



### **Cabinet Member (Health and Adult Services)**

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#### **Time and Date**

10.00 am on Tuesday, 11th November, 2014

#### **Place**

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

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#### **Public Business**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
  - (a) To agree the minutes of the meeting held on 29th July 2014 (Pages 3 - 4)
  - (b) Matters Arising
4. **Coventry Learning Disability Strategy "Moving forward" 2014-2017**  
(Pages 5 - 52)  
Report of the Executive Director, People
5. **Annual Report of the Coventry Safeguarding Adults Board 2013/14**  
(Pages 53 - 82)  
Report of the Executive Director, People
6. **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

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

Monday, 3 November 2014

Note: The person to contact about the agenda and documents for this meeting is Matthew Rossi (Tel. 024 7683 3079).

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.

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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, 29 July 2014**

Present:

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

Other Members: Councillor S Thomas (Chair of the Health and Social Care  
Scrutiny Board (5))

Employees (by directorate):

People P Fahy, People Directorate  
B Walsh, Executive Director, PeopleM Salmon

Resources

Apologies: Councillor K Caan (Deputy Cabinet Member)

## **Public Business**

### **5. Declarations of Interest**

There were no declarations of interest.

### **6. Minutes of the Previous Meeting**

The minutes of the meeting held on 17<sup>th</sup> June 2014 were agreed and signed as a true record.

### **7. Adult Social Care Peer Review and Commissioning and Personalisation Plan**

The Cabinet Member considered a report of the Executive Director, People that detailed the outcome of the Adult Social Care Peer Review and sought approval for the Adult Social Care Commissioning and Personalisation Plan.

A number of significant local and national financial and policy challenges were 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, meant Adult Social Care had to continue to improve the way services were 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, the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge played in ending bureaucratic inspection, improving all Councils impacts on issues like economic development, improving social care and pressing ahead with transforming public services.

A regional Adult Social Care Sector Led Improvement Board, chaired by the Chief Executive of the Council, was responsible for driving and monitoring progress of the Sector Led Improvement programme. As part of this regional approach each of the 14 local authorities had agreed to participate in a Peer Review. The Association for Directors of Adult Social Services (ADASS) had agreed to support this approach as the Peer Review formed part of the wider regional Sector Led Improvement programme. Peer Review included a self-assessment and an on-site review that took place over the period of four days and consisted 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 was 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 – 2016) had been developed to outline the key areas and provide a strategy to progress the responses to the findings of the Review along with the other financial and service challenges facing Adult Social Care.

The Cabinet Member supported the proposals to respond to the findings of the Review through the Personalisation Plan and confirmed that progress of the Plan would be monitored through her Cabinet Member meetings and also through the Health and Social Care Scrutiny Board (5).

The Cabinet Member noted that a Briefing on the new Care Act, which was due for implementation during 2015/16 and 2016/17 and was likely to lead to a significant increase in demand on Adult Social Care, had been arranged for all Elected Members.

**RESOLVED that the Cabinet Member (Health and Adult Services):**

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

**8. 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 other items of public business.

(Meeting closed at 10.50 am)



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Health and Social Care Scrutiny Board (5)  
Cabinet Member (Health and Adult Services)  
2014

15<sup>th</sup> October 2014  
11<sup>th</sup> November

**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:** Coventry Learning Disability Strategy “Moving forward” 2014-2017

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**Is this a key decision?**

No.

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**Executive Summary:**

The Learning Disability strategy sets out the key plans and activities to be delivered in relation to supporting people with Learning disabilities in the City. The strategy brings together key policy drivers as set out in ‘Valuing People Now’ (2009), ‘Fulfilling and Rewarding Lives’ (2010), ‘Think Autism’ (2014), the ‘Winterbourne Concordat’ (2012) and ‘No Health Without Mental Health’ and balances them with key priorities identified by stakeholders including people with learning disabilities, carers of people with learning disabilities, voluntary organisations and officers from statutory organisations that will be involved in delivering the strategy. The strategy has been co-produced and is available as an easy read document. The co-production has taken place since 2013 and has focused primarily on working with adults and their carers. Action plans that sit under the strategy will be more focused on an all age disability approach and future versions of the strategy will have a stronger emphasis on co-production across all ranges, particularly younger people and their families. The strategy will be implemented between 2014 and 2017.

**Recommendations:**

1. Health and Social Care Scrutiny Board (5) is recommended to:
  - (i) Note and consider the contents of the strategy, and make any comments to the Cabinet Member (Health and Adult Services).
  
2. Cabinet Member (Health and Adult Services) is recommended to:
  - (i) Consider comments from the Health and Social Care Scrutiny Board (5).
  - (ii) Approve the strategy on behalf of the City Council.

**List of Appendices included:**

Learning Disability Strategy – Moving Forward 2014 – 2017.

**Background papers:**

None

**Other useful documents:**

None

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

Yes – Scrutiny Board (5) 15<sup>th</sup> October 2014

**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

## **Title: Learning Disability Strategy “Moving forward” 2014-2017**

### **1. Context**

- 1.1 The City Council is committed to improving the lives of people with a learning disability through working with health and other stakeholders. The previous Learning Disability strategy expired in 2013 and work has progressed to develop a new strategy.
- 1.2 The strategy covers a number of strategic themes of which an all age approach to disability forms a central part. It takes into account key policy documents including ‘Valuing People Now’ (2009), ‘Fulfilling and Rewarding Lives’ (2010), ‘Think Autism’ (2014), the ‘Winterbourne Concordat’ (2012) and “No Health Without Mental Health” (2011).
- 1.3 Enabling people to be supported in the community and close to home is a key priority for people with learning disabilities and a common policy theme. The delivery of this will be a key consideration within the strategy.
- 1.4 The strategy was presented as a draft to the Cabinet Member (Health and Social Care) on 17th May 2014.
- 1.5 The strategy was subsequently updated to improve the link to young people and reinforces an all age approach. This integrated approach will be developed further during the lifetime of the strategy as more joined up arrangements are developed across adult and children services within the People Directorate. Future strategies will be co-produced with young people and their families, as well as adults, to strengthen the all-age approach.
- 1.6 The strategy now reflects the impact of Mental Health issues for people with a Learning Disability. The strategy reflects national policy and guidance to include how people with mental health needs should be supported to improve lives across children and adult services. The strategy is more specific around how this will be achieved.
- 1.7 The strategy includes additional detail around Coventry’s approach to working across the life course with people who have disabilities; this includes specifics around the Special Educational Needs and Disabilities (SEND) reforms Education Health and Care planning and how we will support this process across the child’s transition to the adult pathway. The strategy introduces the all age disability approach and outlines the aims of the service and actions required to deliver the new service.
- 1.8 The strategy now includes specific details to deliver and embed Positive Behaviour Support (PBS) with partners as an evidenced based approach to working with people experiencing challenging behaviour.
- 1.9 The strategy includes a section on co-production and shares a vision around the process to deliver this with people with learning disabilities, their carers, partner agencies and the wider community.

1.10 Previous versions of the strategy have been well received and are recognised as positive in driving the improvement of services that support people with learning disabilities and their carer's in the City. Significant co-production work has been key in developing the strategy.

## 2. Structure of the strategy

2.1 The strategy is set out in themes and incorporates the following:

- Getting and retaining Employment
- Being safe and having relationships
- Housing and Accommodation
- Accessing Local Services
- Having a voice and personalisation
- Supporting my family
- Improving Health

2.2 The above themes were identified as a result of the co-production approach used in developing the strategy. Our intention in future strategies is to reflect an all-age approach to co-production and therefore themes will be likely to change and may reflect other themes such as Education.

2.2 The themes will be underpinned by a number of operational and strategic plans through which specific performance measures will be monitored. These include:

- **Employment action plan** – This plan outlines the achievements of 2013 with a proposal to widen the range of people who could access employment by improving links with local and regional business. This will include the development of an employment engagement scheme.
- **Winterbourne Joint Strategic Plan** – The City has developed a Joint Improvement Strategic Plan, following the Winterbourne View report and to meet the requirements of the national plan.
- **Joint Learning Disability Commissioning Plan** – This plan has been developed which sets out key commissioning intentions across learning disability services for health and social care.
- **The Coventry Autism Joint Plan** - The Local Implementation Team (LIT) is a multi-agency strategic group responsible for overseeing the development and implementation of Coventry's multi-agency response to the autism strategy. The strategy will build on the progress made over the last 12 months to promote innovative practice and awareness within the community.
- **Carers Strategy** - The Council recognises and values the contribution carers make through their caring role and in supporting people to live independently. The carers' strategy sets out how carers will be supported.



### **3. Options considered and recommendation**

- 3.1 Health and Social Care Scrutiny Board (5) is recommended to note the content of the strategy and make any comments regarding implementation and development of future versions of the strategy to the Cabinet Member (Health and Adult Services) for them to consider.
- 3.2 Cabinet Member (Health and Adult Services) is recommended to consider comments from Health and Social Care Scrutiny Board (5) and approve the strategy on behalf of the City Council.
- 3.3 The Learning Disability Partnership Board will continue to be the key forum to monitor progress against implementing the strategy. Further co-produced events will be used to develop the work plans and monitor progress of implementing the strategy. This approach is a continuation of current practice and has been well received within Coventry.

### **4. Results of consultation undertaken**

- 4.1 The Learning Disability Partnership Board (LDPB) held a Strategy Review Day in July 2013. Approximately 100 people attended and actively participated to ensure their views were incorporated in the strategy. People with a learning disability and their families were supported to have their say and inform the priorities in the strategy.
- 4.2 The development of the strategy has continued through the work of the LDPB and culminated in a follow up engagement day that took place on the 23 May 2014. Approximately 70 people attended the day including self-advocates, carers, and health and social care professionals.

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

- 5.1 Subject to approval, the strategy will be implemented over the 3 years 2014-17.

### **6. Comments from the Executive Director, Resources**

#### **6.1 Financial Implications**

There are no direct financial implications arising from this report. Any future proposals contained within the final Strategy will need to reflect the financial position of both the City Council as well as partner organisations.

#### **6.2 Legal implications**

The City Council has a duty to meet assessed eligible need for those who are ordinarily resident in its area and who meet the eligibility criteria, currently set at Critical and Substantial. In the development of its strategy the City Council will need to ensure that it continues to meet this responsibility whilst recognising that the strategy will need to be reviewed in due course to take into account any changes under the Care Act 2014.

Under the public sector equality duty (section 149 of the Equalities Act (2010), decision makers must have due regard to avoid discrimination and advance opportunity for anyone with the relevant protected characteristics which are disabilities, age, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. "Due regard" requires more than just an awareness of the equality duty. It requires rigorous analysis by the public authority, beyond broad options.

**7. Other implications**

None

**8. What is the impact on the organisation?**

There are no implications for the organisation identified at this stage.

**9. Equalities/EIA**

The strategy aims to improve the lives of people with a learning disability and to support their carers via key strategic aims outlined above. In August 2014, the Council launched a revised process for ensuring that we keep equality and diversity at the heart of delivering services to the residents of Coventry – called Equality and Consultation Analysis (ECA). As a result, the previously planned Equality Impact Assessment (EIA) has not been completed on the strategy. However, where agreed actions within the strategy may lead to service change, formal consultation and ECA's will be carried out to ensure the Council considers the effect of our decision making on different groups protected from discrimination by the Equality Act 2010.

**10. Implications for (or impact on) the environment**

There are no implications identified

**11. Implications for partner organisations?**

The involvement of partners including health and the voluntary sector is essential to the agreement and delivery of this strategy.

**Report author(s):**

**Name and Job Title:**

David Watts: Assistant Director – Adult Social Care  
Lavern Newell: Head of Mental Health and Learning Disability Services

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Ewan Dewar	Finance Manager	People	04.09.14	06.10.14
Brian Walsh	Executive Director	People	08.09.14	02.10.14
Cllr Alison Gingell	Cabinet Member (Health and Social Care)		12.09.14	01.10.14

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# Coventry Learning Disability Strategy



**2014 – 2017  
Moving Forward**



# Introduction

This is our strategy (big plan) for improving the lives of people with learning disabilities and to support their carers. The strategy aims for people to have a voice in the way they are supported, the way services are run and the opportunities to live their lives the way they want.

The strategy aims to make sure that the right things are in place in Coventry to support people with a learning disability and their carers. The strategy will have an action plan to make sure that we keep on target with all the things we want to do.

A lot of people have worked hard to write this strategy including the Coventry Learning Disabilities Partnership Board. We have done this by working together with people with learning disabilities, family carers and staff from the health and social care services in Coventry.

The Learning Disabilities Partnership Board held a workshop in July 2013 and almost 100 people attended to start talking about the things that should be in the strategy.

A lot of smaller sessions took place to work through the information that we got from the first workshop. A second workshop then took place in May 2014 to agree what we had decided together. About 80 people came to this workshop.

We have also looked at the things that the Government tell us are important and have made sure we have included these in the strategy as well.

The Learning Disabilities Partnership Board will keep checking how we are doing at making the strategy and action plan happen. We will make sure people can see how we are doing by telling them in newsletters and on the Learning Disabilities Partnership Board website.

The focus will be on supporting people to have better links in their communities. Where people have needs above that, we want them to have as much control over the way they are supported and the strategy aims to make sure things are in place to do that.



