there was not an agreed action plan.

The Team recommends that a whole system response and action plan be agreed by the Council and Health Partners to reduce DToCs.

On data and intelligence there is information available about service activity but this is not in a format that is available to frontline Managers and nor does it capture outcomes fully. For example, Team Dashboards.

The Team recommends that data and intelligence systems be reviewed so that all Commissioners and Managers receive relevant performance, activity, and budget information, including outcomes.

The Team were informed of the Corporate process for agreeing major change programmes across the Council. This resulted in decisions at the Procurement Board (is this the right title for what are strategic commissioning decisions?), Cabinet, or Full Council, dependent upon the sums involved. This was stated as effective by a Senior Manager and also that the Executive Director was involved through informal mechanisms rather than the established meetings in the process.

The Team concluded that strategic planning and accountability across the Council could be enhanced by the more formal involvement of the Chief Executive and Executive Directors.

The Team recommends that the Corporate arrangements for considering and approving major transformation programmes be reviewed, including options for more formal mechanisms to involve the Corporate Management Board.

The relevant Scrutiny Board covers both Health and Adult Social Care and has an annual work programme. The programme seemed weighted in the last year towards health matters, such as commissioning for health. Some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely.

The Team recommends that Scrutiny consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.

2 – To What Extent Do Our Brokerage and Panel Processes Make Good Use of Community Assets, Families, Friends, and Own Resources In Delivering Outcomes?

Strengths

When interviewing frontline Staff and Managers the Team received a number of examples of creative support planning. For example, with people with dementia and people with mental health issues, especially from staff at the POD.

Within Brokerage there were some good examples provided of different activities being identified and utilised such as developing groups in libraries, facilitating discharge from hospital, and sourcing community based groups.

Brokers had available a database of groups in localities to facilitate potential new activities and opportunities for people.

Areas for Consideration

There is not an Early Intervention/Prevention Strategy, nor a coherent range of appropriate services. Public Health is doing some good work in this area but it is not yet joined up with other Health and Social Care commissioning. The King's Fund is a useful starting point for resources and research.

The Team recommends that a Joint Early Help Strategy be developed involving the CCG, Public Health, and the Council.

The Council wishes to put in place a different relationship with communities and its citizens that places a much greater emphasis on community resilience and informal networks of support. As yet it does not appear that there has been a dialogue with communities and citizens about the Council's aspirations in this area.

The Team recommends that the Council consider how it commences this dialogue with its citizens and how it will seek to establish a new relationship with communities.

In connection with the development of this new relationship with its citizens, the Council expects to identify and build community assets that can provide early and mutual support from within communities themselves, such as that in Leeds. This is a key building block for the new relationship but as yet a strategy, linked to the Council's approach to Localism and the role of elected Members, has not been put in place or implemented.

The Team recommends that an urgent appraisal and plan be instigated about how community asset-building will be taken forward with elected Members, neighbourhoods, and groups (faith, locality, and common interest), including micro-enterprise development

Staff and Managers stated to the Team that there are five different intake systems for care management, as well as the two reablement pathways. This is confusing both for staff and the public.

The Team recommends that a review be undertaken of the intake arrangements.

Peer support for Direct Payments did not seem well established and this could assist the re-launch of personalisation that the Council proposes. People who use direct payments can be powerful advocates and can make explain the ways in which perceived hurdles can be overcome.

The Team recommends that Peer Support arrangements be reviewed and that it constitutes a core part of the personalisation re-launch to help promote examples and opportunities for creative support planning and care.

Information and advice, aligned with effective signposting, did not appear to be systematised and the responsibilities from the Care Bill will place additional demands on the Council for these services. They should play an important part in any Early Help Strategy.

The Team recommends that the Council's information and advice arrangements be reviewed with a consideration of the implications from the Care Bill.

3 – To What Extent Do We Have The Right Information Systems To Support Effective Commissioning?

Strengths

There is some progress on the Public Health provision of health needs and population data, including the Joint Strategic Needs Assessment from 2012.

The Council's planned development of the "FACE" Tools will enable a more comprehensive overview and monitoring of how personalisation and outcomes are being progressed.

Brokers utilise their knowledge to work with commissioners to ensure that there is some feedback on needs and gaps in care and support.

Areas for Consideration

The savings identified for 2015/16 of £12m from a People Directorate budget of £102m is very ambitious. If the savings come solely from adult social care and do not include Children's Services, the savings over the one year will constitute 15% of the adult social care budget of £80m. At the same time there is a £2.8m overspend in the budget for 2013/14 (which is included in the figure of £12m). The Team were informed that planning on how the £12m will be achieved is to commence in April 2014.

The Team recommends that a major programme plan be established with partners to help identify where the savings will be made.

The building blocks for transformation are not in place – early help, robust information/advice services, integration with Health, and a community asset-building programme – and therefore there is a need for an urgent and fresh impetus on putting these in place.

The Team recommends that a transformation plan be established urgently that incorporates the Better Care Fund plan and a Corporate led strategy about community asset-building.

Frontline staff and brokers commented to the Team that they would like feedback from commissioners on what happens to the intelligence they share.

The Team recommends that feedback loops between frontline staff and commissioners be reviewed.

As stated earlier, there is a need for Team Dashboards to be available on performance and activity. Team Leaders and others could not tell us what the individual team performance is on direct payments. Similarly, the monitoring of assessment and review outcomes should be undertaken more fully and gathered more systematically. This would support commissioners and operational managers in knowing how well they are doing and where action may need to be taken.

The Team recommends that performance monitoring and reporting mechanisms be reviewed.

The Team held a discussion with relevant managers on the Transition arrangements for young people with disabilities and/or mental health issues who were entering adulthood. It was stated that currently there is no collation of the outcomes for the young people. Collation would be helpful in order that the Council can assess whether more personalised outcomes and independence are being achieved, and whether the Council is making expected savings from this approach.

The Team recommends that plans be considered on how outcome collation can be established for young people going through Transitions.

As part of developing new strategies there is a need to understand fully the current performance and activity, both on finances and service provision. The quarterly reports

that go to the Senior Management Team in the Directorate are quite broad and do not contain much supporting detail or analysis, especially on Finance. Further information is available but this is held at Assistant Director level. The Team felt it important that the Senior Management Team was more fully appraised in these reports and that sensitive areas, like the performance on direct payments, were reported on more regularly in these reports.

The Team recommends that the quarterly reporting arrangements to the Senior Management Team be reviewed.

4 – How Could Our Approach To Market Development Be Improved In Order To Deliver Personalised Support, Making Better Use Of Community Assets, Families, Friends, And Own Resources?

Strengths

External Providers were very positive about their relationship with the Council and there are established forums with Providers, including the Voluntary and Community Sector.

The Market Position Statement is a good summary of what is commissioned now and what the broad intentions are for the future.

Areas for Consideration

As stated earlier, people who use services and family carers should be actively and consistently involved in shaping and commissioning services. For example, Making it Real in Dudley and Shropshire's People to People.

The Market Position Statement (MPS) should be built upon to give greater guidance and information to Providers about the future opportunities in Coventry. Your further work programme until September with Providers is helpful in this context.

The Team recommends that the MPS be enhanced to provide greater detail about the commissioning intentions and expected type and levels of care and support.

The needs of Black and Minority Ethnic communities could be explored further, particularly with reference to how targeted work should be structured to improve personalised services and outcomes.

