Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 15th October, 2014

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 10th September, 2014 (Pages 5 - 10)

   (b) Matters Arising

4. **Progress of Public Health Programme from 1st April, 2013** (Pages 11 - 56)

   Report of the Cabinet Member (Health and Adult Services) who has been invited to the meeting for the consideration of this item

2.40 p.m.

5. **Coventry Learning Disabilities Strategy 'Moving Forward' 2014-2017** (Pages 57 - 104)

   Report of the Executive Director, People

   Ellen Alcock, Grapevine, has been invited to the meeting for the consideration of this matter

3.25 p.m.

6. **Increased Support through Telecare, Aylesford Consultation and Transition to a New Model of Short Term Support** (Pages 105 - 144)

Briefing Note and Presentation of the Executive Director, People

Sue Davies, Head of Partnerships, Coventry and Rugby Clinical Commissioning Group has been invited to the meeting for the consideration of this item

3.55 p.m.

7. **Discharging Responsibilities for Winterbourne View** (Pages 145 - 176)

Report of the Executive Director, People

8. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

9. **Work Programme 2014-15** (Pages 177 - 182)

Report of the Scrutiny Co-ordinator

10. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

11. **Meeting Evaluation**

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 7 October 2014

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 15th October, 2014 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, A Gingell (By

Invitation), P Hetherton, D Howells, J Mason (Co-opted Member), J Mutton, J O'Boyle, D Skinner, K Taylor and S Thomas (Chair)

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

If you require a British Sign Language interpreter for this meeting OR it 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 Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 10 September 2014

Present:

Members: Councillor S Thomas (Chair)
Councillor J Clifford
Councillor P Hetherton
Councillor D Howells
Councillor J Mutton
Councillor J O'Boyle
Councillor D Skinner
Councillor K Taylor

Co-Opted Members: Mr J Mason

Other Representatives: J Beck, Safeguarding Adults Board
S Davies, Coventry and Rugby CCG
D Eltringham, University Hospitals Coventry and Warwickshire (UHCW)
M Radford, UHCW
J Spencer, Coventry and Warwickshire Partnership Trust

Employees (by Directorate)
S Brake, People Directorate
V Castree, Resources Directorate
P Fahy, People Directorate
G Holmes, Resources Directorate
L Knight, Resources Directorate
M McGinty, People Directorate
I Merrifield, People Directorate
B Walsh, Executive Director, People
D Watts, People Directorate

Apologies: Councillors M Ali and A Gingell (Cabinet Member)

Public Business

9. **Declarations of Interest**

There were no disclosable pecuniary interests declared.

10. **Minutes**

The minutes of the meeting held on 30th July, 2014 were agreed as a true record.

Further to Minute 3 headed 'Quality Accounts', the Chair Councillor Thomas informed that he had received a response from the Trust in reply to his letter about their decision to allow the Chief Executive of West Midlands Ambulance to undertake his role on a part time basis. He intended to pursue the matter further.

11. **Coventry Safeguarding Adults Board Annual Report 2013/14**

The Scrutiny Board considered a briefing note of the Executive Director, People concerning the Annual Report of the Coventry Safeguarding Adults Board 2013/2014. A copy of the report was appended to the briefing note and the Board considered the contents of this report. Joan Beck, the new independent chair of the Board attended the meeting for the consideration of this item along with Brian Walsh, the previous chair.

The briefing note set out the background to the Coventry Safeguarding Adults Board which was a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. The Board were informed that under the new Care Act, it would become a statutory requirement for each area to have a Safeguarding Adults Board.

The Board had strategic responsibility for the development, co-ordination, implementation and monitoring of policies and procedures that safeguard and protect vulnerable adults in the city. Through its work, the Board promoted the welfare of adults at risk and their protection from abuse and harm.

The Annual Report for 2013/14 introduced the implications of the Care Act 2014, much of which was to become effective from April 2015. It highlighted the work of the Board, its partners and sub groups over the previous year. The Board's five key priorities for the coming year were detailed. Particular reference was made to the low proportion of alerts which proceeded to referrals, which had previously been raised as a concern.

Attention was drawn to the good to excellent attendance from all partners at Board meetings.

The Board questioned the officers on a number of issues and responses were provided. Matters raised included:

- Councillor Hetherton's observer role on the Board and the suggestion that consideration be given to the appointment of Councillors as full members of the Board
- Ways of raising public awareness of about adult abuse and details of the Board's communication strategy including lead responsibility
- The potential to draw more attention to key achievements
- Areas for improvement which included the intention to have a collective ownership of future reports and the opportunity for close working with the Safeguarding Children Board
- Further information about safeguarding alerts and referrals
- A concern about the low rate of referrals recorded for people in minority ethnic groups and the importance of engaging with these communities
- A request for clarification about the multi-agency hub
- Levels of support from the Police and the Crown Prosecution Service
- Details about organisational representation on the Board.

RESOLVED that:

(1) The analysis of the low rate of conversion of alerts to referrals which relate to a previous Scrutiny Board discussion following on from the Adults Social Care Peer Review in March 2014 be noted.

(2) Joan Beck, the Chair of the Board, to give consideration to the future appointment of Councillor representatives on the Board.

(3) The Executive Director, People to provide a briefing note to members on the location and purpose of the multi-agency hub.

12. **Adult Social Care Annual Report 2013/14 (Local Account)**

The Scrutiny Board considered a report of the Executive Director, People providing a brief overview of the Adult Social Care Annual Report for 2013/14 (Local Account) which described the performance of Adult Social Care and the progress made against the priorities set for the year. A copy of the draft Annual Report was set out at an appendix. A copy of the final designed version of the report had also been e-mailed to members prior to the meeting. The report was also to be considered by Cabinet at their meeting on 7th October, 2014.

The report indicated that Councils were expected to produce a Local Account that demonstrated the performance of adult social care to local citizens. It provided the opportunity to be open and transparent about the successes and challenges of the year and to show how outcomes were improving for the people Adult Social Care supports. The Board were informed that this was not a statutory document.

The annual report used information taken from the Adult Social Care survey. It identified key challenges which included the introduction of the Care Act in April 2015; the Better Care Fund; and managing with a reducing financial resource. The report would be shared with local people, people who use services, carers and partner agencies. Their feedback would inform the approach to producing next year's report.

The Board noted that the commentary from Healthwatch Coventry was still awaited.

Members of the Board questioned the officers and responses were provided. Representatives from University Hospital Coventry and Warwickshire, Coventry and Rugby CCG and Coventry and Warwickshire Partnership Trust who were in attendance also responded to questions. Matters raised included:

- Clarification as to when the response from Healthwatch Coventry would be received
- An explanation about the net spend on services, in particular the largest amount spent on residential costs and the likelihood of this increasing
- An understanding of the monitoring undertaken ensuring adults were supported to move back/remain in their own accommodation
- An update on the latest position concerning pooled budgets
- Clarification about the support for partnership working including new ways of working which aimed to prevent the vulnerable going into hospital care

- Concerns about reduced funding having an impact on the services available to support mental health patients and the difficulties associated with the unavailability of GP appointments
- Further information about the implications of the Care Act in relation to self-funders of residential care who, in the future, will be entitled to financial support from the Council, the impact of which could be very significant.

RESOLVED that:

(1) The Board support the publication of the Annual Report.

(2) A briefing note be submitted to Cabinet at their meeting on 7th October, 2014 informing of the Board's considerations including asking Cabinet to consider further the use of pooled budgets to support better partnership working, cost savings and improved service delivery.

(3) The Annual Report for 2014/15 to be submitted to the Scrutiny Board when the commentary from Healthwatch Coventry has been included in the report.

(4) A report on the support available for mental health patients from the health providers to be submitted to a future meeting of the Board.

13. **University Hospitals Coventry and Warwickshire Quality Account 2013/14**

Further to Minute 3/14, the Scrutiny Board considered a briefing note of the Scrutiny Co-ordinator introducing the Quality Account 2013/14 for University Hospitals Coventry and Warwickshire (UHCW). A copy of the Account was set out at an appendix. Mark Radford, Chief Nursing Officer, UHCW attended the meeting for the consideration of this item.

Quality Accounts were annual reports to the public from providers of NHS healthcare services about the quality of services they provided. Their purpose was to encourage boards and leaders of healthcare organisations to assess quality across all their services and to engage in the wider processes of continuous quality improvement. The Scrutiny Board had the opportunity to provide a commentary on local Trust's Quality Accounts and reference was made to the Task and Finish Group which undertook this task.

The annual report referred to the following three priorities for 2013/14:
(i) Patient Safety: Reducing the risk of harm from falls
(ii) Clinical Effectiveness: Discharging patients in a safe and timely way
(iii) Patient Experience: Using patient feedback to improve care

Priorities for the present year were:
a) Patient Safety: Ensuring effective handover of care between health care professionals
b) Clinical Effectiveness: Ensuring that patients flow easily through the hospitals to improve efficiency in elective theatres
c) Patient Experience: Ensuring that the hospitals work together towards providing a world class patient experience

The Board questioned the representative on a number of issues and responses were provided. Matters raised included:

- The implications of inappropriate patients turning up at A and E because they can't get a GP appointment
- How the transport issues for patients attending the renal unit were being addressed
- How the issue of staff performing tasks for patients without giving them proper care and compassion was being managed
- Further details about improving patient experiences including using the TMI patient experience innovation model
- The importance about the standard of hospital food and the availability of car parking to improve patient experience as indicated in the family and friends test for in-patients
- Proposals for dealing with the problems caused by allowing smoking outside of the hospital
- This issue of patients being unable to be discharged due to the unavailability of their prescription drugs
- The success of the Lucina birth centre at the Coventry hospital
- Clarification that the hospital was on track to deliver all the requirements of the Francis Report

RESOLVED that, having considered the content of the Quality Account, representatives from University Hospitals Coventry and Warwickshire be invited to attend a future meeting of the Scrutiny Board to discuss the implementation of the requirements of the Francis Report.

14. **Review of the Winter and Patient Discharge from University Hospitals Coventry and Warwickshire (UHCW)**

The Scrutiny Board received a joint presentation which provided a review of the winter and patient discharge from University Hospitals Coventry and Warwickshire (UHCW). David Eltringham, Chief Operating Officer, UHCW and Sue Davies, Head of Partnerships, Coventry and Rugby Clinical Commissioning Group attended the meeting for the consideration of this item.

The presentation indicated that in the past year the hospitals had dealt with 180,000 Emergency Department (ED) attendances; 38,000 elective procedures and 680,000 outpatient appointments. Detailed information was provided on the monthly ED performance for meeting the four hour standard which included a comparison with attendance numbers.

The Board were informed about the principles for getting emergency care right (FREED metrics) and details were provided about the increasing number of patients attending A and E over the past three years including numbers conveyed by ambulance and admissions to hospital. There was also a focus on discharges including the weekly net admit/discharge position. The presentation concluded with details of the measures being taken by the hospitals to support improved performance.

The Board questioned the representatives on a number of issues and responses were provided, matters raised included:

- Clarification about the discharge figures and information on re-admissions
- Details about the proposals for seven day working
- Partnership working to support improved hospital patient flow including reducing delayed discharges
- Details about the multi-agency funded street triage pilot scheme including concerns about the funding arrangements
- The implications associated with the unavailability of GP appointments.

RESOLVED that the presentation be noted and the Scrutiny Board to be kept informed of progress and any particular trends concerning winter pressures and patient discharge from University Hospitals Coventry and Warwickshire.

15. **Outstanding Issues**

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

16. **Work Programme 2014-15**

The Scrutiny Board considered the Work Programme for 2014-15.

RESOLVED that the following issues be added to the work programme:

(i) Services for mental health patients, minute 12 above refers
(ii) Implementing the requirements of the Francis Report, minute 13 above refers
(iii) When considering the 'Overview of the Care Bill' issue, information be provided on the preparations of the Adult Safeguarding Board
(iv) The item on 'Complaints Management' to include Adult Social Care
(v) 'Coventry and Warwickshire Partnership Trust, Progress following CQC Inspection' to be considered at the November meeting of the Board.

17. **Any other items of Public Business**

There were no other items of urgent public business.

(Meeting closed at 5.00 pm)

Coventry City Council

Briefing Report

To: **Health and Social Care Scrutiny Board (5)** **Date: 15 October 2014**

From: **Councillor Alison Gingell, Cabinet Member Health and Adult Services**

Subject: **Progress of Public Health programme from 1st April 2013**

1 Purpose

The purpose of this paper is to brief Scrutiny Board of the work on the public health programme since public health became a council responsibility in April 2013. The paper provides an outline of the main public health delivery areas under the headings of:

- Marmot/health inequalities
- Improving the health and well-being of children and older people
- Creating Healthy Places
- Protecting people's health
- Integrated health and care

This paper updates our report, One Year On, (Appendix A) of the work of public health during 2013/14 with an additional aim of illustrating how bringing public health back into Coventry Council has created more joined up approaches across the council and its partners to improving health. This is already resulting in areas of accelerated progress in improving health and well-being outcomes compared to England wide outcomes although there is still considerable room for improvement across many health and well-being outcomes.

2 Recommendations

Scrutiny Board is asked to:

- Consider the deliverables from the public health programme to date
- Identify any further areas for discussion or consideration
- Identify any recommendations for the Cabinet Member and the Health and Well-being Board.

3 Background

3.1 Since April 2013 local authorities have had a statutory responsibility to improve and protect the health of their local population. The Health and Social Care Act 2012 making clear the requirement for local authorities to work in partnership with the

NHS and other organisations such as the Police, Fire Service, Healthwatch, voluntary organisations, and others, through Health and Well-being Boards to deliver improved health and well-being outcomes for its people.

3.2 With these statutory responsibilities comes a wide ranging requirement to maintain and sustain the health of the population that includes responsibility for taking action to reduce health inequalities by tackling the wider determinants of health (such as education, employment and housing) as well as commissioning a range of public health services and working with NHS commissioners and local NHS services to improve health services. Local Authorities need to ensure they have the appropriate health intelligence and evidence input needed to discharge these duties effectively. This public health function is the responsibility for Local Authorities for the first time since 1974.

3.3 Historically Coventry has poor health and well-being outcomes compared to those of other areas across England, significant inequalities in the population and high levels of deprivation. The council recognised the imperative to improve health outcomes and reduce health inequalities at a pace that reduced the gap between Coventry and all–England health and well-being outcomes and agreed in November 2012 to become a Marmot City. This initiative is looking in the first two years to show accelerated progress on reducing health inequalities and improving health outcomes for the people of Coventry. In line with the evidence of the Marmot report all public health programmes aim to demonstrate increased impact across our most deprived and vulnerable groups, strong partnership working and effective public involvement in the development and delivery of initiatives.

4. Discussion and actions

The Health and Well-being Strategy has set public health an ambitious agenda to match the Health and Well-being indicators with the best in the country. In line with the Council Plan this requires us to reduce the gap in life expectancy between the most and least deprived people in Coventry, improving the health of our most vulnerable groups so it matches the best in the city.

As a Marmot City we want to maximise the number of years that people live free from illness and disability so we maximise the economic value and quality of life of people in this city. As part of the Health and Social Care Act 2012 we are working to ensure that the NHS delivers access to good quality health services irrespective of where people live, with an emphasis on people accessing services that stop them getting ill and prevent health problems escalating - thus reducing the demand on expensive health and social care services.

To achieve these objectives we are working across the council and with other partners on the following:

4.1 Marmot City/Reducing disparities in health

4.1.1 Progress on Marmot city

Coventry is a city with significant health inequalities. Currently the gap in male life expectancy between the best and worse in the city is 11.2 years and the gap in healthy life expectancy over 20 years. This means that men in the most deprived wards in the city will be suffering from life limiting illness as early as their 40s, thus having a major impact on the economic viability and social integration of this city.

The Marmot review made it clear that to fundamentally reduce these inequalities we need to concentrate much more on factors such as employment, education and the start in life that we give children, rather than managing the health consequences of deprivation and inequalities. The Council agreed to be a Marmot City in November 2012. This has become a much wider approach, not just involving Council activities but including a range of activities being delivered by partners in the city.

This work is led by the Marmot Steering Group, chaired by the Cabinet Member for Health and Adult Services. The Steering Group represents a partnership across a wide range of agencies such as the Council, Coventry and Rugby Clinical Commissioning Group, Fire Service, Police and the Voluntary Sector to combine efforts to maximise life opportunities for the people of Coventry and reduce health inequalities.

A Marmot Workplan has been produced which outlines partners' contributions across the life course to reduce inequalities in the city. A set of indicators supports the work plan to measure both short term and long term progress in reducing the variation in outcomes for people living in Coventry. Figure 1 below sets out some of the areas of work being undertaken across the council and partners to deliver our aspirations as a Marmot City and Appendix B sets out the indicators we and our partners are using to assess the impact of these actions.

Figure 1

MARMOT – WHAT'S HAPPENING	
Council	- Education (early relationship and support) - Welfare Reform – fuel poverty, homelessness - Jobs – mental health training for Job Shop Staff - Green Spaces – Cycle Coventry, and active transport, play streets - Falls prevention training in care homes - Dementia friends - Social value - Workforce - Early years – early intervention, early help and improving outcomes for vulnerable children - Sexual violence - Female genital mutilation
CCG	- Cancer (Cancer screening) - Reducing smoking in pregnancy - Alcohol (A&E Nurses, City Centre Triage)

Voluntary Services	- Migrant Health (FGM, birth and early child health) - HIV/Aids (Early identification of people with HIV) - Community Engagement
Police	- Priority Neighbourhoods (crime reduction) - Shared Data - Brief Interventions (alcohol and MECC)
Fire Services	- Risk Assessments - Making Every Contact Count (MECC)

The most recent set of national Marmot indicator's show Coventry is making some progress on reducing health inequalities, with improving male and female life expectancy and good child outcomes but still needs to make progress in other areas (e.g. the gap in life expectancy for women)

Figure 2

Selected highlights from recent national Marmot indicator set
There has been an increase in **life expectancy** in Coventry, from 77.2 years (2008-10) to 78.1 years (2010-2012) for men and from 81.6 years (2008-2010) to 82.1 years (2010-2012) for women The **life expectancy gap** for men has reduced from 11.7 years (2008-10) to 11.2 years (2010-2012) The **life expectancy gap** for women has increased from 7.9 years (2008-10) to 8.6 years (2010-2012)
The number of people reporting **low life satisfaction** is significantly lower than the national average at 4.3%
More children than the national average are demonstrating a **good level of development at age 5** (55.4%, compared to 51.7% English average) **Children with free school meal status** are also doing better than other children with free school meal status in England (42.3% reaching a good level of development at age 5 compared to 36.1%)

In the light of the progress to date and recognising we are coming to the end of the 2 year Marmot City initiative, we are developing an evaluation of the implementation of this approach with the aim of developing recommendations for further action.

However, we are already working on new approaches to ensure continued progress on health inequalities. We have agreed with the Public Sector Board that inequalities will be a key priority for all organisations in the city and will be measured across these organisations. We have agreed with UCL that Coventry will co-host a national conference involving all Marmot cities in the country. Feedback from UCL indicates that

Coventry is making more progress than other cities. Nationally the Department of Health and Public Health England (PHE) have recognised our work in this area.

From the peer review of our health and well-being strategy we recognised a key area in reducing health inequalities was primary care. We are working to reduce the variation in primary care quality across the city by focusing on 3 main areas. A primary care quality dashboard, integrated neighbourhood teams delivering health and social care and improving the information provided to patients outlining what they should expect from primary care.

4.1.2 Reducing disparities in Health

Overall health outcomes across the city are poorer than those experienced by people living in areas such as Warwickshire that have the best outcomes in England. Therefore, we need to not only reduce the gap in health outcomes across the city but also improve outcomes generally across the city. Two major initiatives that public health is leading on to reduce the disparities in health in the city are drugs and alcohol and health checks for the over 40's. Appendix C sets out the recent information on areas of poor health outcomes compared to our peers.

4.1.2.1 Drugs and alcohol

Drugs and alcohol have a major impact on society in terms of working days lost, crime and violence and is one of the most common underlying factors in domestic and child abuse. Drugs and Alcohol are also a major cause of ill health.

Coventry is a significant outlier on a wide range of health outcomes related to alcohol.

In Coventry, approximately 52,000 people drink above NHS guidelines, 8,000 individuals are alcohol dependent and 5,200 school children say they have tried alcohol. The rate of alcohol-related hospital admissions per 100,000 in Coventry quadrupled between 2002/3 and 2011/12.

Coventry has approximately 2,000 opiate and crack users, and approximately 750 primary and secondary school children in Coventry say they have tried illegal drugs. While opiate use is decreasing, the use of new and emerging drugs, e.g. legal highs, is on the rise

Public Health fund a range of commissioned services that deliver advice, treatment, support, advocacy, training, communications and service user involvement in line with the city's drug and alcohol strategies.

The majority of funding supports treatment for adults. Approximately 2,000 adults a year in Coventry receive treatment and 200 professionals receive training to identify and provide interventions that have been shown to be effective in altering people's drinking habits. Non-opiate users and alcohol users in treatment have significantly increased (by 32% and 21% respectively on 2012/13 figures) and the number of alcohol users successfully completing treatment have also increased by 4%. However, successful completion of treatment for drug users decreased in 2013/14 and we are working with

our services and ex users to address this. We are monitoring outcomes against the national outcome set and currently we are performing well on these measures compared to other parts of the region, although we still have significant challenges to improve our outcomes to compete with the rest of England.

Other services commissioned within the alcohol and drugs programme include:

- Independent Living Service (provides 800 information and advice sessions per year, and carries a permanent caseload of approximately 50 clients who receive structured support).
- Service User Involvement Scheme (promotes community cohesion and volunteering)
- Late Night Triage Service (treats approximately 350 alcohol intoxicated patients a year, preventing 240 A&E attendances and 200 ambulance call outs), NHS funded via a S256 agreement with the Clinical Commissioning Group.
- Identification and Brief Advice in primary care (via a GP LES, national 1-in-8 success rate)
- Residential rehabilitation placements (25-40 clients learn how to maintain abstinence)

There is a growing amount of evidence that the density of off licences is linked to the following:

- An increase in direct and indirect sources of alcohol for young people
- An increase alcohol related harm.

For every 2 additional alcohol outlets per 100,000 population, there is one additional hospital admission of a person under 18 yrs. Public Health have provided evidence to support both police and environmental protection in licence review hearings where premises serving alcohol are associated with increased attendance to A&E. The Director of Public Health is now a Responsible Authority under licensing legislation, which means that she is consulted on all alcohol licensing matters across the city.

4.1.2.2 Health Checks

Vascular diseases including coronary heart disease, chronic kidney disease, diabetes and stroke account for the greatest number of preventable deaths in the UK. In 2009, one third of deaths and one fifth of hospital admissions in the UK were attributable to cardiovascular disease, and cardiovascular disease accounts for the largest element of health inequalities in the UK. This is also a major cause of disability resulting in care, benefit and wider societal costs.

The NHS Health Check Programme is a mandated service under the Health & Social Care Act 2012. Health Checks are targeted at residents aged 40-74, and assess the risk of developing health problems and conditions e.g. heart disease, diabetes, stroke and dementia. When risks are identified individuals are supported with personalised lifestyle advice and clinical action, helping to reduce the risk of developing long term conditions and the consequences of such conditions.

The take up of NHS Health Checks is rising in Coventry and exceeds the national and regional average. The number of people being invited and receiving a health check

(9,374) doubled in 2013/14 compared to the previous year. In 2013/14 3% of health checks resulted in people being identified as having a significant health problem that meant they were added to a disease register. Currently 65% of health checks are being delivered to people in the most deprived communities in the city. Currently we can demonstrate a wide range of further actions that GPs and others are supporting individuals to undertake to reduce health risks identified by health checks.

4.2. Improving the health and well-being of children and older people

In order to reduce inequalities in this city and ensure that the people of this city are able to maximise their life opportunities we need to work to improve health outcomes at both ends of the life course. We need give all our children the best start in life and ensure that older people can remain healthy, independent and important contributors to the life of this city.

4.2.1 Children and families

The health and well-being of children in Coventry is generally worse than the England average across a number of key outcome measures, from infant mortality to number of looked after children.

A number of high profile national reports (Marmot, Tickell, Field and Allen) have all highlighted the same issue: if you want to improve the life chances and health outcomes for children your need to intervene early in a child's life, before 2 years of age. If we want to improve the outcomes of every child born in the city, we need to improve on current performance and delivery across the system.

A new model of delivery, based on integrating existing teams and services on a locality basis is offering the opportunity to do better for children and their parents. This new model ensures that parents and the voluntary sector are involved in the co-design and co-production of the service. Through this approach we are aiming to improve the capacity and capability of parents to enable them to best support the health and development of their children and achieve the goal of giving every child born in the Coventry the best start in life. Integration of care around the needs of children, and their families is absolutely fundamental to improving their health outcomes. It also reduces duplication and waste and saves significant sums of public money that can be spent on service improvement.

The new model is predicated on serving the needs of a locality around a hub of a Childrens Centre and a cluster of GP surgeries. The integrated team comprises of the following:

- Midwives
- Health Visitors
- Children Centre staff
- GPs
- Childrens Social Care

The early signs have been encouraging on a number of levels:

- Improved Parental Engagement: involved from the outset in co-production of the new model and on-going evaluation.
- Improved Team development/behaviours: Formal multi-disciplinary weekly meetings focused on early intervention and joint planning for those parents identified as being vulnerable and requiring additional support.
- Improved engagement and working relations with GP practices
- There has been reported increase in staff morale

We are focusing on a small number of key outcome measures in the 0-5yrs that will inform us of whether we are achieving our overall goal. These are:

- Early Booking at 12 weeks in the ante natal period
- % women smoking at delivery
- Breastfeeding initiation and duration
- Primary immunisation coverage
- Development reviews 0-5yrs
- Uptake of 2yr nursery place
- CAFs
- Child protection plans
- LAC number
- School readiness

The 2 demonstrator sites (Tile Hill and Hillfields) went live in April 2014. This has not been achieved before in Coventry and is a truly innovative piece of work. 4 more sites in Longford, Henley, Foleshill, Binley and Willenhall went live at the start of October 2014.

Other work currently underway includes support for parents from vulnerable and ethnic groups (see table in Appendix D), support to improve breastfeeding (via the infant feeding team in the people directorate), improving the safeguarding roles of GPs, improving school nursing and working with the NHS to maintain high childhood immunisation rates especially around the introduction of flu vaccination of children.

4.2.2 Older people

The Health and Well-being Board and council have also endorsed work to support Coventry to become a World Health Organisation Age Friendly City. This initiative is being jointly delivered with Coventry University and Age UK Coventry. The aim is that we will work with a wide range of people across the City to put together a plan of how, together, they would make the City of Coventry a place where older people can remain healthy, independent and happy long into their old age.