## Our Partnership Board Co-chairs

			
<b>David Watts</b>	<b>Billy Bates</b>	<b>Scott Sutton</b>	<b>Martin Hancock</b>
<b>Assistant Director, Adult Social Care Coventry City Council</b>	<b>Self Advocates</b> <b>(Self advocates are people with learning disabilities that feel able to make their views known with a little or no support)</b>		

## Learning Disabilities Partnership Board



5 representatives of people with learning disabilities  
 4 representatives of family carer groups  
 1 representative from Children, Learning & Young People  
 2 representatives from the Voluntary Sector  
 2 representatives from the Local Authority  
 1 representative from the Clinical Commissioning Group  
 2 City Councillor representatives  
 Partnerships Officer

### **Support to the Board:**

1 Citizen Involvement Worker  
 1 Admin Assistant / Information Worker  
 1 Note Taker (Business Services Centre)



# What the Board has to do



Make sure that plans for people with learning disabilities in Coventry focus on being able to do things that are important to them.



Make sure that people with learning disabilities and their carers are included in the planning of health and social care services in the City and people feel confident using other community services.



Make sure that when people need support from a service that they know that it is checked to make sure it is a good service and meets people's individual needs.



Make sure that people with learning disabilities and their carers are included in planning for the future and have plans in place for when change happens quicker than we expected.

Make sure that everyone with a learning disability, regardless of age and including those people with a diagnosis of autism, know how to get involved in saying how support should be provided.



Make sure that young people with learning disabilities and their families are involved in preparing for being an adult and have the chance to do things that they may have thought weren't possible.























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# **BIG** Helping you to understand **words** the words we use

actions	things we have to do
advocacy	getting your voice heard and being able to say your views and concerns
approaches	is the way of doing something and often makes sure that people all work in the same way
assessment	finding out what someone's needs are
carer/carers	a person who provides support and looks after someone - in this document we mean family carers, and this can at times include people with learning disabilities who care for other family members
Children's Champion	the person whose job it is to make sure everyone knows about what is important to children
commissioning	buying services
consolidating	bringing things together to make them stronger
cost effective	If something works well but is also not too expensive
direct payment	having money to buy your own services
diversity	we are all different people and everyone has their own different needs and things they believe in or are important to them
eligibility criteria	When people ask social services for support they use a guide called an 'Eligibility Criteria' which looks at the sort of situations in which people could qualify for a full assessment and services.
enabling/enabled	to make possible or to support to make something happen
framework	a plan
fuller life	a life with more choices and opportunities



high support needs	people who have a lot of health and care needs
implement	to put into action or to carry out a plan
independence	having choice and control over your own life
inequalities	people who should receive the same service, but don't
involvement	being part of something – like a meeting or having your say
Learning Disability Awards Framework	this is training that all staff who work with people with learning disabilities should do, especially new staff
minority ethnic groups	people whose families were originally from different countries
monitor	to find out if things have been done
objectives	the things we need or want to do
participation	to share or take part in – an example is to take part in meetings
Partnership Board	The Government's White Paper 'Valuing People' asked every Local Authority to set up a Partnership Board (which is a meeting of lots of different people) in their area to improve the lives of people with learning disabilities and to provide better support to family carers
partnership working	everybody working together
person centred	making sure that everything we do has the person involved and at the centre of everything that happens with them
presence	being part of something
protocols	a plan for working together
provision	services that are provided
quality	making sure that we have good services that meet people's needs
registered social landlords	Social landlords are people who run businesses, not to make a profit, to provide homes for people to live in.
review/reviewed	looking back at the past and planning to make changes if they are needed



services	Things or help that is provided which are needed to carry on our lives. Examples are a bus service which helps people to go from one place to another or a doctor who provides a service if you are not well
specialist	somebody or a service which has a lot of experience in an area of work
strategy	a plan – often this is a main plan covering lots of different areas
supported accommodation	Having the right support to be able to live in your own home - either alone or with friends
supported employment	having the right support to be able to have a job – this could be a paid or unpaid job
transition	this is what we call a time of change – an example is moving from being a child and being at school to becoming an adult and going to work or college
'Valuing People' White Paper	A document written by the Government with the involvement of people with learning disabilities and family carers. The Paper is about how we can work together to ensure people have a better quality of life and have opportunities to be part of their communities.



People that attended the workshop in June 2013





## Our Vision

### **All people with learning disabilities have equal opportunity to stay healthy, feel and be safe, live well and are heard.**

This strategy aims to make sure that people of all ages with a learning disability have the same rights as other citizens in Coventry, to be as healthy as possible and remain safe.

Young people and their carers will be able to think about what they want to be and when, do the things that are important to them when they become an adult and know they will have the right support to try to make this happen.

We will support people to do things, where they can, without having to rely on services by making sure people have the right information that is easy to understand and by making sure there is lower level support to try things out.

We need to support those in most need to be as involved as possible in deciding how they can be supported and have real choice over the sort of support they will use.

We will make sure that we understand and recognise the role family carers have in supporting people. We will make sure that any plans we have take into account carers' needs.

We fully support the idea of personalisation and believe that this individual approach to supporting people applies to everyone and in particular people with a learning disability.





# These are some of the things we mean when we use the word “Personalisation”

Make sure people have choice about how they get care and support, wherever they live.



Involve people and their carers in planning and checking services that give them choice and independence in the community.



Make sure people whose services are paid for by the Council have a personal budget.

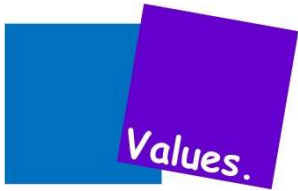


Give people information and advice to help them decide where to get the right care and support.



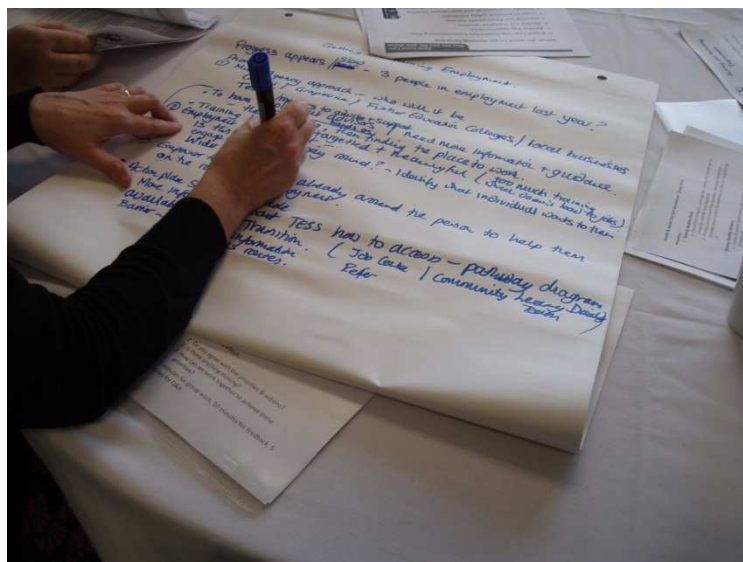
Help people to stay independent for as long as possible and to manage with less support in the future if they can.





# Our Values

- ✓ People with learning disabilities are citizens with the same rights as everyone else
- ✓ Everyone feels safe and is protected from harm
- ✓ Everyone is treated with dignity and respect
- ✓ Everyone's human rights are adhered to and respected
- ✓ Everyone has the skills and the opportunities to make choices for themselves and have an independent life with the right level of support to achieve it.
- ✓ Everyone has a voice and is heard







# What we know about people in Coventry

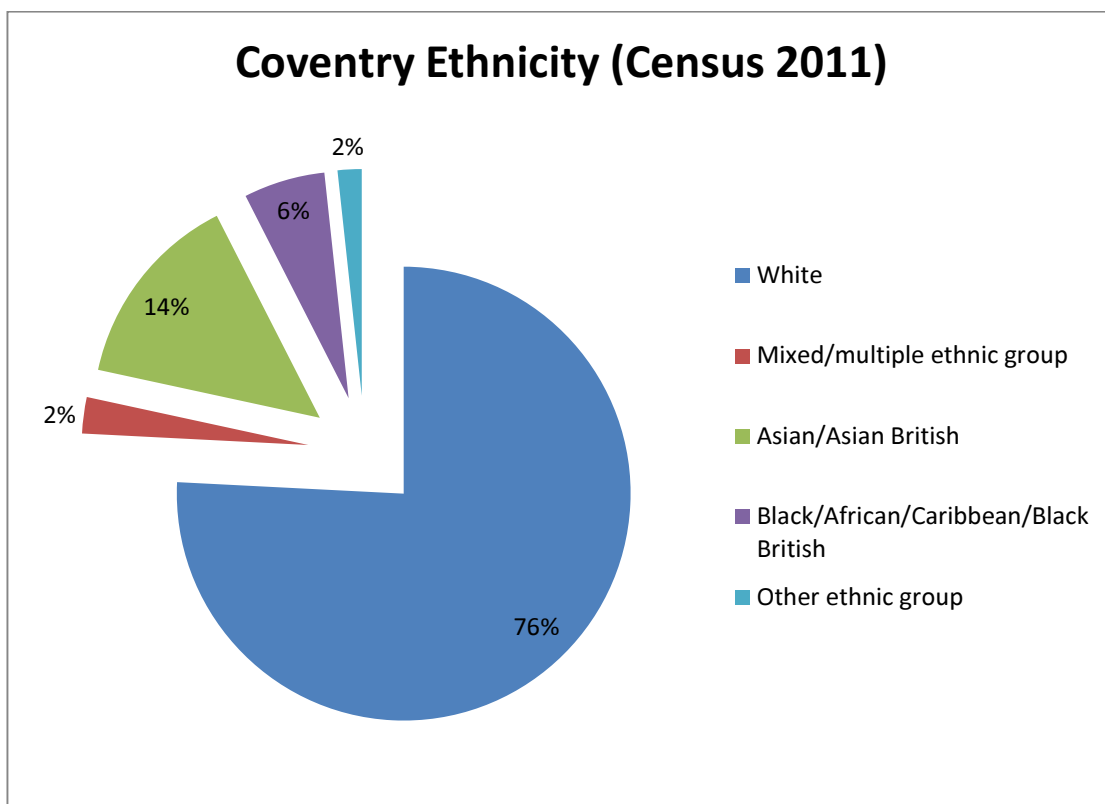
When thinking about our strategy it is important to know lots of things about people with a learning disability in Coventry

This includes knowing what their needs are and how well existing services are meeting those needs.

We can look at the same information at a later date to help us understand whether the work we are doing is making a difference.

There are 323,132 people living in Coventry and it is the 13<sup>th</sup> largest City in the United Kingdom.

The chart below shows the different ethnic backgrounds (people's culture).



## Some basic information we already know

Adults with a Learning Disability 18+ (we don't know this number exactly but this is based on what we know and comparing it with national data)	5,189	
Adults with Learning Disabilities with funded support	525	
Adults with Learning Disability supported in employment	59	
Adults with Learning Disability and a registered carer known to the Local Authority	Under 18	2
	18-64	407
	65+	16
	<b>Total</b>	<b>425</b>
Adults with a Learning Disability that have Mental Health after care services	22	
Young People with a cognitive or Learning Disability 0-17	2945	
Young People with an Autistic Spectrum Disorder	819	
Young people using short breaks	1587	
Young people moving from children's to adult's services 2013 - 2014	40	
Total number young people with special educational needs currently in primary, secondary or special schools	6,618	





## Money that is spent on support in Coventry

In Coventry, about £18.7 million is currently spent to support children with special educational needs in education and social care.

In 2014 to 2015, £21.4 million will be spent by the Council to support adults with learning disabilities.

The Clinical Commissioning Group spends £10.7 million on services for people with learning disabilities which includes buying services from Coventry and Warwickshire Partnership Trust and supporting people with continuing health care needs.

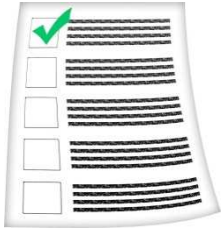
We need to make sure we are using the money in Coventry as best as we can.

This can make decisions about how to spend it quite difficult but we all work together to try and make sure this is done in the best way for people that live in Coventry.



The workshop in May 2014





# Things that are changing nationally that we need to include in the strategy

We need to make sure that our strategy includes a number of things that are happening nationally. Some of those really important things are explained below:

## **A joint improvement programme (Winterbourne)**

Winterbourne View showed us how things can go wrong in the way some people have been supported.

Our improvement programme helps us to know what we need to do and to make sure that people with learning disabilities are treated with dignity and respect and to make sure we are doing it well.

## **Understanding how the National Autism Strategy needs to be included**

We need to make sure that we have a local Autism Strategy. Some people with learning disabilities also need support because of autism and we need to make sure they get the right support.

## **Making sure that the Children and Families Act and the Special Educational Needs and Disability reforms are a part of the work that we do**

We need to think about young people with a learning disability and work with them to plan for their future as an adult, with opportunities for education and employment.

The current system of Special Educational Needs Statements and Learning Difficulties Assessments is being replaced by a single Education, Health and Care plan for people aged 0-25.



# Preparing for the new adult social care law known as The Care Act

The Act replaces old laws and guidance that we have been used to working with and it sets out new rights for people needing support and their carers

The Act focuses on the need to prevent and reduce care and support needs and introduces a national eligibility criteria (level at which people get social care support).

Some of the main things included in the Act are:

- Making sure that that peoples' well-being should be the main focus when making decisions with, and about, them.
- Providing information and advice in a way that helps all people understand how the care and support system works, what services are available, and how to access the services they need now and might need in the future.
- Making sure there is a range of good quality, local services that support people to make the right decisions to meet their needs and choices.
- Working well with other local organisations to make sure that people get the right support from the right organisations at the right time.
- Provide services or take steps that help people to stay or become more independent instead of trying to respond when things go wrong.
- Carers are an important part of the Care Act 2014 where there is a commitment to greater rights and access to assessment and support of their own needs.





