



Cabinet Member for Health and Adult Services

Time and Date

1.00 pm on Monday, 12th October, 2015

Place

Committee Rooms - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** (Pages 3 - 4)
 - a. To agree the minutes of the meeting held on 20th July 2015
 - b. Matters arising
4. **Adult Social Care Annual Report 2014/15 (Local Account)** (Pages 5 - 48)

Report of the Executive Director of People
5. **Recommendations relating to Serious Incident Review for Miss G** (Pages 49 - 64)

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

Private Business

Nil

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

Friday, 2 October 2015

Note: The person to contact about the agenda and documents for this meeting is Lara Knight 024 7683 3237 Email: lara.knight@coventry.gov.uk

Membership: Councillor K Caan (Cabinet Member)

By invitation Councillors J Clifford (Deputy Cabinet Member), Councillor K Taylor (Shadow Cabinet Member), Councillor D Welsh (Chair, Health and Social Care Scrutiny Board (5))

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

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

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Public Document Pack Agenda Item 3

Coventry City Council

Minutes of the Meeting of Cabinet Member for Health and Adult Services held at 1.00 pm on Monday, 20 July 2015

Present:

Members: Councillor K Caan (Cabinet Member)
Councillor K Taylor (Shadow Cabinet Member)

Employees:

Chief Executive's J Forde, J Moore

Resources L Knight

Apologies: Councillor J Clifford

Public Business

1. Declarations of Interest

There were no disclosable pecuniary interests.

2. Minutes of the Previous Meeting

The minutes of the former Cabinet Member (Health and Adult Services) meeting held on 17th February 2015 were noted.

3. Transfer of 0-5 Public Health Commissioning Responsibility to Local Authorities

The Cabinet Member considered a report of the Director of Public Health, which set out the current position and the work that was being undertaken to ensure the safe transfer of the commissioning arrangements for the commissioning of 0-5 public health services post October 2015.

As part of the Health and Social Care Act 2012, it was agreed that the commissioning responsibility for 0-5 public health would transfer to the NHS National Commissioning Board until April 2015, which was then extended until October 2015. This responsibility in the main covered the Health Visiting and Family Nurse Partnership services (FNP). The services were currently commissioned from Coventry and Warwickshire Partnership NHS Trust (CWPT) and cost in the region of £5.35m per annum.

The transfer would join up public health services for children (0-5) and young people (5-19) to ensure seamless transition between services and that children were given the best start in life to maximise their potential.

Guidance had recently been published by the Department of Health to support the transfer of the contracts for the services from the NHS to Local Authorities and financial allocations for Local Authorities from October 2015 were subject to

consultation earlier in the year and finally published in March 2015. The contracting guidance included two options regarding the transfer of the commissioning responsibilities – to agree one contract for 2015/16 with a mid-year legal transfer (novation) or to agree 2 separate six month contracts.

Following legal advice on the guidance, it was considered that Option 1 should be pursued for 2015/16. This would mean that one contract is agreed for 2015/16, which would initially be held by NHS England and legally transferred to the Local Authority in October 2015. The contract would be a NHS Standard contract, similar to those that transferred to the Council as part of the Public Health transfer in April 2013. It is suggested in the guidance that this option is used if the Local Authority intends in the short term to commission the same range of services from the same provider as NHS England.

Work had therefore been undertaken with NHS England to negotiate a contract for 2015/16 with the provider that meets the needs of both commissioning organisations and ensured that the financial allocation would cover the contractual costs which would be incurred by the Authority. It was proposed to undertake a “lift and shift” approach for 2015/16 and a minimum floor was being applied to ensure no local authority would be funded below an adjusted spend of £160 per head (0-5).

RESOLVED that the Cabinet Member for Health and Adult Services notes the current position and requests the Director of Public Health to provide a further update to the Cabinet Member post transfer to confirm the position and highlight any areas of concern/risk to the Authority.

4. **Outstanding Issues**

There were no outstanding issues.

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

There were no other items of public business.

(Meeting closed at 1.25 pm)



Public report Cabinet Member Report

Health and Social Care Scrutiny Board (5)
Cabinet Member

07 October 2015
12 October 2015

Name of Cabinet Member:

Cabinet Member for Health and Adult Services – Councillor K. Caan

Director Approving Submission of the Report:

Executive Director, People

Ward(s) affected:

All

Title:

Adult Social Care Annual Report 2014/15 (Local Account)

Is this a key decision?

No.

This is a report of performance for 2014/15 and no recommendations are made that have significant financial or service implications.

Executive Summary:

The Adult Social Care Annual Report 2014/15 (Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year.

Although there is not a statutory requirement to produce an annual report, it is considered good practice as it provides a public record of the performance of Adult Social Care to local citizens. The report also provides an opportunity to be open and transparent about the successes and challenges of the year and to show how outcomes are improving for those supported through Adult Social Care. The production of an annual report is part of the Local Government Associations (LGA) approach to Sector Led Improvement, launched in 2011. This approach was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation, improvement and innovation.

In the completion of the 2014/15 report, engagement activity has been undertaken with Healthwatch Coventry, the independent champion for health and social care in Coventry alongside Partnership Boards across Adult Social Care in order to obtain feedback about our progress on last year's priorities and to enable discussion on key areas of activity for the coming year.

Feedback on readability and content was also noted and as a result of this the 2014/15 Annual Report is shorter than previous years.

Recommendations:

1. Health and Social Care Scrutiny Board (5) is asked to:
 - (i) Consider the report and submit any comments to Cabinet Member for their consideration on the content of the report

2. Cabinet Member is asked to:
 - (i) Consider comments from the Health and Social Care Scrutiny Board (5)
 - (ii) Approve the publication of the Adult Social Care Annual Report 2014/15 (Local Account)

List of Appendices included:

Appendix One - Adult Social Care Annual Report 2014/15 (Local Account)

Appendix Two - Healthwatch commentary

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) on 07 October 2015.

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

No

Will this report go to Council?

No

Report title: Adult Social Care Annual Report 2014/15 (Local Account)

1. Context (or background)

- 1.1 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This approach was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation, improvement and innovation. As part of this approach to Sector Led Improvement the expectation that an Annual Report is produced by all local authorities with Adult Social Care responsibilities was described by the Department of Health in the Adult Social Care Outcomes Framework (ASCOF) 2011/12.
- 1.2 The production of an Annual Report is not a statutory requirement, nor has any statutory guidance been issued by central Government on its content or style. The first annual report in Coventry was produced for 2010/11 with a report being produced every year since.
- 1.3 In Coventry the Local Account will be called an Annual Report. It is considered that 'Annual Report' is more easily recognisable and accessible language than 'Local Account'. The Annual Report describes the performance, reflects on achievements and considers the challenges for Adult Social Care. It is intended to provide assurance to the people of Coventry, Elected Members and partners, that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry.
- 1.4 In producing the report it is important that the Council understands whether the support offered to people is making a difference. Adult Social Care is committed to 'Making it Real', a national, sector-wide commitment that sets out what people want to see and experience and what they would expect to find when support services are personalised. To address this agenda the Annual Report is structured around the 'Making it Real' themes, which are as follows:
 - **Information and advice:** having the information I need, when I need it
 - **Active and supportive communities:** keeping friends, family and place
 - **Flexible integrated care and support:** my support, my own way
 - **Workforce:** my support staff
 - **Positive risk enablement:** feeling in control and safe
 - **Personal budgets and self-funding:** my money
- 1.5 The content of the Annual Report is informed by what people who receive services and their carers and families tell the Council about their care and support. A number of case studies and direct quotes have been used to demonstrate the impact Adult Social Care, and its partner agencies, has on individuals and their families. Those who have commented on previous reports have consistently stated that case studies are an important aspect of the report, as they help to demonstrate positive outcomes for individuals and the difference it has made to their lives.
- 1.6 The Annual Report also identifies the key challenges for Adult Social Care, for example ensuring our workforce continues to develop its knowledge and expertise to work with people in a way that is truly personalised and supports their well-being. This includes reviewing how we support people with the individual being very much at the centre and continuing to manage with a reducing financial resource.

2. Options considered and recommended proposal

- 2.1 An Annual Report provides the opportunity to evidence and communicate Adult Social Care's performance in an accessible and transparent way as part of an overall approach to Sector Led Improvement. It is therefore recommended that the Annual Report for 2014/15 is endorsed by Cabinet Member (Health and Adult Services) and made publicly available.

3. Results of consultation undertaken

- 3.1 The content of the Annual Report has been developed using feedback from people who use services regarding the support they receive from the Council and other partner organisations in the city.
- 3.2 During the development of the Annual Report, views on potential content alongside feedback on progress made and future priority areas were obtained. These views were gathered from the Older People's Partnership, Learning Disabilities Partnership Board and the Physical and Sensory Impairment Partnership. Healthwatch Coventry was also invited to comment on an early draft of the report.

4. Timetable for implementing this decision

- 4.1 Once approved, the Annual Report will be published on the Council's internet pages and shared with partners.

5. Comments from the Executive Director, Resources

5.1 Financial implications

There are no direct financial implications arising from the Annual Report. The cost of issuing the report will be met from within existing budgets.

5.2 Legal implications

There are no direct legal implications arising from the Annual Report.

The publication of the report is in accordance with the 2011 Department of Health recommendation that all local authorities' Adult Social Care directorates publish an Annual Report. This shows how the local authority performed against quality standards, and what plans have been agreed with local people for the future.

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)?