4.3 Healthy Places

Placing the public health function within Coventry council has allowed PH and the place directorate to work collaboratively on a range of initiatives that include:

- Ensuring the physical environment is designed and maintained to promote health
- The use of the built environment to change health and lifestyle (cycle tracks)
- Promoting health in the workplace (workplace well-being charter)

Furthermore the ability to work collaboratively across the council and with other partners has allowed us to look in very different ways at how we address major public health lifestyle risk behaviours where changing these behaviours requires us not only look at individual behaviour change but an understanding of the influence of the environment that surrounds that individual and the community and peer influences that affect those behaviours. This can best be illustrated by the innovative approaches being taken to address the lifestyle issue of physical inactivity by Coventry on the Move.

4.3.1 Coventry on the Move

Physical inactivity is estimated to cost the England economy £8.2bn. The impact of physical inactivity is around 10% of the social costs incurred by major public health concerns. Inactive people spend 38% more days in hospital than active people and visit the doctor almost 6% more often. Physically active people are less likely to develop diabetes, heart disease and other conditions that ultimately drive up social care costs. With 37% of the population inactive (UKActive, 2014), Coventry has one of the least active populations in the country.

Coventry on the Move is taking an innovative approach that is attracting attention across the country. It recognises that people do not respond well to messages that link being active to reducing health problems. Instead it is taking an approach that builds on the ability of physical activity to be fun and a way of bringing people together. Coventry is one of 8 Department of Health systems leadership pilots and this work is part of this pilot.

The main programme we are commissioning focuses on parents and children being active together and is being tested in school and community settings.

4.3.1.1 Working with Parents and Children – Active Socialising

This work is based on the concept of parents and children having fun and being active together that came out of some behavioural insight work that took place in 2013. We are now piloting this concept with a few different organisations to see which is more effective:

i. Happy Hour:

Happy Hour is being run by the Positive Youth Foundation. 34 parents and children attended the programme at Stanton Bridge primary school between April and July this year. Follow-ups are now taking place to see if the families have continued being active together.

They will also be going into Sidney Stringer Secondary School in November to pilot the programme in a secondary school

ii. Using your outdoor spaces:

Warwickshire Wildlife Trust delivered programmes in children's centres over the summer holidays, to encourage parents of younger children to use the outdoor space in their local area. These centres were Middle Ride, Bell Green and Canley and have had over 60 unique participants attend, with an average attendance of 17. Staff at the centres are being trained so that they can deliver these session independently of WWT. They will be delivering follow ups in October to assess the impact this has had.

iii. Streetgames:

Streetgames is a national organisation who are sub-commissioning Coventry Sports Foundation to deliver a series of activities in the Tile Hill area. They will be delivering six week activity sessions in six schools in Tile Hill, targeted at less active children. These will be supported by two community sessions where parents also attend. Parents will be trained to be volunteers so these sessions can continue without further funding. All six schools will have started delivering by end 2014.

4.3.1.2 Working with communities

The Tile Hill festival took place on the 28th September 2014 where over 150 residents came along to get active, and have fun in their local area. However, this was not the result of major public health input and resources. Most of the activities were provided by volunteers or local services free of charge. These included a variety of cycle activities (organised by Cycle Coventry) such as Spin Art, cycling assault course, and free cycle checks; relay races; table tennis; swing ball and stop smoking information. The event also could not have happened without partnership with the library and Youth Centre. They are now planning for this to be a twice-yearly event. This event was the culmination of work Coventry on the Move has been supporting in the area over the last 9 months.

Tile Hill's Got Talent took place for the second time, the day before Tile Hill Festival. Other work has resulted in a Youth Café being launched, who were given the Wellbeing Grant to get started, and now have up to 30 children attending, playing games they make up themselves, and making smoothies.

4.3.1.3 Active workplaces

On average people spend almost 6 hours each day seated at work and as such there is an opportunity to reduce this figure and create a healthier workforce. The benefits of physical activity to both employee and employer are well documented and yet massively under exploited. It is hoped that all public bodies will embrace this opportunity to enhance the health of their workforce and contribute to tackling a much bigger population-wide challenge.

Recently, UHCW, Coventry University, Severn Trent and IKEA have signed up to being involved with this. We have developed a workplace challenge that is creating league tables of activity in organisations and potentially in future between organisations.

Within the City Council this has resulted in a monthly 'Challenge Martin' session where any staff can quiz the chief executive while playing him at table tennis. The Leader of the Council is due to join this activity from October 2014. Meeting rooms have been issued with pop up table tennis kits and 'standing' meetings will shortly be encouraged with specific tables for the purpose. In the summer a Top Gear-style staff challenge was held to see what mode of transport (walking, running, cycling, driving and even skateboarding) would get people across the city fastest.

Companies have also shown an interest in taking part in the '2 minute skipping challenge'. So far IKEA have taken part in this but there has been a lot of interest from UHCW, the Police, and Coventry and Warwickshire Partnership Trust.

4.3.1.4 Creating social opportunities to be active

We have used a number of events such as the two closures of the ring road, the Godiva festival and events in Broadgate to give people the opportunity to be active in fun ways. This has included getting groups such as the police and GPs to take part in activity challenges. This is part of our approach to get a much wider range of organisations and individuals acting to mobilise physical activity in the city.

To extend the reach of these events and to encourage people to continue to be active after the events we have been using social media to keep in contact with people who sign up at these events and to broadcast to a wide audience. We are engaging a large number of people on an ongoing basis in taking part in activity and using social media to communicate how much activity they are taking part in. We are working with Free Radio and social media forums to get wider recognition and take up of messages on being active in the city.

Twitter was started in February this year, Facebook in July. Twitter has over 600 followers; Facebook has over 550 'likes'. On Twitter, 52 of our followers are 'influential' which means that have a lot more followers than numbers they are following. These include Coventry Telegraph, NHS midlands, Touch FM and JD (from free radio).

At the last event Coventry on the Move was involved in (Tile Hill Festival), there were re-tweets from Radio Warwickshire, Horace Panter (The Specials), Tom Wood (England

Rugby, used to play for Barker Butts) and JD & Roisin. Collectively, these people have almost 50 thousand followers.

At Godiva Festival 2014, we worked in partnership with Decathlon to encourage people to keep active, and talk about it on social media. For every person who got a piece of equipment to take away (a hula hoop, squidgy Frisbee disk or skipping rope), they also got a £5 off every £25 or more spent at Decathlon. Furthermore, they would have a chance to win £50 at Decathlon if they Facebook-ed or Tweeted a photo of them using the equipment with other people. The person who won got 6 people playing Frisbee in the back garden.

4.3.1.5 Increasing activity in vulnerable groups

In 2014/15 we are focusing on four different models aimed at getting different population groups active, including those with Mental health problems, learning disability or with a physical or sensory impairment. This should reinforce these group's independence and well-being.

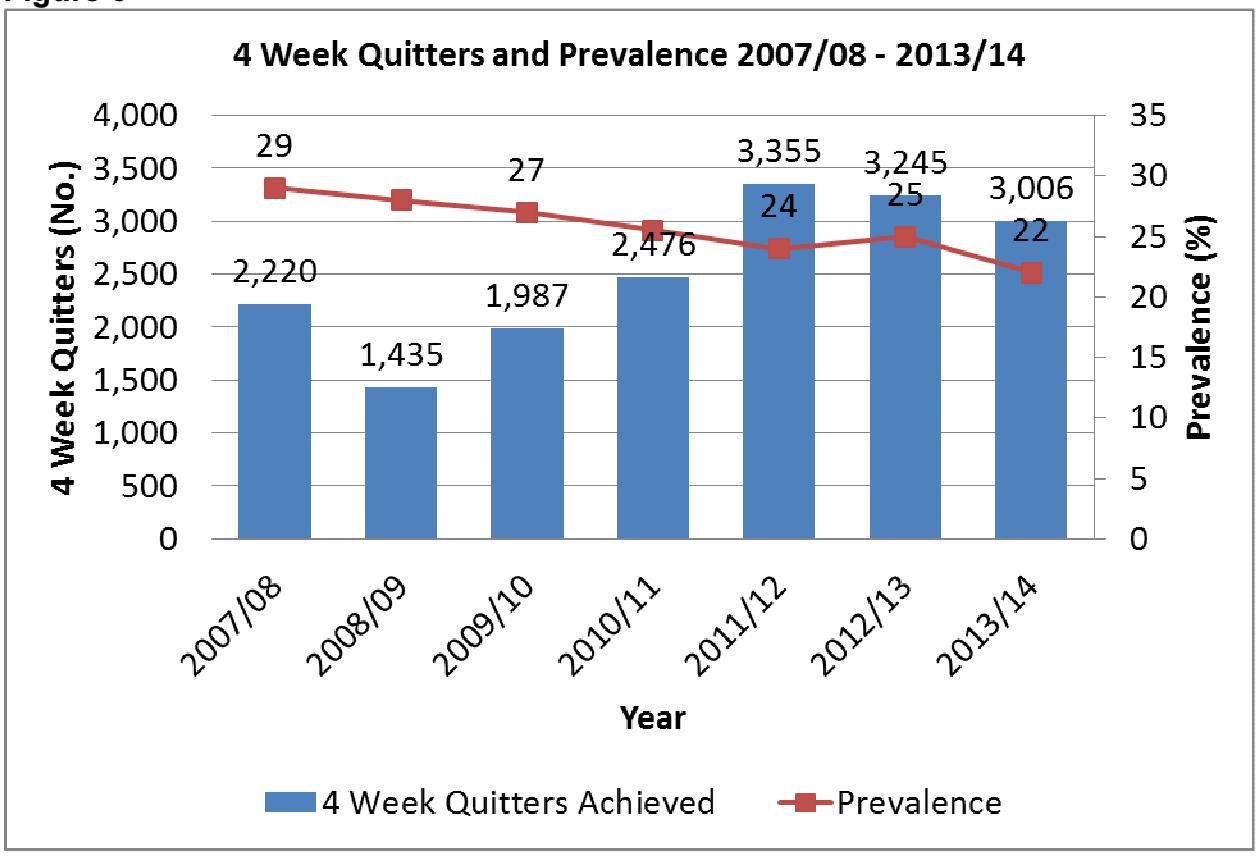
Overall our ambition is to get a substantial proportion of the City active. Future national activity surveys should see Coventry move to top quartile activity levels over 5 years.

4.3.2 Tackling lifestyle issues

Lifestyles make a significant contribution to both life expectancy and to quality of life. The major lifestyle issues of smoking, diet and being active have a bigger impact on health outcomes than a whole range of genetic and disease treatment factors. Overall individuals that have 3 or more lifestyle risk factors will see a reduction of 12 years in their life expectancy – Appendix E. Therefore we continue to need to focus on reducing levels of smoking, improving the number of people who are at a healthy weight as well as further developing the work above on physical activity.

We have made significant progress on reducing the number of people who smoke in the city to the extent that from having above national levels of smoking in the city we are now in line with the national average (the prevalence of smoking has fallen from 29% in 2007 to 22% in 2013. This has been done by a Tobacco Control Alliance which was commended in a recent peer review for "a strong Tobacco Control Alliance with a broad membership which supports a comprehensive approach to tobacco control" and improving the uptake and effectiveness of our stop smoking services (see Figure 3) with 53% of people using Coventry stop smoking services quitting at 4 week follow up.

Figure 3



Although smoking levels are reducing in the city we know there is still a significant challenge especially in some of our deprived communities and among groups such as pregnant women. Therefore we are looking to build on the smoke-free school gates and children's play area initiatives by designating other public areas as smoke free. We are supporting UHCW and CWPT to become totally smoke free environments. If successful, Coventry could be one of the first cities nationally to achieve smoke-free NHS premises, in line with recent NICE guidance. We are also supporting a national research trial aimed at encouraging more pregnant smokers to quit and to promote smokefree homes (for example where a partner smokes).

However, perhaps the biggest emerging public health challenge across the world is the impact on health of excess weight. It is also a challenge that is proving difficult to address effectively.

A 2012 survey reported that between 51.6% and 61.5% of Coventry's adult population were an unhealthy weight - that is between 134,160 and 159,900 adults being overweight or obese. Coventry has an obesity rate of 26.2% which compares unfavourably with the national average of 23%. High levels of obesity are highly linked to high levels of deprivation. Some ethnic groups in Coventry will see significant health issues with lower levels of obesity e.g. Asian.

We know that people find it difficult to change their weight and maintain weight loss. A growing level of evidence suggests that because of this the approach to weight

management activities need to be more tailored to the individual. We want to apply our learning from Coventry on the Move to develop innovative approaches to do this. In addition, it is clear that family and peer lifestyles and the food environment can have a big impact on people's weight e.g. food deserts.

Therefore although our healthy weight programmes are delivering results in our communities (see Figure 4) we have reviewed the evidence and current outcomes for healthy weight in Coventry and as a result intend to focus in 3 areas. This will require significant partnership working to deliver work both across the council and with external partners. The 3 areas are:

i. Food environment; looking at food deserts, food outlets, and role of businesses, communities and others around food behaviours.
ii. Families with children; working with schools, pregnant women and recognising that healthy weight in children is often a challenging issue for families that requires change across the family; and
iii. Deprived communities; working with food banks, community groups to develop activities that enable them to make lifestyle changes.

We are currently in the process of identifying the key actions we want to take forward in these 3 areas.

Figure 4

HEALTHY WEIGHT	
Programme	**Outcome**
Be Active Be Healthy	- 69% completion rate - 70% reported change after 1 year in eating linked to physical and mental health
Cook and Eat Well	- Support to most vulnerable communities - Working with food banks on how clients can cook healthy meals.
Weight Management on Prescription	- Average weight loss per client is ½ stone

4.4 Protecting the people of Coventry's health

There are 3 key areas that public health in Coventry focus on to ensure that we reduce the risk of harm and serious health consequences:

- Reducing the level of communicable disease in the population
- Reducing the impact of sexually transmitted infections and unwanted pregnancy
- Managing population health outbreaks

The consequences for the city of failures in these programmes are significant. The Council is responsible for delivering statutory services around health protection and specific mandated services around sexual health. Sexual health is a significant issue in Coventry because of a younger than average population, a significant student population and a high migrant population.

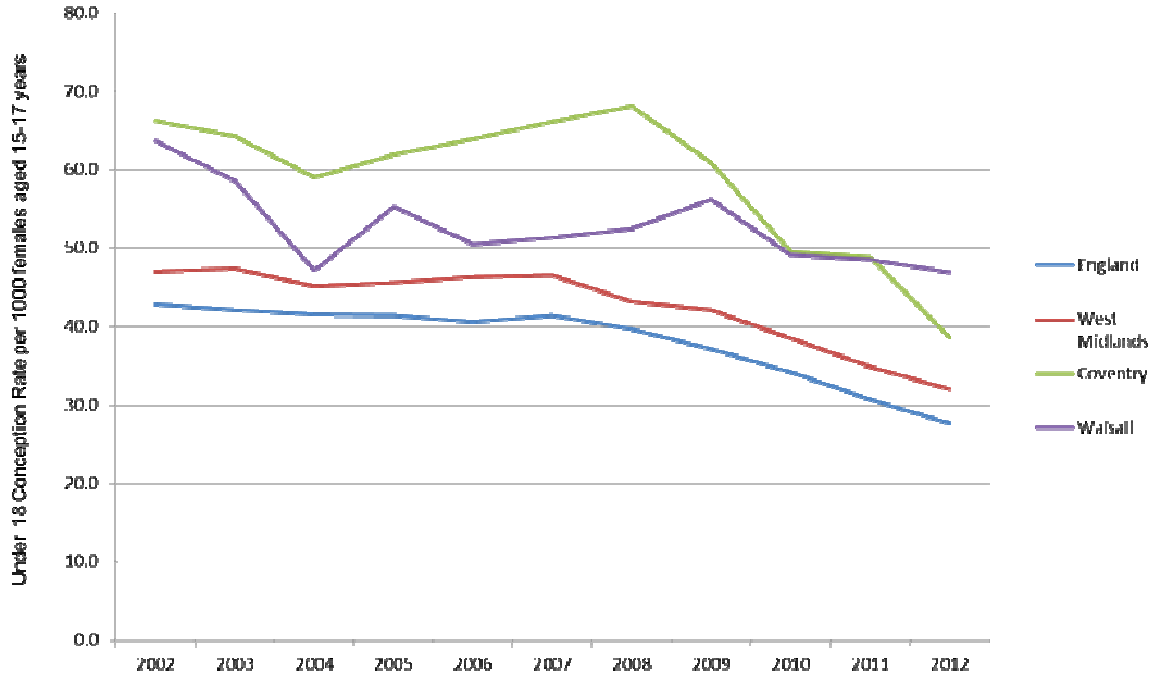
4.4.1 Sexual health

Sexual Health covers a range of issues including contraception and unwanted pregnancy, sexually transmitted infections (STIs), and relationships. Good sexual health is important to individuals but it is a key health protection issue as well.

Teenage pregnancy rates are decreasing nationally. In Coventry rates are decreasing rapidly compared to national projections meaning that Coventry is on track to come in line with the national average for teenage pregnancy. See Figure 5. This is a result of the improvements made to our sexual health services and the introduction of services such as Family Nurse Practitioners that support young people that have already become parents.

Figure 5

Teenage Pregnancies in Coventry



While there is no cure for HIV, the improvements in treatment of people with HIV means that if diagnosed early people can expect to live nearly as long as someone without.

Integrated Sexual health services are currently out to tender in Coventry, jointly with Warwickshire and NHS England. The effect of our current programmes are set out in Appendix F.

However, significant challenges still remain. Coventry has:

- the third highest rate of Chlamydia in the West Midlands (2291 per 100,000 15-24 year olds), which is increasing over time.
- 12th highest HIV prevalence of all local authorities in the UK outside of London and levels of late diagnoses of HIV.
- relatively low use of long acting reversible contraception (LARC) which are important in reducing unwanted pregnancies.

4.4.2 Communicable Diseases

The reduction in communicable diseases is a priority for Coventry. Coventry has the highest prevalence of HIV in the West Midlands, is one of four local authorities with a high incidence of TB in the West Midlands, as well as having a large burden of disease due to other blood borne viruses, such as Hepatitis B and C.

The rise in TB levels has been highlighted by PHE as one of the greatest health protection challenges for the UK. In Coventry the Arden TB Strategic Board has been set up and will be chaired by the Director of Public Health for Coventry. The 1st meeting was held on 28th July 2014, in line with the national TB strategy. This Board will oversee TB prevention and control activities in Coventry and Warwickshire. In addition we are working with the CCG to improve infectious disease services commissioned by the NHS and are working with PHE on improving the identification and management of people with Hepatitis in Coventry.

4.4.3 Outbreaks

A multiagency agreement regarding service delivery in the context of a public health outbreak/incident has been developed (led by CSW Resilience and Public Health) for Coventry, Warwickshire and Solihull and signed off by all relevant partners. A recent test of the agreement in response to a care home outbreak has shown that the partnerships required for the response have worked effectively.

The Health Protection team is involved in a rolling programme of communication campaigns including cold weather and heatwave campaigns (including sending alerts across health and social care system), and seasonal flu vaccination campaigns. The recent 'Feel Well, Choose Well' Winter campaign has been put forward as a finalist at the e-Health Insider awards for the 'Best use of Social Media to deliver a health campaign' category. Furthermore, Public Health are currently taking the lead on Keeping Coventry Warm (fuel poverty) initiatives (in collaboration with colleagues from Place Directorate).

4.5 Improving outcomes from health and social care

One important element that contributes to the lower life expectancy in Coventry is that Coventry is doing significantly worse at mortality (deaths) from causes considered preventable by effective health and social care interventions. See Figure 6.

Figure 6

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.03 - Mortality rate from causes considered preventable (Persons)	2010 - 12	226.1	187.8	340.5		136.2
4.03 - Mortality rate from causes considered preventable (Male)	2010 - 12	290.4	238.4	430.9		164.9
4.03 - Mortality rate from causes considered preventable (Female)	2010 - 12	166.1	140.6	253.9		94.7
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2010 - 12	89.6	81.1	144.7		55.7

Public health is working with the NHS, and other partners to reduce preventable deaths and ill health. This involves the use of public health expertise; to provide an understanding of the health and social care needs in Coventry, the evidence for effective ways to meet these needs, support the commissioning of services against outcomes and ensure effective evaluation of new approaches to meet health and social care needs. For example of the range of input this can include is the area of reducing emerging admissions and re-admissions to hospital. Work has included:

- working with GPs on different models of primary care
- working with health & social care on new models of care for children and the elderly
- working with CCG and people directorate to understand the reason for the high levels of emergency admission and re-admission
- supporting the development of quality services in primary and secondary care

An important initiative to improve the integration of health and social care is the Better Care Fund.

The £3.8 billion Better Care Fund (BCF) was announced by the Government in the June 2013 Spending Round, to support transformation and integration of health and social care services to ensure local people receive better care. The BCF is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government.

In Coventry Our Better Care focus is on significantly improving pathways and interventions across the following:	
Prevention Support and Short Term Care that covers:	• Older People particularly people aged 75+ with complex needs, • People with Dementia • Their Carers
Long Term Care and Support for the following people:	• Those with Learning Disabilities & Mental Health (all ages) • Older People (75+) • Younger People with Physical Disabilities • People with Dementia • Their Carers

Following agreement by Ministers in June 2014, £1 billion of the NHS additional contribution to the BCF will now either be commissioned by the NHS on out of hospital services or be linked to a corresponding reduction in total emergency admissions.

Protection of social care remains a top priority, and the revised plans must reflect this clear policy intention.

Public health has been working with colleagues in the NHS and people directorate to provide data and evidence to support the development of Better Care plans and develop performance indicators and evaluations of effectiveness to underpin the implementation of these plans. This has included:

- co-ordination of the health and social care intelligence group
- evaluation of integrated neighbourhood teams pilot (see service model in Appendix G)
- evidence reviews to support service design

In addition to the BCF there is cross council working to ensure that we have the data and evidence we need to understand and plan for the implications on services of major population issues. This includes work on the Joint Strategic Needs Assessment that underpins Coventry's Health and Well-being Strategy, mapping the impact of welfare reforms, community engagement and empowerment work and behavioural insight work to support the customer journey work that is part of the Kickstart initiative. In all instances the aim is to ensure we have the right intelligence and public engagement to effectively deliver services that deliver real benefit to the people of Coventry.

5. References

Department of Health Fair Society of Healthy Lives (The Marmot Review) 2010
Department of Health, Health and social Care Act 2012

Report Author(s):

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Public Health One Year On

May 2014

Background

Since April 2013 local authorities have had a key role in improving the health of their local population, working in partnership with the NHS and other organisations such as the Police, Fire Service, Healthwatch, voluntary organisations, and others, through health and wellbeing boards. This includes responsibility for taking action to reduce health inequalities by tackling the wider determinants of health (such as education, employment and housing) as well as commissioning a range of public health services and advising commissioners of local NHS services. Local authorities need to ensure they have appropriate health intelligence and evidence input needed to discharge these duties effectively.[1] This public health function is a new responsibility for Local Authorities for the first time since 1974.

Responsibility for improving the health of the public sits with the Council's Director of Public Health, supported by a small team who in turn work with a wide range of staff within the council and externally who have direct responsibility for many of the services that influence people's health and well-being.

This report assesses what has changed one year on since Coventry City Council took up its new health duties.

Health and well-being in Coventry: the big picture

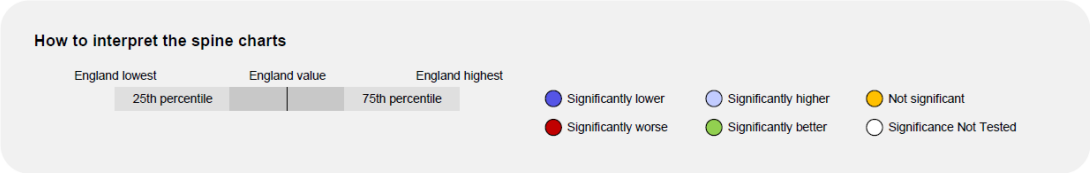
Coventry's Health and Well-being Board, chaired by the Cabinet Member for Health and Adult Services has a responsibility to set the overall direction for health and well-being in the city.

The Board use the Joint Strategic Needs Assessment (JSNA) to take a future-focussed view of what the key challenges are likely to be for Health and Wellbeing in the city, and this informs the development of the next Health and Wellbeing Strategy for the city, from 2016 onwards. This will be done by using skills in predictive modelling from existing service data and combine this with on-the-ground knowledge, from citizens and professionals in the city, to determine which areas of focus will have the most impact.

The Director of Public Health's annual report in 2013 – 'Changing for the better', looked into the risky behaviours of smoking, excessive alcohol consumption, physical inactivity and eating fewer than 5 portions of fruit and vegetables a day. There was a reduction in those people with high risk (3 or 4 risks) from 38% to 24% between 2007 and 2012. Additionally, the proportion of people reporting none of the unhealthy behaviours more than doubled from 3.1% to 6.9%. In the long term, this is likely to translate into significant health benefits. This work is now being used to make sure that services to support people to change their lifestyle are focused on people who are most likely to benefit which will be promoted by the Council's new Single Point of Access, due to go live later this year.

Outcomes

The Public Health Outcomes framework indicators show how Coventry is performing in comparison to England. These will be used to monitor what progress the council is making in improving health.



[1] Department of Health (2012): *Local government's new public health functions* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212962/Public-health-intelligence-local-government-functions.pdf

Marmot City

In 2013, Coventry City Council was chosen to be one of seven 'Marmot' cities. This work is lead by the Marmot Steering Group, chaired by the Cabinet Member for Health and Adult Services. The Steering Group represents a partnership across a wide range of agencies such as the Council, Coventry and Rugby Clinical Commissioning Group, Fire Service, Police and the Voluntary Sector to combine efforts to maximise life opportunities for the people of Coventry and reduce health inequalities. A Marmot Workplan has been produced which outlines partners' contributions across the life course to reduce inequalities in the city. A set of indicators supports the work plan to measure both short term and long term progress in reducing the variation in outcomes for people living in Coventry.