# What people in Coventry said was important for this strategy

These are the themes that the people that worked on this strategy decided were most important for people with learning disabilities in Coventry.



**Getting and Retaining Employment**



**Being safe and having relationships**



**Housing and Accommodation**



**Accessing Local Services**



**Choice & Control (Personalisation)**



**Maximising Independence**



**Improving Health**



**Supporting my Family**





# Getting and keeping Employment

- ✓ My employer understands the changes they may need to make or the help I need to do my job
- ✓ My colleagues understand and have awareness of working with people who have different strengths
- ✓ The people I work for recognise and help me use my strengths
- ✓ I can gain skills through work experience
- ✓ I will have support through employment advisors about the right job for me and on getting and keeping a job

People with learning disabilities and autism said that, like most people in the country, they want to work and be able to access the right support to help them to achieve this.

The Employment Support Service (TESS) is part of the Council's Team. It can support people with learning disabilities, autism, mental health issues and people with a physical or sensory impairment into paid employment.

We have worked closely with TESS to develop [Raising Expectations – Coventry's employment pathway](#) which puts employment first and helps people to find the support and services that may help them to find or stay in employment.

Currently TESS staff that supports people who meet adult social care eligibility (the point where the council provides social care support) includes 2 Employment Advisors and 1 Job Coach.





### What we achieved in 2013

- 191 people were registered with the service at any one time of which about 57% are people with learning disabilities or autism
- supported 35 people into paid employment opportunities and 36 people into work-based training opportunities
- supported 59 people to maintain their employment.
- provided on-going support for 9 people with learning disabilities or autism in voluntary work placements

### What we have agreed to do:

- Develop an action plan to support a wider range of people which includes links with big organisations in the West Midlands and through local business relationships
- We plan to develop an employment engagement scheme. This will help include more people in work through working with people with learning disabilities and businesses that may employ them.







# Being safe and having relationships

- ✓ I understand how hate and mate crime could affect me and I will know what I can do about it.
- ✓ I can get information and advice on how to stay safe.
- ✓ I can access safe places when I am out if I feel unsafe.

Being and feeling safe is very important for people with a learning disability and their families. Hate and mate crime not only causes distress but can stop you being independent and in control of your life.

People should be part of their community and feel safe using shops, pubs, cafes, entertainment venues and public transport without feeling scared.

The [Safe Places](#) scheme was recently launched in Coventry; the aim is to increase confidence and security for people visiting the City Centre, with the knowledge that help will be at hand if needed.

Safe Places is a partnership between Grapevine, Coventry City Council and Community Safety Partnership including West Midlands Police.

## Winterbourne View

All Councils and health organisations have been asked to look at local services and take action following the events at Winterbourne View hospital.

An NHS and local Government improvement programme has been put in place to support the changes that are necessary.

In Coventry, these are some of things we have done so far:

- A joint Coventry and Warwickshire plan that is changing the way we buy services for people with complex needs. It aims to improve quality for



people and stop the types of hospital placements like those seen at Winterbourne View.

- A review of the Coventry people currently living in NHS assessment and treatment beds. At the time when we wrote this strategy there were only 3 people still needing to move on to more independent living. We aim to keep this number low.
- There is a Winterbourne Register in place to make sure we keep track of people in these types of placements.
- An agreed set of aims for us all to work to.
- A clear understanding of the funding arrangements.
- [Coventry and Warwickshire Partnership Trust](#) (CWPT) provides a Criminal Liaison Nurse who works with people with learning disabilities that are in the criminal justice system.

#### What we have agreed to do:

- Co-produce an action plan to support the needs of people with learning disabilities or autism who present with challenging needs.
- Develop ways to check how well we are doing with the action plan across both health and social care organisations in Coventry.
- Include Positive Behaviour Support planning as a way of supporting people to remain in, or move onto, more independent settings
- Consider how we might put health and social care money together where this helps the person with learning disabilities





# Having somewhere to live

- ✓ I am able to choose the type of accommodation I live in and where I live.
- ✓ I feel safe in the area I live and am not targeted because of who I am.
- ✓ I can access local facilities and have good transport links to get to where I want to go, including work.

There are currently around 100 people who are living outside Coventry in residential care homes who are either jointly funded by health and social care, or only by social care.

It is important for people to stay in Coventry so they are close to people and the communities that they know.

For those people that are still living out of the City we will make sure that we have systems in place to help us know that care and support is being provided well and that they are supported to return to the City if appropriate.

We have talked to people and organisations that provide services, and housing, to make sure they are planning to have the right sort of support, services and places to live in the City for people with learning disabilities.

## What we have agreed to do:

- We will support people currently in residential care out of Coventry to come back to the City wherever possible.
- We will try different technology, such as Telecare, to support people to be more independent and feel safer in their own homes.
- We will work closely together across health and social care to make sure we have the staff with the right skills to support people to return to Coventry.
- We will support more people to live in community housing.





# Accessing Local Services

## Joint Learning Disability Commissioning plan

A joint commissioning plan has been developed which sets the main things that will be looked at when health and social care buy services in Coventry for people with learning disabilities. This is supported by the City Council's Market Position statement

The [Market Position Statement](#) is clear that we want to support people to be in control of their own support through personal budgets and [Direct Payments](#).

All people, including people with a learning disability, will be offered a personal budget that they may take as a direct payment before considering other services that health or social care may pay for.

Being clear about this should help providers to think about how they may change the things they provide to be more flexible and adapt to what people want to buy.

### What we have agreed to do:

- Make sure the commissioning plan and Market Position Statement are up to date and change them if we need to
- Talk to people who provide services about what people want developed and what the quality of services needs to be
- We will use guidance called "Ensuring Quality Services – Core Principles for Commissioning Services for Children, Young People, Adult and Older People with Learning Disabilities and/or Autism" to help us make sure we are buying the right support
- We will think about the services which could be delivered by the independent sector and whether any of those provided by the Council could be provided differently.



## Day opportunities

Our aim is that more people will have support plans that are designed to meet their own outcomes.

Fewer people will use traditional, building-based services in the future because they will have more flexible ways of getting the type of support they need and want



People will be supported to put their budgets together (we call this pooling budgets) to arrange services as this may help them to get more for their money.

Currently about 200 people with learning disabilities receive day services from the City Council. We know that some people would prefer not to attend these types of day services and want to do other things that are more personal to them.

We will work with people that may need support, staff that assess and help with support planning, and with providers to look at other ways people can spend time in the day including working, leisure and social activities.

This may change the way we deliver day services in the future.

Day services at Curriers Close and Watcombe moved in 2014 to Frank Walsh House. The change of location has already helped some people to access community facilities, travel more independently and develop personalised support plans.

### What we have agreed to do

- We will find out from people what services they want to meet their, provide more choice and opportunities to socialise, learn or become more independent
- We will support people to find ways of accessing things already happening in their community, and to think about spending their social care budget flexibly
- We will work with people using these services to shape our planning;
- We will meet with providers to understand how they can support more creative approaches to day care provision
- We will assess those who could move onto employment and training and support people into employment by building better links within the community



# Transport

We aim to support more people to be able to travel independently

Specialist [Council transport](#) is not always very flexible and may restrict the choices that people can make, especially if they change their mind about what they want to do.



Travel support and independent travel improves the control people have over what they can do and when. It can also mean that people don't have to spend so much of their personal budget on specialist transport because they can use other less expensive transport such as buses or cycling.

We will make sure more people look at how they can travel more independently, by getting travel support and training.

## What we have agreed to do:

- We will make sure that the transport policy is clear so that people understand it
- We support people to think about how they can use benefits to help them make their own transport plans
- We will make sure that people with complex needs still have access to the right sort of transport to help them get about
- We will try and make sure that we support younger people that are moving to adults services to have the same chance to think about, and plan how they will get around





# Being in control of support (Personalisation)

- ✓ I am listened to and respected for what is important to me
- ✓ When I can't make you understand, listen to people that know me such as my friends and family but remember I am an adult
- ✓ I will have an independent advocate to help me express my views and make sure the decisions are in my best interests when I can't
- ✓ I can access information that I understand and that helps me make the decisions that are right for me to be as independent as possible.

Personalisation means thinking about things in a different way, working with the person and their individual circumstances rather than basing things on services that are available.

Personalisation means recognising the individual strengths and preferences of the person and putting this at the centre of their support.

Personalisation means that things like the culture and beliefs of people are always thought about. Support is developed around these important factors in a person's life.

People will have good information, advocacy and advice to make the right decisions for them. People know the most about their own needs and should always be involved in making the choices about how, where and when they receive support.

Having a personalised approach means developing things locally so that people feel part of their community and have good choices.

Making sure that people can access things that are available to everyone in their communities is really important.



To make this happen there are lots of things that we need to keep working on:

- We need to look at the way assessments and support planning is done to make sure they are personalised. People should have support plans that reflect their wishes and give more choice and control over their support.
- Finding different ways to support people to have more control over their social care money supports personalisation. This includes more people using Direct Payments and looking at how people can have other ways of being supported to be in control of their support and managing their social care money.
- From 2014 people will be able to have a Personal Health Budget to meet health needs. Advice, information and support to think about how they can personalise care and how this will work alongside other support, like social care, will be really important.

#### What we have agreed to do:

- Develop knowledge and awareness of frontline workers to support people in having more choice and control over their support
- Work with commissioning, self-advocates and carers to make sure the right support is available in Coventry
- Support more people to have Direct Payments and look at other ways of people having more control over their money; Improve information and advice for people with learning disabilities
- Work across health and social care to develop the use of personal health budgets
- We will develop a website to provide information and advice to people with a learning disability and autism





## Co-production and Engagement

Co-production is really important to help us to make sure that services are delivered in a person-centred way. All agencies that support people with learning disabilities in Coventry are committed to this.

We will make sure we continue to run events that support people to be involved in designing what is done in the future. This includes looking at how we are doing with strategies and action plans.

We will make sure that the Learning Disabilities Partnership Board knows how we are doing with all strategies and any things we are finding difficult to do.

### What we have agreed to do:

- We will develop a range of events with, and for, people with learning disabilities to build on good work and improve areas that do not work so well
- We will use the Learning Disabilities Partnership Board to develop these events
- We will use modern technology to communicate with a wider range of people with learning disabilities
- We will include people with disabilities in events which have an impact on them
- We will use the ideas and tools available from the organisation called “Think Local Act Personal” to support how we work with people





# Being as independent as possible

Big organisations, such as Councils and health organisations, are not the only way that people can get support.

Housing, leisure and transport are also an extremely important part of making sure people get the support they need to be more independent.

Even more important are the communities, neighbourhoods, groups, friends and families that help people feel safe, healthy and need less care and support.

We want to think more about how people are supported as part of their community and help people. This will include supporting people so they can plan the help they receive by thinking about what is already available in their communities to support them.

## All Age Disability Service

We are changing the way that we support people with disabilities to try and make sure that they have a good experience. We are doing this by developing an “All Age Disability Service”.



There are lots of things that we hope will improve because of this. Here are some of the things that we think will be improved:

- Reduce or stop the times where people have to go out of the City to get the right support.
- People will understand who is supporting them and know that health, social care and other services are working closely together.
- Families and individuals are well prepared for personal budgets and able to develop individual plans that meet their needs in a creative way and support them to be a part of their communities.
- Smoother transition into adult life.



- Supporting more people with disabilities to live as independently as possible in Coventry.

This will require close working between lots of organisations in Coventry including the [Children's Disability Team](#), [Adult Social Care Teams](#), the commissioners of Children and Adult Services in the City Council, commissioners in [Coventry & Rugby Clinical Commissioning Group](#) and staff in [Coventry and Warwickshire Partnership Trust](#).

### What we have agreed to do:

- We will develop services to support people with long term care needs in Coventry
- We will support people with a learning disability to learn new skills to become more independent
- We will support people to recover following a period of illness to reduce the need for long term care
- We will work with partners across the health and the voluntary sector to make sure that we are supporting people with special educational needs
- We will develop a transition service within the All Age Disability Team to make sure people have a good experience when moving from children to adult services
- We will make sure that people in the workforce have the right skills to work across the All Age Disability Service
- We will work with individuals, families and carers to make sure we have the right services to support people to be independent



# Autism



Coventry produced its first response to the National Autism Strategy in 2013 to start thinking about what we will do to support people with Autism.

The Local Implementation Team (LIT) is a group responsible for overseeing the development and implementation of Coventry's Autism strategy. The strategy will set out what local people have told us is important to them, along with what we are required to do.

As part of producing the strategy, people told us that they want to know that professionals that work with them understand autism.

People with learning disabilities and autism said they would like to have safe and secure housing to help them live independently.

People want to be able to work and to have access to work programmes that support them to do this.

People also want to know they can get a diagnosis and access support to understand and manage their needs.

Younger people told us that they want their families to understand autism and they want to be able to have relationships outside of the family.

They want to have support to create a plan for the future and to develop life skills.

In 2013-2014 we used the information provided from people who live with autism to develop priorities for Coventry:

- The development of a local pathway for diagnosis and support – this requires further work with partners in Warwickshire and Solihull
- Increasing awareness and understanding of autism
- Employment, training and education support for people with Autism
- People in Coventry with Autism will have a number of places where they can get support, information and advice to help them make important choices about their lives.