The Team recommends that the needs of Black and Minority Ethnic communities be assessed further by commissioners, with the aim of improving personalised care support and outcomes.

The Team felt also that Providers could play an important role in working with the Corporate centre of the Council and commissioners on engaging communities to be more self reliant. The obvious connection here is with the Voluntary and Community Sector (VCS), but not solely. Micro-enterprise opportunities are one example.

The Team recommends that the Council and commissioners consider how Providers and the VCS can be engaged to work with communities as part of an asset based approach.

5 – Does Our Approach To Direct Payments and Personal Budgets Support People In Making Active Choices About How Outcomes Are Met?

Strengths

There were some good examples of a creative use of direct payments, for example the “Witchcraft” group that pooled money to rent a place to do arts and crafts.

People who have a direct payment used phrases like it gave choice and control, and it gave them their life back. One person said, “I wouldn’t have the life I have without a direct payment”.

The Positive Risk Assessment Tool demonstrated an effective approach to risk management and good links to safeguarding.

The Team were impressed with the social brokerage course which is a good example of assisting staff to be able do creative support planning.

As stated earlier, Brokerage has a good database of locality groups and activities to which people can be connected.

Areas for Consideration

The culture of personalisation did not feel embedded fully across the Council and the Directorate, which your planned re-launch will assist. Staff need support to be more confident in promoting and setting up direct payments, and being innovative. There is a need to improve consistency of approach and uptake. People with a direct payment could have a valuable role in championing direct payments and promoting the benefits.

The Team recommends that the re-launch consider how personalisation can be more fully integrated into the everyday business of the Directorate’s staff and activities, and how staff can be supported in improving take up and improved outcomes.

Service users that the Team met did not experience reviews positively and felt they only happened when a cut in the direct payment was to occur. Some said that they had experienced a cut without a re-assessment.

The Team recommends that this be explored further with people with a direct payment and, if confirmed, there be a re-appraisal of the review process.

The Team were informed that direct payment users might at times have to arrange carer cover at a higher cost than the usual service. This additional cost is borne by service users rather than the Council.

The Team recommends that this be examined and, if confirmed, that the Council reviews who should be responsible for extra costs.

People with a direct payment and staff said that the timescale for processing a direct payment could be lengthy (a month or more).

The Team recommends that the process be reviewed and streamlined where possible.

No priorities or action plan have been completed for Making it Real. This should be undertaken via co-production with user led organisations and Partnership Boards.

The Team recommends that the Making it Real priorities and action plan be completed using a co-production methodology.

Other Comments

These comments are not related directly to the scope. They refer to other matters raised with or by the Team during meetings. The subject that the Team wishes to cover here is adult safeguarding. Three main points were raised:

- There was not an understanding of the reasons behind the low alert and referral rates for adult safeguarding
- Decisions on thresholds are by all Team Leaders which means this may lead to inconsistency
- Commissioners did not have a clear understanding of their role on quality assurance following Winterbourne View and the Concordat

The Team would recommend that these three areas are looked into further and options be explored for improving the understanding behind the figures and improving the roles of staff and commissioners.

Conclusion

Finally, we have sought to make the findings of the peer challenge constructive and helpful to the Council and also to strike an appropriate balance between support and challenge. We hope that you are able to receive positively the comments in this context. We have learnt from the process ourselves and we have really appreciated the opportunity to take away many good policy and practice examples that we can share with our own Councils.

On behalf of the Team I would like to thank you for hosting this peer challenge and for working so positively with us. I hope you will agree this has resulted in a helpful and constructive outcome.

Yours sincerely

A handwritten signature in black ink that reads "Stephen T Chandler". The signature is written in a cursive style with a large, sweeping initial 'S'.

Stephen T Chandler
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cc Martin Reeves - Chief Executive, Coventry City Council
Peer Review Team

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COVENTRY CITY COUNCIL

PEOPLE DIRECTORATE

**ADULT SOCIAL CARE
COMMISSIONING AND
PERSONALISATION PLAN
2014**

'to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support'

Version 2 – April 2014

Author: Pete Fahy

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1. Purpose

To provide a platform for change within Adult Social Care practice and commissioning in Coventry to support the delivery of the Adult Social Care vision which is:

‘to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support’

2. Background

Social Care in England is going through a period of immense change driven by key legislative and policy change that will see an overhaul of the legal framework through the introduction of the Care Bill in 2015 and integration with Health by 2017 for which the Better Care Fund 2015/16 provides a vehicle for system change.

Alongside these legislative and policy changes our population is also changing, as a nation our population is getting older. By 2032 the population aged 65-84 will grow by a third and the number of people aged over 85 will more than double. It is currently estimated that approximately 570,000 people in England have dementia and this will double over the next 30 years. In addition the number of people with long term conditions is expected to rise from 15 million to 18 million by 2025. Adding in other statistics such as 70% of adults being inactive, 1 in 4 being obese and 1 in 5 that smoke it becomes clear that should nothing change demand on services will increase dramatically.

However, our resources to meet any increase in demand are shrinking. The Government’s 2010 Spending Review reduced Government grants to local government by an average of 28% over four years, a bigger and faster reduction than for most other Government departments. The Chancellor’s 2013 Spending Review further announced an additional headline reduction of 10% to local government funding in 2015-16 and due to Government changes in the way it distributes grants, local authorities will need to plan for a real-term reduction of 15% in 2015-16 (Local Government Association).

The expectations of the service users and their families and carers who come into contact with social care are also changing. There has been a clear policy directive to the delivery of personalisation through Putting People First (2007) and subsequently Think Local, Act Personal (2011) in that arranging care and support around the individual, based on the totality of resources available to them including Community Assets, families, friend and their own resources will not only lead to improved outcomes but will also enable the City Council, and its partners, to target funded support where it is most needed and will have the greatest impact.

In order to meet these challenges it is important that we have a clear direction of travel with clear actions and intended impacts for Adult Social Care in Coventry. This strategy sets out the actions required and change expected as a result over the next two years.

3. Introduction

This strategy identifies how the City Council will deliver Adult Social Care so that the residents of Coventry can live independently in the Community with Support that is appropriate to their needs and maximises their own resources and capabilities.

Although this document belongs to the City Council its successful delivery will require close co-operation with partners. Everything we do, whether commissioning, provision, or management of internal systems and processes will increasingly be undertaken jointly with health colleagues. We will also need to engage with the voluntary sector, other partner organisations including the Police and Fire Service and the communities in which people live in order to increase community capacity so that they can play a greater role in supporting the people that live within them.

Where it is no longer possible for people to be supported in their own community we will still seek to maximise independence to the greatest possible degree. This will be a key focus whether people require something as basic as a home meal or as complex as a specialist residential placement. In order to meet these challenges the market for social care in Coventry will need to adapt and our Market Position Statement 2014 identifies some specific areas where actions to bring about change will be prioritised.

Alongside market development the support systems for the arrangement and management of Adult Social Care are also required to change and improve – this applies to how we undertake assessments, reviews and the allocation of resources including the use of Direct Payments and Personal Budgets.