Outcomes

Overarching indicators	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
0.1i Healthy life expectancy at birth - Male	2009 - 11	60.4	63.2	55.0		70.3
0.1i Healthy life expectancy at birth - Female	2009 - 11	63.2	64.2	54.1		72.1
0.1ii Life Expectancy at birth - Male	2010 - 12	78.1	79.2	74.0		82.1
0.1ii Life Expectancy at birth - Female	2010 - 12	82.1	83.0	79.5		85.9

Marmot City Plan: table of indicators 14 May 2014

Lead Organisation	Indicator title	Previous Data	Latest Available Data	Progress	Target 2013/14
CCC-Public Health	Breastfeeding rates at 6-8 weeks for Cov & Rugby CCG -- cannot be compared to old data	**43.3%** 2013/14 Q2	**48.7%** 2013/14 Q3	=	↑2% (45.7%+)
CCC-Public Health & CCG	Alcohol related hospital admissions (broad) directly European age-standardised rate per 100k population -- revised indicator, cannot be compared to old data	**6,689** (2,499 per 100,000) 2011/12	**7,243** (2,680 per 100,000) 2012/13	✗	↓
CCC-Public Health	NHS health checks delivered annual data for 2013/14 shows 9,374 completed out of 17,224 invited and 80,032 eligible - quarterly data used to match target	**2,780** 2013/14 Q3	**3,155** 2013/14 Q4	✓	3,000 per quarter
CCC-Public Health & CCG	Mothers who smoke at time of delivery	**13.6%** 2012/13	**12.7%** Q3 2013/14	✓	↓
CCC-Public Health	Smoking quitters	*New measure for 2013/14*	**76.5%** Q2 2013/14	✓	75%+
CCC-Public Health	Increasing uptake of HIV testing in primary and secondary care	**588** 2010/11	*No data available yet*	N/A	↑ 10%
CCC-Resources	Delivery of NHS health checks to Coventry City Council employees	**41** 2013/14 Q3	**23** 2013/14 Q4	N/A	↑
CCC-Resources	Uptake of monthly be healthy be well newsletter	**1,114** Q3 2013/14	**1,276** Q4 2013/14	✓	↑
WM Police	Total recorded crime reduction in priority locations Reduce harm caused by crime and anti social behavoiur in the Priority locations	**16,642** 2012/13	**15,783** 2013/14	✓	↓
WM Police	Number of police response officers trained on Making Every Contact Count (MECC) and Alcohol Intervention and Brief Advice	*New measure for 2013/14*	*No data available yet*	N/A	155
WM Fire Service	Number of other front-line staff trained to recognise fire risks in homes	*New measure for 2013/14*	*No data available yet*	N/A	N/A
WM Fire Service	Number and average risk ratings of referrals from partner organisations to West Midlands Fire Service (WMFS) for home safety check service	*New measure for 2013/14*	**2,099** referrals **4.21** average risk score 2012/13	N/A	↑ referrals
WM Fire Service	Number of accidental fires	--	**209** 2012/13	N/A	↓9% on previous three-year average

Marmot City Plan: table of indicators					14 May 2014
Lead Organisation	Indicator title	Previous Data	Latest Available Data	Progress	Target 2013/14
CCC-People	Percentage of domestic violence incidents involving children Monitoring incidents of Domestic Violence where children in the family involved - revised Force-level calculation -- cannot be compared to old data	**42.60%** 2012/13	**39.60%** 2013/14	=	0
CCC-People	Number of referrals to the Sexual Assault Referral Centre (Coventry and Warwickshire)	*New measure for 2013/14*	**276** 2013/14	N/A	0
CCC-People	Number of households accepted as statutory homeless	**545** 2012/13	**551** 2013/14	=	0
CCC-People	Number of homelessness cases prevented	**976** 2012/13	**1,468** 2013/14	✓	900+
CCC-People	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	**31.3%** 2012	**36.4%** 2013	✗	0
CCC-People	Looked After Children rate per 10,000 population aged under 18	**82.0** March 2012	**87.0** March 2013	✗	0
CCC-People	Children subject to a Child Protection Plan rate per 10,000 population aged under 18	**59.9** March 2012	**72.9** March 2013	✗	0
CCC-People	Injuries due to falls in people aged 65 and over	**1,794** 2010/11	**2,261** 2011/12	✗	0
CCC-Place	Passport to learning and leisure scheme uptake	**5,500** 2012/13	**4,817** 2013/14	✗	16,000 out of 70,000 eligible adults
CCC-Place	Management plans completed for parks in deprived neighbourhoods	*New measure for 2013/14*	**in progress** May 2014	N/A	**3** to be completed
CCC-Place	Percentage of people receiving personalised travel planning from priority neighbourhoods	*New measure for 2013/14*	**not started** May 2014	N/A	**12,147** Foleshill households to be contacted from May 2014
CCC-Place	Number of adults from target groups engaged in Cycle Coventry schemes via GP referral	*New measure for 2013/14*	**0** 2013/14	✗	**5** 2013/14
CCG	Cervical Screening Rates - 5 year coverage of eligible population (25-64)	**71.5%** 2012/13	**76.7%** Q1 2013/14	✓	78%+

Improving the health and well-being of children and older people

A number of new public health initiatives have been put in place to improve the health and wellbeing of Children and Older People.

The Public Health ring-fenced grant currently funds a range of services for children, including the NHS school nursing service, an infant feeding service (focused on supporting women to breast-feed) and specialist antenatal support for women from Black and Minority Ethnic Groups through MAMTA. In the future there will also be a responsibility for funding Health Visiting and the Family Nurse Partnership (which supports teenage first time parents).

Projects are focused on working with all providers of services for children. This approach brings integration, providing a joined up and more valued service to parents and families. This includes working with parents and families to find out how they want to change services and what a better service would look and feel like from their perspective.

Over the past year considerable progress has been made in developing the new model of working for the integrated teams for 0-5 year olds. Two demonstrator sites went live on the 1st April 14, with a view to rolling this out city-wide once staff are appropriately trained.

The Health and Well-being Board have also endorsed new work to support Coventry to become a World Health Organisation Age Friendly City. This exciting opportunity which is being jointly delivered with Coventry University and Age UK Coventry, will see the City Council working with a wide range of people across the City to put together a plan of how, together, they would make the City of Coventry a place where older people can remain healthy, independent and happy long into their old age.

What impact are we having?

The impact of our services is measured by reviewing how many people access services, customer and client views of services and health and well-being outcomes in our population, including how these are changing over time:

April 13 to February 14:

- MAMTA ("Motherly Love" in many south Asian languages) have seen 870 people, Parent Craft 118; Antenatal 221; Postnatal 244; Workshops 287
- The Infant Feeding Team have seen 602 mothers for home visits postnatally and 150 antenatally

Case Studies

I heard about the parent craft course from MAMTA peers in the GP surgery and thought it would be good to join the six weeks course. MAMTA have supported me with language, a Russian interpreter was arranged by MAMTA and this encouraged me to come for the whole six weeks course, it helped me to understand all the information about healthy pregnancy.

I had little experience of breast feeding even with my other children before attending, but now I have more experience, I know everything about breastfeeding. I now know more about breastfeeding and labour.

My journey with MAMTA was very beautiful, all my questions were answered about the doubts I had in pregnancy and staff were very cooperative. They reminded me every week about the 6 week course. Tracking also helped me to remember all the healthy messages.

I would like to express words of great thanks to all staff members and to the Midwife for the advice, support they gave and would recommend MAMTA to other expecting mums. Thank you very much.

Comments

I just wanted to take a moment to say thank you to Radford Children's Centre team.

Recent years have seen, in my opinion, customer service decline yet the team there are excellent. I have only been in once, for my postnatal midwife check, but every single member of staff that I passed (literally just passing) was helpful, polite, chatty and so welcoming that I came away literally smiling.

Staff (both men and women) offered me coffee, a comfy seat to feed, made talk about the baby, etc. Whilst this seems minimal, I was so pleased to visit somewhere where the staff clearly love their jobs and genuinely care. I also work with children so can really relate to this. In addition to this, the infant feeding team were exceptional. Third baby, experienced breast feeder, I thought I would have no problems, when I did need someone they returned calls promptly and visited. They were understanding and very helpful. They have since phoned to check on me several times. Fantastic service.

Outcomes

Indicator	Period	Coventry		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.01 - Low birth weight of term babies	2011	121	2.7%	3.3%	2.8%	5.3%		1.6%
2.02i - Breastfeeding - Breastfeeding initiation	2012/13	3,535	74.9%	67.9%	73.9%	40.8%		94.7%
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2012/13	2,017	43.7%	41.0%	47.2%	17.5%		83.3%
2.03 - Smoking status at time of delivery	2012/13	642	13.6%	14.2%	12.7%	30.8%		2.3%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2012/13	4,404	96.7%*	94.5%	94.7%	79.0%		99.0%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2012/13	4,378	96.9%*	92.7%	92.3%	77.4%		98.4%
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2012/13	3,871	95.0%*	87.9%	87.7%	68.9%		97.0%
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2012/13	2,423	55.4%	50.0%	51.7%	27.7%		69.0%
1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2012/13	424	42.3%	36.1%	36.2%	17.8%		60.0%
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2012/13	1,284	2,484	1,951	2,011	3,508		1,178
4.14i - Hip fractures in people aged 65 and over	2012/13	300	578.9	588.2	568.1	808.4		403.1
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	2012/13	85	250.4	243.0	237.3	401.7		121.8
4.14iii - Hip fractures in people aged 65 and over - aged 80+	2012/13	215	1,532	1,589	1,528	2,150		1,108
4.15i - Excess Winter Deaths Index (Single year, all ages)	Aug 2011 - Jul 2012	112	13.1	14.1	16.1	30.7		2.1
4.15ii - Excess Winter Deaths Index (single year, ages 85+)	Aug 2011 - Jul 2012	34	11.0	18.9	22.9	53.1		-7.6

Trends

- Low birth weight babies (%) have declined from 2005 to 2011
- Breastfeeding initiation has remained stable from 2010/11 to 2012/13
- Breastfeeding prevalence at 6-8 weeks after birth has increased from 2010/11 to 2012/13
- Smoking status at time of delivery has decreased from 2010/11 to 2011/12 and increased slightly to 2012/13
- Dtap/IPV/ Hib (1 year old) vaccinations have remained fairly stable from 2010/11 to 2012/13
- MMR one dose (2 years old) and MMR two doses (5 years old) vaccinations decreased from 2010/11 to 2011/12 and increased in 2012/13
- Injuries due to falls in people aged 65 and over have increased between 2010/11 and 2011/12
- Hip fractures have increased from 2010/11 to 2011/12
- Excess winter deaths have generally declined from 2008/09 to 2011/12

Healthy Places

Improving the physical environment

New public health initiatives are being put in place working closely with the City Council's Place Directorate and other key partners to help ensure that the physical environment of Coventry is designed and maintained in ways which promote health. The built environment has a huge impact on health and lifestyle. Everything from cycle paths, active travel, access to parks and open spaces, well-designed buildings with reduced emissions and neighbourhoods which are designed and managed in ways which encourage people to know their neighbours - all lead to healthier lives.

Promoting health in the workplace

Local businesses are supported to improve the health of the local workforce and labour market. In a working year, the average full-time employee spends a fifth of their time at work; so, a healthy working environment can really boost health, as well as increase productivity. Companies are supported in various ways including commissioning the city's Workplace Wellbeing Charter which shows businesses what they can do to improve the health and wellbeing of their staff.

Reducing smoking

Tobacco control and stop smoking services, which are funded through the Public Health ring-fenced budget, aim to develop an environment that reduces the probability that people will smoke/use tobacco products, help those who do smoke to quit and protect the population from the effects of tobacco use/smoking. Smokefree school gates have been implemented and smokefree signs launched at Coventry children centres and nurseries. A tobacco control declaration has been endorsed by the Health and Well-being Board which commits the council to undertaking a range of activities designed to tackle smoking prevalence and protect local people from the harms of tobacco.

Promoting exercise

The new 'Coventry on the move!' programme is aimed at encouraging people to get up, be active and have some fun. This programme promotes the idea is that exercise or activity - no matter how small - is good for you and therefore you just need to 'take the first step' towards a more active life. You don't need to become an Olympic athlete to be healthier - there are some simple changes that you can make to 'take the first step'; walk rather than drive, do some gardening, take the stairs instead of the lift or escalator or get off the bus a few stops earlier than necessary.

On Saturday 10 August 2013, Coventry city centre welcomed Godiva back from her journey to London last year for the Olympics. There were different events and performances happening all over the city throughout the day. In a historic move, Coventry's ring road was closed to vehicles to allow walkers and cyclists to join Godiva on her way in to the city centre. People were invited to walk or cycle the 2 mile ring road and had a once in a lifetime opportunity to see Coventry in a different way. The 'Coventry on the move!' team was in Broadgate between 10.00am and 2.00pm on Saturday 10 August. Passers by were encouraged to have a go at hula hooping, skipping and hopscotch and some people even got to take some goodies home with them so they could practice their new skills. The team wanted to show that being more active can be fun for the whole family.

Coventry on the move is also supporting two other new schemes: **Priming Walking** and **Happy Hour**.

The Priming walking scheme makes it easy for people to choose walking routes. This includes encouraging people to ‘beat the bus’ by walking between bus stops if they have time before their next bus arrives. Signage will go up shortly which will include billboards, posters, clean street graffiti and bus panels. Short walks are also being mapped out in key areas including the city centre. This links into the workplace mobilisation project by mapping ‘A to B’ type routes used to walk to/for work.

Happy Hour is the result of the concept of ‘active socialising’: that people generally are sedentary when they socialise so this is a key time to encourage being active. Talking to local people demonstrated that although many parents do not always want to think about their own health, the health of their children is really important to them. A Coventry social enterprise, Positive Youth Foundation (PYF) are now working on a pilot with one primary, one secondary to do simple physical activities and games for one hour with parents and their children. They are also training parents to carry on these activities after the 10 week programmes finish.

Reducing obesity

Obesity is one of the country’s leading health problems. There is a review taking place which is looking at how Coventry promotes healthy weight – which includes everything from school meals, how we help people cook healthily, how we encourage people to move more through to services to treat people who want to lose weight. As a result of this work will take place with communities and across a range of partners to ensure that everything is being done to promote healthy weight.

Empowering communities
Enabling and empowering communities through asset based working aims to contribute to a reduction in health inequalities through building resilience among communities by focussing on the strengths, capabilities and assets that they have. Alongside strengthening communities the programme aims to support services to work with local people to design services, so that local people can identify solutions to the issues that they face.

The Ripple project, recently funded by NHS England Regional Innovation fund is being implemented this summer. The project will improve the health and wellbeing of individuals with COPD (which causes severe restrictions in breathing), by using an Asset Based Community Development Approach (ABCD). This will enable and empower individuals with COPD to be more active and involved both in society and in the self-management of their care. The project will increase and support participation in community activities that patients want to do, with local voluntary sector groups helping people to find the right group or activity for them. This project was set up by a consutant at UHCW who recognised that many of this patients were seeking help from health services because they had become socially isolated.

Time for Tea is a meaningful friendship and learning club for residents aged over 50+ in the Foleshill area. The idea came from a local resident who found that when he had retired, he felt lonely and purposeless. His idea was to engage with local residents in a social way by arranging weekly meet ups. The project runs for 8 weeks, so friendships amongst participants can be developed and consequently residents will be able to take an active role in reducing loneliness. This project was supported by the wellbeing fund, which allows people to apply for up to £500 to turn their ideas for improving the wellbeing of their neighbours and community's into action.

Promoting Healthy Lifestyles
The public health ring-fenced budget funds a national programme called Making Every Contact Counts which is focussed on ensuring that the promotion of health and well-being is embedded in service design and organisational culture. The current expectation is that all NHS organisations will commit to training their front-line staff in delivery of brief opportunistic healthy lifestyle advice – so that every contact has the potential to promote health. This has been shown to be a highly cost-effective way of supporting people to adopt healthy lifestyles. In Coventry and Warwickshire the vision has been extended beyond the NHS to all partners and public services frontline staff.

What impact are we having?

Physical Activity and Healthy Weight - 2013/14	**Number Accessing**	**Completers**
One Body One Life	Referrals 1165 New Starters 632	345 (Q1-Q3)
Active 4 Health	Referrals 739 New Starters 323	89
Slimming World Programme	697	359
Counterweight through Health Trainers (up to Feb 14)	522	

Stop Smoking Services (Q1 to Q3 13/14)	**Number**
Setting a Quit Date	4015
Quitting at 4 Weeks	2086
Quit Rate (%)	52%

Staff Trained in MECC (Apr 13 to Feb 14)	**Number**
Coventry City Council, Voluntary and other Public Services	166
NHS staff – UHCW	1295
NHS staff – CWPT	782
NHS staff – Primary Care	139

Case Studies

During 2013 Coventry became one of the first cities to make all its children's playgrounds and primary school gates completely smokefree. Child designed, smokefree signage now encourages adults and parents to choose not to smoke in locations that are primarily used by children - in order to:

- Create clean, smokefree areas for children to play;
- Reduce the amount of smoking related litter;
- Support the 'no smoking' lessons children are taught in the classroom;
- Make smoking less of a social norm in the eyes of young children.

This project follows on from the success of making Millennium Place smokefree for the 2012 Olympics – and has created an 'Olympic smokefree legacy' for the city. A crucial part of this project was to try and change social norms around smoking. Smoking remains the single greatest cause of preventable death in the city and evidence shows us that the more people that children see smoking when they're young, the more likely it is that they'll see it as a normal part of everyday life rather than a deadly and addictive drug.

If we are to cut our smoking prevalence in Coventry it's vital that we look to create an environment when young people are more likely to choose not to start smoking in the first place. The outdoor smokefree initiative is set to be expanded to include local nurseries and children's centres by the end of April 2014.

A female 30-40 years old was referred to Active for Health. She had the knowledge and just needed to do it, but it was more complicated than just motivation as she had struggled with depressive moods in the past. The gym based exercise was very basic. This was because although she remembered doing a lot more, her body wasn't quite ready for it yet. So although her mind was ready, her body needed to catch up. She also did Aqua Aerobics, which she found hard work hard, compared to what she was expecting. Also, 'Zumba was a good laugh'. She also started running outside. Over the 12 week programme she increased the number of 30 minute walking sessions and days of moderate activity per week from 1 to 5+ and improved her lung function.

She has just been able to run 5K continuously for the first time ever. She said "I thought it was only super skinny people who did it so was really pleased when I managed it". Furthermore, she's started Yoga again which she is really proud of doing and it makes her feel good.

How did you feel before commencing onto the AFH programme?
"I was coming out of a particularly depressive phase, so not good. I was very apprehensive of AfH, and wasn't sure how helpful/appropriate it would be. The sports centre staff made me feel a lot less apprehensive and handled session really well and sensitively. The accountability of having to come back made me keep going was very motivational. Health improved if weight didn't, and that's more important to me."

Her goals now are to make activity even more of a routine in the future and make them firm habits. She'd also like to reduce the medication she's on for depression. Finally, she wants to share what she's learnt and achieved with people around her.

One Body One Life (OBOL) is a community based healthy lifestyles programme, specific to the needs of the participants. The programme was run in a school for 7 adults and 13 children. We completed health checks in sessions 1 and 2 for 20 clients. We encouraged and supported families to make positive changes to their lifestyle though healthy eating advice and motivational techniques. We also increased their physical activity levels through appropriate group exercise activities.

Activity sessions were run which included team games, relays, skills circuits and target games all of which the clients enjoyed. Our healthy eating sessions followed the standard OBOL format including topics such as, importance of breakfast, the eat well plate, portion sizes and food label reading. We used group discussions, quizzes and games to get over the information.

All 7 adults replied that they were satisfied or very satisfied with the programme and all 7 said they were Very Satisfied with the staff on the programme:

- "I did this programme for my son but we have all enjoyed taking part and learning new things"
- "We loved coming to the programme, the staff were really nice and friendly and very informative"
- "It has helped us a lot giving us healthy eating plans and ideas"
- "I would definitely recommend this programme to a friend"
- "I'm more conscious of what I'm eating, we're eating more veg as a family at meal time"
- "I feel more energetic and healthier"

Outcomes

		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
1.09i	Sickness absence - The percentage of employees who had at least one day off in the previous week	2009 - 11	2.7	2.2	3.5		0.6
1.09ii	Sickness absence - The percent of working days lost due to sickness absence	2009 - 11	2.1	1.5	2.7		0.3
2.14	Smoking Prevalence	2012	17.9	19.5	29.8		12.1
2.14	Smoking prevalence - routine & manual	2012	24.7	29.7	44.3		14.2
2.06i	Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	20.6	22.2	32.2		16.1
2.06ii	Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	34.4	33.3	44.2		24.1
2.12	Excess Weight in Adults	2012	56.5	63.8	74.4		45.9
2.13i	Percentage of physically active and inactive adults - active adults	2012	49.4	56.0	43.8		68.5
2.13ii	Percentage of active and inactive adults - inactive adults	2012	36.8	28.5	40.2		18.2

Trends

- According to local data, smoking prevalence has decreased from 29% in 2007 to 22% in 2013
- Excess weight in 4-5 year olds has statistically significantly decreased from 2011/12 to 2012/13
- Excess weight in 10-11 year olds has decreased from 2011/12 to 2012/13 for the first time in at least 6 years

Reducing disparities in health

A number of projects have been initiatited to help reduce the differences in how long people live between different parts of the city and different population groups. As an initial step, work has been undertaken to understand the needs of the most vulnerable in the city. These include projects such as an analysis of the health of migrants in the Coventry and commissioning a piece of research to review and predict the health impacts of the welfare reform. The Marmot Steering Group is now overseeing the delivery of the recommendations from these pieces of work.

Drug and alcohol services

The public health ring-fenced budget supports drug and alcohol treatment services locally. A number of organisations to deliver preventative interventions, treatment, advocacy and service user involvement. Alongside this, the public health team oversee drug and alcohol strategy development and delivery. In 2013 Coventry's Alcohol Strategy was launched and is currently being implemented with a range of partner organisations. The vision is to reduce the harms caused by alcohol misuse and make Coventry a safer and healthier place where less alcohol is consumed and where professionals are confident and well-equipped to challenge behaviour and support change. In 2013, a Local Councillor was appointed as Coventry's first alcohol champion. The purpose of this role is to provide a credible voice to communicate with the general public about the risks of drinking over the recommended limits.

NHS Health Check programme

As part of their new responsibilities around health, councils have a duty to provide the NHS Health Check Programme. The NHS Health Check programme is targeted at those aged 40-74 and assesses someone's risk of developing health problems and conditions such as heart disease, diabetes, stroke and dementia. Once the risk has been assessed, the individual will be provided with personalised advice and lifestyle support. The number of checks that have been undertaken in the city has doubled from 4,142 in 2012/13 to 9,236 in 2013/14, as a result of strong communications a campaigns and the recruitment of a GP champion. Since having a health check 263 people have been added to disease registers.

Healthy Living Pharmacies

The Healthy Living Pharmacy programme was launched in Coventry in March 2014. This is a partnership between public health and the Local Pharmaceutical Committee to improve access to the local population to good quality services through pharmacies.

What impact are we having?

Drugs and Alcohol Headline Data – 2013-14 compared to 2012-13	Direction of numbers in treatment	Direction of successful completions
Opiate	Down 3% (893)	Down -1%
Non-opiate	Up 32% (243)	Down -9%
Alcohol	Up 21% (847)	Up 4%

NHS Health Check Invites and Completed Data, Q1-Q4 2013/14	Q1	Q2	Q3	Q4
Invited	2,829	3,507	4,239	4,696
Completed	1,187	2,243	2,739	3,155

Case Studies

A female in her mid 20s had a 10 year history of heroin use when she came into treatment. She was in services for three years and spent most of her childhood in and out of care and was the subject of sexual abuse. When she got involved with drug users in her teens, it wasn't long before she began sex working to fund her drug use.

In addition to her drug use, she also had a diagnosis of post-traumatic stress disorder (as a result of her abuse), depression and anxiety. With the support of a drug worker and her then GP, she was referred for a psychiatric assessment and was allocated a psychiatrist.

The psychiatrist saw her on a regular basis (every 8 weeks) and was incredibly understanding and supportive. He saw past the drug use (which can often not be the case) and worked with her until she was ready to go into residential treatment for her drug use. The psychiatrist in question also took into account the drug worker's views in the treatment. She did incredibly well in residential treatment and successfully completed her placement. As far as the drugs worker is aware she remains drug free.

A male in his mid 50s with a 30 year history of alcohol misuse had been in and out of treatment services for some years (in different areas of the country). He was already working with a psychiatrist and a mental health social worker when he came into treatment. They had advised him to attend.

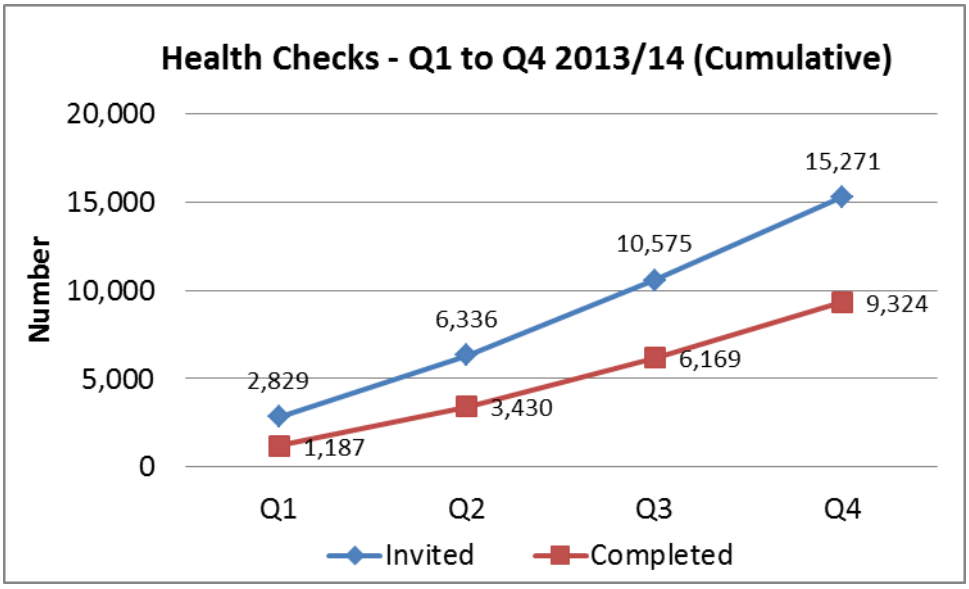
His alcohol use had contributed to a failed marriage, loss of contact with his children and family and him not being able to live where he was born. Eleven years ago, he was charged with manslaughter as he killed someone whilst under the influence of alcohol – he maintains he can't remember the incident at all but knowing what he has done has ruined his life. He has a diagnosis of depression, anxiety and mild obsessional disorder.

The psychiatrist and social worker have also seen past the alcohol use and take into account that he needs to drink as a form of self-medication. They are non-judgemental and have never blamed his mental health on his alcohol use. The alcohol worker has attended meetings with the psychiatrist / social worker and their views were taken into account. The psychiatrist also refers to the important work that has been done with him in correspondence with his GP. The psychiatrist is very supportive of the work the alcohol worker has done with him and as a result, he is now at the point where he too is ready to go into residential treatment.