## What we have agreed to do:

- From 2014 we will build on the progress made over the last 12 months to raise awareness within the community
- We will encourage staff to support people to be creative in finding what is right to support them
- We will use good practice guidance and feedback from people living with autism, their family and carers to increase how people are included in communities, develop their skills and make sure the sort of support is available
- We will develop an autism strategy with people that have autism, their carers and organisations. That work will set out what will be done and how
- We will look at how we can access the Innovation Fund Programme to ensure Coventry has extra funding to support how we develop the way people with autism are supported;
- We will develop a champion's network to support professionals, groups and develop services.





## Supporting my Family

- ✓ My carer will know what support they are entitled to and are given the opportunities to meet their needs in the best way for them
- ✓ Carers will have a regular item on the Partnership Board agenda to talk about issues and feedback information

All organisations recognise and value the contribution carers make through their caring role.

The current [Coventry Carers' Strategy](#) was completed in 2011 for the period 2011-2015 to make sure people that have caring roles are supported. It is now time to think about the next Carers' Strategy.

The aims of the carers' strategy are listed below:

- Carers will be respected and have access to integrated and personalised services;
- Carers will be able to have a life of their own;
- Support for carers in regards to financial assistance;
- Treating carers with dignity and support for mental and physical well-being;
- Protection for children and young people who may be carers themselves.

Progress over the past 18 months has included:

- Increased numbers of carers accessing carers' breaks and carers' training;
- Launch of Carer Aware programme for adult social care staff;
- Carers' survey conducted by Coventry City Council;
- Agencies securing additional funding to support carers health;
- Updated information on City Council website;
- On-going work with GP surgeries by partner organisations;
- Moving forward resource pack in places for carers of people with a learning disability and mental health issues.



### What we have agreed to do:

- Undertake a review of carers' provision in the City
- Development of a new Carers' Strategy for Coventry for 2015 onwards
- We will undertake a survey of carers and staff across health and Social Care
- We will make sure we are prepared for the Care Act says and will work with the Partnership Board and providers that support carers to make sure the changes are made.





## Improving Health

- ✓ I have regular health checks, know how to look after my health and receive a health action plan personal to me
- ✓ The medical staff working with me know how to adjust their communication, approach and practice in providing the service in an equal way for me;
- ✓ Students training to work in the health, care and support professions receive awareness and training so they can work with people with a learning disability;
- ✓ Reasonable adjustments will be made at hospital and GP's surgeries so I can access the service.

### **Important things identified from the last Health Self-Assessment in 2013**

The learning disability self-assessment is completed annually. It began in 2007/8 as a way to identify the needs, experience and wishes of people with learning disabilities and their carers.

The assessment, which is signed off by the Learning Disabilities Partnership Board, identifies things that have gone well and the things that are important to focus on in the future and achievements.

The self-assessment of autumn 2013 identified some priorities for development which the local authority and CCG will develop further.

Health checks now are carried out by GPs who are paid for the health checks they do. Most GPs in Coventry have signed up to do health checks for people with learning disabilities.

Nurses have a list of GPs that have agreed to complete the health checks. In 2013, 57 out of 66 GPs have agreed to complete annual health checks on all patients on their register with a moderate level of disability. The community nurses do health checks for those GP's *not* signed up.





Currently we are carrying out a Reasonable Adjustment Survey with GPs to help understand what is needed to change within health services to support people with learning disabilities to access those services.

The [H team, which stands for health team](#), is made up of people who have learning disabilities and supported by Grapevine. They spend a lot of their time looking at health services, how they work and how they could be improved. They train around 200 health professionals each year and support other learning disabled people to have better health.

Some of the things they do are listed below:

- Healthy lifestyles training;
- Easy to understand information leaflets on health subjects;
- Training and guidance for health services staff.

#### What we have agreed to do:

- We will make sure that annual health checks take place and that people have health action plans
- We will continue to undertake Reasonable Adjustment surveys to help make sure that people have equal access to health services

## **Mental Health**

Nationally, 1 in 6 people have a mental health issue. It is estimated that approximately 54,000 people in Coventry aged between 18 and 64 (25%) have a mental health issue of some sort. Most can be managed with little or no social care support.

There is a link between having a learning disability and a greater risk of experiencing mental health issues.

These mental health issues may be worse for those with greater support needs, particularly if they are unable to communicate their feelings.

The distress they experience may result in this behaviour mistakenly being seen to be challenging.

Identifying the signs and symptoms that indicate changes in how people, with profound and multiple learning disabilities, are feeling can be more difficult. It is often family members that notice these changes first.



The 'No Health without Mental Health' document is Government guidance around how we should support people to have good health by overcoming mental health issues.

It is important that we make sure that the values and things that we are expected to do in 'No Health without Mental Health' are also used when working with people with learning disabilities who may have mental health issues.

Some people with learning disabilities find it difficult to get the same level of mental health support and diagnosis when compared to other people that may use those services.

We will develop joint training arrangements to share knowledge and skills across specialist workers which will be supported by an all age approach.

### What we have agreed to do:

- We will work closely across health and social care to make sure that the mental health needs of people with learning disabilities is at the centre of the way people are supported
- We will work with partners to ensure that information and advice around mental health issues is right so that it helps people to help themselves
- We will make sure that people who work with people that have learning disabilities think about their mental health in the day to day work they do
- We will check how we support people with learning disabilities with mental health issues and make sure that the Learning Disabilities Partnership Board knows how we are doing
- We will develop better links with our GP practices to make sure that the needs of people with learning disabilities and mental health issues are a part of what GPs think about when they see patients with learning disabilities





## Useful information and contacts

If you would like more information about this strategy or the work of the Partnership Board you can get in touch with:



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Cabinet Member (Health and Adult Services)

11 November 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:**

Annual Report of the Coventry Safeguarding Adults Board 2013/14

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**Is this a key decision?**

No

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**Executive Summary:**

This report presents the annual report of the Coventry Safeguarding Adults Board 2013/14.

The Coventry Safeguarding Adults' Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. An Elected Member also attends the Board as an observer.

The role of a Safeguarding Adults' Board is laid out in the Care Act 2014. For the first time, the Act has made it a statutory requirement for Local Authorities to have a local Safeguarding Adults' Board. Coventry has had a Board for many years and was ahead of this legislation. The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry. Through its work, the board promotes the welfare of adults at risk and their protection from abuse and harm.

Coventry Safeguarding Adults' Board meets quarterly to provide strategic leadership and direction. The work of the Board is supported by a number of Sub-Groups that are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Annual Report covers the Board's activities for the period April 2013 to March 2014 and records the progress that has been made over the year, whilst acknowledging the considerable challenges in the year ahead. Each year the Board reviews progress against actions set for the previous year and establishes new priorities for the forthcoming year to ensure that safeguarding arrangements in Coventry continue to be improved. The annual report provides a public record of this.

During 2013/14, the Board was chaired by Brian Walsh, Executive Director, People. In April 2014 Joan Beck, former Director of Adult Social Care in Doncaster, was appointed as Independent Chair to the Board. Joan will work closely with the Independent Chair for the Children's Safeguarding Board.

**Recommendations:**

Cabinet Member (Health and Adult Services) is asked to endorse the contents of the report.

**List of Appendices included:**

Appendix 1 – Annual Report of Coventry Safeguarding Adults' Board 2013/14

**Other useful background papers:**

None

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

No – Although this report has not been considered by Scrutiny, the Health and Social Care Scrutiny Board (5) received a briefing note on this matter at their meeting on 10 September 2014

**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

**Report title:** Annual Report of the Coventry Safeguarding Adults' Board 2013/14

## **1. Context**

- 1.1 The Coventry Safeguarding Adults' Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. An Elected Member also attends the Board as an observer.
- 1.2 The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry. Through its work the Board promotes the welfare of adults at risk and their protection from abuse and harm. The Annual Report includes information on safeguarding adults in general in order to raise awareness of the issue.
- 1.3 The Coventry Safeguarding Adults' Board had three key priorities for the 2013/14 year:
- Responding, listening and acting on concerns (including learning lessons from reviews)
  - Continuing and strengthening multi-agency working
  - Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

The Annual Report outlines some of the activity which the Board and the sub-groups have undertaken to deliver against these priorities.

- 1.4 Coventry Safeguarding Adults' Board meets quarterly to provide strategic leadership and direction. The work of the Board is supported by a number of Sub-Groups that are responsible for developing and managing the delivery of activity to achieve the Board's priorities. The sub-groups produce action plans for the year which set out what they plan to do to achieve the Board priorities.
- 1.5 The Coventry Safeguarding Adults' Board Sub-Groups for 2013-14 were:
- Executive
  - Partnership and Practice Development
  - Policy and Procedures
  - Quality and Audit
  - Serious Case Review
  - Workforce Development
  - Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)
- The Annual Report details the work of the sub groups.
- 1.6 Each year the Board reviews progress against priorities set and the new emerging context around adults safeguarding and sets new priorities for the year ahead to ensure that safeguarding arrangements in Coventry are effective and achieve positive outcomes for those people in need of safeguarding. The Board agreed 5 new priorities for 2014/15 at the development event in March 2014. These priorities include:

### **1. Prevention**

Raising awareness about adult abuse (and thresholds for abuse) and communicating better with the public.

## **2. Quality**

Continuing to focus on quality and auditing services to continually improve the way we work to improve the lives of vulnerable adults in Coventry.

## **3. Care Act 2014**

Ensuring that the Care Act is implemented effectively.

## **4. Domestic Violence and Abuse**

Working with the Coventry Police and Crime Board to ensure that knowledge and awareness of domestic violence is embedded in safeguarding adults work and those dealing with domestic violence recognise and respond to the needs of vulnerable adults.

## **5. Synergies between Safeguarding Boards**

Ensuring that the Board learns from and works effectively with the Coventry Safeguarding Children Board.

Progress against these priorities will be monitored by the Board throughout the year and reported on in the next Annual Report due in 2015.

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

Cabinet Member (Health and Adult Services) is asked to note the contents of the Report.

## **3. Results of consultation undertaken**

No specific consultation has been undertaken. The Annual Report of the Coventry Safeguarding Adults Board is the result of the contributions of Board members made on behalf of the organisations they represent, concerning the work undertaken between 1 April 2013 and 31 March 2014.

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

N/A

## **5. Comments from Executive Director, Resources**

### **5.1 Financial implications**

There are no financial implications.

### **5.2 Legal implications**

The Care Act 2014 and accompanying regulations and guidance will make it a statutory requirement for each Local Authority to have a Safeguarding Adults' Board (SAB) The Care Act states that the objective of an SAB is to help and protect adults in its area in prescribed cases. The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does. Schedule 2 of the Care Act 2014 places a requirement on the SAB to produce an annual report as soon as is feasible after the end of each financial year on



- (a) what it has done during that year to achieve its objective,
- (b) what it has done during that year to implement its strategy,
- (c) what each member has done during that year to implement the strategy,
- (d) the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- (e) the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- (f) what it has done during that year to implement the findings of reviews arranged by it under that section, and
- (g) where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

The SAB must send a copy of the report to:

- (a) the chief executive and the leader of the local authority which established the SAB,
- (b) the local policing body the whole or part of whose area is in the local authority's area,
- (c) the Local Healthwatch organisation for the local authority's area, and
- (d) the chair of the Health and Wellbeing Board for that area.

## **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 safeguarding of adults at risk is a corporate priority and the Coventry Safeguarding Adults' Board oversees arrangements across the City to ensure partner agencies work together to address and prevent abuse and neglect. The Board works closely with other partnerships in the city including the Local Police & Crime Board.

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

The Coventry Safeguarding Adults' Board and Sub-Groups have action plans which seek to ensure that progress continues to be made to manage the risks associated with this important area of activity. These are reviewed on a regular basis.

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

The work of the Coventry Safeguarding Adults' Board as documented in the Annual Report demonstrates the commitment of all partner organisations to continuous improvement in adult safeguarding.

### **6.4 Equalities / EIA**

There is a need to ensure that adults who are at risk of abuse receive protection and support and that their human rights and dignity are respected. This includes a duty to intervene proportionately to protect the rights of citizens.

### **6.5 Implications for (or impact on) the environment**

None

## 6.6 Implications for partner organisations?

The Coventry Safeguarding Adults' Board is a multi-agency board on which a range of partners are represented. The annual report acknowledges the contribution of Board members and commits them to action in order to continue to improve safeguarding in Coventry.

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**COVENTRY  
SAFEGUARDING  
ADULTS BOARD  
ANNUAL REPORT  
2013 / 2014**



# BOARD PARTNERS

Coventry and Warwickshire   
Partnership Trust



Staffordshire and  
West Midlands  
Probation Trust 

Coventry   
Teaching Primary Care Trust

University Hospitals  
Coventry and Warwickshire   
NHS Trust

  
**Coventry**



**WEST MIDLANDS FIRE SERVICE**

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# FOREWORD FROM THE CHAIR



**“THE CARE MINISTER NORMAN LAMB, HAS REAFFIRMED HIS COMMITMENT TO PLACE ADULT SAFEGUARDING ON THE SAME FOOTING AS CHILDREN’S SAFEGUARDING, AND THE ENACTMENT OF THE CARE ACT GIVES THE ADULT SAFEGUARDING BOARD A FRESH IMPETUS TO REVIEW THE WAY WE WORK.”**

Welcome to the 11<sup>th</sup> annual report of Coventry Safeguarding Adults Board. It has indeed been a very busy year since the last annual report, and I am sure you will all be aware of the challenges that face all partner organisations in ensuring that we work together to protect vulnerable adults and keep them safe.

There have been high profile cases concerning adult abuse over the last year which readers will not have failed to notice.