This plan does not sit in isolation and should be considered in conjunction with other key documents including:

- The Council Plan 2014 - 2017
- Coventry Health and Well-Being Strategy 2012
- People Directorate Strategy 2014-2016
- Coventry Market Position Statement 2014
- Adult Social Care Local Account 2012 - 2013
- Coventry Carers Strategy 2011 – 2015
- Coventry Dementia Strategy 2014
- Coventry response to the National Autism Strategy 2013

4. National and Local Policy Context

The Care for our Future: Reforming Care and Support White Paper (Care and Support White Paper) was published by the Department of Health in July 2012. This White Paper presented the Government's long term vision for a reformed care and support system. Key elements being a greater focus on prevention, early intervention and maintaining independence. There was a clear affirmation that care and support should be personalised to meet individual need and identified outcomes. The White Paper also signalled the need for further integration between health and social care to support the reform of care and support services.

In May 2012 'Making it Real' was launched. This is a sector wide commitment to moving forward with personalisation and community-based support. Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.

National system leaders also published a Common Purpose Framework for integrated care in 2013. At its heart is an agreed vision - a 'narrative' - that everyone can sign up to and use in their programmes of work. National Voices coproduced this narrative, working with Think Local Act Personal and with service users, patients, carers and their organisations as well as the national stakeholders.

It takes the service user perspective, defining integration as 'person centred coordinated care', and setting out what it is that people would experience if this kind of care works well.

The Narrative was adopted by all national system leading organisations involved in integrated care, and by all the current integration 'pioneers'. It is being used widely in other local areas and is referenced in the Better Care Fund guidance.

In February 2013, the Government announced the reform of the funding for care and support with the aim of providing more certainty and peace of mind over the costs of old age or living with a disability. A key aspect of the funding reform will be that a cap on care costs will be introduced from April 2016.

The Care Bill, currently before Parliament, will be the legal framework on which this social care reform will be based. The legislative changes outlined in the Care Bill are wide ranging and represent the biggest changes in adult social care since 1948. From April 2015 the key provisions include:

- The promotion of individual wellbeing
- Clarity through regulations on what constitutes 'eligible' needs and how decisions are made about support, and allow for national eligibility to be set in the future
- Simplify rules regarding charging and financial assessment

- Population-level duties on local authorities to provide information and advice, prevention services, and shape the market for care and support services. These will be supported by duties to promote co-operation and integration to improve the way organisations work together;
- Giving carers a right to support to put them on the same footing as the people for whom they care;
- Everyone, including carers, should have a personal budget as part of their care and support plan, and give people the right to ask for this to be made as a direct payment;
- No-one's care and support is interrupted when they move home from one local authority area to another
- A new statutory framework for adult safeguarding, setting out the responsibilities of local authorities and their partners, and creating Safeguarding Adults Boards in every area.

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to accelerate integration in health and social care in order to create a system that is sustainable in the longer term. The Better Care Fund, provides an opportunity to develop new ways of working and sharing of resources across the health and social care sector at a time of reduced public sector finances and to support the on-going challenge of managing demand for services.

As well as changes in Health and Social Care the Welfare Reform Act 2012 introduced £18bn in savings through a package of reforms. By the end of 2017 many of the existing working age means-tested benefits and tax credits are expected to be abolished and recipients will receive only one single benefit payment: Universal Credit. These reforms will have a significant impact on individuals in receipt of benefits and new applicants and is estimated to have resulted in a loss of income to the City of £112m per year (Sheffield Hallam University).

The effects of welfare reform will put additional pressures on a range of health and social services, including the NHS, public health and counselling services, children's services, housing services, advice services and the police.

As a City, Coventry has been hit harder by national austerity measures than many other authorities. Government grants for the Council's day to day expenditure have significantly reduced since 2010 with further reductions to come. The Council has also had to meet the challenges of increased costs where these have been unavoidable in order to maintain stability and quality.

In December 2013 the City Council published its 10 year plan which state the City's commitment to ***promoting the growth of a sustainable Coventry economy*** and ***improving the quality of life for Coventry people***. The plan contained the following intentions:

- supporting business to grow;
- creating the infrastructure for the city to grow and thrive;
- developing the city centre for the 21st century;
- raising the profile of Coventry;

- helping local people into jobs;
- reducing the impact of poverty;
- increasing the supply, choice and quality of housing;
- creating an attractive, cleaner and greener city;
- making communities safer;
- improving educational outcomes;
- improving the health and wellbeing of local people;
- protecting and supporting the most vulnerable people; and
- reducing health inequalities.

In order to deliver the Councils 10 year plan each Directorate within the City Council (People, Place and Resources) will be required to consider its activity and priorities and how these contribute to the delivery of this plan. As part of the largest Directorate (People), Adult Social Care will have a significant contribution to the delivery of the 10 year plan as a direct provider of support to vulnerable people, a creator of employment, and in supporting people in appropriate housing. Coventry currently operates its eligibility criteria for Adult Social Care at Critical and Substantial under FACS (Fair Access to Care Services). The Care Bill will introduce national eligibility criteria which are expected to accord with Coventry's current position.

5. Coventry Population Profile

Coventry is the thirteenth largest City in the UK. The current estimated population of the City is 332,400 of which 214,300 are aged 18-64 and 47,700 are aged 65 and over. By 2020 the overall population is estimated to increase to 373,200 of which 236,200 will be aged 18-64 and those aged 65 and over will increase to 51,900.

It is estimated that there are currently 3,424 people with dementia in the City (1.03%) which is below the national figure of 1.18%. The Office for National Statistics (ONS) predicts that by 2020 the number of people with dementia will rise to 3,999 (1.07%).

It is also estimated that approximately 54,000 people aged between 18 and 64 (25%) have a mental health disorder in some form, the majority of which can be managed with little impact on people's lives and without the need for social care support.

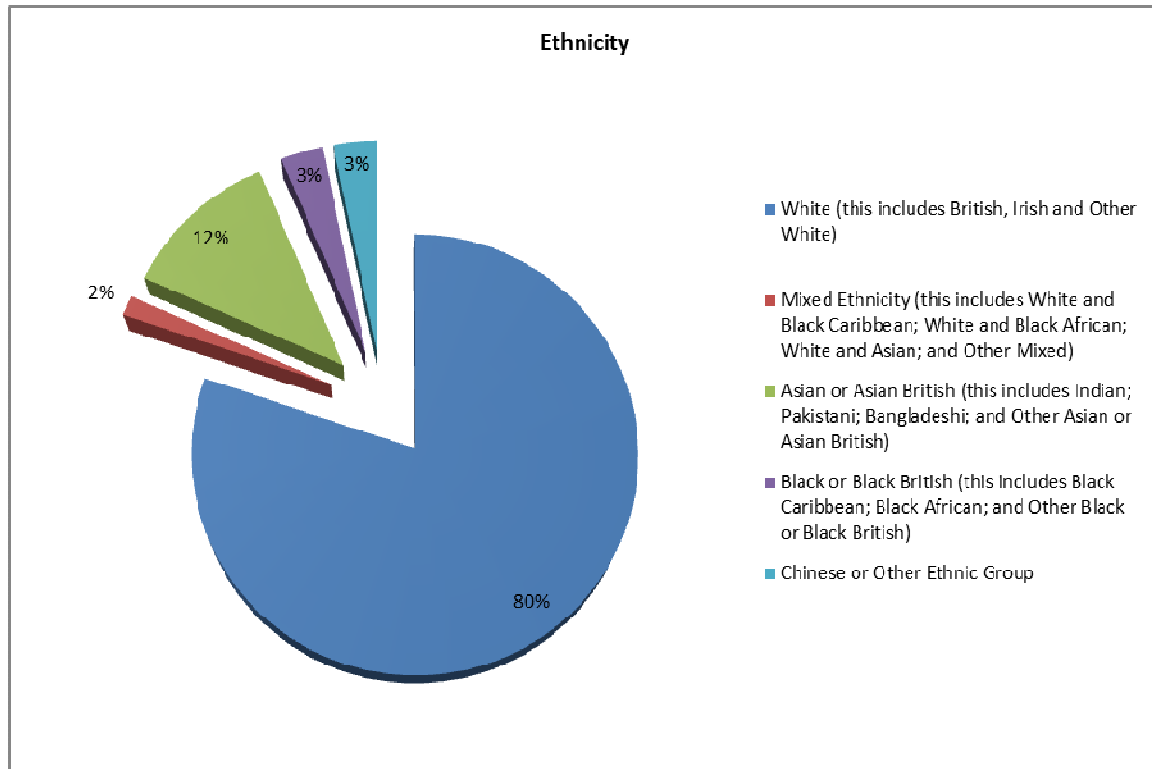
Approximately 6,277 people aged over 18 in Coventry have a learning disability of which 985 are aged over 65.