A number of initiatives have been delivered to drive NHS health check performance in the city. Coventry's first GP health check champion was recruited to provide peer leadership to other GPs and share best practice. The GP champion has delivered a number of tailored workshops for practices requiring additional support. The Occupational Health Department within the Council have been trained to deliver NHS health checks and are now delivering health checks to all eligible employees. A community outreach service has been delivering NHS health checks in a variety of venues across Coventry to ensure that the most vulnerable in the city have access to the service. A large communication campaign has been delivered to raise awareness amongst the eligible population, as well as a pilot to explore how the voluntary sector can support with awareness raising and booking people in for NHS health checks. This combination of initiatives has helped to increase the number of people invited for health checks and who have had health checks.

Outcomes

		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
2.15i	Successful completion of drug treatment - opiate users	2012	6.7	8.2	3.8		17.6
2.15ii	Successful completion of drug treatment - non-opiate users	2012	34.9	40.2	17.4		68.4
2.22i	Take up of NHS Health Check Programme by those eligible - health check offered	2012/13	5.8	16.5	0.7		42.5
2.22ii	Take up of NHS Health Check programme by those eligible - health check take up	2012/13	79.2	49.1	7.7		100.0
1.11	Domestic Abuse	2011/12	14.6	18.2	5.2		34.4
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	2010/11 - 12/13	90.8	57.6	167.8		9.3
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population	2012/13	12.5	10.6	4.1		27.1
1.12iii	1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	2012/13	1.08	0.83	0.34		2.01



Trends

- The percentage of successful completion of drug treatment for opiate uses increased from 2010 to 2011 and decreased to 2012, whilst completion of drug treatment for non-opiate uses decreased from 2010 to 2012
- The take up of NHS health checks has increased from 2011/12 to 2012/13 for those offered and take up
- Domestic abuse has statistically significantly decreased from 2010/11 to 2011/12
- Hospital admissions for violence have remained fairly static from 2009/10-11/12 to 2010/11-12/13
- Violence offences has decreased from 2010/11 to 2011/12 and remained static to 2012/13
- Rate of sexual offences have remained fairly stable from 2010/11 to 2012/13

Protecting the health of the public

The Health Protection team shares its function with Warwickshire County Council and works with colleagues within the local authority and partner agencies to support emergency preparedness and response, and to support strategic work related to the control of communicable diseases, such as Hepatitis B/C and Tuberculosis, and immunisation and screening programmes. The team administers part of this role through a the Arden Health Protection Committee, which exercises the local authority function to ensure there are plans in place to protect the health of the population.

The team also commissions community sexual health services in Coventry and Warwickshire, and is responsible for working towards reducing the rate of sexually transmitted infection diagnoses, and the rate of late diagnoses of HIV. Sexually transmitted infections, contraception and pregnancy

services are offered by a variety of providers, including an integrated sexual health service, pharmacies and GP practices. They are currently being retendered with public consultation taking place. In addition to this, the team supports the commissioning of the Arden Community TB Nursing Service and the Infectious Disease service.

A number of service reviews and needs assessments have been carried out this year, related to Sexual Health, TB and Infectious Diseases. Recommendations are currently being implemented. A seasonal flu vaccination campaign was delivered alongside NHS England, as well as a care home and nursery/school Norovirus campaign, and the "Feel Well" cold weather campaign, which was led by the CCGs across Coventry and Warwickshire.

What impact are we having?

- During the period 1st of December 2012 to the end of November 2013 there were 12,013 unique users who attended Genito Urinary Medicine (GUM) clinics
- There have been 3149 sexual health consultations have taken place in pharmacies, of which 2669 were for emergency hormonal contraception and 271 for pregnancy testing
- There were 143 people with infectious TB seen by the Arden Community TB Nursing Service in 2012/13, compared with 119 in 2011/12

Outcomes

- There were a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands
- HIV prevalence is amongst the highest in the West Midlands at 3/1000 population, with a significant proportion of individuals being diagnosed late (60.5% in 2010-2012, compared with an England average of 48.3%)
- The uptake of seasonal flu vaccination in Coventry and Rugby (CCG area) for 2012/13 was 73% in over 65s, 57% in clinical risk groups and 44.2% in pregnant women

Indicator	Period	Coventry		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.04 - Under 18 conceptions	2012	226	38.6	32.0	27.7	52.0		14.2
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	52	9.6	6.6	5.6	15.8		2.0
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD (Persons)	2012	1,127	2,082	-	1,979	703		6,132
3.04 - People presenting with HIV at a late stage of infection	2010 - 12	75	60.5%	54.4%	48.3%	0.0%		80.0%
3.05i - Treatment completion for TB	2012	-	80.8%	82.9%	82.8%	-	-	-
3.05ii - Incidence of TB	2010 - 12	111	34.7	17.6	15.1	0.0		112.3

Trends

- There is an increasing rate of sexually transmitted infection diagnoses in Coventry.
- Under 18 conception rates have declined from 60.5 per 1000 from 1998 to 38.6 per 1000 in 2012
- Treatment completion rates for TB (2011 to 2012) and the incidence of TB (2009-11 to 2010-12) have increased
- There is a trend of increased uptake of seasonal flu vaccination in people over the age of 65 years, from an uptake of 69.2% in 2010/11 to 73% in 2013/14 (note final figure is for Coventry and Rugby CCG area, as opposed to Coventry alone).

Summary

Although there have been some key successes over the last year, which are summarised below, there are still significant challenges which will need to continue to be addressed over the next year. Improving life expectancy and reducing health inequalities is a long-term challenge but the intermediate steps that are being put in place are likely to pay dividends in the long-term. Recently issued data shows that Coventry has shown improvements in life expectancy, rising from 126 out of 150 council to 122 this year. We will need to maintain the momentum we have built up over the last year to make sure that this upward trend continues.

Successes

- Health checks – 9,324 NHS Health Checks were completed in 2013/14, which is more than double the total for 2012/13 (4,538). As a result, 263 additional people have been added to the relevant practice disease registers, which is five times more than the 2012/13 figure.
- Smoking cessation - the smoking prevalence is continuing to drop, whilst the number of 4 week quitters has risen over recent years and remains high.
- Multiple lifestyle risk factors - over recent years, the number of people considered to be at high risk, due to multiple unhealthy behaviours has dropped significantly. From 2007 to 2012 the proportion of people in the city, who are considered high risk, dropped from 38% to 24%.
- Healthy weight - Coventry is showing slightly better progress in addressing excess weight in children than England as a whole but this still remains a major challenge in the city. The effects of changes in lifestyle should help to address this in future.

Challenges

- Physical activity - Despite progress for some lifestyle risk factors, Coventry still has fewer active adults and more inactive adults than the national average.
- HIV - Coventry has the highest prevalence of HIV in the West Midlands, and this number will be expected to rise as people live longer with the disease. Additionally, a much larger proportion of people present at a late stage of infection than the national average.
- Falls - The city has a large number of elderly people who suffer injuries due to falls and the number is rising and moving further from the national average.

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Appendix B

Highlights of the Coventry Marmot City Plan Indicators, September 2014

Indicator		Previous		Latest		Progress	Target
Public Health Department, Coventry City Council							
Breastfeeding rates at 6-8 weeks (Coventry and Rugby CCG)	%	41.9	2013/14 Q2	43.5	2013/14 Q4	=	⇧2% per year
Admitted to hospital with alcohol-related conditions (Broad) males (European DSR)	rate per 100k	1,945.4	2011/12	2,010.8	2012/13	=	⇩
Admitted to hospital with alcohol-related conditions (Broad) females (European DSR)	rate per 100k	974.9	2011/12	966.5	2012/13	=	⇩
NHS health checks take-up by 40-74 year olds	number	2,780	2013/14 Q3	3,155	2013/14 Q4	✓	3,000 per quarter
Mothers who smoke at time of delivery (Coventry and Rugby CCG)	%	13.1	2013/14 Q4	10.9	2014/15 Q1	✓	<13.4%
Smoking quitters from stop smoking services (four week quitters)	%	N/A	-	53.4	2013/14	N/A	⇧
Resources Directorate, Coventry City Council							
Delivery of NHS health checks to Coventry City Council employees	number	23	2013/14 Q4	40	2014/15 Q1	N/A	None set
Average monthly uptake of Be Healthy Be Well newsletter	number	1,277	2013/14 Q4	1,301	2014/15 Q1	✓	⇧
West Midlands Police							
Recorded crime in priority locations (number)	number	16,642	Apr 12-Mar 13	15,783	Apr 13-Mar 14	✓	⇩
Recorded crime in priority locations (percentage)	%	N/A	Jul 11-Jul 12	- 14.2	Jul 13-Jul 14	✓	⇩
Officers trained on Making Every Contact Count (MECC)	number	N/A	-	48	Apr 13-Sep 14	✓	⇧
Officers trained on Alcohol Intervention and Brief Advice (IBA)	number	N/A	-	246	Jun-Sep 2014	✓	⇧
West Midlands Fire Service							
Number of referrals from partner organisations for Home Safety Check service	number	N/A	-	2,099	2012/13	N/A	⇧
Accidental fires	number	N/A	-	209.0	2012/13	N/A	⇩9% on 3-year average
People Directorate, Coventry City Council							
Domestic violence incidents involving children	%	39.6	2013/14	37.9	2014/15 Q1	✓	⇩
Referrals to the Sexual Assault Referral Centre (Coventry and Warwickshire)	number	276	2013/14	104	2014/15 Q1	✓	⇧
Households accepted as statutory homeless	number	551	2013/14	162	2014/15 Q1	✗	⇩
Homelessness cases prevented	number	1,468	2013/14	407	2014/15 Q1	✓	900+
Gap between the lowest achieving 20% in the early years and the rest	%	36.3	2012/13 revised	36.8	2013/14 provisional	✗	<36.6%
Looked After Children (number)	number	616	Apr 2014	611	Aug 2014	✓	⇩
Looked After Children (rate)	rate per 10k	86.5	Apr 2014	85.8	Aug 2014	✓	⇩
Children currently subject to a Child Protection Plan (number)	number	785	Apr 2014	900	Aug 2014	✗	⇩
Children currently subject to a Child Protection Plan (rate)	rate per 10k	110.3	Apr 2014	126.4	Aug 2014	✗	⇩
Injuries due to falls in people aged 65 and over	number	2,261	2011/12	2,484	2012/13	✗	⇩
Place Directorate, Coventry City Council							
Passport to learning and leisure scheme uptake	number	5,500	2012/13	4,817	2013/14	✗	16k out of 70k eligible adults
Adults from target groups engaged in Cycle Coventry schemes via GP referral	number	-	-	-	May 2014	✗	5 per year
Clients with health & wellbeing issues becoming job ready: clients engaged	number	N/A	-	3,165	2014/15 Q1	✓	1,350 per quarter
Clients with health & wellbeing issues becoming job ready: clients into work	number	N/A	-	610	2014/15 Q1	✗	888 per quarter
Energy efficiency and fuel debt advice and information provided	number	N/A	-	2,605	2014/15 Q1	✗	139,000 in 2014/15
Coventry and Rugby Clinical Commissioning Group							
Cervical Cytology Screening Rate (five year coverage of eligible population aged 25-64)	%	76.1	2013/14 Q3	76.6	2013/14 Q4	✓	78%+

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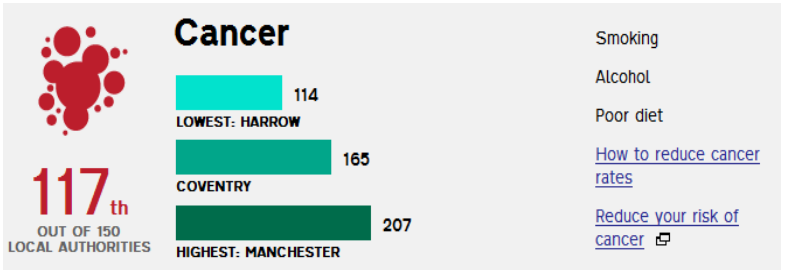
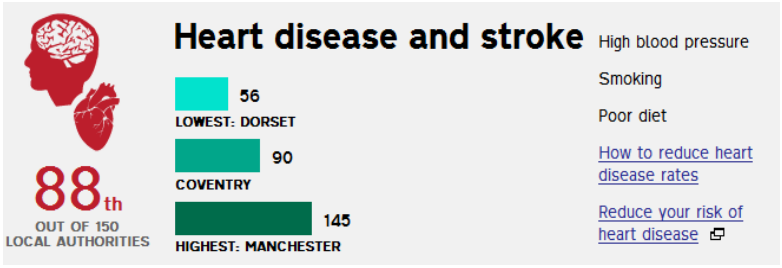
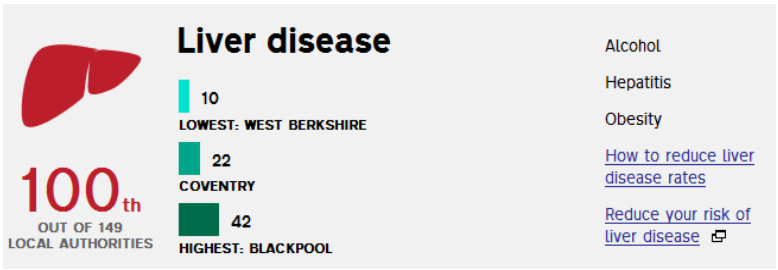
Appendix C

Premature Deaths 2010 - 2012







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Appendix D

April 2013 -March 2014

AN: Antenatal; PC: Parent Craft; PN: Postnatal

Performance Indicator	*Indicator*
Users	100 % of MAMTA users from ethnic minority or new community
	27% (225/835) of MAMTA users arriving into country less than three years ago. **75%(625/835)** MAMTA users first language is not English
	85%(712/835) of MAMTA users are not born in UK
Parent craft	**61%(89/145)**of all MAMTA users completing full parent craft course at FWT
Breastfeeding	**96%(183/190)**of all MAMTA antenatal (**AN & PC)** users tracked initiated breastfeeding
	88%(168/190)MAMTA antenatal (**AN & PC)** users tracked that are still breastfeeding at 6-8 weeks
	89%(143/160) MAMTA **PN** users tracked that are still breastfeeding at 6-8 weeks
Healthy Start	**38%(27/72) MAMTA** antenatal **(AN & PC)** eligible users were on HS at first contact **96%(69/72**)MAMTA antenatal (**AN & PC)** are in receipt of free healthy start vitamins antenatally
	76 Number of healthy start completed applications that MAMTA initiated some still awaiting response

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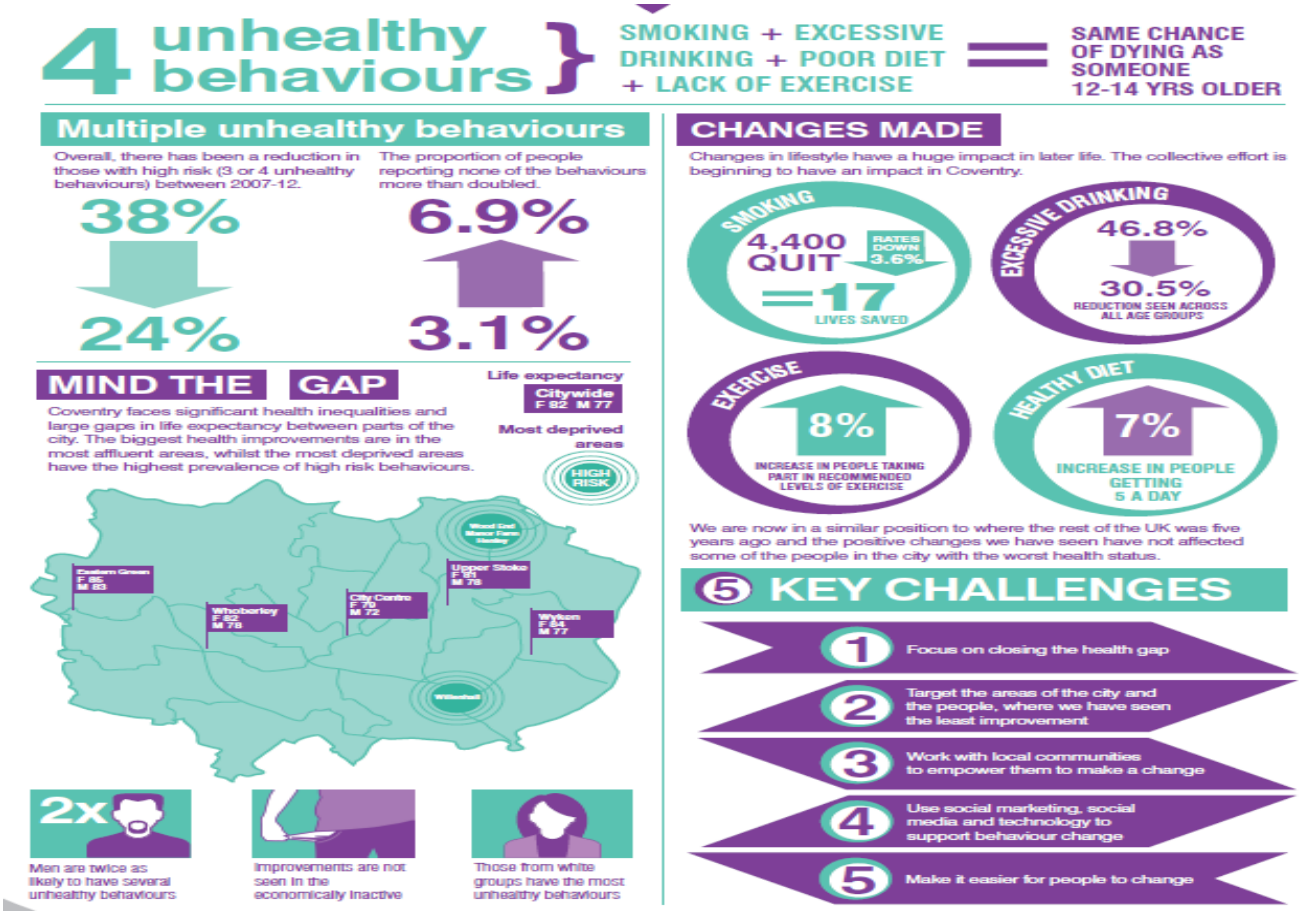
Appendix E

Lifestyles Risk



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Appendix F

Programme	Output
Integrated Sexual Health model that combines treatment for STI's with advice on contraception.	• 28,646 attendances to the Integrated Sexual Health Service in 2013/14. • 600 patients in HIV treatment in Coventry currently.
The Respect Yourself Programme has been working with schools on:	
• Delivering Relationships and Sex Education programme, and • Delivering information, advice and condoms to young people across the city through the C-card programme.	The C-Card service operates at 175 venues across the city, offering free condoms and Chlamydia screening for 13 to 25 year olds. This is an increase from 53 in 2011.
41 pharmacies across the city are part of the Advice on Sexual Health in Coventry (ASC) pharmacy scheme.	In 2013/14, ASC pharmacies gave out 3068 emergency hormonal contraceptive items, conducted 310 pregnancy tests and 2,543 Chlamydia screens. GPs provided a significant element of both the contraceptive and Chlamydia testing in the city.

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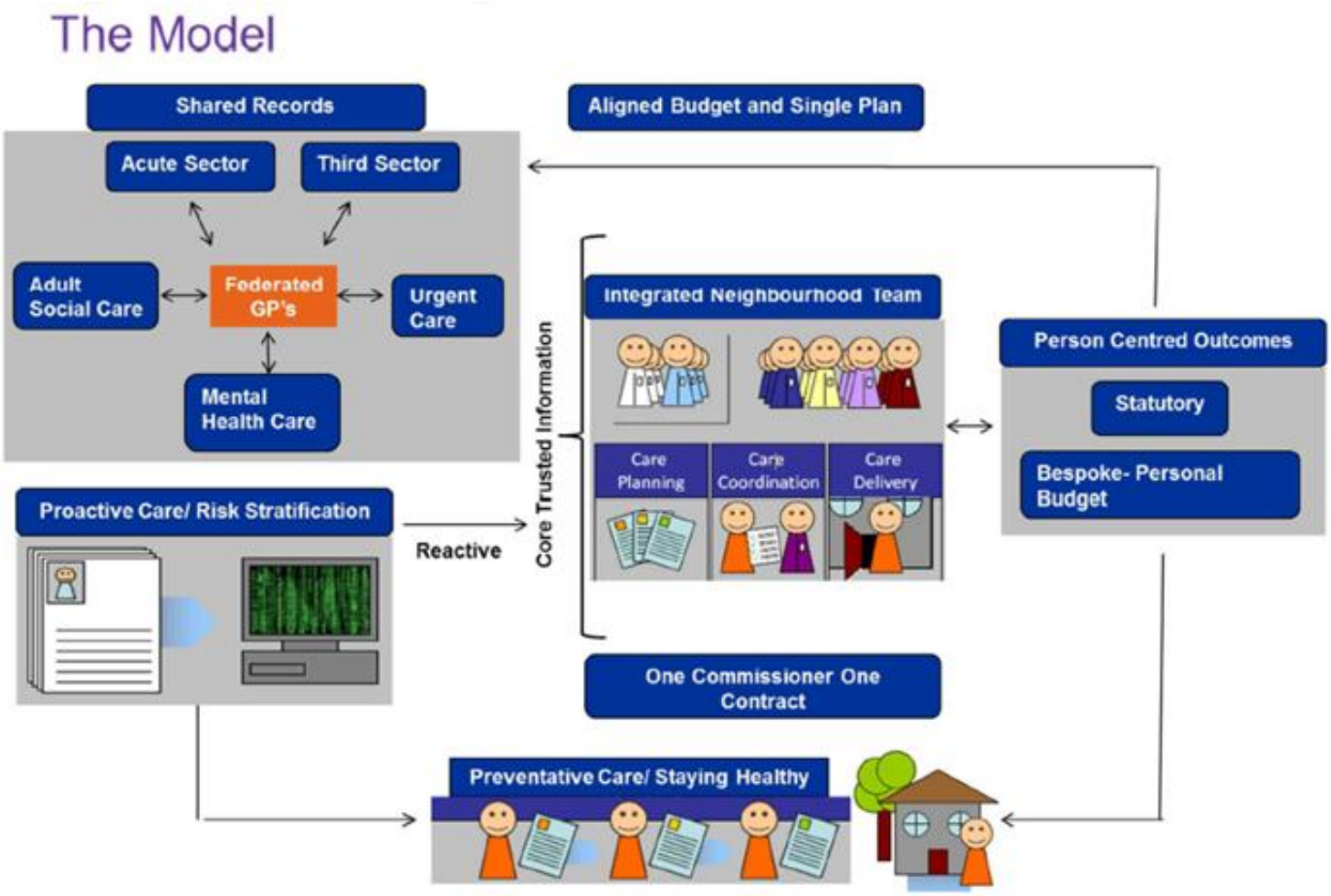
Appendix G

Integrated Neighbourhood Teams



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Coventry City Council

Public Report

Health and Social Care Scrutiny Board (5) 15th October 2014
Cabinet Member (Health and Adult Services) 11th 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: Coventry Learning Disability Strategy "Moving forward" 2014-2017

Is this a key decision?
No.

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) 15th 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:

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Directorate: People

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Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Pete Fahy	Assistant Director	People	04.09.14	
Mark Godfrey	Deputy Director	People	04.09.14	02.10.14
Names of approvers for submission: (Officers and Members)				
Julie Newman	Children and Adults Legal Services Manager	Resources	04.09.14	08.09.14
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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www.coventry.gov.uk/councilmeetings

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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 support, 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

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

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.

Contents

What is included in this strategy

BIG words Helping you to understand 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.

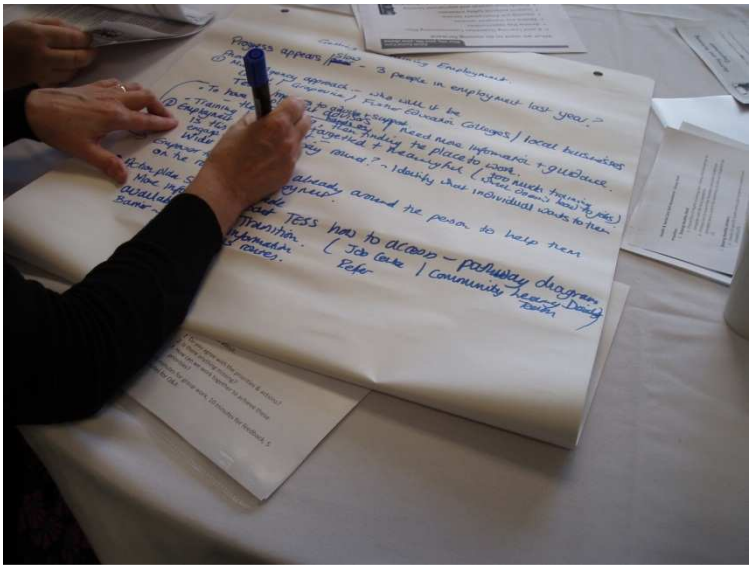
Make sure people whose services are paid for by the Council have a personal budget.

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

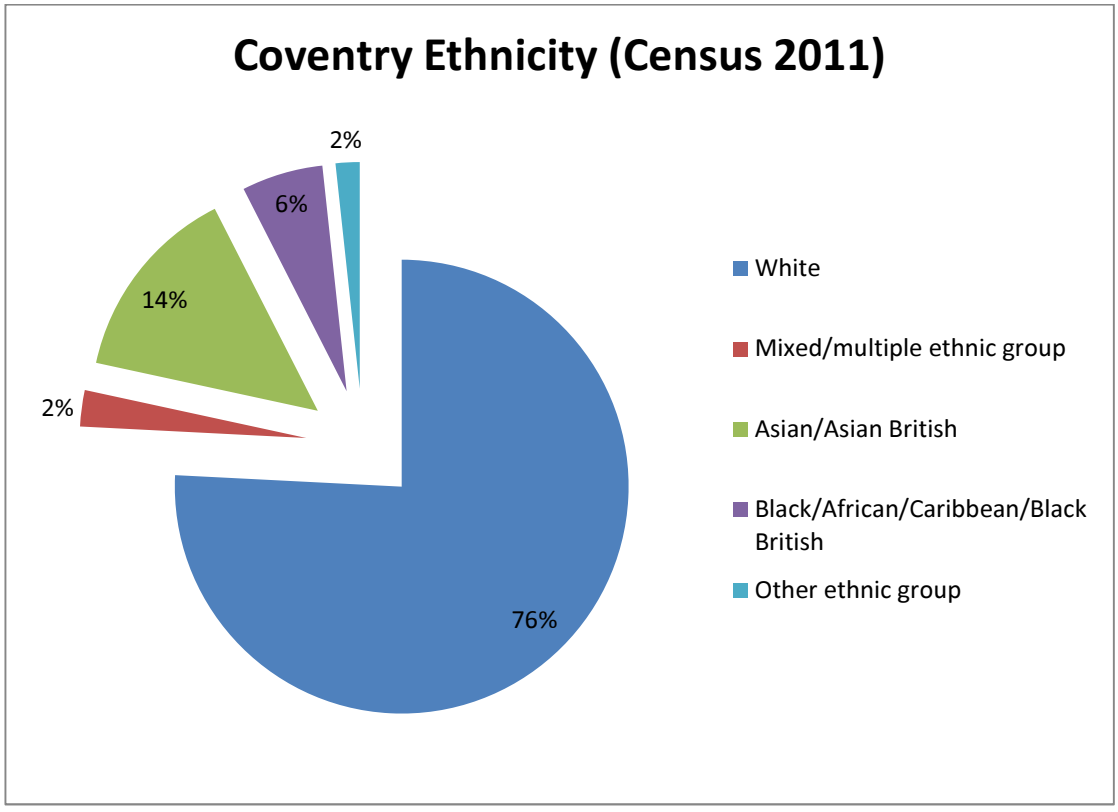
When thinking about our strategy it is important to know lots of things about people with a learning disability in Coventry

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 13th 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
	Total	**425**
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.