This Annual Report demonstrates the progress of Adult Social Care in maintaining and improving outcomes for the population of Coventry. This progress contributes to the Council's objectives of citizens living longer, healthier, independent lives and contributes to the priorities in the Council Plan to protect the city's most vulnerable people.

6.2 How is risk being managed?

A range of risks are presented in the delivery of Adult Social Care services which are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for this report. Equality Impact Assessments have been built into the delivery of work within Adult Social Care. There has been a continued drive to embed equality and diversity within operational practice, commissioning plans and performance monitoring.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

There are no direct impacts for partner organisations. The Annual Report provides an overview of Adult Social Care's performance and provides assurance to partners that objectives are being achieved.

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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:				
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Pete Fahy	Assistant Director, Commissioning and Transformation	People	05.08.15	13.08.15
Vanessa Millar	Project Support Officer	People	05.08.15	05.08.15
Marc Greenwood	Programme Manager	People	04.08.15	05.08.15
Liz Knight	Governance Services Officer	Resources	05.08.15	06.08.15
Names of approvers for submission: (Officers and Members)				
Ewan Dewar	Finance Manager	Resources	05.08.15	11.08.15
Janice White	Senior Solicitor	Resources	05.08.15	25.08.15
Brian M. Walsh	Executive Director	People	04.09.15	07.09.15
Councillor K. Caan	Cabinet Member (Health and Adult Services)	-	04.09.15	07.09.15

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Appendices

Adult Social Care Annual Report Summary 2014/15 (Local Account)
Healthwatch commentary



Adult Social Care

Annual Report 2014/15

Local Account



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Introduction

Setting the context of Adult Social Care

Social care provides care, support, and safeguards for people in our communities who have the highest level of need and for their carers. Good care and support transforms lives, helping people to live good lives, or the best they can, in a variety of circumstances. It enhances health and well-being, increasing independence, choice and control.

Social care is a vital connector to other public services, especially the NHS but also local housing and community services. It works in partnership with community groups, voluntary and private providers and organisations that represent people who use services. (*ADASS Distinctive, Valued, Personal. Why Social Care Matters: The Next Five Years (2015)*).

Adult Social Care in Coventry is part of the People Directorate at Coventry City Council. Social care responds to a wide range of needs - from an 18 year old with autism who needs support to leave home to an 80 year old with dementia who needs protection as well as personal care. It helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help in times of crisis.

Every year, the Council produces a report to summarise the key achievements of the previous year in delivering Adult Social Care in Coventry, our performance against our priorities and our plans for the future. By acknowledging what we have done well and where we need to improve, we can be transparent and accountable to the people who live in Coventry. This report covers the period 1st April 2014 to 31st March 2015.

Making a difference

It is vital that we understand the extent to which the support we provide to people is making a positive difference to their lives. In order to help us do this we work with organisations including 'Think Local, Act Personal' (TLAP), a national partnership of over 30 organisations that started in 2011. TLAP aims to transform the way care services are delivered through working with people who use services and their carers to improve adult health and social care through personalised and community-based support. They have produced a number of 'Making it Real' themes that set out what people want to see and experience and what they would expect to find when support services are personalised.

By structuring our annual report based on these themes we are able to evidence our progress towards enabling people to have more choice and control so they can live full and independent lives.

The Making it Real themes are as follows:

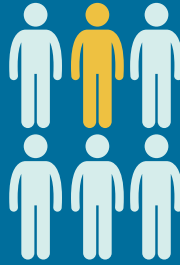
- **information and advice:** having the information I need, when I need it
- **active and supportive communities:** keeping friends, family and place
- **flexible integrated care and support:** my support, my own way
- **workforce:** my support staff
- **risk enablement:** feeling in control and safe
- **personal budgets and self-funding:** my money

Facts and Figures

(covering the period from 1st April 2014 to 31st March 2015)

The number of requests for support received from new clients during the year was

9747



The number of new clients whose request resulted in a period of Short-Term Support (to Maximise Independence) was

1569

Of these new clients,

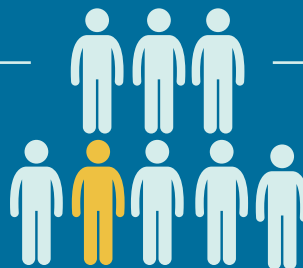
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did not go on to require ongoing long-term support in the year.



The total number of people accessing long-term support during the year to 31st March 2015 was

4429



The number of existing clients who also received Short-Term Support (to Maximise Independence) during the year was

522

Additionally
2308
carers received support during the year or were assessed and provided with information and advice

Coventry City Council

Adult Social Care Workforce

Over the last few years the workforce in Adult Social Care has been reduced. There were 1354 workers on 31st July 2013 compared to 1222 on 31st July 2014.

These reductions are due to budget cuts from central government. As a consequence the amount of services provided has reduced, with services being prioritised on providing support to the most vulnerable in our communities. This trend is likely to continue over the coming years, given the context of further forecasted budget reductions.

Money

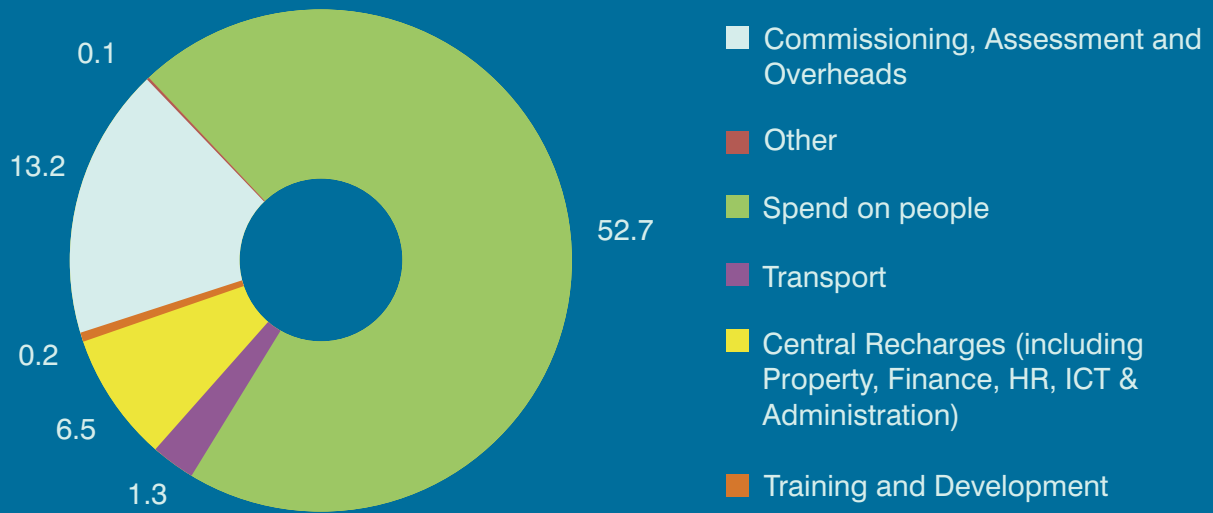
The Council is a large organisation spending a net £260.7m on revenue activity during 2014/15. Each year, the Council reviews its spending in light of existing and new legislation, the demographics of the city, available resources and the Council's own priorities and objectives in order to set a budget.

As resources continued to be reduced, significant financial pressure existed throughout 2014/15 and, with a further reduction in Revenue Support Grant of £24m for 2015/16, this pressure will continue into the future.

In overall terms, between 2010/11 and 2015/16 the reduced Government funding is equivalent to a like-for-like reduction of £638 for every Coventry household.

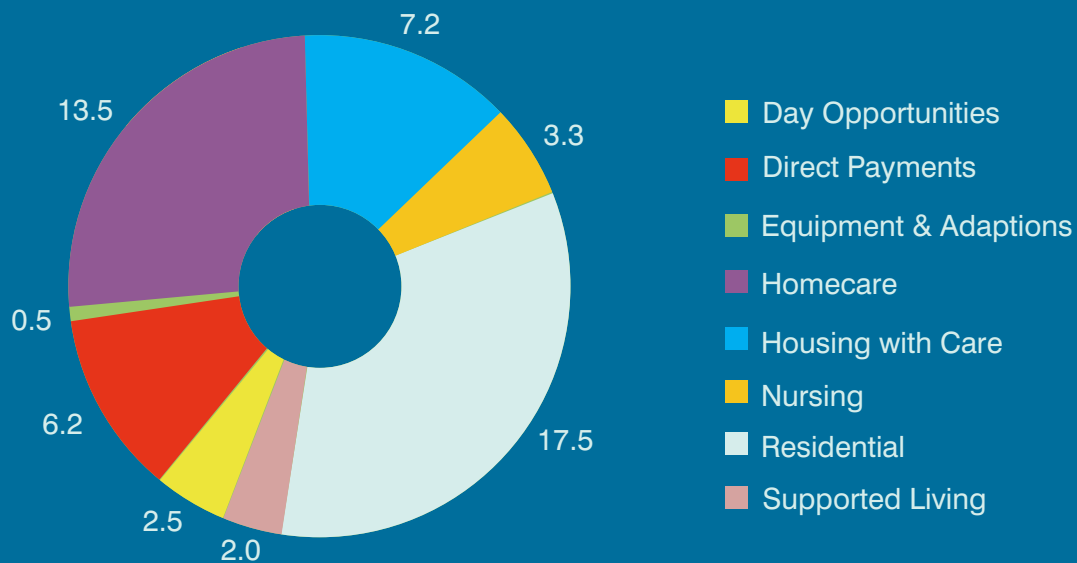
Directorate	2014/15 Net Budget (£m)	2014/15 Outturn (£m)	2014/15 Variance (£m)
Chief Executives	2.0	2.0	0.0
Public Health	0.1	0.1	0.0
Place	33.5	33.0	(0.5)
People	155.0	161.4	6.4
Resources	13.7	11.5	(2.2)
Contingency & Central Budgets	54.2	52.7	(1.5)
Subtotal	258.5	260.7	2.2
Contribution from Reserves		(2.2)	(2.2)
Total City Council	258.5	258.5	0.0

2014/15 Adult Social Care Net Spend (£74.0m)



The 'Spend on People' referred to in the previous chart was spent across the following services:

2014/15 Net Spend on Services (£52.7m)



Key Challenges

Continuing to meet the expectations and requirements of the Care Act 2014 provide both a great challenge and opportunity for Adult Social Care in Coventry.