The Coventry Market Position Statement (2014) identified that 68 adults with learning disabilities funded by the City Council are placed in care homes outside the City along with 8 Adults with Mental ill Health. These numbers increase when Health funded services are included as well as Older People with challenging behaviour including dementia.

The City has a lower percentage of Owner Occupiers than England as a whole (60.6% compared with 63.4%) and a higher proportion of Private Rented (20.6% compared with 16.8%). The volume of socially rented is broadly comparable with England with Coventry at 17% compared to 17.7% for England as a whole. Owner occupiers are most prevalent in the West of the City.

Coventry's main ethnic group is White (including British, Irish and other White). This group makes up 80% of the total population. Chart 1 shows the ethnicity breakdown for the population of the City.

Chart One: Ethnicity Breakdown



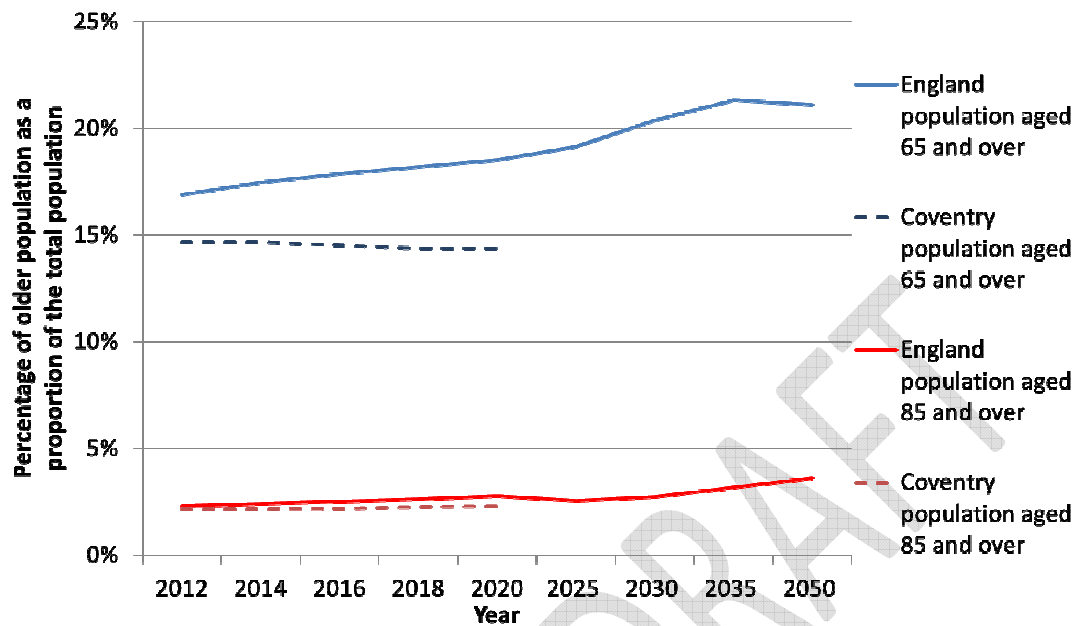
Population and Projected Needs

The Coventry Joint Strategic Needs Assessment <http://www.facts-about-coventry.com/uploaded/documents/JSNA%202012.pdf> is the overarching strategic document identifying population needs in Coventry. Focusing on Adult Social Care the three graphs below show:

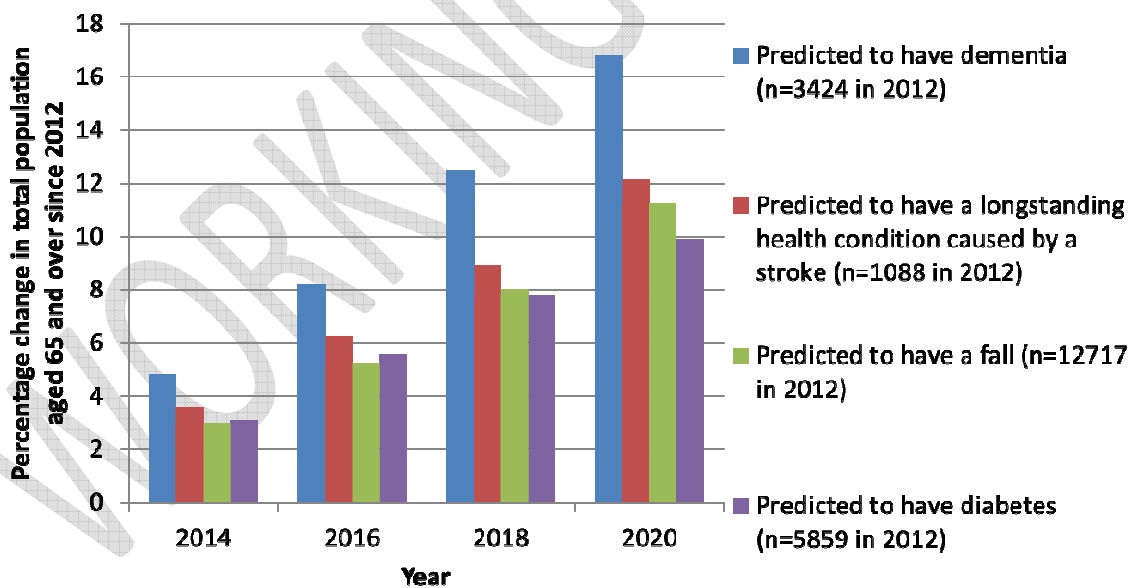
- Expected changes in Coventry Older People population
- Expected changes in key health conditions
- Expected changes in residential and nursing care populations and people unable to self care.

These graphs indicate that although the Coventry older people population is expected to remain relatively static and not expected to increase in line with the England overall population there is still likely to be an increase on demand for social care due to the forecasted increases in key health conditions.