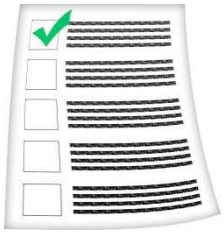
In 2014 to 2015, £21.4 million will be spent by the Council to support adults with learning disabilities.

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 Education 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 a 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 heath 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:

Name	Address	Telephone / Email
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Coventry City Council

Briefing Note

To: Health and Social Care Scrutiny Board (5)

Date: 15th October 2014

Subject: Increased support through telecare, Aylesford Consultation & transition to a new model of short term support

1. Purpose of the Note

1.1 This note provides Health & Social Care Scrutiny Board (5) with an overview of the outcome of the focused consultation regarding proposed closure of the Aylesford, including identifying any changes to the impacts identified and the impact of cessation of this service. The note also provides an update with regards to progress of implementing the "Short Term Services to Maximise Independence - High Level Strategy" (April 2014).

2. Recommendations

2.1 Health and Social Care Scrutiny Board (5) to note the outcome of the consultation process and progress to date implementing the "High Level Short Term Strategy" and make any recommendations to be considered by Cabinet at the Cabinet meeting on 4th November 2014.

3. Information/Background

3.1 Aylesford is a City Council run, bedded re-ablement facility within the city. As part of previous budget proposals the City Council intended to cease provision of this service. In addition to the decision to cease provision, the fabric of the building itself is not of a good standard and the environment is not conducive to the high level short term support strategy that partners within the City have subsequently agreed and signed up to.

3.2 As a result of the original decision by the City Council, Coventry & Rugby Clinical Commissioning Group agreed to fund the facility whilst other provisions of alternative short term support were explored. That funding has been extended on short term basis and renewed until March 2015. The ability to continue to fund this resource beyond that date has become challenging and a clear indication to cease funding at that date has been communicated by the CCG. As part of changing the emphasis around short term support the CCG is contributing significant funding to the enhanced telecare offer within the City.

3.3 In June 2014, Cabinet agreed for a focused consultation to be carried out to re-visit opinion around the potential closure. A detailed response to the consultation

feedback is currently being drafted, however the pertinent points of the feedback are not materially different to the original consultation undertaken in the Autumn of 2013 and can be summarised as follows:

- In principle respondents agreed that wherever possible people should receive short term support in their own homes and that the local model should reflect that.
- There was significant representation that there should be bedded capacity within the City.
- There was an overall view that a joint health and social care transition plan should be in place to give confidence that there will be suitable alternatives in order to manage the reduction of the 25 Aylesford beds.
- Even with a transition plan it was felt that taking the 25 beds at Aylesford is too big a change by a number of respondents.
- That respondents felt that there is insufficient evidence to support that short term support provided in people's own homes is as, or more effective, than bed based short term support.
- That a contingency plan needs to be in place to mitigate if the new model does not support the reduction in those beds leading to a negative impact on flow through the health and social care system.

4. Progress made implementing the High level strategy, during and after the period of consultation

4.1 A number of actions are currently underway to support the implementation of the "Short Term Services to Maximise Independence - High Level Strategy" (April 2014). These actions are the start of a move away from using residential beds as a primary short term solution for people with health and social care needs, by re-focusing support to a model that wherever possible people are supported in their own homes or in settings similar to their own homes.

Progress can be summarised as follows:

- Implementation of cluster based home support contracts.
  Progress: Implementation of cluster based home support contracts went fully live in July 2014.
- Implementation of a new Telecare offer linked to re-ablement with a responder service.
  Progress: Responder service – night time pilot went live on 15th September 2014. New Telecare offer being rolled out in October/November 2014.

- Development of a single re-ablement pathway.
  Progress: New pathway went live from 1st October 2014.

- Development of a home based re-ablement service for people with dementia.
  Progress: New dementia discharge to assess service pilot went live in September 2014.

- The use of housing with care re-ablement where people are not initially able to be supported in their own homes.
  Progress: Housing with Care revised staffing structure consultation planned for October 2014. This proposal reduces tiers of management roles and re-invests some of the budget back into frontline staffing, increasing the level of support that will be provided in housing with care to meet increased levels of need. In addition a pilot has been started using 6 beds at Farmcote Lodge where the increased telecare offer is being trialled alongside additional Occupational Therapy and Social Work input.

4.2 The Cabinet report "Aylesford Consultation and transition to a new model of short term support" will be presented at Cabinet on 4th November 2014.

5. List of appendices included

- Increased Community Support Through Telecare, Cabinet Report, 17th June 2014
- Increased Community Support Through Telecare Appendix 1
- Increased Community Support Through Telecare Appendix 2

6. Other useful background papers

- A Bolder Community Services (ABCS) Interim Consultation Report, October 2013
- Community Services – consultation on service changes, Cabinet Report, 13th August 2013

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Coventry City Council

Public report
Cabinet

Cabinet 17 June 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:
Increased Community Support Through Telecare.

Is this a key decision?
Yes

Executive Summary:

A key priority for the City Council and its health partners is reducing long term demand through supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Fund, through which closer integration between Health and Social Care is being driven.

One of the objectives of this work is to reduce the usage of residential and nursing home placements in Coventry. Placing people directly into residential or nursing care, even for a period of reablement can quickly create an expectation that ongoing residential or nursing care is required and can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.

In 2013 the City Council undertook a consultation on a series of proposals under the A Bolder Community Services (ABCS) programme, one element of this consultation was the ongoing funding of the Aylesford, a City Council provided short-term residential home. As an outcome to this consultation the Coventry and Rugby Clinical Commissioning Group (CRCCG) agreed to fund the Aylesford for a period of six months, to 30 September 2014 to enable the development of a Reablement Strategy.

A high level reablement strategy has been agreed between the City Council and CRCCG. The principle of this strategy is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for this purpose. To deliver this strategy further funding has been agreed with the Coventry and Rugby Clinical Commissioning Group (CRCCG) for the Aylesford until 31 March 2015.

This report deals specifically with the delivery of this strategy through developing a much extended and enhanced Telecare service to improve the effectiveness of services available to support people in their own homes. It is considered that the delivery of this increased robustness will make the need for the service provided by the Aylesford redundant by the revised funding date of 31 March 2015; it is proposed that a further focused consultation exercise will be undertaken in respect of this closure proposal and that the outcome and impact assessment will be presented at a later date to cabinet for consideration and decision around cessation of the service.

The City Council wants to set an ambitious target for this work to give drive and ambition to how we make best use of technology to support people requiring social care and support.

Recommendations:

Cabinet is requested to approve the following recommendations:

1) Endorse the high level strategy for Short Term Services to Maximise Independence that will see a move away from bedded facilities and the development of more robust services to support people in their own homes.

2) The expansion of the use of Telecare in the City as a way to deliver a more robust community response.

3) To undertake a focused consultation process to revisit the previous consultation findings with regard to the Aylesford and its proposed cessation; and to understand any changes to the impacts identified and the impact of a cessation of this service.

4) That the delivery of the high level strategy agreed with health partners, be reviewed by Health and Social Care Scrutiny Board (5) with recommendations to be made to Cabinet Member (Health and Adult Services) on how the delivery of the strategy is progressed.

List of Appendices included:

Appendix One – Short Term Services to Maximise Independence – High Level Strategy.
Appendix Two – Equality and Consultation Analysis Part 1 (pre-consultation)

Other useful background papers:

Coventry Better Care Fund Submission – April 2014

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

Health and Social Care Scrutiny Board (5) July 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

Page 3 onwards
Report title: Increased Community Support Through Telecare

1. Context

1.1 A key priority for the City Council and its health partners is both managing and reducing long term demand for services due to ageing populations and increasing complexity of need against a context of reducing resources. Supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible is key to meeting these challenges. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Programme, through which closer integration between Health and Social Care is being driven.

1.2 One of the objectives of this work is to reduce the usage of residential and nursing home placements in Coventry. Placing people directly into residential or nursing care, even for a period of reablement can create an expectation that ongoing residential or nursing care is required and can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.

1.3 The City Council has significant financial challenges. In order to respond to these challenges in 2013 the City Council consulted on a series of proposals through the A Bolder Community Services (ABCS) programme, one element of this consultation was the on-going funding of the Aylesford, a City Council provided short-term residential home. As an outcome to this consultation the Coventry and Rugby Clinical Commissioning Group (CRCCG) agreed to fund the Aylesford for a period of six months, to 30 September 2014 to enable the development of a Reablement Strategy.

1.4 A strategy for Reablement, which is now termed 'Short Term Services to Maximise Independence', has been agreed between the City Council and CRCCG. The principle of this strategy is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for short term use.

1.5 This report deals specifically with the delivery of this strategy through developing a much extended and enhanced Telecare service to improve the robustness of services available to support people in their own homes. The City Council wants to set an ambitious target for this work to give drive and ambition to how we make best use of technology to support people requiring social care and support.

1.6 Using new technology is one way in which the challenges of financial pressures and increasing demands can be responded to. Technology can be used to support people to remain independent within their own homes for longer. Nationally telecare has had significant success in improving outcomes for individuals whilst reducing the long term need on place based social care services.

1.7 The introduction of a robust community responder service including an enhanced telecare offer would help meet the objective of ensuring people remain independent within their own homes and live fulfilled lives. This along with an integrated health and social care referral pathway, Housing with Care services, and an outcome focussed home support service to maximise independence would enable the Council, and health partners, to better meet the needs of people within community settings.

1.8 To enable the development of this more robust community response the CRCCG has agreed with the City Council to fund the Aylesford until 31 March 2015. As the Aylesford provides services to short term residents there is no expectation of ongoing provision for any individual receiving services at the Aylesford. The ongoing needs of individuals exiting the Aylesford is determined through assessments involving families, carers and other professionals as appropriate.

1.9 Despite significant budget challenges the City Council is committed to supporting vulnerable people and finding ways to use available resources in the most cost effective way to provide this support. A more effective community response, of which Telecare plays a key role, will help to ensure the City Council can continue to support those in most need.

1.10 High Level Strategy for Short Term Services to Maximise Independence

1.11 Delivering integration through the Better Care Programme requires a multi-agency approach across the City Council, Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust (CWPT) and University Hospital Coventry and Warwickshire (UHCW). In April 2014 all four organisations agreed a high level strategy which set a direction of travel to reduce the reliance on bedded facilities for the provision of short term services and develop a more robust community offer so that people can benefit from a period of short term support in their own home.

1.12 Short term support is based on the principle that everyone has the ability to improve or maintain their independence with the right support. As the detail on this strategy is developed and implemented it is expected that service provision would increasingly be one that values prevention, early intervention and community based approaches. Where necessary the right level of support would be provided within the home ensuring people are able to remain in their own communities for as long as possible. The strategy outlines the high level activities that will be jointly undertaken to improve short term services in the city.

1.13 This report deals specifically with how the use of Telecare will be enhanced to improve how people are supported in their own homes. There are however other elements to the strategy which are as follows:

1.14 <u>Housing with Care Short Term Support</u>

1.15 The Short Term Support offer within Housing with Care provides an opportunity for people to re-familiarise with the life skills they require to return to live independently within their own homes. The Housing with Care short term service is a key part of the short term support strategy for those who, even with an improved community offer, are not able to have a period of Short Term Services to Maximise Independence in their own homes. The Housing with Care service operates in a self-contained housing facility. Therefore service users are able to recover from an episode in hospital within an environment similar to their own home.

1.16 Short term tenancies provide a means of support for people either being discharged from hospital, or to avoid admission, for a period of up to six weeks. In order to ensure that people supported through a short term tenancy have the maximum opportunity to return home the use of telecare, support from occupational therapists, phased home visits to re-accustom service users with their own home environment and on-going monitoring of progress by a dedicated social worker would all be features of the individual support plan provided.

1.17 Housing with Care staff would have flexibility to make adjustments to support as the individual progresses in order to ensure maximum benefits are realised. This would include flexible use of equipment to support people becoming re-familiar with skills such as cooking and self-care.

1.18 Short Term Home Support

1.19 A new home based Short Term Service to Maximise Independence has been commissioned and commenced delivery in May 2014. This service focuses on providing intensive short term support to maximise the independence of individuals in their own home upon being discharged from hospital and to prevent hospital admission.

1.20 The service will deliver up to 1,350 hours of support per week linked to General Practitioner (GP) clusters, the majority of whom would be returning home from a stay in hospital. The service focusses on developing the life skills of individuals that may have been reduced. The use of telecare and other equipment will be integral to this approach, as will the input of other professionals including Occupational Therapists and Social Workers.

1.21 Improving Telecare in Coventry

1.22 The enhanced telecare offer would build confidence for individuals and carers when returning home. It would provide a personalised and responsive 24 hour reassurance that the risks of returning home are being managed. Telecare services can be tailored according to the needs and risks presented by the individual. Risks would be identified during support planning and review processes and appropriate options discussed with service users and carers.

1.23 There are currently approximately 350 people supported with Telecare packages in Coventry but bold ambition is needed to drive change and improvement. It is therefore proposed to create a telecare service that has capacity to support approximately 3000 people over the next three years. As part of the on-going integration with Health referrals will be made through different routes and by different professionals. This would include community referrals and self-funders.

1.24 A responder service is key to the success of any telecare service. A limited response service is currently provided by a voluntary sector organisation for people who don't have family to support them. The numbers are low and with an increased telecare service a more comprehensive model is required. It is therefore also proposed that a responder service is established that would be scaled up as necessary as delivery increases.

1.25 It is expected that wherever feasible family or friends would be the first point of response should an alarm be raised. A responder service would be provided where clients do not have family and friends able to respond or where the named responder is unavailable. During the first quarter of this year in the region of a 150 ambulance call outs were made by the alarm monitoring service on behalf of service users. A significant number of these were because family/friend responders were unavailable at the time and no other option for a response to an incident was available. This places unnecessary and avoidable pressure on health resources.

1.26 Also key to success is the ability to supply and install equipment in a timely manner to facilitate hospital discharge and prevent un-necessary admission. An integrated supply and installation service is the most reliable way of ensuring this as it reduces the length of time it takes from a request for telecare being issued by practitioners to the installation

being undertaken within someone's home. The Council would seek to procure the equipment and installation service from existing framework contracts.

1.27 Once a period of short term support has finished people would be able to maintain the telecare package, whether as part of their on-going assessed package of care or as a self-funder. At this point the service would become chargeable. National research has shown that up to 90% of people choose to continue to pay for a package of telecare even though they are assessed as no longer requiring social care support.

1.28 Recognising that Telecare and other new technologies to support social care is a growing market the City Council would organise the service in a way that the benefits of new developments including stand-alone equipment and apps could also be maximised.

1.29 The telecare offer is being developed initially around packages of support for Older People. However it would also be developed for other client groups including Learning Disabilities, Physical and Sensory Impairment and Mental Health.

2. Options considered and recommended proposal

Option 1 - Recommended

2.1 In order to support the delivery of the high level strategy for Short Term Services to Maximise Independence through improving community resilience it is recommended that the required steps are taken to establish a telecare service through procurement of an integrated supply and installation service.

2.2 As the Aylesford has funding in place until 31 March 2015 it is further recommended that the Council undertakes a focussed consultation to understand any changes since the consultation in 2013. The consultation outcome and impact assessment will be presented to Cabinet for a decision around the future of the Aylesford service.

2.3 This option is recommended as it offers the local authority the best opportunity to improve short term services in the city whilst meeting the financial challenges that continue to be faced.

Option 2 – Not Recommended

2.4 It is possible to consider the closure of the Aylesford whilst not investing in the enhanced telecare offer to increase community resilience. This option is not recommended because it will increase risks around supporting more people in their own homes as a result of reducing bed capacity. This also has the effect of not meeting the Health and Social Care integration objectives outlined in the Better Care Programme plan.

Option 3 – Not Recommended

2.5 Keep the status quo and do not invest in telecare short term support services whilst maintaining the Aylesford. This option is not recommended as the withdrawal of revenue funding for the Aylesford was part of the savings programme under the 'A Bolder Community Services' programme.

3. Results of consultation undertaken

3.1 A focused consultation process with a view to refreshing our understanding of the impacts of the closure of the Aylesford, as identified during the ABCS consultation process will be

undertaken. This will be carried out using small meetings/briefings with key stakeholders. The outcome of this consultation will be presented to Cabinet to consider the future of the Aylesford going forward.

3.2 For those service users already in receipt of telecare, or where a telecare offer is identified as being beneficial, these opportunities would be discussed as part of the support planning review process.

3.3 Staff and trade unions will be consulted in relation to the proposed closure of the Aylesford. This will ensure they have opportunity to inform the proposals.

4. Timetable for implementing this decision

4.1 The new telecare offer would be launched in summer 2014 following the procurement of services and modelling of the required new referral pathways. This is in line with the new short term home support service service that would be fully operational in July.

4.2 The responder service would be piloted, using the Housing with Care responder service with existing telecare users, during July 2014, with a full rollout in line with the launch of the new telecare offer.

4.3 A report will be submitted to Cabinet outlining the outcome of the Aylesford consultation and the final recommendations later in the year. Depending upon the outcome of the consultation implementation plans will be produced.

5. Comments from Executive Director, Resources

5.1 Financial implications

Telecare

As the expansion of telecare is key to the outcomes required by the Better Care Fund (BCF), funding of £595k from the "Preparing for the BCF" allocation will be used to pump prime the expansion, with the savings from supporting people at home rather than in residential care providing the resources to further scale up the model.

It is estimated that the following net savings will be deliverable, driven by reductions in Residential Care costs, which will contribute to the existing savings targets for the People Directorate.

Year	**1** **£000**	**2** **£000**	**3** **£000**	**4** **£000**
Savings Achievable	550	750	1,000	1,500

The proposed model is based on 4 levels of service which reflect the level of equipment required and whether a responder service is necessary.

As described in paragraph 1.27 above once the period of short term support has been completed the service would become chargeable as part of an assessed package of care as shown in the table below.

Level	Description	Family/Friend role	Charge per week
1	Monitoring station and 2 sensors	Family and friends identified as responders.	£3
2	Monitoring station and 2 sensors with response	No family or friends identified as responders. Council to provide responder service.	£5
3	Monitoring station and multiple sensors	Family and friends identified as responders.	£7
4	Monitoring station and multiple sensors with response	No family or friends identified as responders. Council to provide responder service.	£10

Aylesford

As described in the main body of the report, funding for the Aylesford was previously temporarily extended to enable the agreement of a reablement strategy. Any extension beyond the 31 March 2015 revised funding date would impact on the on-going delivery of the ABCS review savings identified to Cabinet in January 2014.

5.2 Legal implications

A follow up consultation with key stakeholders, to understand any changes since the original consultation in 2013, is proposed. This will enable impacts to be understood in light of the new strategy and for the Equalities and Consultation Analysis to be updated in line with the strategy.

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 Council Plan sets out the city's vision and priorities for Coventry. The priorities include objectives to:

Improve the health and wellbeing of local residents by:

- helping people to maintain their independence and supporting them when they need help

The proposals outlined will enable people to maintain their independence using resources in the most effective way.

6.2 How is risk being managed?

Risk management plans are in place for the project. Risks will be managed in line with corporate risk management procedures.

6.3 What is the impact on the organisation?

Should recommendations be approved discussions would take place with Trades Unions about the potential for the Aylesford closure. This would include strategies to minimise the adverse impact on employees as far as possible through further ER/VR applications, vacancy management and redeployment, and by reviewing existing temporary contracts, and agency usage. Individual meetings would take place with all affected employees and implementation would be managed in accordance with the City Councils change management agreement, The Security of Employment Agreement.

In total 40 staff would be directly affected by any closure, 34 permanent staff and 6 temporary staff. In the event of a decision to close the Aylesford staff would be supported to find alternative employment within the local authority where possible.

6.4 Equalities / EIA

An initial ECA has been produced for the purposes of these proposals which will be updated as plans progress.

Due to the scale of changes required, it is unlikely that all negative impacts can be removed or mitigated. As a range of groups will be impacted by the proposals the consultation will be tailored to make it relevant and applicable to the groups affected through media including easy-read versions.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Implications for health partners including the Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust and University Hospital Coventry and Warwickshire. All organisations are members of the Better Care Programme Board and are supportive of the strategic approach described in this report.

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Appendices

SHORT TERM SERVICES TO MAXIMISE INDEPENDENCE

HIGH LEVEL STRATEGY

April 2014

Purpose

- To describe the STSMI strategy to be adopted by the City Council and Clinical Commissioning Group.
- To set the direction for STSMI in Coventry to enable more detailed work to be completed on delivery models, benefits and timescales.

Current Position

STSMI (interchangeable with reablement for use in this document) in Coventry has the current characteristics:

Services:

- Short term residential beds – 31
- Short term dementia residential beds – 21
- Short term nursing beds - 20
- Short term tenancies (Housing with Care) – 18
- Hours of home support (week) – 1350

Access:

Two separate pathways exist for accessing STSMI, a Health pathway through Coventry and Warwickshire Partnership Trust (CWPT) for what was 'Reablement' and a Social Care pathway through the City Council for 'Promoting Independence'.

Care Co-ordination, Therapy and Case Management:

Dependant on the pathway this is provided by either CWPT or City Council staff through Community START

Performance:

Compared with the 15 comparable Councils Coventry is:

- 8th for permanent admissions to residential and nursing care homes for older people (ASCOF 2012/13)

- 3rd for proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation (ASCOF 2012/13)
- 10th for people offered reablement services following discharge from hospital
- 15th for delayed transfers of care from hospital (ASCOF 2012/13)
- 15th for delayed transfers of care from hospital attributable to joint health/adult social care and adult social care only (ASCOF 2012/13)

Over the last three years (since 2010/11 to 2012/13) the total numbers of people in residential and nursing care have increased from 643 to 762 whereas the comparator average has decreased from 724 to 714. (HSCIC Older People Comparator Report 2012-13)

Use of Resources (older people):

- Coventry spends 44.6% of gross current expenditure on Residential and Nursing Care compared with 52.5% for comparators and 53.2% for England (HSCIC Use of Resources Report 2012-13)
- Coventry spends 45.2% of gross current expenditure on Day and Domiciliary Care compared with 36.4% for comparators and 35.6% for England (HSCIC Use of Resources Report 2012-13)

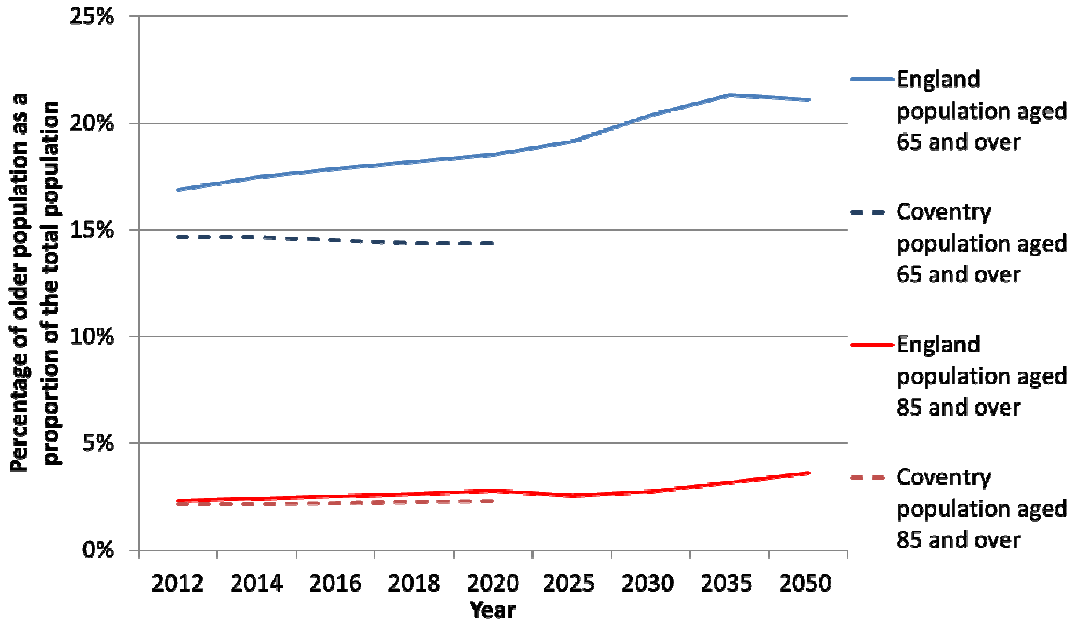
Population and Projected Needs

The three graphs below show:

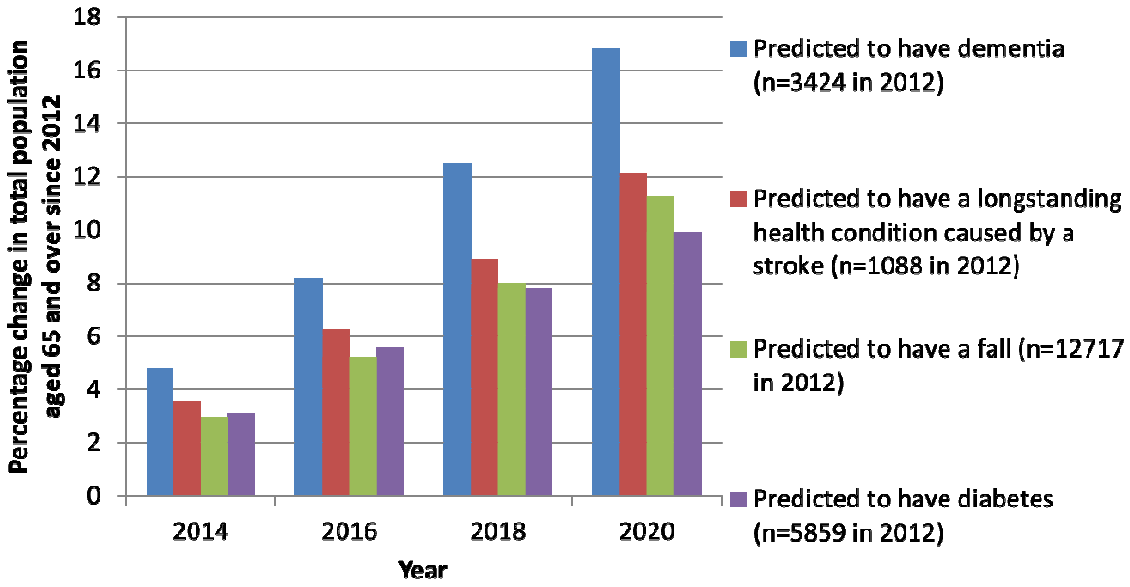
- Expected changes in Coventry Older People population
- Expected changes in key health conditions
- Demand for social care services in residential care homes.