At the time of writing this report, the case of Orchid View care home in West Sussex reinforces the need for all of us to be vigilant and attentive to the feedback we receive from adults about the services they receive. The Care Minister Norman Lamb, has reaffirmed his commitment to place adult safeguarding on

the same footing as children’s safeguarding, and the enactment of the Care Act gives the Adult Safeguarding Board a fresh impetus to review the way we work.

With the appointment of an Independent Chair for the Adults Safeguarding Board, and the imminent appointment of the new Chair of the Safeguarding Board for Children, there is a real opportunity to make sure that we learn from each other about safeguarding activity across children’s and adults’ services and do our very best to work closely together to ensure the safety of citizens in Coventry.

A handwritten signature in blue ink that reads "Brian M Walsh".

**Brian M Walsh**  
Chair, Coventry Safeguarding Adults Board



# SAFEGUARDING IS EVERYBODY'S BUSINESS



Coventry Safeguarding Adults Board believes that safeguarding is everybody's business, and that by working together across organisations and communities we can make a real difference in preventing and protecting adults from abuse.

This diagram illustrates how safeguarding adults at risk is everybody's business. Although Coventry City Council has lead responsibility, this responsibility is shared by professionals, the public and each and every one of us. But what does this mean in practice? We want to ensure that everyone in Coventry knows what adult abuse is and what to do if they suspect it.



## WHAT IS SAFEGUARDING?

Safeguarding describes a range of responses that seek to **prevent** or **respond** to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'.

### PROMOTING WELFARE

Every person has a right to live a life free from harm and abuse. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

If you provide a service to adults, this means acting in a caring, compassionate, and professionally competent manner. This is about giving adults you support as much choice and control as possible, treating them with respect at all times, and promoting their dignity to enhance their quality of life.

### PROTECTING FROM HARM

Alongside the responsibility to promote the welfare of the people we support, we also need to ensure that they are protected from harm or abuse. Adults at risk should be given information, advice and support in a form that they can understand; and their views and what they want from their lives should remain central to safeguarding decisions about them.

It is important that work to keep adults safe focuses on working with the person being harmed to ensure that they stay safe and happy.

## WHAT IS ABUSE AND WHO IS AT RISK?

Everybody has the right to be safe and live their life free from threats, intimidation or abuse. People can be made to feel unsafe or threatened in a number of different ways, and in a variety of different circumstances.

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Neglect
- Financial abuse (for example theft or fraud)
- Institutional abuse (in a care home, for example)
- Hate crime or other forms of discrimination

The definition of abuse is based not on whether someone's intention was to cause harm but on whether harm was caused, and on the impact of the harm (or risk of harm) on the person.

Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who relies on you for care or support, is also abuse.

Abuse and neglect can happen anywhere – in someone's own home or supported housing; a day centre; an educational establishment; and in residential or nursing homes, clinics and hospitals.

Safeguarding needs to be proportionate and balanced so that an individual's right to make choices and decisions about their own lives is respected and supported.





## WHEN DOES ABUSE HAPPEN?

A vulnerable adult may be subject to abuse when they are neglected, persuaded to agree to something against their will or taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. It may be deliberate but it may also happen as a result of poor care practices or ignorance.

Anyone can come across an abusive situation. Sometimes we come across potential abusive situations and we don't know whether to say something, stay silent, take action, or do nothing.

Sometimes we are unsure about what we have seen but fear that there is something 'not quite right' and we are not sure who to talk to about it.

## WHO IS AN ADULT AT RISK?

An 'adult at risk' is defined as an adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is, or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.



**'I THINK ONE OF THE ELDERLY GENTLEMEN I LOOK AFTER IS BEING ABUSED BY HIS SON. HE HAS BRUISES HE CAN'T EXPLAIN, AND I HAVE SEEN HIS SON BEING VERY VERBALLY AGGRESSIVE TOWARDS HIM. I AM VERY WORRIED.'**

*Comment from a home carer*

**'MY NEXT DOOR NEIGHBOUR HAS LEARNING DIFFICULTIES, AND I HAVE NOTICED A LOT OF PEOPLE COMING AND GOING WHICH IS NOT USUAL. I'M WORRIED MY NEIGHBOUR IS BEING TAKEN ADVANTAGE OF, BUT WHEN I ASK HER IF EVERYTHING IS OK, SHE SAYS IT IS. I REALLY THINK I SHOULD REPORT THIS TO THE AUTHORITIES BUT I'M NOT SURE WHO TO TALK TO.'**

*Comment from a member of the public*

## WHAT IS THE LEGAL AND NATIONAL FRAMEWORK?

The Care Act received royal assent in May 2014, and, amongst other changes, will usher in a range of measures designed to keep vulnerable adults safe. The Act is mostly due to come into force in April 2015, and will mean that:

- Local Authorities will have a statutory duty to have Safeguarding Adults Boards;
- Local Authorities will have a statutory duty to make, or cause to be made, enquiries when it is thought that an adult with care and support needs in its area, may be at risk of abuse or neglect;
- Serious case reviews will be mandatory when certain triggering situations have occurred and the parties believe that there is cause for concern over the way relevant parties worked together to safeguard an adult, and Boards will have the discretion to undertake reviews in other circumstances;
- Agencies will have a duty to co-operate over the supply of information;
- Local authorities will have a duty to fund advocacy for assessment and safeguarding for people who have substantial difficulty in being involved in the process and do not have anyone else to speak up for them;
- The power to remove people from insanitary conditions under section 47 of the National Assistance Act 1948 will be abolished;
- Existing duties to protect people's property when in residential care or hospital will be re-affirmed;
- There will be a duty of candour on providers of health or adult social care about failings in specified circumstances, and a new offence will be created of supplying false or misleading information, in the case of information they are legally obliged to provide.



# ABOUT COVENTRY SAFEGUARDING ADULTS BOARD

The Coventry Safeguarding Adults Board (CSAB) is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect adults at risk in Coventry.

The Board is supported by a network of professional advisers and safeguarding leads. Through the partnership, the Board has access to a large network of health, housing and social care service providers from over 100 organisations in the statutory, voluntary and private sectors. The Board promotes the welfare of adults at risk and their protection from abusive behaviour. It provides strategic leadership for agencies providing services to adults at risk and seeks to ensure that there is a consistently high standard of professional responses to situations where there is actual or suspected abuse.

The Board meets quarterly to lead and oversee progress towards an improved Coventry-wide system of response, to develop multi-agency strategies and to monitor working practices and standards.

Under the Department of Health “No Secrets” (2000) (1) guidance Local Authorities have responsibility to lead adult safeguarding. The new Care Act 2014 makes this a legal duty, and also means that the Local Authority, Clinical Commissioning Group and Police become statutory Board members.

## PRIORITIES FOR 2014–2015

The Board has agreed the following priorities for the next year:

### 1. PREVENTION

Raising awareness about adult abuse (and the thresholds for abuse) and communicating better with the public.

### 2. QUALITY

Continuing to focus on quality and auditing services to continually improve the way we work to improve the lives of vulnerable adults in Coventry.

### 3. CARE ACT 2014

The Board needs to ensure that this legislation is implemented effectively.

### 4. DOMESTIC VIOLENCE AND ABUSE

Working with the Coventry Police and Crime Board to ensure that knowledge and awareness of domestic violence is embedded in safeguarding adults work and those dealing with domestic violence recognise and respond to the needs of vulnerable adults.

### 5. SYNERGIES BETWEEN SAFEGUARDING BOARDS

Ensuring that it learns from and works effectively with, the Children’s Safeguarding Board.

## BOARD SUB GROUPS

Coventry Safeguarding Adults Board has a number of sub groups who are responsible for developing and managing work to deliver priorities. The first of these is the Executive Group which meets every six weeks and manages the Board's performance overseeing actions agreed at Board meetings and taking urgent decisions that cannot wait until the next full meeting of CSAB. The following sub-groups sit under the Executive Group:

- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards

Attendance at both Board and sub groups has been very good, and the work of the sub groups has delivered important improvements to protect vulnerable adults.

### The Partnership and Practice sub group has:

- Worked with service users and the Policy and Procedures sub group to produce two leaflets [http://www.coventry.gov.uk/downloads/download/729/safeguarding\\_adults\\_leaflet](http://www.coventry.gov.uk/downloads/download/729/safeguarding_adults_leaflet) (see Policy and Procedures below).
- Led five Champions' Group seminars, which focused on improving multi-agency working, and one Safeguarding Forum via the Champions' Group.
- The role of the Champions' Group was reviewed, and a new programme established for 2014 designed to widen the audience. As a result, four Champions' seminars are scheduled and four Safeguarding Fora. The first seminar in January 2014 was an adult safeguarding refresher course. It was a great success and was attended by 40 people from a wide range of agencies.

### The Policy and Procedures sub group has:

- Produced an easy read safeguarding awareness leaflet for people with learning disabilities working together with the Partnership and Practice Sub Group.
- Produced an information leaflet for people who are subject to safeguarding procedures [http://www.coventry.gov.uk/downloads/download/729/safeguarding\\_adults\\_leaflet](http://www.coventry.gov.uk/downloads/download/729/safeguarding_adults_leaflet)
- Finalised a large scale investigation procedure in conjunction with the West Midlands Regional Safeguarding Co-ordinators Network (this has yet to be published)

### The Quality and Audit sub group has:

- Commissioned and undertaken a multi-agency case file audit
- Reviewed key performance indicators, challenged poor performance and worked to better understand performance.
- Commenced a review of information-sharing protocols
- Initiated the development of a risk register

### The Serious Case Review sub group has:

- Completed a Serious Case Review and implemented all of the actions
- Contributed to a review of Serious Case Review methodology for the West Midlands
- Developed review processes for those cases which do not meet the criteria for a serious case review but would benefit from a multi-agency review

### The Workforce Development sub group has:

- Commissioned a Disclosure and Barring Service (DBS) referral briefing in March 14. The DBS delivered an update about the scheme to local employers.
- Commissioned a two-day Investigating Skills course. The feedback indicated that the course increased delegate confidence,



- knowledge and skills around interviewing, case conferences and the West Midlands Procedures,
- Commissioned a programme for managing officers, commencing with 'Chairing Skills in Safeguarding Adults'.
  - Ensured that when policies and learning and development activities are reviewed and updated, safeguarding is an explicit consideration.
  - Promoted the sharing of learning and development and quality assurance tools to promote best practice in safeguarding. An example of this is the use of 'learning logs' which encourage practitioners to demonstrate how they have put their learning into practice.
  - Delivered and planned a number of multi-agency events, using leads and champions to both promote learning and to model inter-agency commitment to working together.

## PARTNER CONTRIBUTIONS

### COVENTRY CITY COUNCIL

There has been a major drive to improve the Provider Escalation Panel. This is a monthly multi-agency meeting which monitors providers where there are emerging issues in terms of quality and performance. Improvements include better information sharing and a stronger focus on safeguarding, with more joint work with our partners, especially Health Commissioning and Clinical Support Unit, Care Quality Commission and Health and Safety.

### WEST MIDLANDS FIRE SERVICE

West Midlands Fire Service refreshed its safeguarding policies and procedures. This included the creation of a safeguarding pocket guide that has been issued to all staff. The service took a back to basics approach to safeguarding and the whole workforce attended a role-specific combined safeguarding adults, children and young people level one training session. Three of West Midlands Fire Service's Vulnerable Person's Officers have become Safeguarding Champions.

### WEST MIDLANDS POLICE

West Midlands Police established a Vulnerable Adult Hub that offers a single point of contact allowing the force to respond to referrals from partners for primary investigations to be completed before cases are passed through to Public Protection Teams. The Hub has been recognised as best practice and is based in Sandwell with a team of 14 officers.

The process to increase staffing levels in Public Protection to 800 from 480 began in June. West Midlands Police is the only force in the country to have a dedicated Vulnerable Adult Team, and it will be expanded to 25 officers, three support staff and four business support officers. A number of other forces are keen to learn from this best practice.

All sergeants and inspectors across the force, regardless of role, received a full day's training in vulnerable adult abuse; honour-based violence; female genital mutilation; human trafficking; child sexual exploitation; and child protection.

Multi-agency partners received a day's training on forced marriage, and Operation Sentinel, the Force's strategy to protect vulnerable people, focused on a different public protection issue each month and offered training to partners focusing on the victim's perspective.

### UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE

The Safeguarding Adult and Children Team has been running for a year, and is co-located giving significant benefits in terms of operational functionality and individual team support. The team now includes a Support Midwife and has additional administration support. This additional input has allowed it to incrementally improve the training compliance figures month on month throughout 2013/14 and will support the delivery of the 90% compliance target figure by September 2014.

The e-alert system has resulted in the team being able to respond promptly to the needs of at-risk individuals who attend University Hospitals Coventry and Warwickshire. This has meant that:

- Service users get rapid protection
- Staff supporting cases are aware of the risk factors and can get immediate support and advice from the safeguarding team.
- There is corporate assurance that at-risk individuals attending University Hospitals Coventry and Warwickshire receive timely, needs-assessed protection.

An example of the difference this has made is the ability to track and respond promptly to domestic violence and abuse referrals. All multi-agency risk assessment conference (MARAC) referrals are added to the system.

## COVENTRY AND WARWICKSHIRE PARTNERSHIP TRUST

The Trust reviewed and further developed its bespoke electronic safeguarding alert and referral form. Other key achievements included:

- The completion of safeguarding training and the development of safeguarding competence learning logs.
- The completion of the annual audit plan.
- Reviewing and developing staff guidance within the organisation in the form of a booklet about safeguarding adults.
- Reviewing and further developing safeguarding training at level 2 to include domestic abuse, stalking and harassment (DASH).
- 87% of trust staff received PREVENT health WRAP training.
- Developing a new Safeguarding Link Group for operational staff.
- Completing the relevant Local Safeguarding Board's Section 11 audits.
- Producing an annual safeguarding newsletter.
- Reviewing and refreshing/amending the following trust safeguarding policies:
  - Safeguarding adults policy
  - Safeguarding children policy
  - Section 75 safeguarding operational (for Coventry and Warwickshire Services)

- Sexual safety in in-patient settings,
- Clinical domestic abuse policy,
- Child protection supervision policy,
- Missing persons' policy.