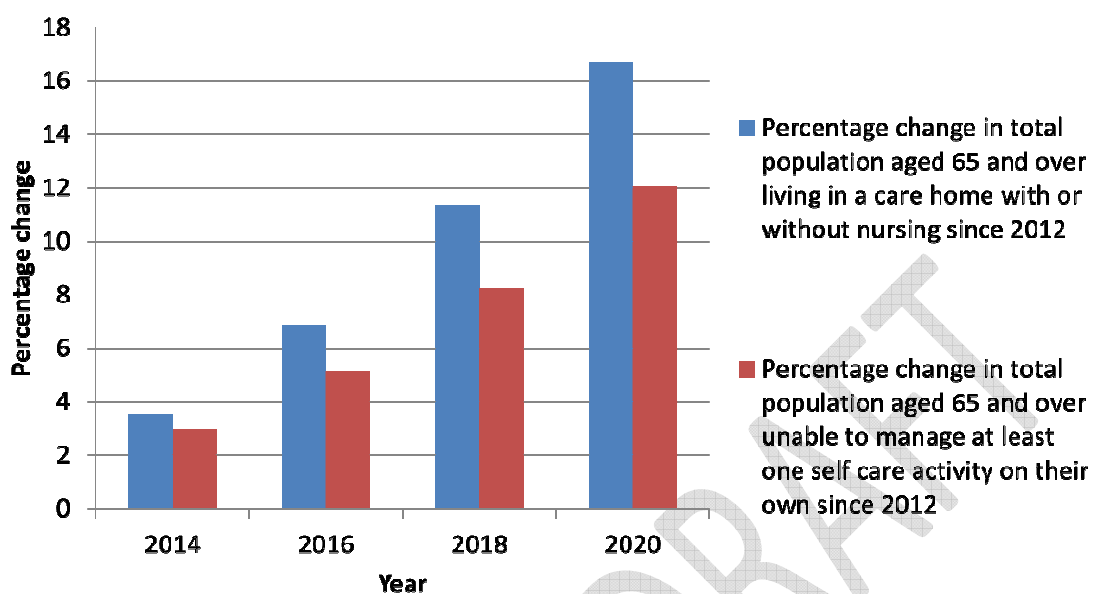
Overall Population



III Health Projections



Social Care Need Projections



6. User and Carer Feedback

Coventry receives feedback on its Adult Social Care services through a number of mechanisms, some of these are informal comments made to staff by service users, carers or their friends and families, some are through formal review mechanisms, are others through structured user groups, partnership boards and specific consultation and engagement processes.

We have also undertaken an Adult Social Care survey to ask people that access care and support about the quality of their life and their experiences of the services they receive. The City Council last undertook an Adult Social Care in 2013 from which 413 out of a possible 1,076 responses were received (as 413 respondents completed the questionnaire the survey is considered statistically valid. Therefore, we can say with 95% certainty that the opinions expressed in the survey reflect the views of people accessing care and support in Coventry).

Some the things the survey told us were:

- 65% of people are satisfied with the services they receive.
- 33% of people reported their quality of life was “so good it could not be better” and a further 28% said they had a good quality of life.
- 33% of people feel that they have control over their daily life, 43% feel they have an adequate amount of control, 20% feel their control is less than adequate and 3% feel they have no control over what happens.
- 69% of people have no concerns regarding their personal safety, 26% feel adequately safe, whilst 3% express some concerns and 2% voice strong concerns.
- 45% of people have as much social contact as they want with people they like and 33% feel their interactions are adequate. 16% report they have some social contact but do not feel it is enough and 6% feel socially isolated.

In October and November 2012 we also completed a survey of carers across the city. The questionnaire asked carers about their caring responsibilities and how services provided by Adult Social Care help to support this role.

Some of the things this survey told us were:

- 57% of carers feel they have enough time to spend on their own personal care. 28% said they do not always have enough time to look after themselves and 16% feel they are neglecting themselves.
- 82% of carers have no concerns about their own personal safety, 16% express some worries and 2% are extremely worried about their safety.
- 35% of carers feel they have as much social contact as they want; whilst 47% feel they do not have enough, and 18% do not have enough and feel socially isolated.
- 38% of carers feel they have good levels of encouragement and support, 43% feel they do not have enough, and a further 19% do not receive any.
- 70% of carers are happy with the support and care services they receive for themselves and the person they are caring for.
- 28% of carers feel they have control over their daily life, 58% feel they have some control but not enough and 14% feel they have no control over their daily life.
- 18% of carers are able to spend as much time as they want doing things they value and enjoy, 64% are only able to manage some and 18% do not spend any time doing activities they value and enjoy.

More general feedback from service users and their carers and families include the following themes:

- Frustration of the lack of cohesiveness between health and social care;
- Requirement to be able to access support at the time it is required as opposed to usual office hours;
- People do not want to go to hospital when they could be treated/supported in another appropriate setting
- People do not aspire to be long term users of social care or health services where this could be avoided
- The delivery of best practice, high quality and safe care in acute hospital and GP practices

These more general themes will be considered as we progress integration with health and, in many ways support the case for integration as they provide examples of where the existing boundaries between Health and Social Care are unclear to people who use services.

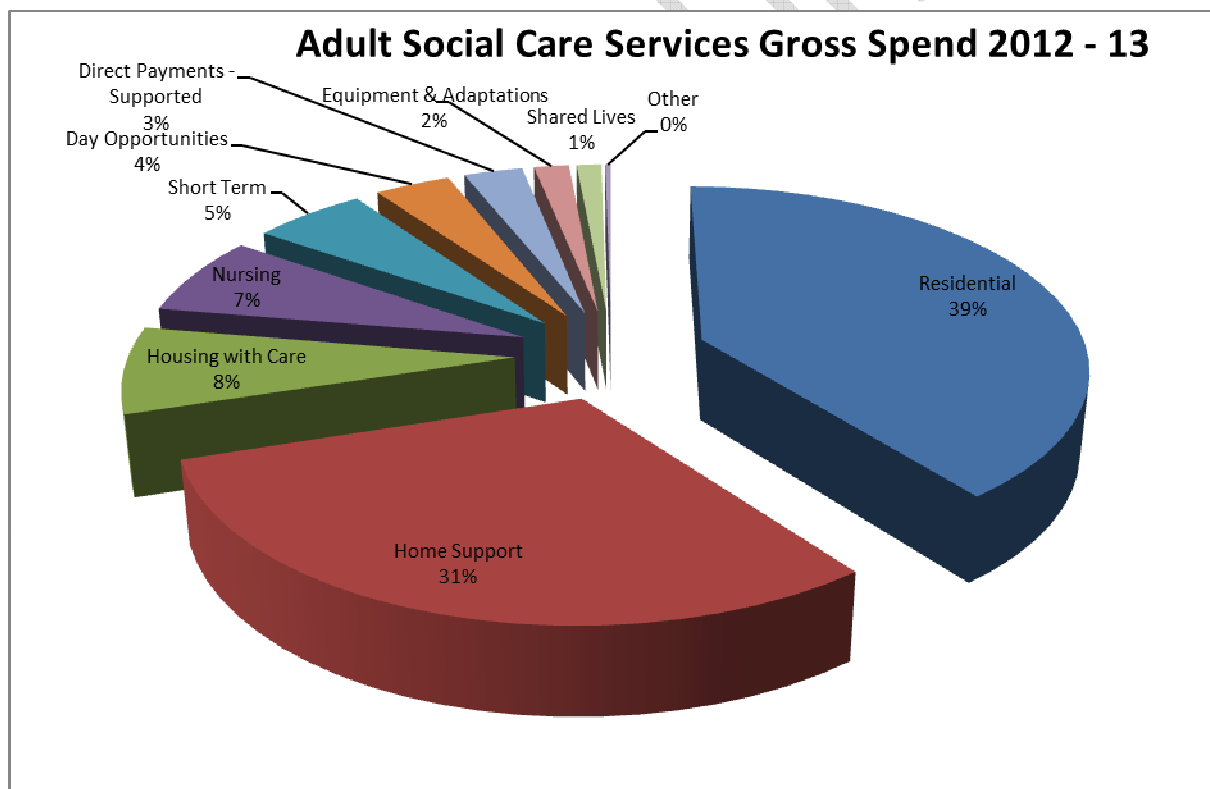
7. Use of Resources: Where the Money is Spent

The responsibility for Adult Social Care within the City Council rests within the People Directorate. The People Directorate also has responsibility for Children's Services, Housing and Homelessness, Safeguarding, Libraries and Adult Education, Community Safety, Environmental Health and Regulatory Services. It is the largest directorate within the City Council with a budget for 2014/15 of £160m from an overall City Council budget of £258m (excluding school funds).