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

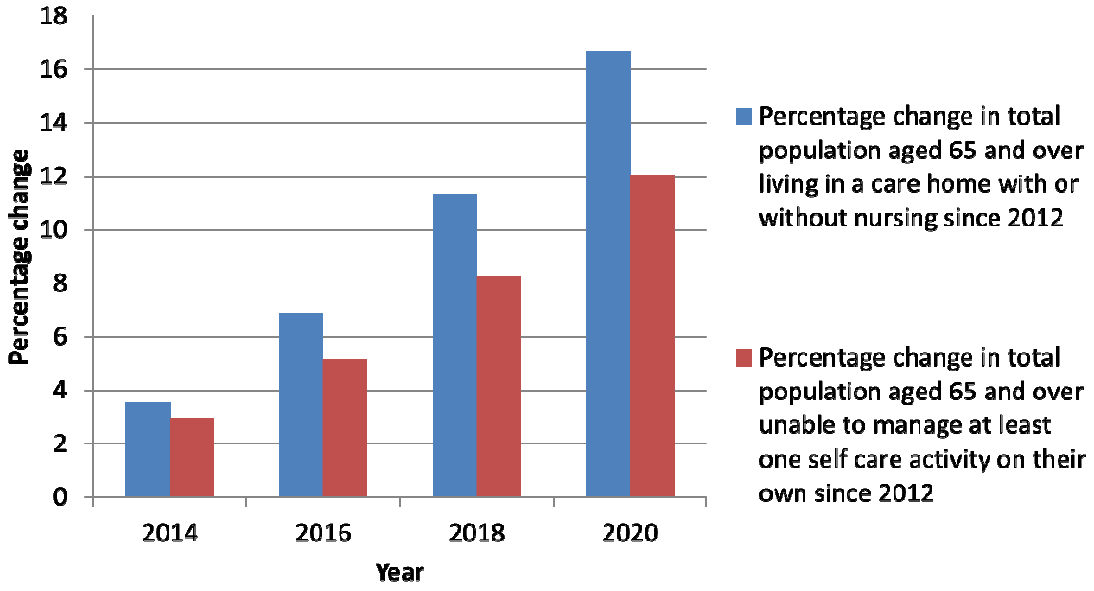
Overall Population



Ill Health Projections



Social Care Need Projections



Rationale for Change

Coventry is currently a high user of residential and nursing care and has a number of bedded reablement facilities that, in many cases result in people being placed in long term residential care. There is also a high proportion of people returning to hospital and a high number of Delayed Transfers of Care.

Although there is no formula on which to base the number of reablement beds required it is reasonable to draw a relationship between the ability to provide a robust reablement offer in peoples own homes and a reduced demand for bedded facilities.

An over reliance on residential care for reablement will support a mentality the residential care is 'safe' and that home based support is 'risky'. This perception can quickly be established and lead to an assumed requirement for long term residential care in circumstances, which, if a home based solution was possible, could be avoided.

Strategic Direction

Based on the issues described above the strategic direction for reablement in Coventry is proposed as:

To provide a robust home based reablement service where people can benefit from a period of flexible reablement in their own home in order to reduce the requirement for residential and nursing care and improve flexibility to manage changing demand patterns for either step-up or step-down support.

Strategic Delivery

The following strands of work will be progressed to deliver this strategic direction

- Implementation of cluster based Home Support contracts.
- Implementation of a new Telecare offer linked to reablement with a responder service.
- Development of a single reablement pathway.
- Development of a specific home based reablement service for people with dementia.
- The use of Housing with Care reablement where people are not able to be supported in their own homes.
- A therapy offer that is initiated quickly in order to maximise chances of success.

Strategic Implications

Adopting this strategy will have the following implications:

- The ongoing requirement for bedded facilities will be reduced. This will have direct implications on the future of the Aylesford.
- The Charnwood contract for Dementia reablement ceases on 30.6.14. Any extension beyond this date will be on a short term basis only.
- Therapy staff will be required to work flexibly in the community – this will impact on both City Council and CWPT staff.
- The designation of a Housing with Care scheme as being Short term services only. This will require agreement with the relevant Registered Social Landlord.
- Home support contracts will require close oversight and monitoring in order to ensure effectiveness.

Strategic Benefits

- In developing a robust home offer fewer people will be attracted into long term residential care as they will not become accustomed to this model of support on leaving hospital or when stepping up from the community.
- Through providing a more robust reablement offer in people's own homes it is also possible to give greater flexibility to cope to spikes or peaks in demand as it is far more practical to increase capacity in home based support as opposed to building based assets.
- Home based support is more cost effective than residential care in most cases in both the short and long term. Therefore adopting this approach will support the financial sustainability of the Health and Social Care economy in light of both increasing demand and reducing resources.
- Reduced readmission to hospital following a period of enablement and improved DTOC performance – both important performance measures and both included in Better Care Fund metrics.
- A new performance measure is being introduced in 2014/15 'sequential service to reablement' – this is the local metric chosen for the Coventry Better Care Fund programme and delivering a good reablement service is key to good performance in this regard.

Recommendations:

Adult Joint Commissioning Board is recommended to :

1. Support the strategic direction outlined and the implications
2. Identify and particular focus required (recognising this document is heavily social care weighted) in developing more detail and financial plans

PF

17.4.14

Equality and Consultation Analysis Form – Part 1 (Pre-Consultation)

Name of project /review	Short Term Support and the Proposed Decommissioning of the Aylesford Centre
Service	Short Term Support Services and the Aylesford Centre
Name of person completing this ECA **Contact tel. no**	Marc Greenwood X2122
Date	27th May 2014

1. **Provide brief details of the aims of the project / review below:**

Following a consultation held in 2013 on the long term commissioning of the Aylesford the Coventry and Rugby Clinical Commissioning Group agreed to fund the service for a further 6 months until the end of September 2014 whilst a joint reablement strategy was developed. This strategy determines what short term services are required in the city in the future. This approach was approved by Cabinet in January 2014 and since then work has been underway with health partners to determine the future short term support offer in the city.

A joint short term support strategy has been produced in conjunction with the Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust and the University Hospitals Coventry and Warwickshire. This joint strategy sets out the shared vision and approach for short term service is the city. This includes the provision of bedded services within the city.

Coventry and Rugby Clinical Commissioning Group recently agreed to fund the Aylesford for a further 6 months until the end of March 2015. After which time it is proposed the Aylesford will be decommissioned. A consultation will be held with affected stakeholders to ascertain what, if anything has changed since the original consultation in 2013, including additional impacts of decommissioning the Aylesford not previously identified. By funding the Aylesford until the end of March 2015 additional time is allowed to test the new short term services outlined in the strategy ensuring they are able to embed and outcomes are being achieved.

This ECA covers the known impacts of commissioning new short term services and de-commissioning the Aylesford pre-consultation.

Equality and Consultation Analysis Form – Part 1 (Pre-Consultation)

2. **Complete the table below, assessing the impact of this project / review on people with protected characteristics and those agreed as local priority groups,** using local service level data. When citing reasons, you should consider local and national data and evidence.

   If applicable, you should refer to the baseline report / needs analysis for this project.

Protected Characteristic	Positive Impact	Reasons for Positive Impact (if applicable)	Negative Impact	No impact	Reasons/Evidence	Mitigating actions
Age	*	Improved short term support offer within the city through the enhanced short term home support, Housing with Care and telecare offers.	*		Decommissioning of the Aylesford Centre that currently supports predominately older people who have been recently discharged from hospital. 96% of service users (2013) at the Aylesford were born before or during 1950, meaning the majority were over 65 years of age.	The improved short term offer will ensure appropriate services are accessible to meet the needs of people that require support following an episode in hospital or require support from the community. These services will provide support to enable people to re-familiarise and develop the necessary skills to live independent and fulfilled lives. These services will be tailored around the individuals according to their need and circumstances ensuring they are appropriate and fit for purpose. Additional longer term support packages will be provided following

						a period of short term support should an individuals assessed need identify it is required.
Disability	*	Improved short term services will include Occupational Therapy services and telecare support to ensure people are provided with the necessary support to help them recover from an episode.	*		The majority of people in the Aylesford over the 12 months to January 2014 had a physical and sensory impairment. For example, 115 people (47%) were admitted due to falls. Therefore with the de-commissioning of the service people with a physical and sensory impairment will be impacted. This is an expected impact due to the nature of the service and the client group accessing the support.	As above
Gender	*	Improved short term services available to all who are assessed as being eligible.	*		A higher proportion of females access support from the Aylesford. Therefore females will be disproportionately impacted by the de-commissioning.	As above
Gender Reassignment		N/A			N/A	
Marriage/Civil Partnership		N/A			N/A	
Pregnancy/Maternity		N/A			N/A	

Equality and Consultation Analysis Form – Part 1 (Pre-Consultation)

Race	*	Improved short term services available to all who are assessed as being eligible.	*		A higher proportion of service users accessing the Aylesford were White British. Therefore there will be a disproportionate impact on this ethnic group.	As above
Religion/Belief		N/A			N/A	
Sexual Orientation		N/A			N/A	
Looked After Children		N/A			N/A	
Carers	*	As part of the telecare offer carers support package will be developed. This will enable carers to continue caring for longer.		*	No identified impact. Further understanding of the impact on Carers will be sought during the consultation.	
Deprivation (e.g. income, educational attainment, worklessness)		N/A			N/A	

3. Have you considered social value requirements as part of this project/review? YES

The Public Services (Social Value) Act 2012 places a requirement on commissioners to consider the economic, environmental and social benefits of their approaches to procurement before the process starts.

The proposal covers the de-commissioning of internal provision, the Aylesford, and therefore the duty does not apply to this aspect of the proposal.

Any externally commissioned short term support services will be conducted in observance to Public Contract Regulations 2006 and The Social Value Act 2012.

4. Contact the HR Change Management Team (Manager Marion O'Brien ext. 2454) in order to obtain management information on the workforce affected by this project/review. Please include this <u>tabulated</u> information by age, gender, ethnicity, disability, working hours and salary band below.

** CCC Staff Percentage figures shown below December 2013.*

Employee Headcount	Total Contract Count	Total FTE
50.	57.	28.16

Age Band	Total Contract Count	Aylesford Percentage	CCC Staff Percentage *
Up to 24	6	10.53%	4.78%
25-34	9	15.79%	15.42%

35-44	15	26.32%	22.11%
45-54	16	28.07%	32.88%
55-64	8	14.04%	20.81%
65-74	3	5.26%	3.59%
75 and Over	0	0.00%	0.40%
Totals:	**57**	**100.00%**	**100.00%**

Gender	**Total Contract Count**	**Aylesford Percentage**	**CCC Staff Percentage**
Female	52	91.23%	70.71%
Male	5	8.77%	29.29%
Totals:	**57**	**100.00%**	**100.00%**

Ethnicity	**Total Contract Count**	**Aylesford Percentage**	**CCC Staff Percentage**
Asian or Asian British	1	1.75%	10.67%
Black or Black British	6	10.53%	3.92%

Unknown	5	8.77%	7.46%
White	39	68.42%	76.21%
Other White	6	10.53%	1.74%
Totals:	**57**	**100.00%**	**100.00%**

Disability	**Total Contract Count**	**Aylesford Percentage**	**CCC Staff Percentage**
Disabled	4	7.02%	5.79%
Not Disabled	42	73.68%	80.19%
Unknown	11	19.30%	13.50%
Refused	0	0.00%	0.53%
Totals:	**57**	**100.00%**	**100.00%**

Length of Service	**Total Contract Count**	**Aylesford Percentage**	**CCC Staff Percentage**
Less Than 2 Years	20	35.09%	17.10%
2-5 Years	9	15.79%	14.98%

Equality and Consultation Analysis Form – Part 1 (Pre-Consultation)

5-10 Years	10	17.54%	26.62%
10-15 Years	5	8.77%	15.35%
15 Years and Over	13	22.81%	25.95%
Totals:	**57**	**100.00%**	**100.00%**

Salary Band	**Total Contract Count**	**Aylesford Percentage**
0 – 15,039	33	57.89%
15,040 – 16,830	16	28.07%
16,831 – 19,621	3	5.26%
19,622 – 23,708	3	5.26%
23,709 – 28,636	0	0.00%
28,637 – 33,661	1	1.75%
33,662 – 38,961	1	1.75%
Totals:	**57**	**100.00%**

Please note that some totals may not reach 100% exactly due to rounding.

5. Please <u>summarise</u> key information from the above tables relating to the workforce, and the likely impact of this project/review on key groups

The workforce of the Aylesford is primarily:

- Female (91.23%)
- White ethnic background (78.95%)
- Aged between 35-54 (54.39%)

Therefore these protected characteristic groups are predominately affected by the proposal to decommission the Aylesford. When compared with averages within the city council overall these figures align as there is a higher female workforce, a higher workforce from white ethnic background and the majority of staff within the Council are aged between 35-54.

6. **Do you plan to undertake formal consultation as part of this project? YES**

If no, please outline your reasons for this

7. **If appropriate, has a committee report been prepared in relation to this work? YES**

A Cabinet Report has been prepared requesting permission to consult on proposals relating to Short Term Support.

Short Term Support Cabinet Report

Please forward this form to Jaspal Mann or Wendy Ohandjanian in the Chief Executive's Policy Team jaspal.mann@coventry.gov.uk / wendy.ohandjanian@coventry.gov.uk

For further information and support to complete this form, please contact:
Equalities - Jaspal Mann (jaspal.mann@coventry.gov.uk ext. 3112) or Wendy Ohandjanian (wendy.ohandjanian@coventry.gov.uk ext 2939)
Consultation – Helen Shankster (helen.shankster@coventry.gov.uk ext 4371)
Social Value- Mick Burn (mick.burn@coventry.gov.uk ext. 3757)
Health Impact – Angela Hands (angela.hands@coventry.gov.uk ext 1315)

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A BOLDER PEOPLE DIRECTORATE

Maximising Independence closer to home

Background

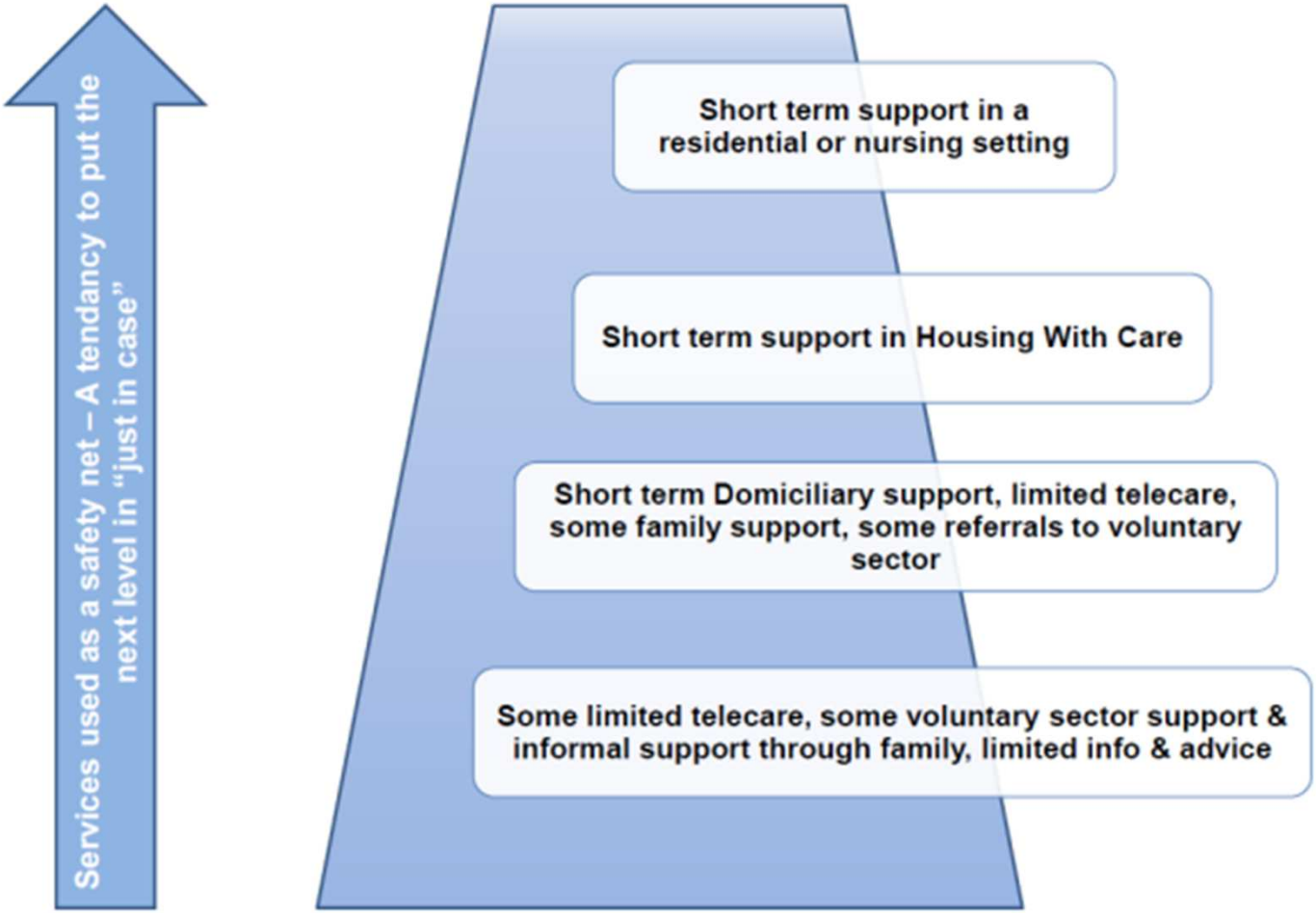
Challenges:

- Coventry is a high user of residential care as a solution for adult social care & health needs.
- Delayed transfers of care remain high in Coventry despite current levels of activity and attempts to mitigate.
- The current system is not working as efficiently as it could.

The Response:

- A high level strategy for short term support to maximise independence launched in June 2014. It articulates the joint health and social care approach, and the work that will be implemented to address the key challenges.

Current system



Use of current services

Aylesford Usage May – July 2014

- 26 people admitted to Aylesford between 23rd May - 16 July 2014
- Of the 26 people admitted 17 were originally admitted to University Hospital Coventry & Warwickshire following a 'Fall'
- Of 26 admitted to Aylesford, 69% were referred to Aylesford as “not safe at night”

- Other reasons include:

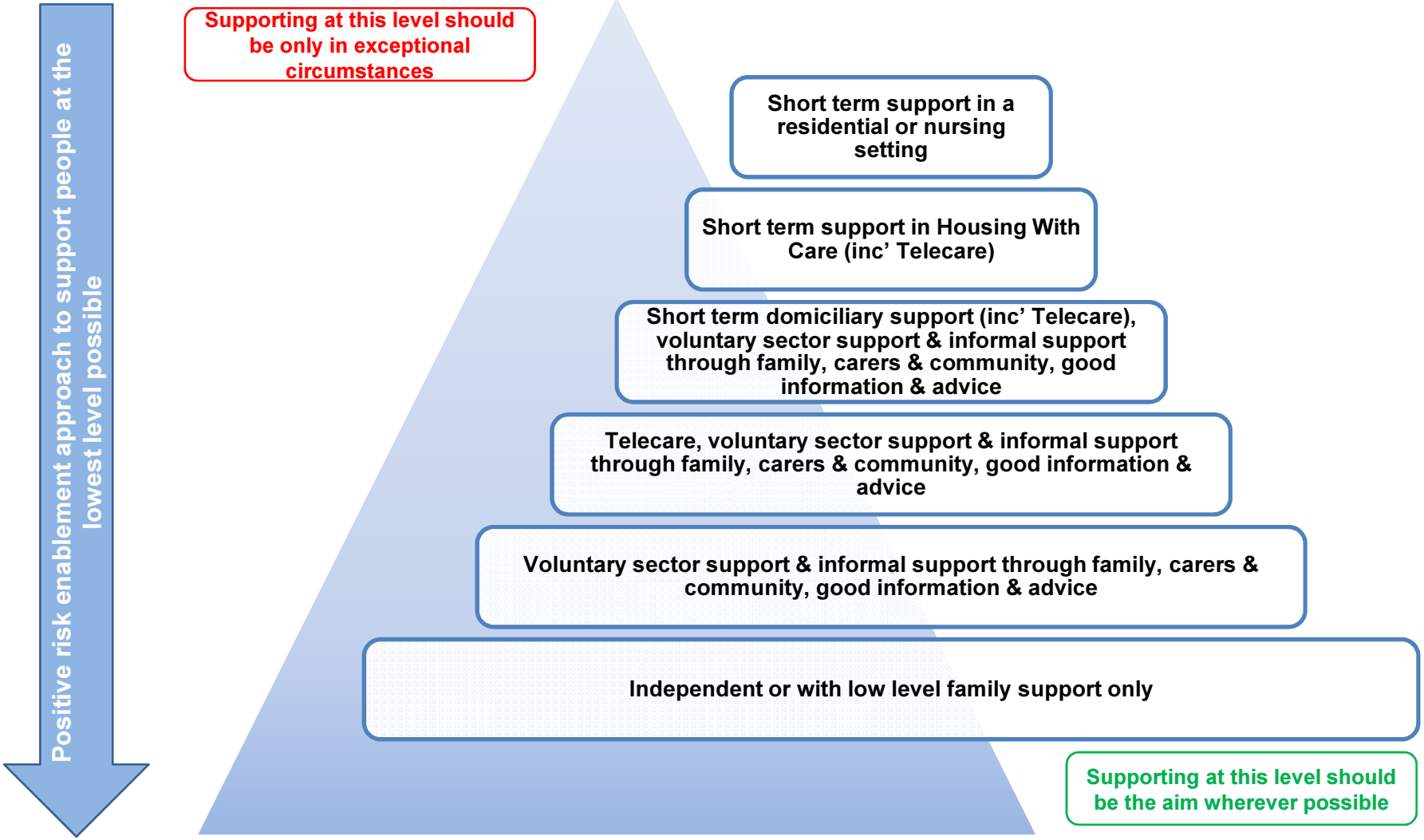
  - Previous discharge home with support that failed
  - 1 person needing stoma care as had arm in sling
  - Home environment unsuitable
  - High risk of falls
  - there were some referrals where no reason for referral was given

Use of current services

Short Term Domiciliary Services

- Between May 2014 and September 2014, 50 people left the service in week 1.
- 7 people were fully independent and did not require support.
- 19 people left within the first week due to not wanting the service or having family/carers that were willing to support.
- 52% of people that left short term support within 1 week did not require the service.
- Feedback from providers is that those exiting within a week could have gone home without short term support, whilst using telecare, as in most cases family were present to provide support or individuals did not want the service.
- This is a significant number of hours of short term support that could have been availablefor people genuinely requiring domiciliary support

System Being Implemented



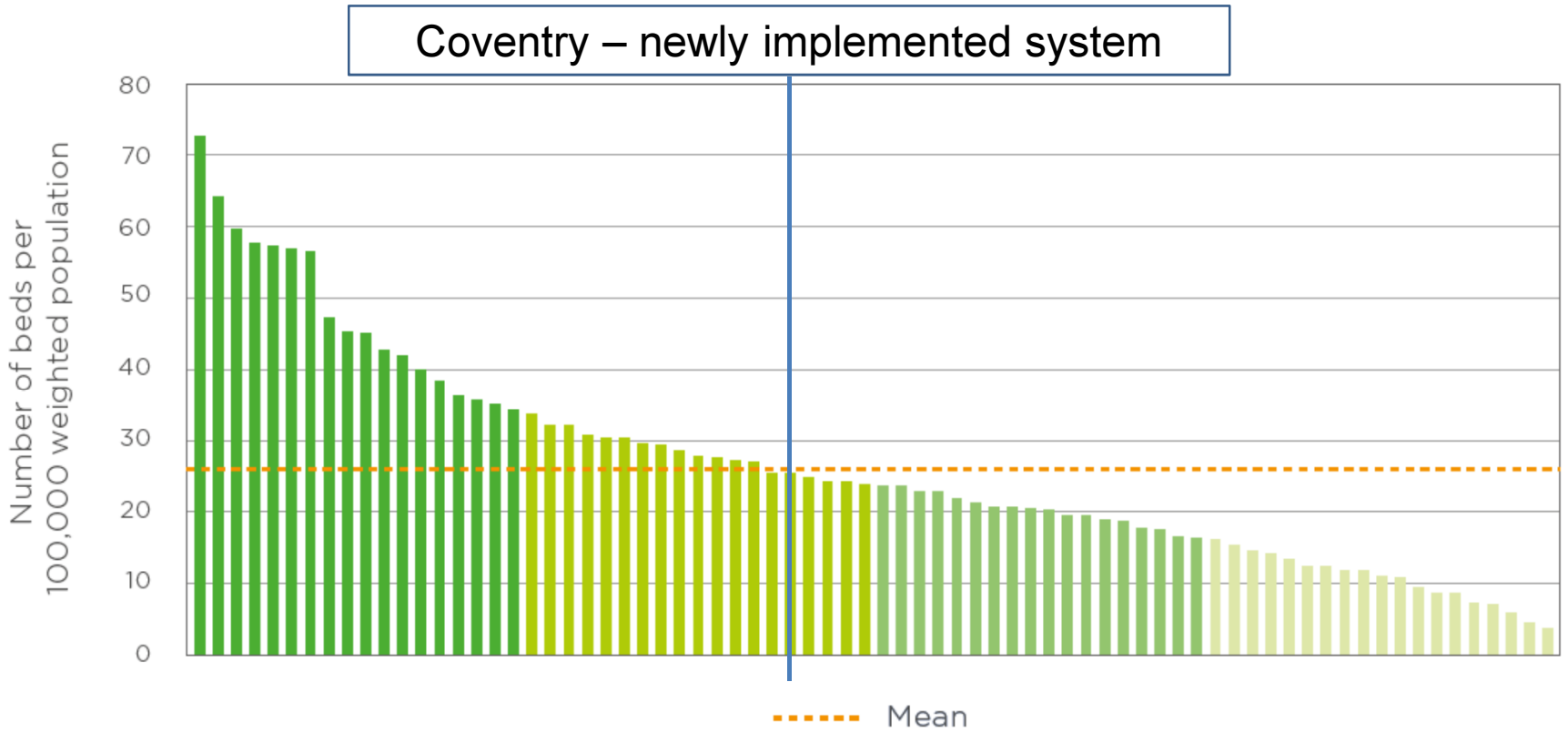
Short term solutions Should Aylesford Close

- 20 Nursing beds (10 step down & 10 assessment)
- 21 short term residential care beds
- 25 short term Housing With Care flats
- 1350 hours of short term domiciliary support
- Dementia discharge to assess service
- Therapy and support provided by Coventry and Warwickshire Partnership Trust
- Therapy and support provided by Coventry City Council
- Integrated Community Equipment Service
- Telecare
- Practically Home (Age UK)

Costs of bed based short term support

- Aylesford has a weekly cost per bed of £729 per week
- Other City Council provided or commissioned short term bed costs range between £430 and £680 per week
- A housing with care short term tenancy currently ranges between £276 and £320 per week

Coventry – Short term beds comparison



Coventry will have 25.5 per weighted 100,00 of population beds to provide short term support pathways where a bed-based placement is required in the newly implemented system. The mean nationally is 26.3 per weighted 100,000.