The challenges exist in ensuring our workforce continues to develop its knowledge and expertise to work with people in a way that is truly personalised and supports their well-being. This is applicable to both our directly employed workforce and the workforce employed by other organisations that deliver Adult Social Care on our behalf.

Going hand in hand with the challenges of legislative change is the opportunity presented to change how we support people, with the individual being very much at the centre. Our new Principal Social Worker, the champion of social work practice within the Local Authority, will be fundamental to supporting how we shape our services and how we respond to people. We also need to think more broadly about the wider ability of the City Council to support Adult Social Care. For example, the contribution of Public Health to prevention and the work underway in the city to improve our environment and create jobs through economic regeneration all play a part in the well-being of our residents.

The financial challenges facing the Council and Adult Social Care remain significant. How we can continue to meet the needs of our population with a reducing resource base is an issue for the Council alongside its health partners. Ensuring that services are integrated, wherever possible, will provide one way to manage resources more effectively, although it is clear that difficult decisions will need to continue to be made as to how and where our limited resources can be put to greatest effect.

Update on priorities we highlighted for 2014/15

In last year's Annual Report we committed to a number of priorities for 2014/15 and said we would improve on a number of areas. Here is the progress we have made:

Care Act 2014

We said we would:

Ensure that we were ready for the introduction of the Care Act 2014 on 1 April 2015. This is the most significant piece of legislation governing Adult Social Care to be introduced for over 60 years.

We achieved...

Successful implementation of the Act.

In order to do this we delivered important changes in a number of areas including:

- **Prevention** – we improved how we respond to people when they first contact Adult Social Care, improved our information and advice, enhanced our Telecare service and made changes to how we provide short-term support. We also produced a new Target Operating Model to make it easier for people to understand what happens once they contact Adult Social Care.
- **Personalisation** – we extended local advocacy arrangements to support people who have a 'substantial difficulty' in being fully involved in making decisions about their care and support.
- **Carers** – we entered into a new arrangement with the Carers Trust to improve how we respond to Carers. The Carers Trust now undertake some carers' assessments on behalf of the Council.
- **Commissioning** – we produced and launched our first Market Position Statement which described to providers of Adult Social Care the type of market we want to develop in the city.
- **Communication** – we produced a range of communication materials to ensure that the impact of the Care Act was communicated clearly to people that live in the city.

	<ul style="list-style-type: none"> • Universal deferred payment scheme – we established a scheme that allows people to defer their care costs until they choose to sell their home, or until after their death. • Amendments to existing charging policy – we consulted on a range of proposals for changes to our charging policy to bring this into line with the requirements of the Care Act. <p>During 2015 and beyond we will continue to develop our work to meet the requirements of the Care Act particularly around well-being, prevention and integrated services.</p>
<p>We said we would: Continue to support carers to enable them to continue caring.</p>	<p>We completed... a review of Carers' Services to help plan future commissioning options for carers and for people living with dementia. This included surveys and focus groups during June and July 2014 with carers, staff in health and social care and service providers as well as us taking account of what we already know.</p> <p>We will use this feedback to develop our support to carers during 2015.</p>
<p>We said we would: Develop an all-age disability approach for supporting children, young people and adults with disabilities.</p>	<p>We created... an All Age Disability Team to work alongside people with disabilities and their carers across 3 age groups (0-14s, 15-25s, and over 26s) to support their personal, social care and health outcomes.</p> <p>The team is made up of Social Workers, Occupational Therapists and Special Education Needs Officers from the Council and Consultant Psychiatrists, Community Nurses, Health Occupational Therapists, Speech and Language Therapists and Psychologists from the Coventry and Warwickshire Partnership Trust.</p>

	<p>Team members work together to support people and their carers and to provide care solutions that are personalised, local, minimally restrictive and best value.</p> <p>Now that the team is in place there is further work to do to drive demonstrable improvements for people with disabilities from this new way of working.</p>
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Better Care Fund

<p>We said we would: Increase use of technology to enable people to live independently in their own homes.</p>	<p>We implemented... an enhanced Telecare offer across the city, providing support across all client groups and care settings as a core element of our Home First offer.</p> <p>Telecare is provided at the centre of reablement support in the community and, enabling people to maximise their independence and reduce the requirement for long-term support.</p>
<p>We said we would: Enable people with dementia and their carers to be as independent as possible, for as long as possible.</p>	<p>We completed... a review of post-diagnostic support available to people with dementia and their carers which identified opportunities to clarify the support available from the Alzheimer’s Society.</p> <p>As a result a new Dementia Navigator role will be introduced in September 2015 to work with people with dementia and their friends/family.</p> <p>A standard information pack has also been developed for people at the point of diagnosis, in order to ensure that people have basic information, including Alzheimer’s Society support and the dementia portal.</p> <p>www.livingwellwithdementia.org</p>

Key Achievements (based on the 6 TLAP statements)

TLAP 1) Information and Advice: having the information I need, when I need it

This means:

- having the information and advice you need in order to remain as independent as possible
- having access to easy to understand information about care and support which is consistent, accurate and up to date
- knowing where to get information about what is going on in your community

1.1 Improved health and social care information on website

The website content for Adult Social Care has been updated to support people to find all the information they may need about care and support. The overall aim was to improve content and make it easier for people to find information and understand it, using a question and answer format for key pages.

Further improvements will be made during 2015 using the feedback from user testing. This work has been completed as part of the Care Act Implementation programme.

1.2 Care and Support Directory

A new Care and Support Directory has been developed to help people find information on care and support options in the local area. The directory includes information about different types of support available in Coventry including; Day Opportunities, Home Support, Housing with Care, Residential Care, Nursing Care and our Shared Lives Scheme. The directory also provides details of organisations that provide information and advice about social care to help people make informed choices about the options available to them.

1.3 Community Activities Directory

A new, city-wide directory of community activities, ranging from Archery to Zumba, has been developed to help residents discover some of the groups and activities available on their doorstep. Coventry City Council's Community Development Service has created the directory in order to provide a single point of access to a wide range of community activities across the city. There are currently over 700 groups and activities listed, with more being added every day.

1.4 Healthwatch Coventry Information Access Points

Healthwatch Coventry is the independent champion for health and social care in the city. Part of their role is to provide the public with basic information about health and social care services. Information Access Points were established in 2014 to provide this service. These access points have been established in all libraries and within other voluntary organisations, like Age UK Coventry and Carers Trust. There have been a total of 372 enquiries through the Access Points from April 2014 through to April 2015.

1.5 Advocacy Services

During 2014/15 work was undertaken to reconfigure existing advocacy services to meet the new requirements of the Care Act from April 2015. These new services were implemented on 1st April 2015.

An 18 month pilot service was developed through Age UK Coventry and Coventry and Warwickshire Grapevine working in partnership to deliver advocacy to enable participation in assessments, reviews and safeguarding. This includes the provision of a single point of access and referral system for all advocacy required under the Care Act.

Case Study 1

Being a Carer – Helen’s Story

Background

Helen is a 72 year old lady who cares for her 50 year old son who experiences mental ill health. He lives independently in the community and does not receive statutory services. However, without his mum’s support on a daily basis this would not be possible.

Action

Helen had a Carer’s Assessment in 2014 which identified that she had become very isolated and was seeing less of her family and friends because it was difficult to find the time to manage her own household and support her son. She has deteriorating physical health and the pressure of caring was impacting on her further.

The outcomes she wanted to achieve were to take up her hobby of photography again as she had stopped taking time for herself, and to maintain better contact with family and friends. She had a personal budget which she used to buy a tablet device – she uses this for photography and for keeping in touch by email and video link with family and friends.

Impact

Helen wrote to thank us earlier this year. “Thank you very much for enabling me to buy a tablet. It has made a big difference to my life as a carer for my son because I now have a greater contact with family and friends.”

TLAP 2) Active and supportive communities, keeping friends, family and place

This means:

- having a network of people who support you – carers, family, friends, community and if needed paid support staff
- having opportunities to train, study, work or engage in activities that match your interests, skills, abilities
- feeling welcomed and included in your local community

2.1 Community Development Service

The Community Development Service was established in 2014 and has made good progress during the last 12 months in contributing to the delivery of the Council's "Active Citizens, Strong Communities Strategy". The strategy aims to deliver asset based working in the city; through working alongside communities, partners and the voluntary sector. The service focuses on supporting community groups to develop and engages with local communities to provide improved outcomes. The support that the service offers includes helping groups access funding and connecting people and groups together.

2.2 Carers Support Improvements

Support for carers to take a break is now on a more flexible and individual basis through a combined assessment of the person cared for and the carer in line with the Care Act.