During the financial year 2013/2014 the Council spent a total of £70.18m (gross) on Adult Social Care Service. The breakdown of this spending is shown in Chart 2 below and includes:

- £34.61m (49%) spent on residential and nursing care home provision
- £21.84m (31%) spent on home support and direct payments
- £5.67m (8%) spent on Housing with Care
- £3.59m (5%) on Short term services

Chart Two: Adult Social Care Services Gross Spend 2013-14



A more detailed breakdown by service user group is included in Appendix One.

In relation to our Comparator Group the proportion of total Local Authority spend on Adult Social Care (excluding School Funds), 2012-13 is 20.4% against a comparator average of 21.4% .

As indicated in earlier sections, as financial pressure on the City Council increases as a result of budget reductions all areas of activity, including Adult Social Care, will need to find ways to support people more effectively using a reduced City Council resource. The 'A Bolder Community Services' programme initiated in 2011 by the previous Community Services Directorate identified £10m of savings to be delivered by 2014/15 through a series of efficiency measures, external funding reductions and reductions in service volumes where excess supply existed. These savings were identified without changing the eligibility criteria applied for Adult Social Care in Coventry.

WORKING DRAFT

8. Performance Against Key Indicators

A raft of measures are used to assess the performance of Adult Social Care. The most significant is the Adult Social Care Outcomes Framework (ASCOF) which measures a range of indicators from quality of life, satisfaction, safety, control, admissions to residential homes and discharges from Hospital.

Between 2011/2012 and 2012/13 there has been a minor deterioration in a number of key Adult Social Care Outcome Framework (ASCOF) indicators in Coventry. Within this overall deterioration some positives include a comparatively good level of overall satisfaction with services by people who use them and a high proportion of people who feel safe. However, our performance on Delayed Transfer of care from hospital and performance in relation to Carers, in terms of both quality of life and involvement indicate room for improvement.

The number of adults receiving self-directed support in the year to 31 March 2013 (ASCOF 1c Part 1) is below the comparator group and England average although the proportion of total gross current expenditure on Direct Payments is comparatively high (8.4% Coventry against a comparator average of 7.2%) .

To view the full range of performance reports against key indicators for Coventry please use the Health and Social Care Information Centre website at:

<https://nascis.hscic.gov.uk/>

In March 2014 Adult Social Care in Coventry was subject to a Peer Review. This was undertaken as a key part of the approach taken to Sector Led Improvement within Adult Social Care and in the absence of a more formal inspection regime is the mechanism through which Adult Social Care is subjected to independent scrutiny and challenge. The findings of the peer review and recommendations will be made publicly available and work to progress areas of recommendation are included in the section 10 of this document.

9. The Case for Change – A Summary

Change is needed to accelerate the ability of Adult Social Care to respond to the population, policy and financial it faces. This is both change to system and process to through integrated approaches and changes to the delivery of personalised support to meet the requirement of Think Local, Act Personal.

National Policy:

Government policy requires that people who come into contact with Adult Social Care have more choice and control over the support they receive and how this is provided. It requires that Councils consider the totality of resources available to an individual and have a focus on prevention early intervention and maintaining independence. In addition, closer integration with health is required.

A Changing Population:

In the years to come there will be:

- An increasing number of people aged 85 and above
- More people with long term health conditions and conditions related to old age i.e. dementia
- More people aged over 65 unable to manage at least one self care activity
- More people reliant on the support of family networks and carers

Public Expectations:

Feedback from users has told us the following:

- They are frustrated at the lack of cohesiveness between health and social care
- They want to be able to access support at the time it is required in the manner in which it is required
- They want to be supported in the most appropriate setting that maximises independence
- People do not aspire to be long term users of social care or health services where this could be avoided
- They want more control over their daily lives
- They want services that address their cultural needs

Use of Resources:

The financial position means that:

- In order to support our population we will need to ensure that people are making use of all the resources available to them
- Support should be tailored to personalised outcomes making best use of peoples own assets and the assets available to them
- Delivering effective support that prevents the need for ongoing services is both good practice and more sustainable.
- More creative use of support planning integrated fully within the Adult Social Care workforce

10. Delivering Change

This section sets out what is going to happen in Adult Social Care to start to bring about the changes required to meet the challenges outlined in previous sections and summarised in Section 9.

Adult Social Care is part of the People Directorate within the City Council. The City Council as a whole has embarked on major project called 'Kickstart' that will see the Council move to a new building at Friargate and a new way of working, with more shared space, new technology, hot-desking and many other changes.

The action to be taken across Adult Social Care to meet the challenges described will be delivered through progressing three key areas of activity:

- **Managing Demand: Actions to stop or significantly delay the requirement for ongoing care and support services.**
- **Managing the Support System: Actions to ensure care and support is arranged in effectively with appropriate degrees of user choice, control and effective use of resources**
- **Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.**

The requirements under each section are presented in terms of 1) what we intend to do, 2) How we will do it, and 3) The change we expect to see as a result.

As the delivery of this strategy progresses additional opportunities to improve Adult Social Care in Coventry will be identified and incorporated into the strategy.

As a result of delivering the actions described in this strategy we aim to:

- Enable people who require support to have access to a greater range of opportunities to meet their needs
- Enable people to exercise greater flexibility in the arrangement of their own support
- Develop a clear approach to prevention to reduce the requirement for longer term social care and support
- Make better use of innovative approaches to the delivery of social care including the use of new technologies including Telecare
- Deliver a more equitable and transparent system for the allocation of resources
- A refreshed approach to reviewing people's needs that supports them to build stronger networks and become more self-reliant
- Support carers in a way that is responsive to the changing needs of the people they care for and support them to continue in their caring role

- Make demonstrable progress towards integration with health to deliver the requirements of the Better Care Fund
- Work with the market for social care to shape and extend the local offer based on diverse requirements of individuals and communities within Coventry
- Deliver large scale efficiencies across Adult Social Care through adopting personalised approaches and using the full extent of resources available to individuals and their carers/relatives

WORKING DRAFT

10.1 Managing Demand: Actions to stop or significantly delay the requirement for on-going care and support services.

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
<p>Develop a clear plan for the commissioning of a range of targeted preventative services where they are evidentially cost effective</p>	<ul style="list-style-type: none"> ➤ Enhance the use of telecare across the social care offer ➤ Decommission the Aylesford facility ➤ Implement and monitor the effectiveness of the new STSTMI home service ➤ Undertake a review of remaining bedded services within the city ➤ We will review our carer’s strategy to ensure we are providing support to carer’s to enable them to continue caring. 	<ul style="list-style-type: none"> ➤ Preventative services targeted to reduce demand for social care and provided in a time limited way (so as not to create dependency on preventative services) ➤ A clear and proportionate offer of support to carers based on resources that are available 	<p>Head of Strategic Commissioning</p>
<p>Increase the contribution of Assistive Living Technology as an effective means of providing social care and support</p>	<ul style="list-style-type: none"> ➤ Implement a new model for the use of Telecare within Coventry using both hardwired, stand-alone equipment and apps ➤ Provide clarity to staff, service users and their families and carers about where Telecare can be used and its benefits 	<ul style="list-style-type: none"> ➤ Increased use of Telecare including stand-alone equipment and new and emerging technologies ➤ Technology seen as a core and integral part of the delivery of care and support 	<p>Head of Therapy and Enablement</p>