## LEARNING LESSONS FROM SERIOUS CASE REVIEWS

After two cases highlighted the risks to vulnerable adults from the poor care of pressure ulcers, The Pressure Ulcer Protocol (PUP) has been revised, the new protocol implemented, and extensive training delivered to staff. This has resulted in a more consistent response to pressure ulcers and increased numbers of information checklists received from nursing staff which inform safeguarding decisions.

A series of multi-agency events to disseminate lessons learned from Serious Case Reviews are planned for next year. In addition, to raise awareness about adult safeguarding, there will be Safeguarding Champions' events and an event for providers.

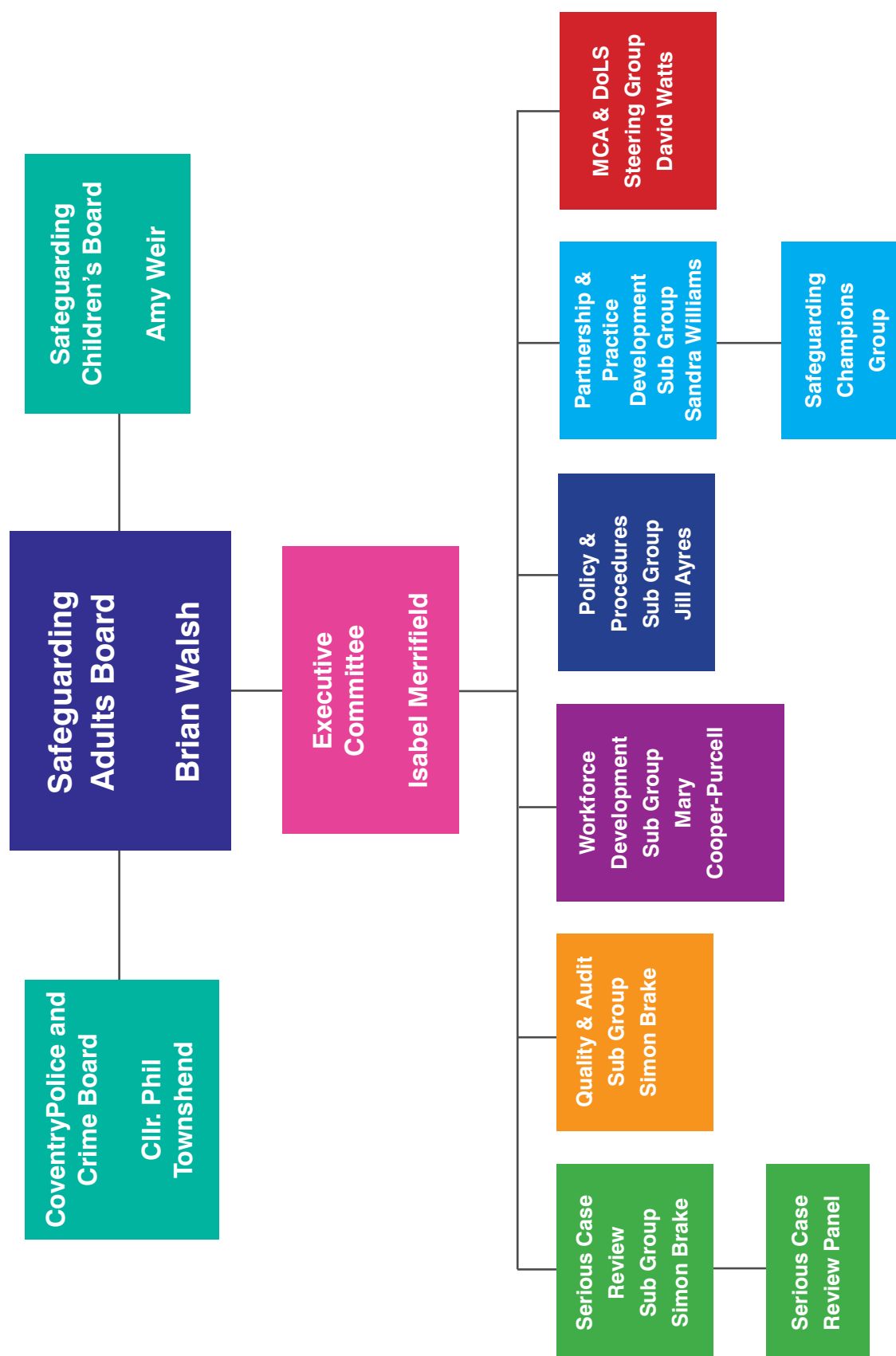
## CHALLENGES FOR THE YEAR AHEAD

At their annual development event in March 2014, Board members agreed the following issues were the challenges for the coming year.

- Raising standards with fewer resources
- Continuing to ensure that there is an appropriate and proportionate safeguarding response to pressure ulcers
- Achieving Care Act compliance
- Developing joined-up working across safeguarding services for children and adults
- Maintaining Organisational resilience, consistency and capacity around safeguarding leadership

Board members and the sub groups will continue to work during the year to mitigate these challenges.

# APPENDIX 1 - THE SAFEGUARDING BOARD STRUCTURE



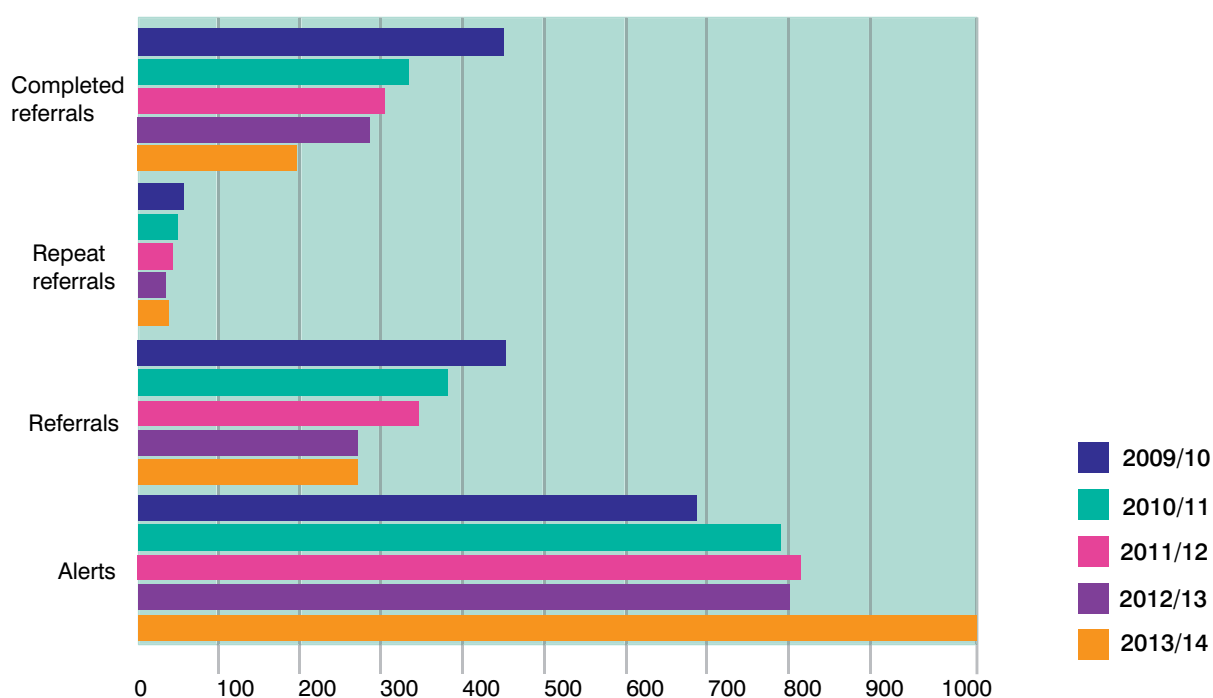
# APPENDIX 2 – SAFEGUARDING ADULTS ANNUAL REPORT DATA

The Board is reviewing its performance reporting approach to ensure it can monitor performance and assure itself that safeguarding is effective across the city. During the 2013/14 year, indicators were reported to Board regularly in line with the information presented below. The data is the end of year data and shows a comparison with previous years.

**Table 1 – Number of Alerts, Referrals and Completed Referrals for 2013/14 and comparison with previous years**

	Alerts	Referrals	Repeat referrals	Completed referrals
<b>2013/14</b>	1003	265	24	195
% difference (2012/13 - 2013/14)	24.60%	0.76%	4.35%	-32.01%
Value difference (2012/13 - 2013/14)	198	2	1	-92
<b>2012/13</b>	805	263	23	287
% difference (2011/12 -2012/13)	0.98%	-24.64%	-28.13%	-6.51%
Value difference (2011/12 -2012/13)	-8	-86	-9	-20
<b>2011/12</b>	813	349	32	307
% difference (2010/11 -2011/12)	3.20%	-7.45%	-6.25%	-11.73%
Value difference (2010/11 -2011/12)	26	-26	-2	-36
<b>2010/11</b>	787	375	34	343
% difference (2009/10 - 2010/11)	13.09%	-23.47%	-29.41%	-31.78%
Value difference (2009/10 - 2010/11)	103	-88	-10	-109
<b>2009/10</b>	684	463	44	452

**Chart 1 alerts/referral activity (2009/10 – 2013/14)**





In 2013/14 the numbers of alerts increased by 25%. Coventry's preferred methodology for benchmarking alerts is by using the median average which eliminates the large discrepancies in the minimum and maximum values across England. The result of 1003 is similar to the 2012/13 West Midlands median average rate of 1000.

**Table 2 - Alerts and referrals (2009/10 – 2013/14)**

	2013/14	2012/13	2011/12	2010/11	2009/10
Alerts	1003	805	813	787	684
Referrals	265	263	349	375	463
<b>% of alerts converting to referrals</b>	<b>26.42%</b>	<b>32.7%</b>	<b>42.9%</b>	<b>47.6%</b>	<b>67.7%</b>

The conversion of alerts to safeguarding referrals continued to fall for the fifth successive year. In 2010/11 concern was expressed that too many alerts went on to become referrals when this wasn't appropriate. Consequently, there was a concerted effort to ensure that appropriate and proportionate decisions were being made about which cases go into the process by the appropriate and consistent application of the Threshold Guidance. Feedback received from the Service is that there have been no examples of cases which should have been investigated and were not and therefore there is confidence that the Thresholds are being correctly applied.

### Completed referrals (2013/14)

The numbers of completed referrals have reduced from 287 in 2012/13 to 195 in 2013/14.

**Table 3 - Completed referrals (2013/14)<sup>1</sup>**

Primary client group	Alerts		Referrals		Repeat referrals		Completed referrals	
	Number	%	Number	%	Number	%	Number	%
Physical disability, frailty & sensory impairment	73	7.28%	11	4.15%	0	0.0%	4	2.05%
Mental Health Needs	59	5.88%	31	11.70%	2	8.33%	18	9.23%
Learning Disability	137	13.66%	72	27.17%	13	54.17%	52	26.67%
Substance Misuse	3	0.30%	0	0.00%	0	0.00%	0	0.00%
Other Vulnerable People	16	1.60%	1	0.38%	0	0.00%	3	1.54%
Older People	715	71.29%	150	56.60%	9	37.50%	117	60.00%
<b>Totals</b>	<b>1003</b>		<b>265</b>		<b>24</b>		<b>195</b>	

The number of completed referrals has exceeded the number of new referrals for the first time.

### Client category breakdown

The table above helps to break down table 1 by primary category type. 71.3% of total alerts and 56.6% of referrals are raised about older people which is relative to the size of the service area.

<sup>1</sup> All completed referral in the period are recorded irrespective of when the referral was made.

## Alerts by Age and Gender Breakdown (2013/14 only)

Coventry has more alerts and referrals for females than males, compared to the 2012 Mid-Year Estimate population; this is also the case when examined against the number of people receiving an adult social care service in Coventry.

**Table 4 - Alerts and referrals by age and gender (2012/13)**

	Alerts					Referrals				
	F	%	M	%	Total	F	%	M	%	Total
Age group 18 - 64	146	50.7%	142	49.3%	288	48	41.7%	67	58.3%	115
Age group 65+	487	68.1%	228	31.9%	715	104	69.3%	46	30.7%	150
<b>Total Age groups</b>	<b>633</b>	<b>63.1%</b>	<b>370</b>	<b>36.9%</b>	<b>1003</b>	<b>152</b>	<b>57.4%</b>	<b>113</b>	<b>42.6%</b>	<b>265</b>

Age of client	Female		Male		Total clients (P7)	2012 Mid Year Estimate	Female	Male
	Number	%	Number	%				
18 - 64	1308	48.5%	1388	51.5%	2696	18-64	49.1%	50.9%
65+	3065	67.6%	1466	32.4%	4531	65 +	55.4%	44.6%
All ages	4373	60.5%	2854	39.5%	7227	18+	50.3%	49.7%

## Referrals by Ethnicity Comparison (2009/10 to 2013/14)

Table 5 breaks down the number of referrals for the last five years by ethnicity.