Two of the main organisations in the city that provide support to carers, Crossroads Care and Coventry Carers' Centre, merged in June 2015 to form a new organisation called Carers Trust - Heart of England which provides a one stop shop for carers support. This has given us a unique opportunity to develop services for carers as part of an 18 month pilot scheme.

2.3 The Pod Update - Food Union and Time Union Coventry

In December 2014, The Pod, which supports people in their mental health recovery journey, launched two city-wide projects to further inspire change as a progressive community catalyst. Citizens from all over the city were given the opportunity to take part in shaping Food Union and Time Union projects through contributing their ideas at events held prior to the launch date. These were well attended and featured energetic discussions and inspiring talks from supporters.

Food Union

Food Union was designed to create conversation, community and action around food and also focuses on food growing. The Pod currently runs two weekly cooking events aimed at bringing people together to experiment with local, fresh, healthy, low-cost produce. These events have seen around 20 people directly participating in food preparation, and many more tasting the food or buying it during our Revive Café 'Takeover' sessions.



“The food is fresher, fresh herbs, fresh smells, fresh ingredients, adventurous, the people preparing the food were really friendly and enthusiastic...”



“I just want to state my amazement of The Pod. What a fantastic place buzzing full of life, excitement, interest”

Time Union

Time Union is a city-wide time bank, based on the simple idea that members give an hour of time, and then get an hour back in return. Time Union is open to all adults in the city (18+). Time Union has gained a diverse membership including professionals, artists, service users, students, and unemployed and retired people. The flexibility for people to fit ‘timebanking’



into any schedule has made this possible. Time Union has been widely promoted and targeted across Coventry, as a main aim is to break down perceived barriers between people and between different areas of the city.

“Thanks very much Gemma for putting me in touch with Fred, who applied his magic on getting an old 70’s stereogram up and working. It did take just over an hour, but with a few drops of oil, the motor for the turntable began spinning! It was estimated that it would have cost a thousand to get someone to look at it – so I couldn’t be happier! I am only too glad to be a part of Time Union and hope I can be as helpful to someone as Fred has been for me.”

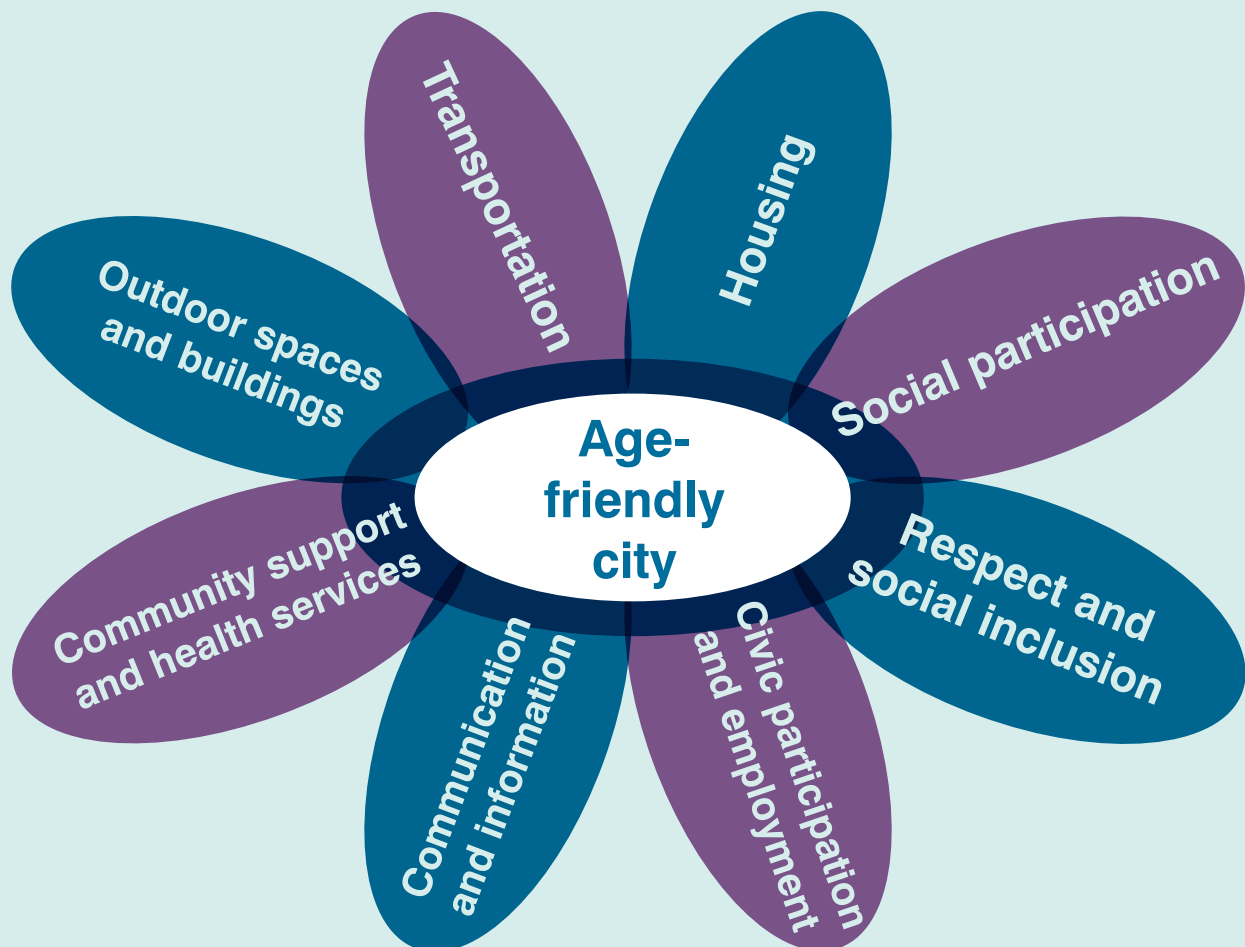
2.4 Learning Disability Day Opportunities – ‘Do You Wanna Be A Star?’

“Do You Wanna Be A Star”, a group of people with learning disabilities who regularly meet up and showcase their talents, was a finalist at the National Learning Disability Awards 2014, having been shortlisted for the People’s Award. This award celebrates individuals or organisations who offer exceptional encouragement and support for individuals with learning disabilities and/or autism in providing support services and/or personal development and inclusion.

2.5 Age Friendly Cities Update

Coventry was one of the first cities in the UK to adopt the Age Friendly Cities (AFC) programme which aims to prepare for the rapid ageing of populations and improve the quality of life for older people. Coventry City Council, Age UK Coventry and Coventry University are working in partnership to plan and implement the AFC programme to promote active ageing.

The programme of work began in October 2014 and has involved a variety of activities and events to date. These activities included learning from other AFC across the UK, stakeholder mapping and engagement work, completion of a baseline assessment and shaping themed action plans for the first year of programme delivery.



Case Study 2

The Pod – Robert’s Story

Background

Robert was referred to The Pod by Reach as part of a pilot scheme in which 16-18 year olds will receive six sessions from development workers. Prior to this, he was supported by Child and Adolescent Mental Health Services (CAMHS) for several years with continued intervention via the Journey Team at Mind. At the time of referral Robert was feeling socially isolated and suffers with low self-esteem due to him being regularly bullied.

Robert highlighted a desire to have more day to day stimulation and activity and is passionate about gaming.

Action

Robert and his development worker looked at the BAFTA Young Games Designer Awards website, a resource Robert had not been aware of previously. This presented Robert with an encouraging insight into the accessibility and developmental platforms into the games industry and ignited a plan to submit his own game concept or playable game.

Robert assembled a small team to help him do this.

Robert was also signposted to several emerging games professionals selected for BAFTA Breakthrough Brits in 2013 and contacted them for advice. He received replies from every single one (including a BAFTA winner). They all offered thorough foundation planning and career advice and even encouraged him to keep them updated with his project.

Following this, Robert met with Samantha Clarke from the Serious Games Institute in Coventry to gain an understanding into what they do and explore significant learning opportunities within his hometown. Samantha also offered to mentor Robert through his Young Games Designer project.

Impact

Since being referred to The Pod, Robert said: *“It’s been important to me in terms of my overall happiness and self-belief. I am much happier and don’t mope around as much as I used to. I’m also more motivated and entrepreneurial since attending The Pod.”*

TLAP 3) Flexible integrated support: my support, my own way

This means:

- being in control of planning your care and support
- having care and support that is directed by you and responsive to your needs
- having support that is coordinated, co-operative and works well together and knowing who to contact to get things changed

3.1 Better Care Fund

The Better Care Fund (BCF) is a national programme to support the transformation and integration of Health and Social Care so that local people receive improved care. It is a real opportunity for change, so that people receive the right care and support at the right time, in the right place.

On 22nd December 2014, NHS England approved Coventry's plan that incorporated the pooling of £52 million worth of joint funding for 2015/16. Implementation of planned changes commenced on 1st April 2015.

3.2 Home First

Coventry City Council has moved to a new 'Home First' approach which aims to provide support to people to regain the skills and confidence to live independently following a stay in hospital or following deterioration at home. This approach to supporting more people at home was agreed across health and social care and will improve our ability to support people in a more flexible way.

The 'Home First' approach is supported by three short-term home support agencies, contracted following a tender exercise in early 2014. Of the people supported by the three agencies, 51% regained daily living skills to live a fully independent life requiring no ongoing care and support from the Council or health partners.

3.3 Revised Telecare Offer

The new Telecare offer was launched in October 2014 aimed at increasing the numbers of people supported at home through the use of technology as part of a care and support service.