	<ul style="list-style-type: none"> ➤ Review the role of our Integrated Community Equipment Store (ICES) and the Opal Assessment and Demonstration Centre and whether there are ways to provide this support more effectively ➤ Enhance the carers offer and communicate to staff and carers 		
Make better use of information and advice so that people are aware of and can access support in their own communities	<ul style="list-style-type: none"> ➤ Revise our information and advice offer so that it is updated and accessible ➤ Identify community assets available for people to access ➤ Develop the role of libraries so that they are better used and provide better access to information and advice 	<ul style="list-style-type: none"> ➤ More accessible and relevant information and advice on Adult Social Care 	Head of Older People and Physical Impairment
Make better use of the range of publicly available services in preventing demand for on-going social care and support	<ul style="list-style-type: none"> ➤ Develop strategy and implementation for P&EH for children and adults. ➤ Identify impact of reductions delivered through ABCS <p>Clarify the role of library services in delivering information and advice.</p>	<ul style="list-style-type: none"> ➤ Libraries and neighbourhood centres are part of the social care support provision in the City ➤ Reduction in costs through brokerage making better use of community assets 	Assistant Director – Adult Social Care
Redesign our Short Term Services to	<ul style="list-style-type: none"> ➤ Create community based resilience 	<ul style="list-style-type: none"> ➤ Increased effective of 	Head of Enablement

<p>Maximise Independence in partnership with the Clinical commissioning Group (CCG)</p>	<p>through implementation of an enhanced telecare offer</p> <ul style="list-style-type: none"> ➤ Reduce the bedded services within the city ➤ Implement and monitor the effectiveness of the new STSTMI home service 	<p>reablement through less people requiring a sequential service</p> <ul style="list-style-type: none"> ➤ Reduced hospital bed days ➤ Improved delay of transfer figures ➤ Increased ability in people to remain at home following a short term intervention resulting in reduced demand on long term services. Measured by an increase in the length of time between a short term service and being assessed as requiring long term care. 	<p>and Therapy</p>
<p>Deliver the Dementia Strategy</p>	<ul style="list-style-type: none"> ➤ An integrated health and social care plan with clear information and advice, tailored to individual circumstance ➤ A new model of assessment that promotes independence and utilises strengths in the community, with a focus on self-care and empowerment ➤ A tailored and flexible experience for citizens that harnesses resources to support 	<ul style="list-style-type: none"> ➤ More people with dementia supported in the community ➤ Reduced demand on bed based services ➤ Increased community resilience 	<p>Head of Older People and Physical Impairment</p>

	people in their own homes and prevents admission to acute or long term care and enables carers to continuing caring		
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WORKING DRAFT

10.2 Managing the Support System: Actions to ensure care and support is arranged effectively with appropriate degrees of user choice, control and effective use of resources

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
Implement a new Resource Allocation Tool for Adult Social Care to ensure equity of allocation and improved resource management	<ul style="list-style-type: none"> ➤ Commission a Resource Allocation System to be used as a tool by staff ➤ Use the output of the tool to understand where more cost effective opportunities to meet individual outcomes may be available ➤ Review all those currently in receipt of Adult Social Care to understand how their support could be provided in a more cost effective way ➤ Use this process as a means to stimulate the market to provide more innovation ways to meet individual outcomes 	<ul style="list-style-type: none"> ➤ An equitable and evidence based use of resources ➤ Better financial management of resources increasing our ability to meet needs within our available budget ➤ More personalised and outcome based approaches to meeting care and support needs 	Assistant Director – Adult Social Care
Develop an Asset Based approach to the assessment of need and the delivery of outcomes	<ul style="list-style-type: none"> ➤ Social workers to assess what alternative support people already have to inform provision of care and support delivered by 	<ul style="list-style-type: none"> ➤ Improved outcomes for individuals ➤ Reduced costs to the City Council 	Assistant Director – Adult Social Care

	<p>the Council. We will ensure we understand what assets people already have access to and provide care appropriately</p> <ul style="list-style-type: none"> ➤ When assessing people understand the full range of assets available to them to deliver the required outcomes whether these are friends, families, community assets or own resources. ➤ Ensure that people are enabled to make full use of these assets before arranging funded social care ➤ Develop a city wide view of available community resources, not commissioning by the Council, to enable people to access as part of a package of care. 		
<p>Enhance our approach to support planning and brokerage</p>	<ul style="list-style-type: none"> ➤ Develop the role of support planners throughout the Adult Social Care workforce ➤ Use provider staff, as well as Assessment and Case Management to establish creative support planning ➤ Use learning from the POD social brokerage approach to extend 	<ul style="list-style-type: none"> ➤ More outcome based and personalised support ➤ Improved satisfaction by carers and service users 	<p>Head of Learning Disabilities and Mental Health</p>

	options for people		
Ensure our ICT systems are up to date and support the work of Adult Social Care	<ul style="list-style-type: none"> ➤ Complete upgrade to Care Director V4 ➤ Reduce number of stand-alone databases and systems ➤ Integrate Care Director more fully with other City Council systems ➤ Connect Care Director to NHS spine 	<ul style="list-style-type: none"> ➤ More efficient use of systems to reduce staff time and improve quality of recording and information ➤ Better information flows between City Council teams ➤ Better information flows with Health colleagues 	Head of Systems
Implement the requirements of the Care Bill for April 2015	<ul style="list-style-type: none"> ➤ We have established a Care Bill implementation board to lead and oversee the implementation in Coventry of this key piece of legislation 	<ul style="list-style-type: none"> ➤ Requirements of Care Bill fully implemented for April 2015 then 2016 	Assistant Director – Commissioning and Transformation
Implement a revised customer journey for Adult Social Care	<ul style="list-style-type: none"> ➤ We will develop and implement a new customer journey in line with organisational customer journey design principles 	<ul style="list-style-type: none"> ➤ A clearer route through Adult Social Care for people accessing support ➤ Reduced duplication and overlaps with Health 	Assistant Director – Adult Social Care
Review our charging policy and approach to charging	<ul style="list-style-type: none"> ➤ We will remove inequities in the current policy and ensure that charging is maximised wherever appropriate 	<ul style="list-style-type: none"> ➤ Increased income for Adult Social Care 	Finance Manager – People Directorate
To ensure that robust safeguarding and	<ul style="list-style-type: none"> ➤ We will be more specific with regard to safeguarding 	<ul style="list-style-type: none"> ➤ Greater adherence to safeguarding policies and 	Head of Strategic Commissioning