Source: National Audit of Intermediate Care Report 2013
http://www.nhsbenchmarking.nhs.uk/CubeCore/.uploads/icsurvey/NAIC%202013/NAICNationalReport2013.pdf

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Coventry City Council

Briefing note

To: **Health and Social Care Scrutiny Board (5)** **Date: 15th October 2014**

Subject: Discharging Responsibilities for Winterbourne View

1 Purpose of the Note

1.1 To provide Health and Social Care Scrutiny Board (5) with an overview of action taken within Coventry and Warwickshire as a response to Winterbourne.

2 Summary

2.1 Following the events that took place at Winterbourne View Hospital, *Transforming Care* and the *Winterbourne Concordat* placed a number of requirements on local areas including the development of a joint plan for high quality care and support services.

2.2 This paper describes progress to date in respect of national requirements and outlines the responsibilities held by different agencies with regard to Winterbourne, along with how assurance is provided that these responsibilities are both understood and being complied with.

2.3 The Adult Social Care Peer Review completed in March 2014 concluded that there was a lack of clarity over responsibilities for Winterbourne. This report seeks to provide this clarity.

3 Recommendations

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

- Note and comment on the arrangements in place to ensure the requirements of Winterbourne are being appropriately discharged.

4 Background

4.1 In December 2012, the Government published *Transforming Care* and the *Winterbourne Concordat* as a response to the abuse of adults with a learning disability at Winterbourne View hospital in South Gloucestershire which had been exposed in a BBC Panorama investigation broadcast in 2011.

4.2 Key components of the Concordat included: the requirement to establish, by April 2013, a local register of patients living in Assessment and Treatment units; a duty on local areas to review all hospital placements (by 30 June 2013) and move everyone inappropriately placed to community based support by 1 June 2014. In addition, every area was to develop a locally agreed joint plan for high quality care and support

services for people of all ages with challenging behaviour by 1 April 2014. Tightening of regulation and inspection by the Care Quality Commission was also a requirement.

5 Progress to date with National Requirements

5.1 Requirement to establish a register, review patients and arrange most appropriate support

A local register of Coventry and Warwickshire patients was in place prior to the April 2013 deadline. All patients were reviewed within the timescale set of 30 June 2013.

5.2 The table at Appendix 1 indicates the position as at September 2014 regarding each individual patient identified as being as part of Coventry's Winterbourne cohort. The table shows the status of patients remaining in inpatient settings, patients already discharged and new admissions to assessment and treatment units.

5.3 There were originally seven Coventry residents placed by Coventry and Rugby Clinical Commissioning Group (CRCCG) in Assessment and Treatment units. Four have subsequently been discharged. Three remain in hospital settings. An additional two people have subsequently been admitted following determination by a multidisciplinary that the particular circumstances of the individuals mean that a limited stay is appropriate. A further three Coventry citizens were, and continue to be, the responsibility of NHS England and are therefore not part of the original cohort. These patients are however included on our local register so we have a comprehensive overview of all Coventry citizens.

6 Delivering a Co-ordinated Response to Winterbourne

6.1 The responsibility for assuring the quality of care for Coventry citizens accommodated in assessment and treatment units and those discharged to other provision is the responsibility of a number of agencies. These responsibilities are as follows:

6.2 Care Quality Commission
The Care Quality Commission (CQC) is the independent regulator of health and social care responsible for monitoring adherence to national standards. CRCCG (or Arden Commissioning Support Unit on CCG's behalf) has regular discussions with CQC representatives in respect of the quality of health provision including assessment and treatment units.

6.3 NHS England Specialised Commissioning
NHS England's specialist commissioning remit includes commissioning secure hospital provision. NHS England has dedicated case managers whose role includes quarterly attendance at providers' premises. This is usually in the form of ward rounds and there is scrutiny of care plans and potential to discuss care with patients. The Birmingham, Solihull and Black Country Area Team, which covers Coventry, have recently appointed an additional worker which has enabled one case manager to be released to work solely with the Winterbourne cohort. A register is kept and there is 100% compliance in terms of review and care planning.

NHS England continues to liaise with CCGs on a regular basis to support discharge planning. A key aim is to ensure that patients placed outside of the West Midlands area are repatriated. The City Council is informed of any quality issues through, for example, regular clinical review meetings.

6.4 Coventry and Warwickshire Partnership Trust

The main provider of assessment and treatment services for Coventry patients is Coventry and Warwickshire Partnership Trust at their Brooklands Hospital site. These services were inspected by the Care Quality Commission in 2013 and 2014. The 2014 inspection found that issues raised in 2013 had been addressed and that all staff had received training in safeguarding vulnerable adults and processes were in place to ensure that people were safe. People were treated with dignity and respect and their physical health care needs were being met. Some issues were raised, for example, in respect of restrictions placed on patients and there not being a comprehensive range of meaningful activities. CQC has confirmed that the issues were not significant and that good progress is being made in addressing them.

6.5 Coventry City Council

The City Council is responsible for ensuring the quality of care and support services that it provides or commissions for Coventry citizens within the city or elsewhere. It also has broader safeguarding duties in relation to all health and care provision within Coventry and duties in relation to the provision of Approved Mental Health Professionals (AMHPs). The City Council does not have the remit to place citizens in assessment and treatment units but works closely with health colleagues to ensure that the care and support requirements of people placed are met within these settings.

In circumstances where the Council commissions or provides care and support either singly or jointly with CRCCG, the Council's own Quality Assurance process is applied in partnership with health colleagues. This is important in the context of both people returning "Winterbourne" residents and Coventry citizens per se whether accommodated within the city or elsewhere.

6.6 Coventry and Rugby Clinical Commissioning Group

The Coventry and Rugby Clinical Commissioning Group commissions assessment and treatment places for Coventry and Rugby citizens not requiring secure provision. CRCCG responsibilities include establishing outcome based contracts for its patients in assessment and treatment units and ensuring the quality of this provision. Quality assurance support is provided to all Coventry and Warwickshire CCGs through arrangements with Arden Commissioning Support Unit (ACS).

ACS's contracts management approach is based on an assurance framework that has been agreed with CCG's. The approach is risk based and targets poor performance using performance information from the providers, service user feedback, CQC engagement and multi-agency performance review.

CRCCG have no current concerns about the quality of care patients are receiving in assessment and treatment units.

7 Discharging Responsibilities for Winterbourne View

7.1 In order to ensure an integrated approach to the review of care and appropriate commissioning a Clinical Review Group was established which has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and move them closer to home and into less restrictive settings, where appropriate. This work is continuing and is being extended to encompass all adults with learning disabilities and autism placed out of area, and those living in hospital and residential care within Coventry and Warwickshire.

7.2 As part of the on-going role of the Winterbourne Clinical Review Group, the current register of people has been expanded to include children and young people to provide

assurance that the system is meeting the needs of children and young people with learning disabilities and autism are also being considered.

Whilst the City Council is a full partner in the sub-regional work, there are additional supplementary arrangements in place to ensure a robust local management. This includes the maintenance of a register that monitors clinical reviews, informs commissioning and provides an auditable trail to placement decisions, quality assurance and joint commissioning of preventative services to reduce the need for intensive placements.

7.3 The City Council has also developed a programme of training for social workers and other customer facing staff which focusses on ensuring that the principles of treating people with dignity and respect and positive behaviour management and risk taking is embedded in practice .

8 Coventry and Warwickshire's Joint Winterbourne Plan

8.1 The document "Coventry and Warwickshire's Local Response to Winterbourne: A Work Programme for 2014-16" (see Appendix 2) describes the activities that are being undertaken alongside the review of people currently living in hospital, to prevent the need for admissions, and where people are admitted, to reduce the length of hospital stay.

8.2 The Winterbourne Review focused on people with challenging behaviour. However, the plan also includes people with learning disabilities and autism who have high support needs and who may be at risk of being admitted to hospital, developing challenging behaviour, or being accommodated out of area.

9 Governance

9.1 Progress on the sub-regional and local plans will be reported through Adult Joint Commissioning Boards to Coventry's Health and Wellbeing Board.

9.2 Service user, family carer and broader stakeholder engagement will continue to be managed through the Learning Disability Partnership Board.

List of appendices included

Appendix 1: Current Status of Coventry Winterbourne Cohort

Appendix 2: Coventry and Warwickshire's Local Response to Winterbourne: A Work Programme for 2014-2016.

Other useful background papers

None

Jon Reading: Head of Strategic Commissioning
Telephone: 024 7629 4456
E-mail: jon.reading@coventry.gov.uk

Appendix 1

Current Status of Coventry Winterbourne Cohort

Person	Current status	Provision
Original Winterbourne Cohort		
A	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
B	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
C	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
D	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
E	Recent Care Programme Approach and Tribunal held	Remains in assessment and treatment unit
F	s37/41 - Recent Care Programme Approach and Tribunal held	Remains in assessment and treatment unit
G	Recent Care Programme Approach and Tribunal held	Remains in hospital
Subsequent Admissions to Assessment and Treatment Units		
H	s3. CPA reviews 6 weekly. Tribunal held. Responsibility transferred from CRCCG to NHS England	Remains in assessment and treatment unit
I	S3. Recent Care Programme Approach and Tribunal held. Under 18 – AHMP working with children social worker.	Remains in assessment and treatment unit
People not on the original cohort as funded by NHS England		
J	s37 - Recent Care Programme Approach and Tribunal held regular	Remains in assessment and treatment unit
K	s3 - Recent Care Programme Approach and Tribunal held.	Remains in assessment and treatment unit
L	S37 - Recent Care Programme Approach and Tribunal held.	Remains in assessment and treatment unit

NHS Coventry and Rugby Clinical Commissioning Group
NHS South Warwickshire Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group

Coventry City Council
Warwickshire County Council

Coventry and Warwickshire's local response to Winterbourne View Hospital

A work programme for 2014-2016

This is Coventry and Warwickshire's joint strategic plan for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging

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Forward

In response to the findings of the national Winterbourne View Report, the three NHS Clinical Commissioning Groups (CCGs) and two local authorities in Coventry and Warwickshire have developed a joint plan for services for people with learning disabilities and autism; specifically those who also have mental health issues or challenging behaviour.
The plan, which is backed by the Coventry and Warwickshire Health and Wellbeing Boards, describes how local services will be transformed so that people no longer have to live in hospitals when they could live somewhere more appropriate or at home – and that they feel supported to do this successfully. Outlined in the plan is the CCGs' and local authorities' commitment to working with individuals and families to put patients at the centre of care services.
The main principles of the plan are that people with a learning disability and autism will;

- be treated as individuals and have personalised care plans that reflect this;
- have more choice, control and influence over their care;
- be cared for in the most appropriate setting
- have the support to lead full and meaningful lives and play an active role in their community;
- feel safe and be free from abuse.

This plan has been developed with service users, carers and providers of learning disability services across Coventry and Warwickshire.

The Warwickshire (and Coventry) Learning Disability Partnership Boards have endorsed this plan. Regular updates will be provided to both Learning Disability Partnership Boards about progress with implementation of the plan.

Executive Summary

This plan describes how we will transform health and care services in Coventry and Warwickshire for all people with learning disabilities or autism who have high support needs or challenging behaviour. We want to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support from health and social care services in order to maintain independent living arrangements. This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.

A clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and repatriate individuals where appropriate. This work is continuing and is being extended to review all people placed with learning disabilities and autism placed out of area, and those in hospital and residential care within Coventry and Warwickshire.

This plan describes the strategic activities that need to be undertaken alongside the review of people currently living in hospital, to prevent the need for people to be admitted to hospital in the first place, and where people are admitted, to reduce the length of time spent in hospital.

A period of engagement about this plan with service users and carers was undertaken between May and July 2014. The development of local "I" statements was a focus of these engagement activities, describing what service users and carers want from care and support services. The following are the "I" statements which service users and carers in Coventry and Warwickshire agreed to:

- ***I am safe.***
- ***I am helped to keep in touch with my family and friends.***
- ***I have regular care reviews to assess if I should be moving on.***
- ***I am involved in decisions about my care***
- ***I am supported to make choices in my daily life.***
- ***I am supported to live safely & take an active part within the local community.***
- ***I get good quality general healthcare.***
- ***I get the additional support I need in the most appropriate setting.***
- ***I get the right treatment and medication to keep me well***
- ***I am protected from avoidable harm, but also have my own freedom to take risks***
- ***I am treated with compassion, dignity and respect.***
- ***I have a choice about living near to my family and friends.***
- ***I am cared for by people who are well supported***

The above statements could describe the desired outcomes for any user of health and care services. What was highlighted by the Winterbourne Review is that we need to transform our health and care services so that people with learning disabilities and autism with high support needs or challenging behaviour can expect the same outcomes as the rest of the local population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:

- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

We will share our information and work together to develop measures which we can use to demonstrate progress towards our aim and the achievement of the above outcomes.

Health and social care commissioners in Coventry and Warwickshire are committed to a range of interventions which are required to achieve our aim. These are expressed through a number of strategic objectives to which all partners to this plan are committed. These objectives are underpinned by the following principles:

- ***Service users and their families will be at the heart of decisions about their care***
- ***Services will be commissioned which promote prevention and early intervention to support people of all ages who are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital***
- ***Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users, including collaborating regionally across West Midlands and with NHS England specialised commissioners where appropriate***
- ***People involved in implementing the plan will use a problem solving, 'can do' approach***

The following diagram shows how our agreed objectives relate to our desired outcomes.

Outcomes, aims and objectives

Desired Outcomes	Strategic aim	Key drivers	Strategic objectives
Our outcomes need to reflect what our service users and carers want from health and care services. Developing localised "I" statements will be a focus of our engagement with service users and carers. The following are examples of "I" statements: • *I am safe.* • *I am helped to keep in touch with my family and friends.* • *I have regular care reviews to assess if I should be moving on.* • *I am involved in decisions about my care* • *I am supported to make choices in my daily life.* • *I am supported to live safely & take an active part within the local community.* • *I get good quality general healthcare.* • *I get the additional support I need in the most appropriate setting.* • *I get the right treatment and medication to keep me well* • *I am protected from avoidable harm, but also have my own freedom to take risks* • *I am treated with compassion, dignity and respect.* • *I have a choice about living near to my family and friends.* • *I am cared for by people who are well supported* These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.	To commission appropriate safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is: ▪ closer to home; ▪ in line with best practice models of care; ▪ Personalised and responsive to individual needs over time; ▪ based on their own and families wishes; and ▪ Value for money.	Develop enablers for change	Understand the current and future health and social care needs of this population
			Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services
			Introduce commissioning arrangements which support the model of care
			Promote a culture of positive risk management and accountability, not blame
			Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.
		Provide a seamless health and social care service	Explore the use of pooled budgets to support the provision of joined up care for people
			Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community
			Move all service users closer to home
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	Offer personalised packages of care and support, including use of personal health budgets and self-directed support
			Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users

Background

In 2012 following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health published a review of the care and support experienced by all children, young people and adults with learning disabilities or autism who also have mental health conditions or behave in ways that are often described as challenging. For the purposes of this plan, we describe this vulnerable group of people as "people with challenging behaviour".

The Department of Health review highlighted a widespread failure to design, commission and provide services which give people with challenging behaviour the support they need close to home and which are in line with well-established best practice. A national programme of action was produced to transform services so that people with challenging behaviour no longer live inappropriately in hospitals. The national programme aims to ensure that people with challenging behaviour are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

> *"We should no more tolerate people with learning disabilities or autism being given the wrong care than we would accept the wrong treatment being given for cancer."*
>
> **Transforming care: A national response to Winterbourne View Hospital**
>
> **(Department of Health)**

In order to transform services in line with the national programme, a local response is required from health and care commissioners. This document describes the way that Warwickshire County Council, Coventry City Council, NHS South Warwickshire Clinical Commissioning Group, NHS Warwickshire North Clinical Commissioning Group and NHS Coventry and Rugby Clinical Commissioning group will work together to deliver the changes required.

The following statement from the national programme of action describes the responsibility of local commissioners in developing and implementing this document.

> *"Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.*
>
> - *This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.*
> - *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done."*
>
> **Winterbourne Concordat: Programme of Action**
> **(Department of Health)**

The Winterbourne Review focused on people with challenging behaviour. In Coventry and Warwickshire, commissioners have chosen to broaden the scope of this plan to include people with learning disabilities and autism who have high support needs. For the purposes of this document, people with high support needs are those who have multiple interlocking needs that span health and social issues, that lead to limited participation within society and which require a personalised response from services. This could be linked to:

- behaviour that is challenging
- specific personal care needs
- safeguarding issues
- mental health needs

People with high support needs may be at increased risk of:

- being admitted to hospital,
- developing challenging behaviour, or
- being accommodated out of area.

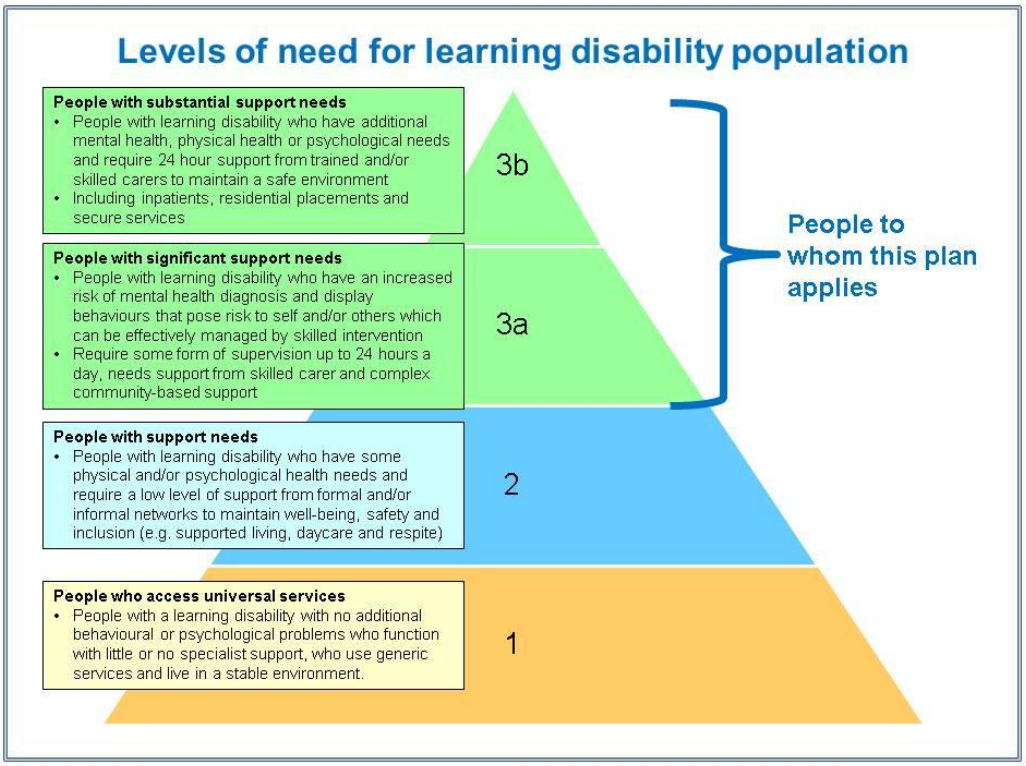
It is therefore appropriate to consider people with high support needs alongside those of people with challenging behaviour to ensure that strategies exist to minimise the number of people who are admitted to hospital, to reduce the length of stay for people in hospital and to ensure local services meet the needs of the local population.

Local strategies exist which describe the range of services available to support people in Coventry and Warwickshire with learning disabilities and autism. Further information about local learning disability services can be found at http://coventry.ldpb.info/ and https://www.warwickshire.gov.uk/ldpb. This plan will be implemented while appropriately considering the Care Act 2014 and Children and Families Act 2014.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support and may require periods of residential, nursing or inpatient care. **This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.**

Diagram 1 represents the levels of support required by people in the learning disability population. This plan focuses on people in levels 3a and 3b of this diagram, those who require significant or substantial support from health and care services.

Diagram 1



Due to the small numbers of people with high support needs and challenging behaviour in levels 3a and 3b of the diagram, some of the actions described in this plan will be achieved through working with Solihull to create economies of scale.
While this plan is owned and will be delivered by health and social care commissioners in Coventry and Warwickshire, activities will be carried out in partnership across Coventry, Warwickshire and Solihull, or regionally across West Midlands where appropriate and in line with the West Midlands Winterbourne Joint Improvement Programme Regional Action Plan.

What do we know about our current services?

In Coventry and Warwickshire, learning disability services for people with high support needs or challenging behaviour are commissioned by three clinical commissioning groups and two local authorities. Forensic and secure services are commissioned by NHS England.

Coventry and Warwickshire Partnership Trust are commissioned to provide the following services:

- Specialist assessment and treatment services for adults and adolescents
- Respite and day services
- Residential and domiciliary care, including home-based support services and registered care homes
- Community learning disability teams
- Secure services (commissioned by NHS England specialist commissioning)

Additional services for people with high support needs or challenging behaviour are commissioned locally through the independent sector for specialist wrap around packages of support, for supported living or for nursing and specialist placements.

To give an indication of scale, a snapshot from April 2014 indicates that **Coventry and Warwickshire provide care and support for 65 adults with significant support needs and 132 adults with substantial support needs** (levels 3a and 3b in diagram 1).

10.1 People currently living outside Coventry and Warwickshire
The needs of some people with learning disability or autism are not currently met locally, so some specialist placements are commissioned outside Coventry and Warwickshire.

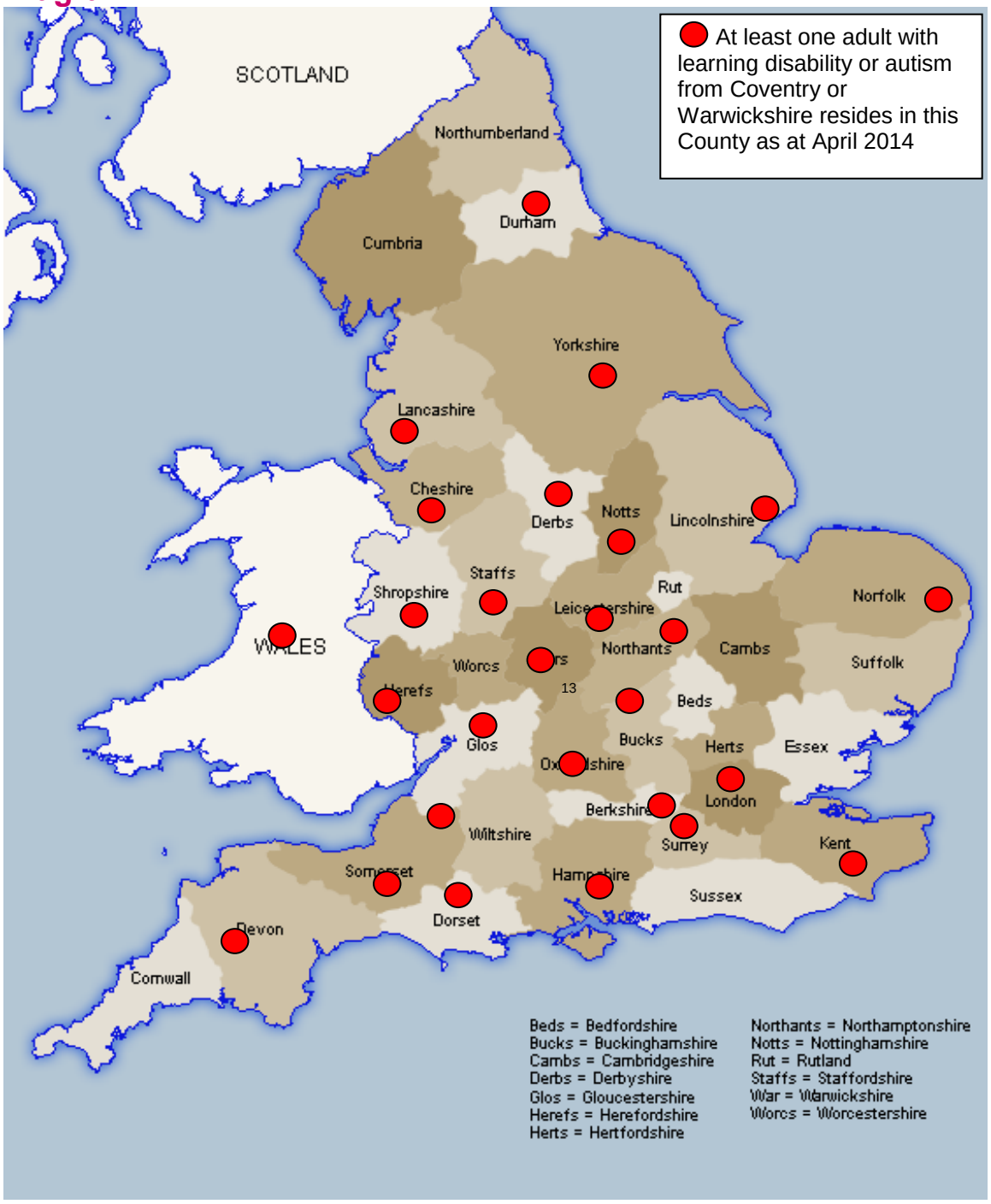
A snapshot from April 2014 indicates for Coventry and Warwickshire there are 164 adults accommodated out of area (of whom less than 10 meet the original Winterbourne criteria).