Based on feedback from people that had previously considered using Telecare a 24 hour responder function will be implemented from September 2015.

There have been over 800 new installations since 1st October 2014 when the new Telecare offer was launched.

3.4 Integrated Neighbourhood Teams (INT's)

In 2014 a 'Hot House' event was held with staff across health and social care to develop an innovative solution to providing joined-up health and social care services. From this event Integrated Neighbourhood Teams (INTs) were born.

Following development work undertaken in 2014 two GP Practices in Coventry have been piloting a model of Integrated Neighbourhood Teams (INTs) since July 2014. At the heart of this model was the establishment of Multi-Disciplinary Teams, who have so far worked with around 30 people.

The teams consist of a GP, Community Matron, Community Nurse, Social Worker, Community Development Worker, Occupational Therapist, Mental Health Worker and other professionals, and are supported by the voluntary sector (Age UK Coventry). While detailed evidence is currently being collated, initial feedback shows specific and measurable benefits from working in this way.

Work is now being undertaken to scope the city-wide scale-up of this model, and how the concept of INTs can be implemented across the city.

3.5 Dementia Discharge to Assessment

The Discharge to Assess project focuses on supporting people, with a diagnosis of dementia, who are discharged from hospital. The service was commissioned following the reduction of bedded short-term capacity in the city with a focus on community based support in line with the 'Home First' agenda.

The service, delivered in partnership with Crossroads, works with individuals and their families to maximise a person's independence through a range of specialist interventions. The creation of a dementia 'Locksmith' role within a community based setting has produced some positive outcomes for people. The Locksmith service has recently been extended to support a range of pathways and more people from different settings.

3.6 Mental Health Street Triage

Street triage schemes see mental health nurses accompany police officers to incidents where police believe people need immediate mental health support. A street triage service was introduced in the city and has been operational since 1st December 2014. The aim is to ensure people get the medical attention they need as quickly as possible.

The service is continuing to embed within the local criminal justice and health systems and has had a successful start. Further areas for development have been identified including reviewing operational model demand and reviewing the partnership with West Midlands Ambulance Service. The service was featured as part of the work around Coventry as a Marmot City and is working closely with social services, community safety, housing, public health and substance misuse services.

3.7 Transforming Care (Post Winterbourne View)

The images of the abuse suffered at Winterbourne View remain vivid in our memories and continue to drive work to improve services for Adults with Learning Disabilities. Along with our health partners we are working with individuals and families placed out of Coventry to support them to return to more independent settings in the city wherever appropriate. For those temporarily receiving support in hospital assessment and treatment units we have ensured that Clinical Treatment Reviews have taken place and maintained oversight of the appropriateness of placements and arrangements for step down from hospital.

3.8 Disabled Facilities Grants Update

Disabled Facilities Grants (DFGs) provide essential adaptations to enable people to continue living at home. In 2014/15, 407 DFGs were provided, resulting in a wide range of home adaptations being carried out in Coventry. The average timeframe from receiving the recommendation to completion was 11 weeks.

TLAP 4) Workforce (and awards): my support staff

This means:

- having good information and advice on the range of options for choosing your support staff
- having access to a pool of people, advice on how to employ them and the opportunity to get advice from peers
- being supported by people who help you to make links in your local community.

4.1 Principal Social Worker posts

Two Principal Social Worker posts were appointed in early 2015, one for Children and Families and one for Adults. The two appointees will play a key role in the improvement and development of social work practice in Coventry.

4.2 Preparing the Workforce for the Care Act

The Care Act brings care and support legislation together into a single Act with a new well-being principle at its heart. It introduces major reforms to the legal framework for adult care and support in England - to the duties of local authorities, to the rights of those in need of care and support and their carers and to the funding system for care and support. Workforce development activity focused on ensuring our workforce was ready to make these changes.

Comprehensive legal overview training supported staff and councillors to understand the Care Act. Specialist sessions were delivered to all frontline staff on eligibility carers, safeguarding, personalised assessment and support planning.

In addition to this we have commenced a training programme to develop the Adult Social Care workforce to undertake more creative support planning focusing on individual's strengths, connecting people to their local networks, communities and resources. This change in approach to support planning will enable more people to have holistic, person centred plans which improve their well-being and meet their care and support needs.

4.3 Coventry Cares Learning Network regarding Coventry Dignity Network

The Coventry Cares Learning Network has supported organisations in meeting the challenge of recruitment in social care organisations across Coventry through development of the Social Care Careers in Coventry campaign. This has included running sector specific jobs fairs, development of careers and vacancies' online information and jobs boards, and regular information sessions for job seekers at Coventry Job Shop.

Coventry City Council has continued to support registered managers through the Registered Managers Networking Group, for which continued funding was secured from the National Skills Academy. The Council has also continued to support external organisations in the city through briefings, workshops and presentations about the changes brought in during 2015 with the Care Act and the Care Certificate.

4.4 Celebrating Social Work

It is important to recognise our workforce achievements. Social Workers from across Children and Adult Services came together in October 2014 to 'Celebrate Social Work'. This event was held to recognise and celebrate good practice as well as the professional responsibility of continuing professional development.

Certificates of practice achievement were presented to social workers who had passed their Assessed and Supported Year in Employment as well as to those that had gained their Practice Educator qualifications.

4.5 The Pod/The Revive Café

The Pod/Revive Café is a hub and platform for many different creative experiences all designed to bring together and connect a rich mix of people. Since winning the Public Service Community Cohesion Award in July 2014 The Pod/Revive Café has grown its determination to act as a catalyst for positive change and cohesion.

The Pod/Revive Café has gained a regional reputation as an Arts and Cultural Hub and is cited as such on the Coventry Art Map, a community resource that highlights arts centres of significant interest.

The Pod art collective at Fargo

Collective/Pod has a majority membership of artists with severe and enduring mental ill health who are or have been supported by The Pod and believe that creativity challenges and infiltrates what we do and how we feel, both subconsciously and consciously.

They are the proud custodians and curators of the Bob and Roberta Smith shed known as the Coventry Centre of Contemporary Art (CCCA). Internationally acclaimed Bob and Roberta Smith conceived the shed as an alternative fine arts exhibition and project space for Coventry.

Before moving to Fargo, the CCCA has been hosted by the Mead, Earlsdon Primary School and The Herbert. Bob and Roberta Smith led a high profile, political campaign to assert the importance of arts and culture in education and life. Collective//Pod also believe that creative arts practice should provoke ideas, debate and change.

Various exhibitions have been held since the launch in December 2014.

4.6 Dementia Friendly Environments Project

Coventry City Council was given a silver 'Compact' award in recognition of excellent partnership working as part of the Dementia Friendly Environments project. The award was given after the Council, Age UK Coventry, the Alzheimer's Society, Emerald Care and Minster Care worked with people with dementia to undertake a 'walk the patch' exercise at 5 care facilities in the city and play a full role in the redesign and refurbishment of these care facilities.

The project produced incredibly positive outcomes for those involved and led to huge improvements in the quality of life for people with dementia including fewer falls and hospital admissions.

TLAP 5) Positive risk enablement: feeling in control and safe

This means:

- being able to plan ahead and keep control in a crisis
- feeling safe, living the life you want and being supported to manage any risks
- feeling that your community is a safe place to live and local people look out for you and each other

5.1 Making Safeguarding Personal

Making Safeguarding Personal is a shift in culture and practice in response to what makes safeguarding effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

Work to date has focussed on awareness sessions for managers and champions to drive a cultural shift in practice and revamping the safeguarding process to ensure users' views, wishes and outcomes (as expressed by themselves or their nominated representative or advocate) are central and shape what happens during adult safeguarding.

5.2 Deprivation of Liberty Safeguards (DoLS) and Mental Capacity

DoLS is a process whereby anyone living in a care home or staying in a hospital, who lacks capacity to consent to their care arrangements, and who may be deprived of their liberty, must undergo an assessment.

DoLS presented the Council with a big challenge in 2014/15. The number of requests by care homes and hospitals to authorise possible deprivation of liberty of individuals in their care increased from 122 in the previous year to 681. This increase was due to a judgement by the Supreme Court which extended the definition of a deprivation of liberty. To meet this increased demand a dedicated DoLS team consisting of 5.5 Best Interests Assessors (BIAs) is in the process of being set up. Training of BIAs and Authorisers across the different Adult Social Care teams also took place.

In addition to people in care homes and hospitals the People Directorate has begun to identify individuals who may be deprived of their liberty in other settings, such as supported living schemes and in their own homes. These deprivations need to be authorised by the Court of Protection.

5.3 Update from Safeguarding Adults Board (including any Safeguarding Adults Reviews)

The Coventry Safeguarding Adults Board is the formal body made up of statutory and voluntary members, which oversees how adults are safeguarded in the city. As a result of the Care Act 2014, mandatory partners on the Board are the Local Authority, Police and Clinical Commissioning Group.

Readiness for the Care Act has been a key priority for the Coventry Safeguarding Adults Board during 2014/15. Other challenges that the Board focused on during this time were raising standards with fewer resources and ensuring that there was an appropriate safeguarding response to a range of issues, including pressure ulcers. In addition, effective working with the Children's Safeguarding Board and maintaining organisational resilience, consistency and capacity around safeguarding leadership were also key issues that were addressed during the year.

The Coventry Safeguarding Adults Board produces an annual report, describing the achievements and challenges of the year. This report will be available on the Council website towards the end of 2015 (www.coventry.gov.uk/safeguarding). The report will also contain the Board's Business Plan and priorities for the forthcoming year.