<p>quality assurance processes are in place within all commissioned services</p>	<p>requirements in our contractual arrangements</p> <ul style="list-style-type: none"> ➤ We will make safeguarding training available to providers and compel them to attend ➤ We will monitor care providers through scheduled and unscheduled inspections and take action where appropriate ➤ We will work closely with the Care Quality Commission (CQC) to ensure that their enforcement powers are used where necessary and action is co-ordinated ➤ We will ensure that information and advice and advocacy services are available to assist service users where this is required ➤ We will ensure that a range of service user feedback is obtained and utilised to ensure service improvements ➤ Work towards the requirements of the Winterbourne View concordat ➤ Apply a consistent response to the 	<p>procedures by contracted providers</p> <ul style="list-style-type: none"> ➤ Improvements in levels and consistency of training in providers of Adult Social Care ➤ Co-ordinated action taken with CQC where appropriate ➤ Improved use of advocates when dealing with areas of concern ➤ Safeguarding concerns being consistently managed to successful resolution 	
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	identification of safeguarding concerns		
Make better use of Direct Payments and Personal Budgets to meet individual outcomes	<ul style="list-style-type: none"> ➤ Gather intelligence around the existing provision ➤ Identify better data on the numbers of people wanting to use a PA ➤ Shape the market to ensure supply of PA's and access to appropriate support services through direct payments and personal budgets ➤ Link with health regarding personal health budgets 	<ul style="list-style-type: none"> ➤ Increased take up of Direct Payments and Personal Budgets ➤ Better levels of choice and control to be evidenced through Adult Social Care survey 	Head of Learning Disabilities and Mental Health
Better use of performance information	<ul style="list-style-type: none"> ➤ Identify information requirements to inform effective service commissioning and delivery ➤ Use data and information to inform decision making 	<ul style="list-style-type: none"> ➤ Accessible and useable information readily available to inform commissioning and service delivery activities. 	Head of Performance

10.3 Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
<p>Work with private and registered providers, to make the best use of the housing supply to address need, including developing and expanding supported housing models, including housing with care</p>	<ul style="list-style-type: none"> ➤ We will work with providers/developers to improve accommodation standards of existing provision ➤ We will actively encourage experienced specialist providers to develop sites in the City to ensure an appropriate tenure mix to reflect the high levels of owner occupation in Coventry, particularly amongst older people. ➤ We will use the planning system (including section 106 agreements) to negotiate with private providers options for securing housing provision that addresses the complexities of need arising from factors such as an ageing population. ➤ We will ensure that principles of good design relevant to the target 	<ul style="list-style-type: none"> ➤ A greater range of more specialist accommodation options for adults and older people. ➤ People able to make active housing choices as their life circumstances change without the need for involvement from Adult Social Care 	<p>Head of Strategic Commissioning</p>

	client group are embedded into new developments		
Develop the care home provision in Coventry to improve quality, provide better environments and manage complex needs	<ul style="list-style-type: none"> ➤ We will improve the quality of and benefits from the short term offer ensuring people return home after a short term support package. ➤ We will develop and implement revised quality standards and service specifications for care homes ➤ We will commission specific facilities for complex needs where this will provide better outcomes and reduce the need for expensive out of city placements ➤ We will encourage the use of good design principles to provide a better living environment and improve outcomes ➤ We will work with health partners and sub-regionally to commission for specific groups over a larger footprint where it is evidentially more effective to do so 	<ul style="list-style-type: none"> ➤ People that have been placed outside of Coventry return to provision within the City ➤ Improved standard of accommodation overall ➤ Reduced cost and more cost equity across different service areas 	Head of Strategic Commissioning
Use the principles of co-production to develop and commission	<ul style="list-style-type: none"> ➤ Initially look at alternatives to Learning Disability day centres ➤ Work with providers and 	<ul style="list-style-type: none"> ➤ More alternatives for people requiring support in the day 	Head of Strategic Commissioning

support	<p>community based organisations to provide alternatives to centre based day opportunities</p> <ul style="list-style-type: none"> ➤ Where centre day opportunities are required to develop the capacity for these to be provided by Social Enterprises and or Community Groups 	<ul style="list-style-type: none"> ➤ Increased role of Social Enterprises and Community Groups in the provision of support ➤ Reduced reliance on funded transport 	
Consider further areas where the City Council may wish to cease being a direct provider of care and support	<ul style="list-style-type: none"> ➤ Understand the relative costs and benefits of the remaining areas of internal provision and what alternatives are available in the market ➤ Identify the savings, costs and benefits of ceasing direct provision of: <ul style="list-style-type: none"> • PILS • Days Opportunities • Transport • Housing with Care • Residential Care • ICES 	<ul style="list-style-type: none"> ➤ Reduced costs overall for the provision of social care 	Assistant Director – Adult Social Care
Take an integrated approach to commissioning with Health colleagues	<ul style="list-style-type: none"> ➤ Commission jointly for high-cost joint funded support including Continuing Health Care ➤ Review the value for money of our highest cost joint funded placement and improve where efficiency where possible 	<ul style="list-style-type: none"> ➤ Better use of resources ➤ Better commissioning of complex needs 	Assistant Director – Commissioning and Transformation

<p>Jointly commissioning long term care and support, reducing costs and improve ability of people to be supported in the city</p>	<ul style="list-style-type: none"> ➤ Improved citizen experience as people will know who they are dealing with, will have timely reviews, and will be able to ensure that any changes in providers are linked to care needs rather than changes to funder. People will also be offered a personal health budget ➤ Commissioning efficiencies through market management, assessment and management efficiencies through the removal of disputes over the funding stream ➤ Financial risk being controlled ➤ Improved quality, diversity, and sustainability of provision ➤ Co-ordinated and timely support to carers of people with long term care and support needs ➤ The development of a whole system life course approach ➤ The effective use of Disabled Facilities Grant (DFG) to support long term care and support arrangements where required 	<ul style="list-style-type: none"> ➤ Reduced costs ➤ Community resilience ➤ Reduced out of city placements ➤ Increased support in the home 	<p>Head of Strategic Commissioning</p>
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Be clear with the market and our staff on our commissioning intentions	<ul style="list-style-type: none"> ➤ Deliver focused commissioning intentions workshops ➤ Update Market Position Statement(MPS) and commissioning plan ➤ Produce a clear plan for each of the priority areas under the MPS ➤ Keep abreast of the regional developments in shaping the market 	<ul style="list-style-type: none"> ➤ Delivered commissioning intentions workshops ➤ Revised MPS ➤ Providers working towards shared goals 	Head of Strategic Commissioning

WORKING DRAFT

11 Monitoring and Review

It is important for us that progress against this strategy is monitored and reviewed and we are clear on the progress that is made. We will not establish a separate governance structure for this but will report progress publicly and openly in our Social Care annual account which is published in late summer each year.

12 Key Contacts

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WORKING DRAFT

Appendix One

Council Gross Spend on Adult Social Care 2013-14

Service	Gross Cost	Internal			External
		OP	LD	MH	
Residential	27,957,418	1,445,985	873,185		25,638,248
Home Support	14,317,446		1,437,175		12,880,271
Housing with Care	5,667,562	4,417,190			1,250,372
Nursing	6,648,057				6,648,057
Direct Payments	5,374,074				5,374,074
Direct Payments - supported	2,143,577				2,143,577
Day Opportunities	2,635,547	600,445	1,364,331	152,158	518,613
Equipment & Adaptations	900,595				900,595
Shared Lives	677,293				677,293
Meals	112,462				112,462
Inco Laundry	43,253				43,253
Telecare	41,286				41,286
Other	73,611				73,611
Short Term	3,587,491	2,959,959			627,532
Grand Total	70,179,672	9,423,579	3,674,691	152,158	56,929,244

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