In 2013/14, 13% of safeguarding referrals were recorded for people in minority ethnic groups, which is an increase from 8.7% in 2012/13. The 2011 census reports that 23.8% of the 18+ population is from the minority ethnic community (compared with 14.5% in 2001 Census).

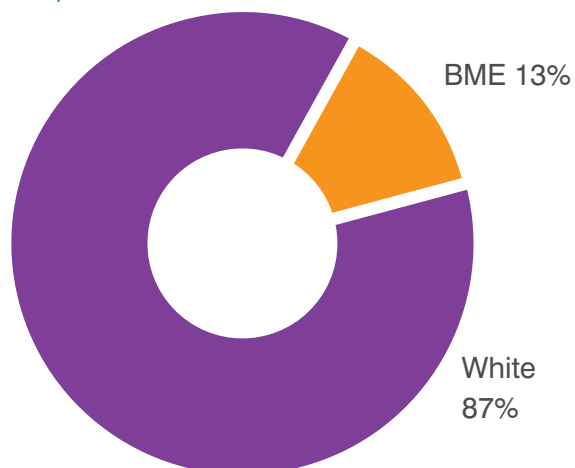


**Table 5 - referrals by ethnicity (2009/10 – 2013/14)**

Ethnicity	2013/14		2012/13		2011/12		2010/11		2009/10	
White British	213	93.4%	230	95.8%	286	94.7%	310	92.5%	378	94.5%
White Irish	9	3.9%	6	2.5%	11	3.6%	16	4.8%	13	3.3%
Any other White background	6	2.6%	4	1.7%	5	1.7%	9	2.7%	9	2.3%
<b>Total</b>	<b>228</b>		<b>240</b>		<b>302</b>		<b>335</b>		<b>400</b>	

White and Black Caribbean	1	2.9%	2	8.7%	4	9.5%	0	0.0%	2	3.2%
White and Black African	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.6%
White and Asian	1	2.9%	0	0.0%	1	2.4%	1	2.5%	1	1.6%
Any other mixed background	2	5.9%	0	0.0%	0	0.0%	3	7.5%	0	0.0%
Indian	4	11.8%	13	56.5%	13	31.0%	15	37.5%	22	34.9%
Pakistani	4	11.8%	1	4.3%	3	7.1%	7	17.5%	8	12.7%
Bangladeshi	1	2.9%	2	8.7%	2	4.8%	0	0.0%	1	1.6%
Any other Asian background	3	8.8%	2	8.7%	8	19.0%	1	2.5%	9	14.3%
Caribbean	6	17.6%	1	4.3%	7	16.7%	3	7.5%	7	11.1%
African	2	5.9%	0	0.0%	3	7.1%	5	12.5%	1	1.6%
Any other Black background	1	2.9%	0	0.0%	0	0.0%	2	5.0%	3	4.8%
Chinese	1	2.9%	1	4.3%	1	2.4%	0	0.0%	0	0.0%
Any other ethnic group	8	23.5%	1	4.3%	0	0.0%	2	5.0%	5	7.9%
<b>Total</b>	<b>34</b>		<b>23</b>		<b>42</b>		<b>40</b>		<b>63</b>	
Information not yet obtained	3		0		5		1		3	

**Chart 2 - Percentage of BME referrals 2013/14**



**Source of referral comparison 2009/10 to 2013/14**

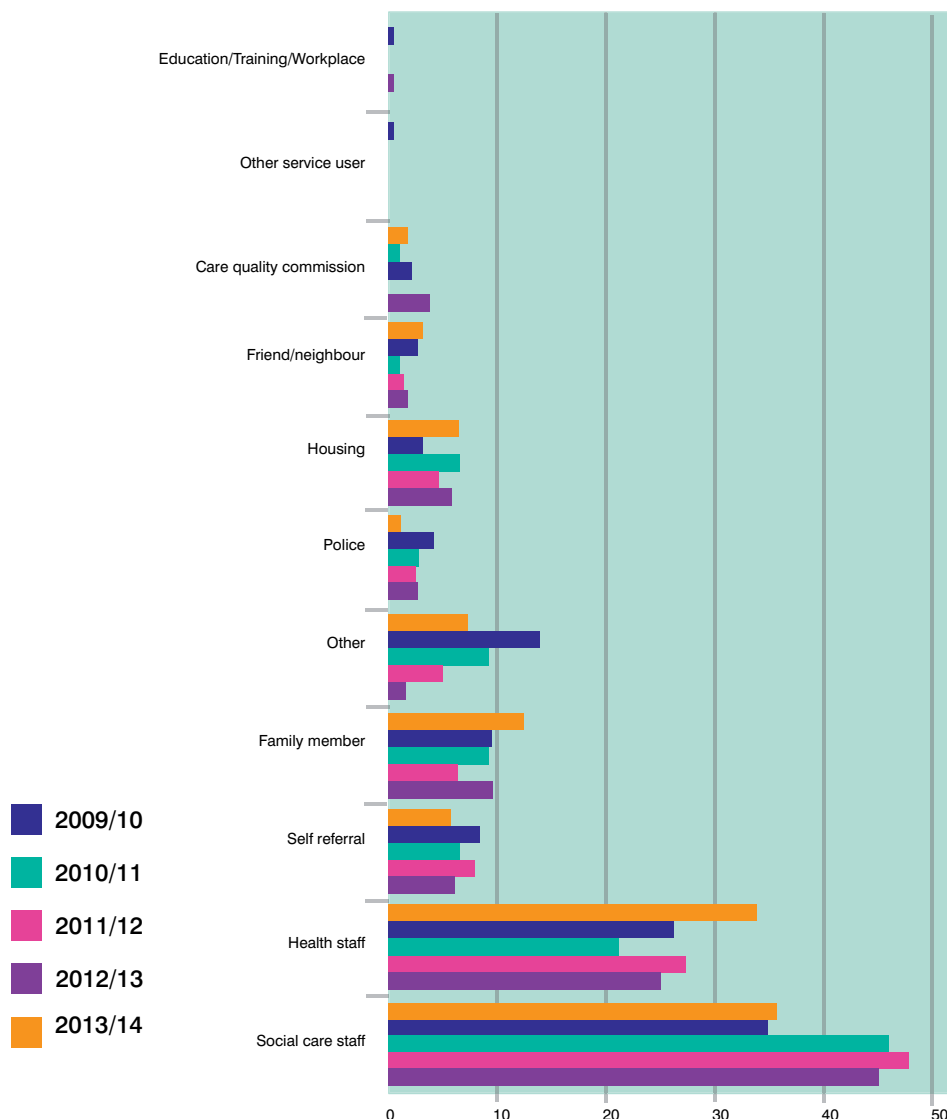
Social care staff and health staff continue to be the highest sources of safeguarding referrals. This is to be expected as they will have the most contact with vulnerable adults. There has been an increase in health staff referrals in 2013/14. This is encouraging as it shows increasing awareness and action in respect of adult safeguarding.

**Table 6 – source of referral comparison (2009/10 to 2013/14)**

Source of Referral	2013/14		2012/13		2011/12		2010/11		2009/10	
Social Care Staff	93	35.1%	120	45.6%	165	47.3%	173	46.1%	159	34.3%
Health Staff	89	33.6%	65	24.7%	92	26.4%	80	21.3%	119	25.7%
Self-Referral	14	5.3%	17	6.5%	28	8.0%	25	6.7%	39	8.4%
Family member	30	11.3%	26	9.9%	24	6.9%	36	9.6%	45	9.7%
Friend/neighbour	5	1.9%	4	1.5%	3	0.9%	2	0.5%	7	1.5%
Other service user	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Care Quality Commission	3	1.1%	8	3.0%	0	0.0%	2	0.5%	7	1.5%
Housing	15	5.7%	14	5.3%	13	3.7%	22	5.9%	13	2.8%
Education/Training/Workplace	0	0.0%	1	0.4%	0	0.0%	0	0.0%	1	0.2%
Police	2	0.8%	4	1.5%	5	1.4%	7	1.9%	14	3.0%
Other	14	5.3%	4	1.5%	19	5.4%	28	7.5%	58	12.5%
<b>Overall Total</b>	<b>265</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>349</b>	<b>100%</b>	<b>375</b>	<b>100%</b>	<b>463</b>	<b>100%</b>

**Chart 3 – comparison of referral source (2009/10 to 2013/14)**

Comparison of referral source (2009/10-2012/13)



The table below breaks down the referral source for social care and health staff to understand more clearly where in each area the sources are coming from.

**Table 7 – referral source – social care and health staff**

Social Care Staff (CASSR & Independent)	2013/14		2012/13		2011/12		2010/11		2009/10	
Domiciliary Staff	20	21.5%	38	31.7%	48	29.1%	44	25.4%	32	20.1%
Residential Care Staff	37	39.8%	56	46.7%	52	31.5%	63	36.4%	54	34.0%
Day Care Staff	4	4.3%	9	7.5%	21	12.7%	15	8.7%	12	7.5%
Social Worker/Care Manager	10	10.8%	10	8.3%	24	14.5%	41	23.7%	30	18.9%
Self-Directed Care Staff	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other	21	22.6%	7	5.8%	20	12.1%	10	5.8%	30	18.9%
<b>Total</b>	<b>93</b>		<b>120</b>		<b>165</b>		<b>173</b>		<b>159</b>	

Health Staff	2013/14		2012/13		2011/12		2010/11		2009/10	
Primary/Community Health Staff	36	40.4%	26	40.0%	49	53.3%	43	5.4%	61	51.3%
Secondary Health Staff	47	52.8%	35	53.8%	32	34.8%	22	2.8%	55	46.2%
Mental Health Staff	6	6.7%	4	6.2%	11	12.0%	15	1.9%	3	2.5%
<b>Total</b>	<b>89</b>		<b>65</b>		<b>92</b>		<b>80</b>		<b>119</b>	

### Referrals by alleged abuse type comparison 2009/10 – 2013/14

Neglect remains the most common abuse type at 42% in 2013/14, with physical (21%) and financial (16%) which is the same order as in 2012/13. This is a different order to the 2012/13 England averages that identified that Physical (28.4%) and

Neglect (27.5%) followed by Financial (18%) were the most common abuse types. This same order is consistent with 2012/13 West Midlands and Similar councils benchmarking.

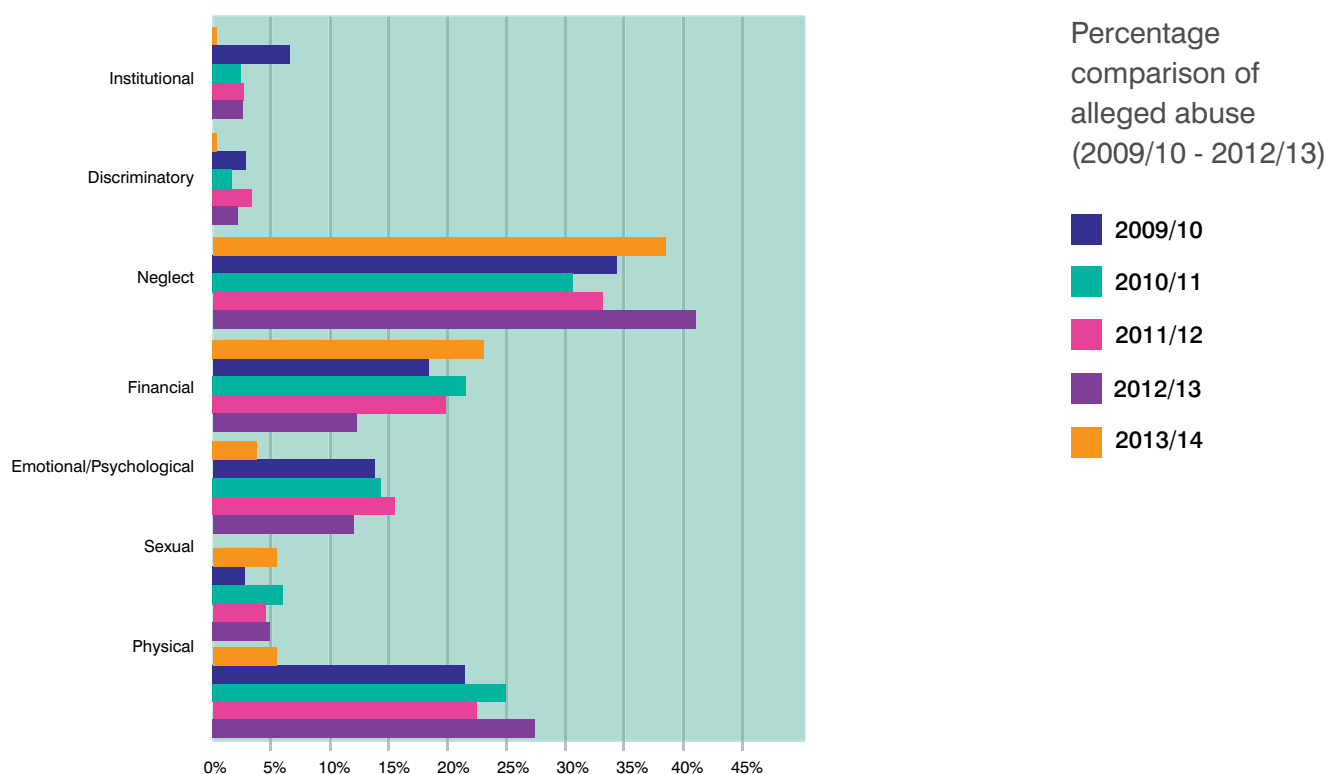
In 2013/14 there were 255 alerts regarding pressures ulcers of those 31 (12%) went onto a safeguarding referral.