During 2014/15, one Serious Case Review (renamed Safeguarding Adults Review from April 2015) was initiated in Coventry. This will be completed in 2015/16 and reported to Health and Social Care Scrutiny Board. In addition, one System Wide Review and one Serious Incident Review were also initiated.

5.4 Safeguarding statistics

We received 1,027 safeguarding alerts in 2014/15 representing a 2.4% increase from the previous year. The increase in alerts is not necessarily an indicator that more abuse is happening. However, it does indicate that awareness of adult safeguarding continues to increase across the local community and that people know how to raise an alert.

TLAP 6) Personal Budgets and Self-Funding: my money

This means:

- having the kind of support you need and knowing when, where and how to receive it
- knowing the amount of money available to you for care and support needs and determining how this is used (whether it's your own money, direct payment, or a Council managed personal budget)

6.1 Assessment and Resource Allocation System

Since the Autumn 2014, work has been continuing on the development of the new Adult Social Care assessment tools and resource allocation system. The new system will enable practitioners to assess people who have the appearance of need for ongoing care and support, to determine eligibility and to allocate resources to meet those needs.

This will contribute to transforming the way we work with and support people with care needs. Our aims are to free up practitioners to focus on the important activities, such as having different conversations and building positive relationships with people that we work with, focusing our time on developing creative support plans and brokering good solutions with people to meet their individual needs and outcomes whilst promoting their strengths.

The new assessment and support planning tools were launched on 24 February 2015.

6.2 Improvements in support planning

Coventry City Council introduced a new suite of assessment tools prior to the introduction of the Care Act in April 2015. The tools have been developed to include all types of support and resources which will improve someone's well-being and reduce or delay their need for ongoing care and support, as well as clearly identify how the support will meet someone's eligible and non-eligible needs.

The Council will be developing innovative solutions to meeting individual's needs and improving their well-being including the use of Individual Service Funds.

6.3 Update on Regional Personalisation Project

Coventry continues to be involved in the regional personalisation network, reporting on progress towards achieving TLAP principles and to gain support and guidance about developing personalisation.

Case Study 3

TeleCareline (working in partnership with Housing with Care Short-Term Support) – Alice’s Story

Life before short-term tenancy and Telecare support

Alice is a 91 year old lady who was admitted to hospital having had a stroke. She had been living alone and independently prior to her stroke. The stroke caused right-sided weakness, inattention and expressive dysphasia – making it difficult for her to verbally communicate her needs. She worked with the Speech and Language Team to increase her verbal communication. Occupational Therapists and Physiotherapists worked on increasing her mobility, but the team were unsure whether she would be able to return home.

Referral to short-term tenancy

Alice was moved to Halford Lodge, a Housing with Care scheme, and identified as being at risk when cooking, bathing and of falling in general. The support workers were heavily involved in assisting her with these areas and also prompting her to eat and take her medication.

Impact of support with short-term tenancy and evidence from the Canary activity monitoring system for monitoring a range of everyday activities:

On Alice’s initial pre-discharge assessment, professionals were considering a possible long-term placement for her in a residential home. However, the Canary system showed that Alice was a lot more active than they would have thought and had a structured and fairly consistent routine in place. She was getting up at regular times and had visited the kitchen and bathroom prior to Support Worker visits. Alice remained active throughout the day and her support visits were reduced, with staff only visiting when she requested assistance and to prompt her with medication.

Outcome for the person:

From the initial plan of Alice possibly moving to a residential home she has been able to return to her own home with a care and support package.

What's next – priority areas for Adult Social Care

In describing priority areas for Adult Social Care it has to be acknowledged that the work of Adult Social Care is a process of continuous change and improvement as we strive towards delivering support based around the individual and their carers within the resources we have available. The key areas we are currently progressing in order to further develop Adult Social Care in Coventry are as follows:

Priority	What's Next
<p>Care Act 2014 Implementation</p>	<p>The Care Act, introduced in April 2015 was the single most significant change to Adult Social Care legislation for over 60 years. We have worked hard to ensure we were ready for this change in 2015 and now need to ensure that the principles of well-being, prevention and integration are embedded in everything we do.</p> <p>A core element of delivering the requirements of the Care Act is developing the workforce across Adult Social Care. Therefore, ensuring that appropriate workforce development plans are in place and being delivered is a key priority.</p>
<p>Health Integration – Better Care Fund (BCF)</p>	<p>Integrating services with health can provide both better outcomes for people that require support and ensure that resources are being used more efficiently. In 2015 we worked with our health partners to pilot Integrated Neighbourhood Teams in two GP (General Practitioner) surgeries and will not work to extend this approach across the city.</p> <p>Through our Better Care Programme we have worked with health partners and user groups to prevent people being admitted to hospital and to support timely and appropriate discharge arrangements. This work will continue and we will develop this further through working with health partners to ensure appropriate community-based provision is available to enable people to remain independent in their own homes.</p>

Mental Health and Dementia

The delivery of the objectives contained within Coventry’s Living Well with Dementia Strategy 2014-17 will continue to be an area of focus for this important area of work.

Ensuring people with mental ill health are appropriately supported in their best interests is a significant issue nationally and we have seen a significant increase in demands around the Mental Capacity Act and Derivation of Liberty Safeguards in 2014 and 2015. Ensuring people are effectively supported through the Deprivation of Liberty Safeguards process is a key priority for Coventry.

Managing Resources

The financial challenges facing the Council and Adult Social Care will need to continue to be addressed in coming years. We will continue to work with people who use services, their families and carers and partner organisations as we develop and implement plans that will enable us to continue to deliver Adult Social Care services within the resources available.

Glossary

This section provides an explanation of some definitions and terms that appear throughout this document.

Short-Term Support to Maximise Independence (page 3)	Support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council. At the end of the time-limited support package a review or assessment for ongoing future need will take place to determine what will follow.
Long-term support (page 3)	Any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of national eligibility criteria and policies (i.e. an assessment of need has taken place) and is subject to annual review.
Low level support e.g. equipment and adaptations (page 3)	Following recent changes in the way that services and activity in Adult Social Care are reported to, and by, Central Government the provision of equipment and adaptations are now counted as ongoing 'low level support' and therefore not included in long-term support figures. This is because such services are based in the community and will continue 'in the background' supporting clients with minimal attention required from the Council.
Well-being (page 6)	Well-being is a broad concept, relating to many areas including: personal dignity, physical and mental health and emotional well-being and/or protection from abuse and neglect.
Dementia Navigator (page 9)	Providing early intervention and preventative post-diagnostic support through provision of information and advice following a diagnosis of dementia or to those going through the diagnosis journey. They signpost to support services available locally (e.g. dementia cafés or carers support groups) and provide practical and emotional support to people with dementia diagnosis and their carers.

<p>(Dementia) Locksmith (page 18)</p>	<p>The role of a person who uses their knowledge to unlock people’s potential and unpick issues in their present experience of life. The Locksmith must understand a person’s weaknesses but focus on their strengths to achieve living well with dementia.</p>
<p>Making Safeguarding Personal (MSP) (page 23)</p>	<p>Engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.</p>
<p>Deprivation of Liberty Safeguards - DoLS (page 23)</p>	<p>A process whereby anyone living in a care home or staying in a hospital, who lacks capacity to consent to their care arrangements, and who may be deprived of their liberty, must undergo an assessment. The assessment is to determine firstly, whether the person is being deprived of their liberty, and secondly whether this is in their best interests. The Local Authority then authorises a person’s deprivation of liberty for a fixed period of time, if this is recommended by the assessor. The scheme applies mainly to people who have dementia and to people with learning disabilities who need high levels of care.</p>
<p>Best Interests (page 23)</p>	<p>If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.</p>
<p>Safeguarding Adults Review (page 23)</p>	<p>The Care Act 2014 requires that all Safeguarding Adults Boards must arrange a Safeguarding Adults Review when an adult in the local area dies or has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect them.</p>
<p>Individual Service Funds (page 25)</p>	<p>If you want to use your personal budget from the Council to pay for support (such as home care) from a particular provider, the money can be held by that provider in an Individual Service Fund. You remain in control of what the money is spent on, but you don’t have the responsibility of managing the budget yourself.</p>

Contact Us

You can contact us about this report at: abpd@coventry.gov.uk

You can contact Adult Social Care Direct at:

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Any comments, compliments or complaints can be made by contacting Coventry Direct on 0500 834 333, or in person at any of the Council's reception or enquiry areas, or by filling in an online form.

More information about Adult Social Care can be found at:

www.coventry.gov.uk/adultsocialcare

If you need this information in another format or language please contact us:

Telephone: 0500 834 333

Commentary on Adult Social Care Annual Report 2014-15

Healthwatch Coventry is the independent consumer champion for health and social care services locally, working for the interests of those who need or use services. Our aim is to give local people a voice and an influence over their local services.

The adult social care annual report represents a useful opportunity to put in place a quality and reflection cycle for adult social care services and there is scope to develop its role in this further.

This Report shows that the challenges in social care continue, increasingly driven by a requirement on the local authority to make significant financial savings and to implement the Care Act. Although recent government announcements have delayed the implementation of the cap on care costs paid by individuals.

The Report also contains some evidence of an increase in demand for services when compared with figures from last year's Report; although the categories used are not easily compared. We believe it would be helpful if a standard list could be used when reporting year on year, as it is important to understand and demonstrate trends.