The Winterbourne review highlighted the negative impact on individuals and their families when people are placed away from their home. In Coventry and Warwickshire, following the review of people living out of area who meet the Winterbourne criteria, commissioners have agreed that all people who are placed out of area will be reviewed, and where appropriate either repatriated to Coventry and Warwickshire, or transferred to local services where they currently reside. Repatriating individuals to Coventry and Warwickshire will require the commissioning of different local services to meet individuals' needs and this is addressed through this plan.

While no children or young people from Coventry and Warwickshire were identified as meeting the Winterbourne criteria, we know there are children and young people with learning disabilities and autism who are accommodated out of area in residential schools or collages. As part of a phased approach, the current register of people is in the process of being expanded to include children and young people.

This map illustrates the geographical spread of services currently commissioned by Coventry and Warwickshire. This snapshot shows in which Counties adults from Coventry and Warwickshire are located as at April 2014. This includes all people with learning disabilities and autism who are placed out of area, not just those who meet the Winterbourne definition.

Diagram 2


At least one adult with learning disability or autism from Coventry or Warwickshire resides in this County as at April 2014
SCOTLAND
Northumberland
Durham
Cumbria
Yorkshire
Lancashire
Cheshire
Derbs
Notts
Lincolnshire
Staffs
Shropshire
Rut
Norfolk
WALES
Northants
Cambs
Suffolk
Worcs
Herefs
Beds
Glos
Bucks
Herts
Essex
London
Berkshire
Wiltshire
Surrey
Kent
Somerset
Sussex
Dorset
Devon
Cornwall
Beds = Bedfordshire
Bucks = Buckinghamshire
Cambs = Cambridgeshire
Derbs = Derbyshire
Glos = Gloucestershire
Herefs = Herefordshire
Herts = Hertfordshire
Northants = Northamptonshire
Notts = Nottinghamshire
Rut = Rutland
Staffs = Staffordshire
War = Warwickshire
Worcs = Worcestershire

What we have changed since April 2013
A clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and move them closer to home and into less restrictive settings where appropriate. This work is continuing and is being extended to encompass all adults with learning disabilities and autism placed out of area, and those living in hospital and residential care within Coventry and Warwickshire.

Children and young people in residential care are regularly reviewed through existing safeguarding processes. As part of the on-going role of the Winterbourne Clinical Review Group, the current register of people is in the process of being expanded to include children and young people to provide complete assurance to the Winterbourne Programme Board that the system is meeting the needs of children and young people with learning disabilities and autism.

Our plan to transform services
What do we want to achieve?
Our outcomes need to reflect what our service users and carers want from health and care services. The following "I" statements have been developed through engagement with service users and carers.

- ***I am safe.***
- ***I am helped to keep in touch with my family and friends.***
- ***I have regular care reviews to assess if I should be moving on.***
- ***I am involved in decisions about my care***
- ***I am supported to make choices in my daily life.***
- ***I am supported to live safely & take an active part within the local community.***
- ***I get good quality general healthcare.***
- ***I get the additional support I need in the most appropriate setting.***
- ***I get the right treatment and medication to keep me well***
- ***I am protected from avoidable harm, but also have my own freedom to take risks***
- ***I am treated with compassion, dignity and respect.***
- ***I have a choice about living near to my family and friends.***
- ***I am cared for by people who are well supported***

These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:

- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

A key principle of the transformation of services is that people should be supported to live as independently as possible. It is recognised that people's needs change over time and that people with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in the existing carer arrangements. This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.

Another important theme is that of early identification of children and young people who are at risk of developing challenging behaviours. The way that challenging behaviour is managed for children and young people has crucial implications. Difficulties arising in childhood that are not addressed properly or sensitively can have enormous repercussions for individuals and their families later in life. Where the needs of children and young people are managed well and in an integrated way, individuals and their families will be more likely to cope well with the transition to adult services.

How will we know we have achieved our aim?

Outcome measures in national health and social care outcomes frameworks relate to this plan as detailed in Appendix B. However, it is not currently possible to drill down into this nationally collected data to identify the particular population to whom this plan applies. There is therefore an action included in the plan to develop a set of measures, sharing data between organisations where necessary, which will more accurately demonstrate an improvement in outcomes for people with challenging behaviour or high support needs.

The following measures are being considered as potential ways to demonstrate progress. Person and system level measures will be developed and used to create a Winterbourne dashboard with data collected over time to demonstrate a change in outcomes:

- Number of patients maintained in or moving to lower levels of care
- Length of stay (inpatients, residential, nursing homes)
- Number of patients in out of area placements
- Number of patients in inpatient / assessment and treatment
- Expenditure against budget and historical data
- Number of people receiving personal health budgets
- Satisfaction of individuals and families regarding service provision
- Positive increases in quality of life for individuals and families
- Reduction in health inequalities for individuals
- Population level changes in prevalence of behaviour that challenges
- Reduced number of individuals with learning disabilities and / or autism in residential school / out of area placemen
- The Green Light Toolkit has been identified as a tool to measure access for people with learning disabilities to mental health services.

- The Health Equalities Framework is currently being trialled by Coventry and Warwickshire Partnership Trust and could be used to demonstrate a reduction in health inequalities for individuals.

What changes can we make that will deliver the desired outcomes?

A range of interventions are required to achieve this aim and these are expressed through a number of strategic objectives to which all partners to this plan are committed. Diagram 3 shows how the strategic objectives detailed relate to the overall aim. These objectives are underpinned by the following principles:

Principles which underpin this plan

- *Service users will be at the heart of decisions about their care*
- *Services will be commissioned which promote prevention and early help to avoid people developing challenging behaviours and avoid people requiring hospital admission*
- *Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users*
- *People involved in implementing the plan will use a problem solving, 'can do' approach*

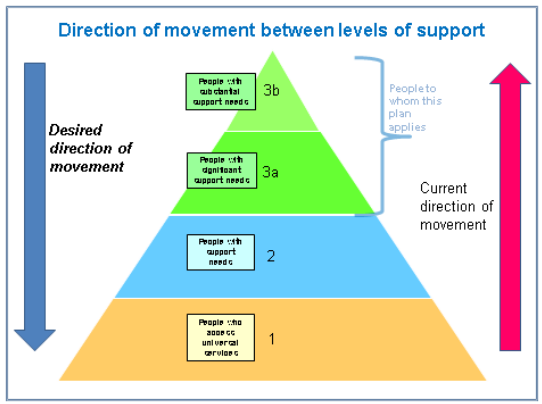
The actions in this plan will be delivered through exploring ways to deliver services differently in a way which optimises the use of existing health and social care budgets, without the use of substantial additional funds.

Diagram 3 Outcomes, Aim and Objective

Desired Outcomes	Strategic aim	Key drivers	Strategic objectives
Our outcomes need to reflect what our service users and carers want from health and care services. Developing localised "I" statements will be a focus of our engagement with service users and carers. The following are examples of "I" statements: • *I am safe.* • *I am helped to keep in touch with my family and friends.* • *I have regular care reviews to assess if I should be moving on.* • *I am involved in decisions about my care* • *I am supported to make choices in my daily life.* • *I am supported to live safely & take an active part within the local community.* • *I get good quality general healthcare.* • *I get the additional support I need in the most appropriate setting.* • *I get the right treatment and medication to keep me well* • *I am protected from avoidable harm, but also have my own freedom to take risks* • *I am treated with compassion, dignity and respect.* • *I have a choice about living near to my family and friends.* • *I am cared for by people who are well supported* These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.	To commission appropriate safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is: • closer to home; • in line with best practice models of care; • Personalised and responsive to individual needs over time; • based on their own and families wishes; and • Value for money.	Develop enablers for change	Understand the current and future health and social care needs of this population
			Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services
			Introduce commissioning arrangements which support the model of care
			Promote a culture of positive risk management and accountability, not blame
			Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.
		Provide a seamless health and social care service	Explore the use of pooled budgets to support the provision of joined up care for people
			Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community
			Move all service users closer to home
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	Offer personalised packages of care and support, including use of personal health budgets and self-directed support
			Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users

Key actions to achieve objectives

Key Driver – Develop enablers for change		
The objectives described under this key driver are those activities that we need to undertake to ensure that we have the right conditions for change. These activities will provide supporting structures and processes to enable us to make changes to services.		
Objective	**Rationale**	**In order to do this we will**
Understand the current and future health and social care needs of this population	Wherever possible, local services must be available to meet the needs of our local population. In order to understand what services are required, we need to understand the needs of the local population of children young people and adults with learning disabilities and autism who have high support needs or challenging behaviour.	• Co-ordinate available data from NHS Arden Commissioning Support, Clinical Commissioning Groups, Local Authorities, education services and specialist commissioners at NHS England to ensure that we have a central record of all people in this population including children and young people • Under-take and document a joint strategic needs assessment for this population which identifies the services required to meet the needs of our population. This needs assessment will include the housing, care and support, education and employment needs of individuals. • Work in partnership to forecast the future needs of our population, in particular considering the needs of children and young people as they reach transition and the needs of people who are due to return from specialist commissioning.
Ensure that individuals within this population have a voice and the opportunity to contribute to the design, monitoring and evaluation of services	We must ensure that opportunities exist for people with learning disability or autism who have high support needs or challenging behaviour to provide their views about services which they access. This is equally relevant for people who are currently living out of area. As this is a minority group within the wider learning disability and autism population, we must be confident that we have made every effort to engage these individuals and their carers in a way which enables them to communicate their needs and wishes.	• Ensure that terms of reference of both Learning Disability Partnership Boards and carer forums in Coventry and Warwickshire describe how people of all ages with high support needs and challenging behaviour are represented • Ensure that meaningful consultation and engagement activities, which focus on people with high support needs and challenging behaviour, are built into the action plans for all objectives in this plan as appropriate • Ensure that any consultation and engagement plans describe how people who are currently living out of area will be given opportunities to contribute • Explore access to advocacy services for people with high support needs and challenging behaviour / people who live out of area • Develop information that is accessible for people with high support needs and challenging behaviour • Ensure we meet the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards

Objective	Rationale	In order to do this we will
Have commissioning arrangements in place which reinforce the model of care	An important objective for this plan is to implement a model of care which provides additional support to people with high support needs and challenging behaviour to maintain independent living arrangements wherever possible. Where people do require a period of residential, nursing or inpatient care, they should be accommodated locally and supported to return to more independent living as soon as is appropriate. In order to achieve this, our commissioning arrangements and payment mechanisms need to reinforce our desired model of care. We want to think innovatively about how we can do this.	• Undertake a research project which will explore the incentives that can be used by commissioners to support the model of care. This project will look at examples of best practice and seek input from of service users, carers and providers and will produce an options appraisal for commissioners which will propose potential mechanisms to reinforce the model of care. • Depending on the outcome of this project, commissioning arrangements will be altered across health and social care. 
Promote a culture of positive risk management and accountability, not blame	A culture of positive risk management supports the provision of care and support that is personalised and maintains the independence of service users. We want to enable our service users to have the freedom to take make choices and to take some risks in their day to day lives in a supported and safe manner. In order to do this, the culture needs to span the health and social care system, including commissioners, providers and front line carers and support workers.	• Reinforce positive risk management through existing and new strategies and service specifications • Equip and upskill health and social care practitioners to adopt a positive risk management approach via a programme of awareness raising and development sessions • Engage with the wider market and ensure that service specifications reflect the core principles of positive behaviour support. • Implement a risk stratification process which will enable organisations to identify, understand and mitigate risks to individuals and organisations (including financial, risk to self and others, safeguarding, quality assurance and contract monitoring)

Objective	Rationale	In order to do this we will
Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well	We need to be confident that the services that we commission provide high quality care and support which meets the needs of individuals in line with our model of care. It is important that we are transparent about our outcomes so that service users and carers can hold us to account. We want to do more of what works well, and intervene early where services are not delivering the outcomes we want to see.	• Develop joint contracting and monitoring arrangements to monitor cost, location and quality of services • Develop a Winterbourne dashboard of outcome measures for this population which will be measured over time to demonstrate progress towards our aim • Develop a process for tracking individuals through the system to ensure that the model of care is meeting the needs of individuals and successfully keeping people out of hospital wherever possible • Determine what information can be shared between organisations under existing information sharing agreements and modify agreements if necessary to enable joint monitoring of individuals • Work with service users and carers to provide them with information which enables them to hold commissioners and providers to account for the quality of local services. • Support a culture of accountability by convening a joint forum for learning lessons from what has worked well and what needs improvement.

Key Driver – Provide a seamless health and social care service		
Many people with high support needs and challenging behaviour will require care and support from services which have traditionally been commissioned by health or social care. In order to provide comprehensive and personalised care and support for individuals, care and support needs to be more closely integrated between health and social care commissioners and providers. These objectives describe how we will work together more effectively to do this.		
Objective	**Rationale**	**In order to do this we will**
Explore the use of pooled budgets to support the provision of joined up care for people	The existence of separate budgets for health and care services can present a barrier to the provision of personalised packages of care and support for individuals, particularly where there is disagreement about which organisation funds which eligible needs and services. We are committed to working together to find ways to streamline funding of packages of care and support which fit the model of care. Strategic benefits would include a move to lead commissioning arrangements.	• All three clinical commissioning groups and both local authorities are already working together to combine funding under the better care fund. The individuals meeting the criteria of this plan will be considered as part of wider work in this area • Form a small working party with representation from all partners to this plan who will identify opportunities for pooled budgets. We will start small by testing the use of pooled budgets, with two pilots (one each in Coventry and Warwickshire). • Following the pilot we will explore formal arrangements for pooled budgets.
Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care	The provision of personalised packages of care and support begins with an assessment which provides a complete picture of individuals' needs. Undertaking an integrated assessment which captures all of an individual's needs will provide a more positive experience for service users. Integrated assessments may also represent greater value for money by reducing repetition of effort for professionals undertaking assessment.	• Explore existing models for assessment including a holistic functional assessment tool that could be used by a wide range of professions. • Produce competency based role description for single point of contact / care coordinator and trusted assessor as part of the model of care. • In all service specifications, include requirement for providers to deliver personalised assessments which are shared with others and to undertake reviews at least annually or more often as appropriate.

Key Driver – Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services.		
A key principle of the transformation of services is that people should be supported to live as independently as possible and we want to reduce the time that people spend in hospital or residential facilities. This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.		
Objective	**Rationale**	**In order to do this we will**
Agree and implement a jointly owned pathway and model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community	We need a model of care which is responsive to individuals' needs. We recognise that people's needs change over time. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in existing carer arrangements. People with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements.	• Work jointly to develop and test a pathway and model of care with the engagement of service users, carers and staff • Once the pathway is tested and signed off by all organisations, the pathway will be embedded into all governance structures and services will be jointly commissioned which comply with the model of care • Explore commissioning of early intervention services to provide 24 hour supported living outreach to people wherever they reside across Coventry, Warwickshire and Solihull • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities • Insert something about
Move all service users closer to home	We want to provide services which keep people in our local population as close to home and to their families, friends and communities as possible. Good progress has already been made to review the needs of people who fit the Winterbourne criteria and to move them closer to home where possible. We want to build on this good practice by expanding this programme of work to all people currently placed out of area.	• Collaborate to build on existing good practice in order to establish a joint clinical review team across Coventry and Warwickshire funded by all partners. This team will review all people currently placed out of area and where appropriate commission or coordinate packages of care and support which enable them to move closer to home. • Commission the clinical review team to provide care coordination to support the model of care and reduce the length of time people spend in hospital in Coventry and Warwickshire. • Link into existing processes to review children and young people placed out of area or living in residential care to give complete assurance to the Winterbourne Programme Board that the needs of children and young people are being met.

Key Driver – Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers		
The individuals to whom this plan applies have a wide range of different care and support needs. We want to personalise services to individuals to enable people with high support needs or challenging behaviour to live as independently as possible and to support the families and carers of our service users.		
Objective	**Rationale**	**In order to do this we will**
Offer personalised packages of care, including use of personal health budgets and self-directed support	The different needs of individuals are best met through packages of care and support that are personalised, rather than fitting people into existing services. Personal health budgets and direct payments are a good way of providing flexible financial arrangements to enable personalised packages of care and support. Direct payments are already quite widely used and we will work to increase the opportunities for people to access personal health budgets.	• Ensure personalisation is a key theme that runs through all strategic plans and communication and workforce plans. • Use the relevant markers of the Think Local Act Personal's Making It Real checklist to promote personalisation and community support • Link into wider work to introduce personal health budgets to ensure that consideration is given to how these can be used to provide care and support for people with high support needs or challenging behaviour • Engage clinicians and win hearts and minds to support the pro-active use of personal health budgets.
Commission effective community services by developing the local community market to meet the needs of the local population and provide informed choices for service users	In order to deliver our model of care through local care and support that is personalised to the needs of our service users, there need to be providers in our local market who can deliver the care and support we want to commission. This will require us to work pro-actively to develop the market locally, through working with existing and potential new providers of community services. As the market develops, we need to ensure that service users, families and carers are supported to make informed and safe choices about their care and support.	• Understand and map the local market and compare this to our needs assessment and the needs of individuals in our local area • Develop a procurement strategy to meet our local needs and engage with existing and potential new providers to help them understand what is expected • Revise all service specifications across health and social care to reflect our model of care and positive behavioural support core principles • Develop a communication strategy to help service users and families understand the care and support that is available

Monitoring progress and reviewing our plan

The Winterbourne Strategy Group will have overall responsibility for delivering the actions in this plan and will report on progress to the Joint Commissioning Boards in Coventry and Warwickshire via the Transforming Care for People with Learning Disabilities Board. All three CCGs and two local authorities will be represented on the Winterbourne Strategy Group and will share responsibility for implementation of the plan.

A diagram of the Winterbourne governance structure is attached at Appendix C.

Progress with the plan will be reviewed at monthly meetings of the Winterbourne Strategy Group. Outcome measures once developed will be reviewed regularly as appropriate.

This plan describes the work programme for 2014 to 2016. The plan will be reviewed in 2016 to determine whether a separate Winterbourne plan is still required, or whether the work can be incorporated with wider learning disability strategies.

Appendix A Helping you understand the words we use.

Appendix B National outcome measures which relate to this plan

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
Agree and implement a jointly owned pathway / model of care that reflects best practice and maintains people in their community • Move all service users closer to home • Commission early intervention services to provide 24 hours supported living outreach to people wherever they reside • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities	1E Proportion of adults with a learning disability in paid employment 1G Proportion of adults with a learning disability who live in their own home or with their family 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like*	<u>Domain 1</u> • Reducing premature deaths in people with learning disabilities (measure in development for future years) <u>Domain 2</u> • Health related quality of life for people with a long term mental health condition <u>Domain 4</u> • Responsiveness to in-patients' personal needs NHSOF4.1 • Patient experience of community mental health services NHSOF 4.7 • Improving people's experience of integrated care (measure in development for future years) <u>Domain 5</u> • Patient safety incidents reported NHS OF 5a	<u>Improving the wider determination of health</u> 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation 1.8 Employment for those with long term health conditions 1.18 Social isolation

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
Offer individualised packages of care, including use of personal health budgets and self-directed support	1B Proportion of people who use services who have control over their daily life * 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments 3C The proportion of carers who report that they have been included or consulted in decisions about the person they care for		
Introduce a single assessment of needs and ensure needs are regularly reviewed	3E Improving people's experience of integrated care (TBC)		
Develop funding models which support the provision of joined up care for people			
Develop the local community market to meet the needs of the local population and provide informed choice for service users, including good quality housing and building based services	3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services 3D The proportion of people who use service and carers who find it easy to find information about support		

Appendix C Winterbourne governance structure

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Last Updated 7 October 2014

Health and Social Care Scrutiny Board (5)
Work Programme 2014/15

For more details on items, please see pages 2 onwards

30 July 2014
- Coventry and Warwickshire Partnership Trust (CWPT) Quality Account
- West Midlands Ambulance Services (WMAS) Quality Account
- Patient Transport Services
- Follow up to Peer Review of Adult Social Care

10 September 2014
- Coventry Safeguarding Adults Board Annual Report
- Adult Social Care Local Account
- Patient discharge/winter pressures from UHCW
- UHCW Quality Account

15 October 2014
- Public Health – progress since joining the Council
- Learning Disabilities Strategy
- Increased Community Support through Telecare
- Winterbourne

19 November 2014
- Director of Public Health Annual Report
- Sexual Health Services – proposed re-commissioning
- Overview of the Care Bill and Coventry's Preparations for when this becomes Legislation
- ABCS Implementation
- Adult Social Care Complaints and Representations Annual Report 2013-14

10 December 2014
- Mrs D – Progress following SCR
- Adult Social Care Peer Review and Commissioning and Personalisation Plan

7 January 2015
- Tobacco Control Strategy

11 February 2015

18 March 2015
- Review of the Health and Wellbeing Board

22 April 2015
- Coventry and Warwickshire Partnership Trust – progress following CQC Inspection

Date to be determined
- Impact of different Models of Primary Care delivery
- Clinical management of large scale chronic diseases
- Complaints Management
- Social Isolation
- NHS Targets
- Community Mental Health Services
- Increase in smoking in during pregnancy

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
30 July 2014	Coventry and Warwickshire Partnership Trust (CWPT) Quality Account	Tracy Wrench (Director of Nursing)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report
	West Midlands Ambulance Services (WMAS) Quality Account	Anthony Marsh, CEX	The Board has asked to receive a short presentation from WMAS on its Quality Account 2014/15, with commentary on measures being taken to address improvements to targets not achieved. They are also interested to have information about the "make ready" process, its impact on the service and patient care in terms of efficiency, effectiveness and financial considerations.	Annual Report and informal Scrutiny meeting 02/07/14
	Patient Transport Services	Steve Allen/ Clare Hollingworth CCG	Review of progress since the Board discussed at its 5 March 2014 meeting the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire following concerns raised by Healthwatch. West Midlands Ambulance Service to be invited to attend.	SB5 05/03/14
	Follow up to Peer Review of Adult Social Care	Mark Godfrey	Review of progress on the recommendations arising from the Peer Challenge of Adult Social Care that took place in March 2013, including a focus on personalisation, client centred care and managing the adult social care budget. NB The Peer Challenge report specifically recommended that some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely and that the Board consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.	Recommendations from Peer Challenge
10 September 2014	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach/ Isabel Merrifield	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2013/14 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Annual Report

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey/ Pete Fahy/ David Watts/ Gemma Tate	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item
	Patient discharge/winter pressures from UHCW	Rebecca Southall (UHCW) / CCG/ ASC	To include review of effectiveness of 2013/14 winter arrangements and preparations for 2014/15. To include CCG, provider organisations and social care.	Annual item
	UHCW Quality Account	Andy Hardy (Chief Executive)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report c/f from 30/07/14
15 October 2014	Public Health – progress since joining the Council	Dr Jane Moore / Ruth Tennant	Public Health transferred from the NHS to the Council in April 2012. A report has been prepared highlighting progress and achievements since the transfer and the Board would like to review this.	Informal work planning meeting 18/06/14
	Learning Disabilities Strategy	Mark Godfrey/ David Watts/ Lavern Newell	To contribute to the planned review of the strategy	c/f from 2013/14
	Increased Community Support through Telecare	Pete Fahy/ Michelle McGinty	To review the delivery of the high level strategy agreed with health partners, with recommendations to be made to CM (Health and Adult Services) on how the delivery of the strategy is progressed. The Board is interested to hear about the impact with regard to the Aylesford and its proposed cessation; and to understand any changes to the impacts identified.	CM(Health and Adult Services) 17/06/14 Cabinet 17/06/14

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Winterbourne	Pete Fahy/ Jon Reading	To consider the report prior to its sign-off by the Health and Well Being Board in November 2014	
19 November 2014	Director of Public Health Annual Report	Dr Jane Moore / Ruth Tennant/ Tanya Richardson	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities. (Depending on focus of the report, this could be considered by Scrutiny Co-ordination Committee instead)	Annual agenda item
	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health service is re-commissioning sexual health services for the City in partnership with colleagues in Warwickshire. This will provide an opportunity for the Board to review progress once the new contract has been awarded, including how recommendations made at its 2 April 2014 meeting have been followed up.	SB5 02/04/14
	Overview of the Care Act and Coventry's Preparations for when this becomes Legislation	Mark Godfrey/ Emma Bates	Progress report to be submitted to a future meeting of the Board in six months including information on the financial implications. To include information on the Safeguarding Boards preparedness. (Steve Mangan and Mark Godfrey to attend)	SB5 30/04/14 and 30/07/14
	ABCS Implementation	Pete Fahy	The People Directorate is undertaking a significant programme of transformation affecting local people, the organisation, partners and resources. The Board would like to review progress with implementation and understand the impacts, particularly in relation to the way we have worked with partners.	Informal work planning meeting 18/06/14
	Adult Social Care Complaints and Representations Annual Report 2013-14	John Teahan	To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements.	

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
10 December 2014	Mrs D – Progress following SCR	Brian Walsh / Simon Brake	To review progress against the action plan put in place following the Serious Case Review into the death of a vulnerable adult Mrs D, considered by the Board on 18 December 2013.	SB5 18/12/13
	Adult Social Care Peer Review and Commissioning and Personalisation Plan	Pete Fahy	Further to considering the Adult Social Care Peer Review and Commissioning and Personalisation Plan, the Board wanted to understand comments made in the report: i) There was not an understanding of the reasons behind the low alert and referral rates for adult safeguarding ii) Commissioners did not have a clear understanding of their role on quality assurance following Winterbourne View and the Concordat	SB5 30/07/14
7 January 2015	Tobacco Control Strategy	Berni Lee	To seek approval for the Tobacco Control Strategy – a Cabinet report will be going on 14th April.	Forward Plan
11 February 2015				
18 March 2015	Review of the Health and Wellbeing Board		The Board would like to review the effectiveness of the working of the HWBB organisationally and corporately.	SB5 30/07/14
22 April 2015	Coventry and Warwickshire Partnership Trust – progress following CQC Inspection	CWPT	To review progress against the action plan put in place following the Care Quality Commission's review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward.	SB5 30/04/14
Date to be determined	Impact of different Models of Primary Care delivery	Sue Price (Local Area Team) / Ruth Tennant/ CCG	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. (Needs to link with any Health and Well-being Board work)	c/f from 2013/14
	Clinical management of large scale chronic diseases	CCG	To review how pathways are being managed in primary care for a range of challenges including diabetes	

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Complaints Management		To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements. To include information from Adult Social Care.	c/f from 2013/14
	Social Isolation		The Board would like to understand the extent of social isolation in the city and particularly how this is addressed when people are being supported to live in their own homes. This may involve discussions with representatives of the third sector.	Informal work planning meeting 18/06/14
	NHS Targets		Performance against NHS targets has been raised as a national concern this year, particularly in relation to waiting times for cancer. The Board would like to understand the extent to which targets are being met locally.	Informal work planning meeting 18/06/14
	Community Mental Health Services	Josie Spencer	To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working.	SB5 10/9/14
	Increase in smoking in during pregnancy			