**Table 8 – referrals by alleged abuse type comparison (2009/10 – 2013/14)**

Alleged abuse	2013/14		2012/13		2011/12		2010/11		2009/10	
Physical	54	21.3%	86	27.0%	98	22.3%	114	25.2%	124	21.5%
Sexual	16	6.3%	16	5.0%	21	4.8%	26	5.7%	17	2.9%
Emotional/psychological	27	10.6%	37	11.6%	67	15.2%	67	14.8%	82	14.2%
Financial	41	16.1%	39	12.3%	88	20.0%	97	21.4%	106	18.4%
Neglect	107	42.1%	130	40.9%	146	33.2%	138	30.5%	200	34.7%
Discriminatory	2	0.8%	5	1.6%	13	3.0%	5	1.1%	12	2.1%
Institutional	7	2.8%	5	1.6%	7	1.6%	6	1.3%	36	6.2%
<b>Total</b>	<b>254</b>		<b>318</b>		<b>440</b>		<b>453</b>		<b>577</b>	



**Chart 4 – Type of alleged abuse for referrals (2009/10 – 2013/14)**



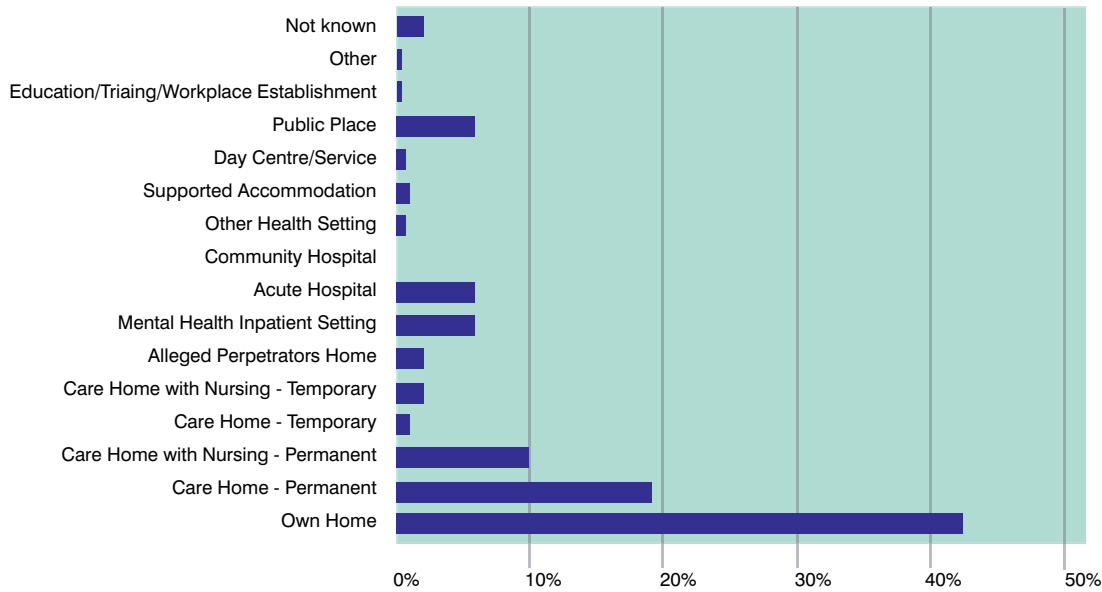
**Location of Alleged Abuse comparison 2009/10 – 2013/14**

**Table 9**

Location alleged abuse took place:	2013/14 Number %		2012/13 Number %		2011/12 Number %		2010/2011 Number %		2009/2010 Number %	
Own Home	111	41.9%	95	36.1%	175	50.1%	160	42.7%	254	46.9%
Care Home - Permanent	51	19.2%	60	22.8%	56	16.0%	78	20.8%	94	17.3%
Care Home with Nursing - Permanent	27	10.2%	24	9.1%	17	4.9%	20	5.3%	26	4.8%
Care Home - Temporary	3	1.1%	6	2.3%	6	1.7%	7	1.9%	13	2.4%
Care Home with Nursing - Temporary	6	2.3%	3	1.1%	0	0.0%	2	0.5%	6	1.1%
Alleged Perpetrators Home	6	2.3%	3	1.1%	14	4.0%	9	2.4%	16	3.0%
Mental Health Inpatient Setting	14	5.3%	3	1.1%	2	0.6%	2	0.5%	2	0.4%
Acute Hospital	14	5.3%	23	8.7%	22	6.3%	25	6.7%	37	6.8%
Community Hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Health Setting	2	0.8%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Supported Accommodation	5	1.9%	15	5.7%	18	5.2%	38	10.1%	29	5.4%
Day Centre/Service	3	1.1%	4	1.5%	17	4.9%	6	1.6%	3	0.6%
Public Place	15	5.7%	11	4.2%	9	2.6%	9	2.4%	17	3.1%
Education/Training/Workplace	1	0.4%	1	0.4%	1	0.3%	0	0.0%	2	0.4%
Other	1	0.4%	6	2.3%	7	2.0%	6	1.6%	11	2.0%
Not Known	6	2.3%	9	3.4%	5	1.4%	13	3.5%	30	5.5%
<b>Total</b>	<b>265</b>		<b>263</b>		<b>349</b>		<b>375</b>		<b>542</b>	

In Coventry victim's homes and care homes are the most common places for abuse to take place. In 2013/14, 41.9% of abuse took place in the home and 19.2% occurred in care homes.

**Chart 5 - abuse by location 2013/14**



**Alleged Perpetrator Relationship comparison 2009/10 – 2013/14**

Over the five year period the most common alleged perpetrator relationship was social care staff followed by other family member.

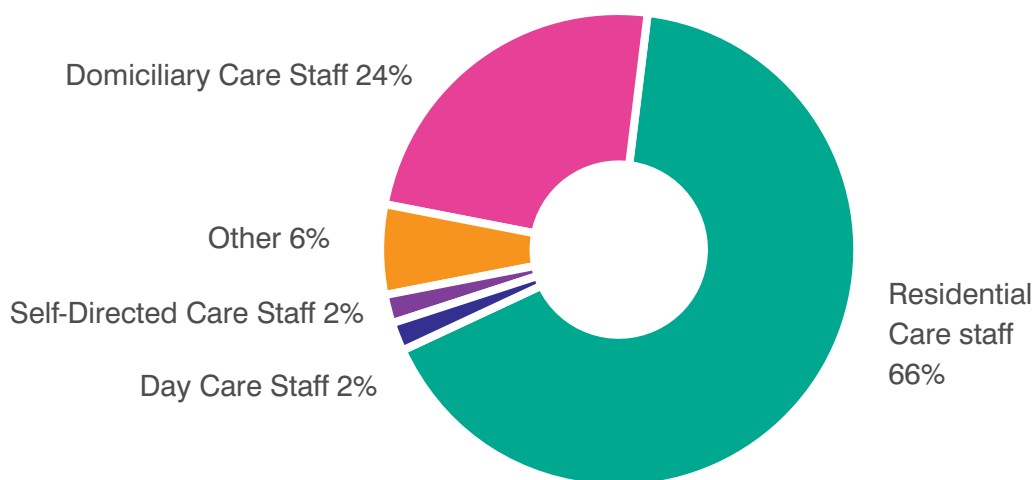
**Table 10**

Relationship of alleged perpetrator	2013/2014		2012/13		2011/12		2010/11		2009/10	
Partner	21	8.0%	20	7.6%	17	4.9%	27	7.2%	32	7.0%
Other family member	29	11%	38	14.4%	61	17.5%	65	17.3%	89	19.4%
Health Care Worker	4	1.5%	23	8.7%	26	7.4%	24	6.4%	33	7.2%
Volunteer/ Befriender	1	0.4%	0	0.0%	1	0.3%	1	0.3%	0	0.0%
Social Care Staff	121	46.0%	106	40.3%	126	36.1%	105	21.3%	178	38.8%
Other professional	14	5.3%	6	2.3%	17	4.9%	14	3.7%	15	3.3%
Other Vulnerable Adult	22	8.4%	25	9.5%	28	8.0%	36	9.6%	16	3.5%
Neighbour/Friend	26	9.9%	13	4.9%	22	6.3%	27	7.2%	19	4.1%
Stranger	4	1.5%	8	3.0%	16	4.6%	12	3.2%	6	1.3%
Not Known	20	7.6%	20	7.6%	33	9.5%	51	13.6%	53	11.5%
Other	3	1.1%	4	1.5%	2	0.6%	13	3.5%	18	3.9%
<b>Total</b>	<b>265</b>		<b>263</b>		<b>349</b>		<b>375</b>		<b>459</b>	

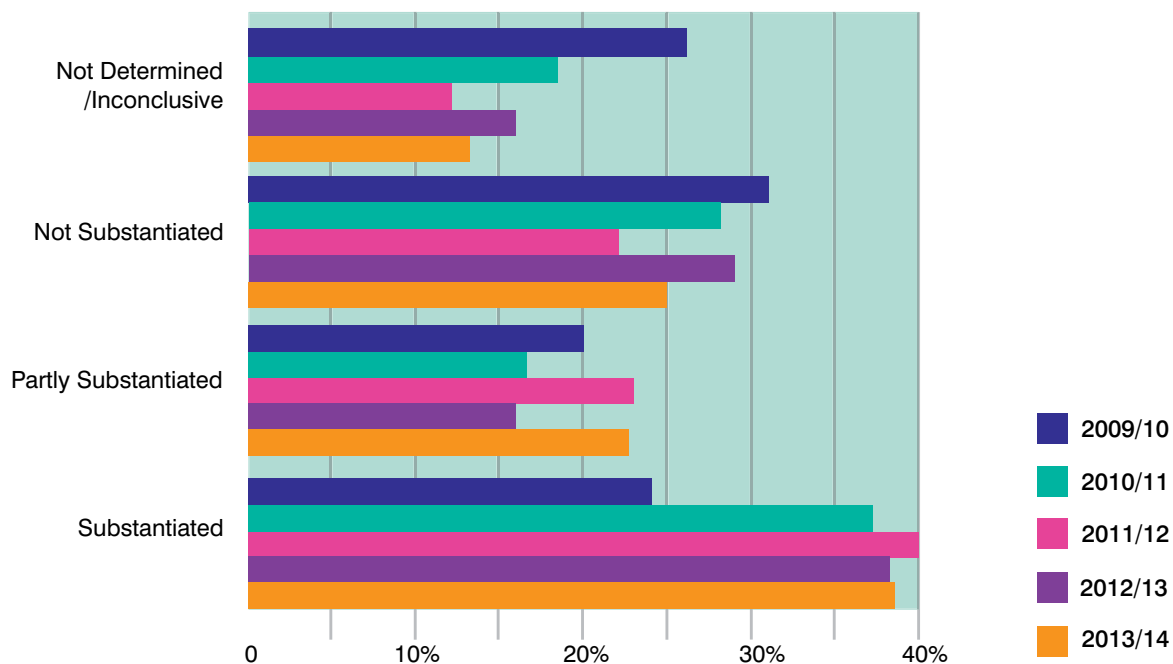
**Alleged Perpetrator Relationship (2013/14 only)**

Of the 121 social care staff identified as the alleged perpetrator, 80 were named residential care staff, 29 were home care staff, 3 were day care staff members, 2 were self-directed support staff and 7 were reported in other establishments.

**Chart 6 – Perpetrator: breakdown of social care staff in 2013/14**



**Chart 7 - Case conclusion comparison (2009/10 to 2013/14)**



**Table 11 – case conclusion comparison (2009/10 to 2013/14)**

	2013/14		2012/13		2011/12		2010/11		2009/10	
Substantiated	72	36.9%	109	38.0%	123	40.1%	126	36.7%	106	23.5%
Partly Substantiated	42	21.5%	47	16.4%	73	23.8%	57	16.6%	90	19.9%
Not Substantiated	48	24.6%	83	28.9%	73	23.8%	96	28.0%	138	30.5%
Not Determined / Inconclusive	26	13.3%	48	16.7%	38	12.4%	64	18.7%	118	26.1%
Investigation creased at individuals' request	7	3.6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Total</b>	<b>195</b>	<b>100%</b>	<b>287</b>	<b>100%</b>	<b>307</b>	<b>100%</b>	<b>343</b>	<b>100%</b>	<b>452</b>	<b>100%</b>



In 2013/14, 58.4% of cases were substantiated or partially substantiated compared with 54.4% in 2012/13 which is a higher than the 2012/13 England average of 43%. Coventry has a lower percentage of cases where a conclusion could not be determined (13% for 2013/14) compared with the England 2012/13 average figure of 27%. This suggests that only those cases that meet the threshold are going onto referral/further investigation.

**Table 12 - Result of Action Taken to support management of risk (2013/14 only)**

Result of Action Taken to Support Management of Risk	Social Care Support or Service paid, contracted or commissioned	Other		Total	
		Known to Individual	Unknown / Stranger	Number	%
Where 'No Further Action Under Safeguarding'	8	5	2	15	7.7%
Where 'Action Under Safeguarding'					
Risk Remains	4	10	3	17	9.4%
Risk Reduced	46	44	12	102	56.7%
Risk Removed	28	28	5	61	33.9%
TOTAL 'Action under Safeguarding'	78	82	20	180	100%

Out of the 195 completed referrals, 15 (7.7%) resulted in no further action under safeguarding.

163 (90.6%) of referrals which resulted in action under safeguarding, resulted in the risk being removed or reduced.

**Chart 8 Percentage of completed safeguarding referrals where the adult at risk feels safer (2013/14 only)**

90% of people felt safer after the completion of the safeguarding referral during 2013/14.



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