Requests for support rose by over 500. The figures available also seem to indicate less people receiving short term support and more people receiving long term (or ongoing) support: a reversal of the previous trend (the provision of equipment and adaptations are now counted as ongoing 'low level support' rather than long term support, so are not included in this figure now). The overall total of adult social care service users and new service users is not provided and we think it should have been.

The Care Act established a right for carers to receive an assessment of their needs and this is reflected in the figures with 2308 carers assessed and receiving information, advice or support; it was 1,974 the previous year. Healthwatch supports this focus on assessing and supporting carers as the support they provide helps people to stay at home and delays/prevents a need for more intensive and more expensive services. For the coming year, we would recommend, there is work to do to promote this further.

Last year we queried whether the ethnicity information for social care clients showed unmet need in some of the City's Black, Asian and Minority Ethnic communities. There is no mention of this in this year's report, which is a weakness.

In common with other local authorities, Coventry City Council has worked to ensure it is compliant with implementing the Care Act and demonstrates well the work it has done in this Report.

A focus on Dementia has been led by the Coventry Health and Wellbeing Board to address priorities within the Health and Wellbeing Strategy. The past year has seen developments in provision to address the concerns of those who have been diagnosed and their families/carers. The City Council has clearly played a role in this and in the Report outlines further services scheduled to begin later this year.

Healthwatch Coventry recently carried out an exercise to check how easy it was to find information on the City Council's new website in order to feed into the refinement of its design and content. We found that it is much more user-friendly than the previous website, with information easier to find and understand.

The Report details two areas where service demand is increasing: 'Deprivation of Liberty Safeguards' (DOLs) and 'adult safeguarding'. The first is a result of a court ruling meaning that figures have gone up considerably and the latter has resulted from a greater awareness of safeguarding, which is positive. The council needs resources in order to respond effectively to these demands.

The Better Care Fund initiative, aimed at reducing emergency admissions to hospital by initiatives to support people in the community, is an important nationally co-ordinated development. Therefore, we believe this rightly features in the priorities for the coming year. It is imperative that there is joined-up thinking, partnership working and co-ordinated delivery across NHS and social care services to support the success of Better Care Fund work. We believe there should also be a fundamental shift in thinking to support joined up working, with a move away from organisations focusing on their own services and plans and taking a system approach.

Specific work includes the set up of 3 Integrated Neighbourhood Teams to support people with multiple long term conditions. Plus a significant focus locally on flow through the hospital and the impact that delays in transfers of care have upon this. Therefore ensuring timely assessment and provision of social care packages is important for the effective working of hospital services as well as for individual service users and their families.

Healthwatch Coventry will continue to focus actively on the delivery of adult social care provision by visiting care homes and working to understand and influence the service changes adopted. We have added a work stream to our work programme regarding following a group of services users through the changes to the service they receive in order to see how the process worked and if there is learning for other situations of service change. We wish to work with the city council on this piece of work.

Find out more about Healthwatch Coventry at www.healthwatchcoventry.co.uk

Agreed 26/8/15



Cabinet Member for Health and Adult Services

12th October 2015

Name of Cabinet Member:

Cabinet Member for Health and Adult Services, Councillor Caan

Director Approving Submission of the report:

Executive Director for People

Ward(s) affected:

N/A

Title:

Recommendations relating to Serious Incident Review for Miss G

Is this a key decision?

No

Executive Summary

This paper presents the action plan in relation to a Serious Incident Review carried out on behalf of the Coventry Safeguarding Adults Board. This paper informs the Cabinet Member for Health and Adult Services of the outcome of the Health and Social Care Scrutiny Board (5) consideration of the Serious Incident Review which took place following the death of Miss G.

The Health and Social Care Scrutiny Board (5) considered the Serious Incident Review at their meeting on 9th September 2015. The Board were concerned that the Action Plan accompanying the report did not contain an action to ensure care plans were regularly reviewed, as this had not happened in Miss G's case. The Board were also concerned that the voice of carers, including family and friends as well as paid carers, had not been listened to and felt it was important this be addressed in the action plan. Finally, the Board felt that where reviews needed to be undertaken, the action plan should highlight that these need to be done in a timely manner. These actions formed part of the recommendations made.

Recommendations:

1. That Cabinet Member for Health and Adult Services is recommended to request that Coventry Safeguarding Adult Board amends the Action Plan to include actions:
 - a. To ensure that care plans are regularly reviewed in a timely manner, particularly when concerns are raised;
 - b. To ensure that the views/ concerns of everyone involved in a person's care including carers, family, neighbours and friends are taken into account

List of Appendices included:

Appendix 1 – Executive Summary

Appendix 2 - Multi Agency Action Plan

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

Although this report has not been considered by Scrutiny, the Health and Social Care Scrutiny Board (5) considered the Serious Incident Review at their meeting on 9th September 2015.

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

No

Will this report go to Council?

No

Report title:

Recommendations relating to Serious Incident Review for Miss G

1. Context (or background)

- 1.1 Miss G was 40 years old when she died. She was part of a loving and supportive family. During the time under analysis for this review, Miss G was supported extensively by her mother and her brother, and was herself a mother to two girls aged 17 and 18 years. Miss G developed a long term degenerative neurological disease after the birth of her eldest daughter, 18 years previously. This progressively inhibited her ability to mobilise, her cognition, memory function and her behaviour. Miss G enjoyed smoking, and declined to stop as advised by her GP. Risk relating to fire associated with her smoking while unsupervised was not sufficiently explored in the assessments or care plan, despite acknowledgement of Miss G's lack of awareness of hazards coupled with knowledge of her smoking habit and her difficulties in coordination and dropping items.
- 1.2 Miss G died in a fire which was intense and took hold rapidly, the likely cause of the fire was from a dropped cigarette or cigarette ignition source. Her lack of mobility significantly affected her ability to react to or escape from the fire. If the fire had been discovered at an early stage, the presence of a carer would have increased the likelihood that the fire could have been dealt with in its infancy and/or the carer could have supported Miss G to escape the fire. However, it cannot be concluded that the absence of a carer or the practice issues highlighted were responsible for Miss G's death. Practitioner understanding of how behaviours and conditions such as smoking alongside limited mobility increases the individuals vulnerability from fire needs to be recognised as a priority area for training. The multi agency action plan is attached as appendix 1 to this report.
- 1.3 The organisations involved in this SIR are committed to ensuring that the issues identified are addressed. The recommendations within the SIR report form the basis of a Coventry Safeguarding Board action plan. The board will in addition, monitor the implementation of improvements within individual organisations.
- 1.4 The legal and policy framework and context (and associated practice experience and case law) was developing across the timeframe scrutinised by this review. The direction of travel in terms of national policy links closely to key lessons from this review.

2. Options considered and recommended proposal

- 2.1 Health and Social Care Scrutiny Board considered the Serious Incident Review at their meeting on 9th September 2015. The Board referred the matter to the Cabinet Member for Health and Adult Services, as they were of the view that additional actions should be added to the action plan to ensure that care plans were regularly reviewed, the views / concerns of everyone involved in a person's care, including carers, family, neighbours and friends are always taken into account and that reviews are undertaken in a timely manner.

3. Results of consultation undertaken

No consultation has been undertaken as part of this report. However members of Miss G's family were involved in the serious incident review.

4. Timetable for implementing this decision

- 4.1 Implementation of actions within the Action Plan will be monitored by the Safeguarding Adult Review Sub Group and reported to the Safeguarding Adult Board in accordance with local/national policy guidance.
- 4.2 Health and Social Care Scrutiny Board requested an update on progress with the implementation of the action plans to be presented to the March 2016 meeting

5. Comments from Executive Director, Resources

- 5.1 Financial implications
No direct financial impact from the recommendations
- 5.2 Legal implications
There are no legal implications

6. Other implications

6.1 How will this contribute to the Council's priorities?

<http://www.coventry.gov.uk/councilplan>

The objectives within the action plan will support the Council deliver their objective to keep vulnerable people safe within their community and to be able to live healthier more independent lives.

6.2 How is risk being managed?

The key risks have been identified within the Serious Incident Review process which led to the production of this report. The action plans have been developed to address these risks. The Safeguarding Adult Review Sub Group are accountable for monitoring the implementation of these plans in practice and for assuring the Safeguarding Adult Board that these have been delivered according to plan.

6.3 What is the impact on the organisation?

None

6.4 Equalities / EIA

No negative impacts are anticipated in relation to this review

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

None

Report author(s):

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Enquiries should be directed to the above person.

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Isabel Merrifield	Assistant Director	People	16/9/15	17/9/15
Other members				
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance Manager	Resources	17/9/15	17/9/15
Legal: Julie Newman	Legal Services Manager (People)	Resources	16/09/15	16/09/15
Members: Councillor Caan	Cabinet Member for Health and Adult Services		17/9/15	17/9/15

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www.coventry.gov.uk/councilmeetings

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Coventry Safeguarding Adults' Board Serious Incident Review Executive Summary in respect of Miss G, died 2013 (CSAB/SIR/1)

The purpose of the Serious Incident Review

A serious incident review (SIR) takes place because an adult has died or has been seriously injured or impaired and abuse or neglect is known or suspected to be a factor.

The process is about learning lessons, not about apportioning blame (Care Act 2014)

Background

Miss G was 40 years old when she died. She was part of a loving and supportive family. During the time under analysis for this review, Miss G was supported extensively by her mother and her brother, and was herself a mother to two girls aged 17 and 18 years. Miss G had regular contact with her daughters, they had lived with her mother from a very early age, her mother lived with her stepfather. Miss G's birth father lives in Portugal, and she maintained contact with him.

Miss G developed a long term degenerative neurological disease after the birth of her eldest daughter, 18 years previously, this progressively inhibited her ability to mobilise, cognition, memory function and her behaviour. This condition is also life limiting. The physical effects of the condition also gave rise to problems which meant that Miss G was confined to a wheelchair for most of the time in the period under review.

Miss G enjoyed smoking, and declined to stop as advised by her GP. She managed to reduce her smoking to 7 cigarettes a day. She also experienced significant weight gain to over 20 stone; this resulted in her requiring specialist equipment to support her specific needs. Advice and support on her diet was at times successful in enabling Miss G to lose weight.

Prior to moving into independent accommodation in March 2006, Miss G lived in a specialist residential care home for younger people with complex needs for a period of 2 years. Miss G moved to a bungalow 2006 where she received 22 hours support a day, which was funded by adult social care. This included periods during the day when the support was doubled to facilitate the use of equipment that required two people to operate it. Miss G was able to go out with support from her carers or family and was compliant and readily agreed with most things. Miss G was very trusting of people, which made her vulnerable. Her speech deteriorated making communication difficult and her hand to mouth coordination was poor affecting her manual dexterity and ability which was frustrating for her and put her at risk, especially from fire, during the 2 hour unsupervised period when she was smoking.

In 2010 her step father developed dementia and her brother took more responsibility for her care, this arrangement lasted until 2012 when her stepfather went into residential care, which allowed her mother to resume caring for her.

Miss G liked the carers being in her home, and did not appear have a problem with someone being there all the time. This was a positive for her, and continuity of care staff got better as time went on and was important. She and her family, acknowledged the special relationship she had developed with one of her male carers, who was recognised by them all “as going the extra mile”.

Her mother said that Miss G did not want to go into a home, as she valued her independence. This was reinforced by Miss G’s social worker who agreed that she wanted to be as independent as possible and to continue to make her own choices.

A summary of facts and findings of the case

In March 2006, when Miss G moved out of the care home, the care plan developed by Coventry City Council (CCC), adult social care set out an overall aim to: “enable Miss G to live independently in her own home with an emphasis on developing her current independent living skills further”. Miss G was keen to live independently whereas her mother had reservations. Despite ambitious aims and objectives, there is no record of substantial input from her carers in terms of proactive measures in motivating and enhancing her independence. The need to motivate Miss G was identified as a key consideration, therefore, its absence in the records is noteworthy.

A psychology report in 2007 included important insights, which should have been shared across all agencies involved with Miss G’s care, and should have precipitated a thorough multi-agency review. The report stated:-

“Across all measures assessed, all appear to have deteriorated to a very significant degree, to the extent that I am concerned that Miss G may require additional support in making everyday decisions and has apparently little insight into her difficulties.”

The aim of the care plan remained largely unchanged despite these insights.

Alongside this her mother repeatedly raised concerns about the sustainability of the care plan, and indicated that her own situation meant that she could not sustain the level of demand on her from Miss G. She expressed concerns at a significant number of points that carers were not adhering to the care plan. Reviews did not take place in a timely way when these genuine concerns were raised.

In 2008, despite reservations, her mother agreed to be an agent for the Direct Payment on behalf of Miss G. She was assured of support from Penderels Trust. It seems that her mother had little understanding of the Direct Payments process and the potential that this offered to provide care in a flexible and creative way.

There were recurrent concerns and issues raised by Miss G’s mother and brother relating to care provision, risk assessment and record keeping. In 2010, Miss G’s mother continued to ask for a change of care agency. The issues and options were not robustly addressed and Miss G’s mother and Miss G decided to continue with the existing care agency. At no point was there any creative discussion about how things could be done differently.

During this period there were three safeguarding referrals all relating to concerns expressed about care/carers. These were not adequately addressed, nor progress on actions adequately reviewed or acted on.

When a decision was made in 2011 to withdraw the Health component of funding to Miss G there was insufficient attention given as to whether the existing package of care needed to continue irrespective of the funding provider. An assessment of need and risk should have followed and a separate multiagency decision agreement developed to address any service gaps. There was an absence of any clear documented risk assessment around the decision that Miss G could, and would, be left alone for a 2 hour period. It was clear that Miss G was deteriorating and was still smoking. Despite this the information and implications were not amalgamated into one holistic assessment in order to assess the advisability of leaving Miss G unsupervised for a 2 hour period.

Risk relating to fire associated with her smoking while unsupervised was not sufficiently explored in the assessments or care plan, despite acknowledgement of Miss G's lack of awareness of hazards coupled with knowledge of her smoking habit and her difficulties in coordination and dropping items.

Analysis

The analysis within this review of the above circumstances that preceded Miss G's death is focussed on the following key themes:

- Practice in relation to assessment, care planning, reviews and decision making
- Working with risk
- Risk of fire
- Person centred outcomes, focussed practice and working with carers
- Recording
- Considerations in respect of the Mental Capacity Act
- Key policy frameworks central to the case of Miss G
 - Continuing NHS Healthcare Assessment
 - Direct Payments
 - Safeguarding Adults

Conclusions

In respect of the areas detailed in the analysis, conclusions were drawn and form the basis of a commitment to action across organisations in Coventry, to learn lessons and aims to prevent such a situation occurring in the future.

Alongside this there needs to be clear guidance and awareness raising around the responsibilities associated with identifying those most at risk from fire and the need for professional agencies to refer these individuals to West Midlands Fire Service (WMFS), and to work with them to develop appropriate safety plans.

Analysis of practice in safeguarding adults from abuse and neglect provided evidence of failure to work in line with local policy. In particular safeguarding investigations were not always sufficiently comprehensive in addressing relevant concerns nor was the monitoring of the agreed actions sustained. There are a number of indications that prevention of abuse/neglect is an area that needs to be strengthened.

In the context of the assessment for NHS continuing healthcare and the decision making and practice regarding the integrated package of care there was a need for interagency working and information sharing, care planning, risk assessment to be included in the records. The need for greater understanding of the roles, responsibilities and accountabilities across health and social care in terms of assessment of on going need and joint decision making was also identified as an issue. Had these factors been acknowledged, alternative decision relating to the Continuing Health Care funding may have been agreed. There were questions too about the extent of Miss G's (and her family's) understanding of, and involvement in, these decisions as well as the failure to include front line carers in the process of gathering relevant information. Since the Continuing Health Care assessments in the case of Miss G took place, policies and procedures in respect of lead commissioner arrangements have been reviewed and strengthened to ensure that they are more robust. The principles at the heart of Direct Payments (which are about creativity and choice and meeting outcomes) seem far removed from the experience of Miss G and her family who had no real understanding of Direct Payments. Miss G's mother was not empowered by the offer of a Direct Payment. The respective responsibilities of social work/care management and the Direct Payment support provider were not understood/not interpreted effectively in practice for Miss G. The guidance is clear that reviews of Direct Payments arrangements must address whether needs are being met and whether they have changed. Implicit in this are considerations of risk. The Care Act, 2014 states:-

“the Direct Payment review is not intended to be a full review of the person's care and support plan. However, if this review raises concerns or requires actions that affect the detail recorded in the care plan, then a full review of the plan would need to be carried out”.

A shared understanding across organisations and members of the public as to what can be expected of whom when a person is in receipt of a Direct Payment needs to be an integral part of the decision to use this form of funding support.

Irrespective of the mechanism by which services are purchased, all interventions must be outcomes focussed and outcomes must be robustly reviewed. The current national context and an apparent clear direction and commitment locally towards an outcomes approach will support improvement in this respect. There are also indications within the review that there is a need to support practitioners in their practice in the context of the core principles of the Mental Capacity Act, 2005 and in particular in supported decision making (principle 2 of this Act).

The significant care and affection of Miss G's mother for her daughter was apparent. She supported Miss G extensively and advocated tirelessly on her behalf. The degree to which support of Miss G's mother was effective indicates a further area for practice improvement in the context of the Coventry Carer Strategy.

Miss G died in a fire which was intense and took hold rapidly, the likely cause of the fire is from a dropped cigarette or cigarette ignition source. Her lack of mobility significantly affected her ability to react to or escape from the fire. If the fire had been discovered at an early stage, the presence of a carer would have increased the likelihood that the fire could have been dealt with in its infancy and/or the carer could have supported Miss G to escape the fire, however, it cannot be concluded that the absence of a carer or the practice issues highlighted were responsible for Miss G's death. Practitioner understanding of how behaviours and conditions such as smoking alongside limited mobility increases the individuals vulnerability from fire needs to be recognised as a priority area for training.

The legal and policy framework and context (and associated practice experience and case law) was developing across the timeframe scrutinised by this review. The direction of travel in terms of national policy links closely to key lessons from this review. Embracing this locally will support the necessary improvements.

The organisations involved in this SIR are committed to ensuring that the issues presented here are addressed. The recommendations within the report will form the basis of a Coventry Safeguarding Adults Board action plan. The Board will, in addition, monitor the implementation of improvements within individual organisations.

What Happens Next?

The specific actions within the plan aim to change the way organisations work together, and separately, so that similar circumstances experienced by Miss G do not happen again. The action plans will be reviewed regularly by the Coventry Safeguarding Adults Board, in accordance with their local procedures.

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Serious Incident Review Action Plan Miss G

Ref	Recommendation	Action required	Target Date	Lead officer	Update on Progress	Outcome	RAG rating
		<i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed</i>			<i>Please provide evidence of progress</i>	<i>What improvements do you expect to achieve from the actions you have identified?</i>	<i>Blue, Red, Amber, Green (see below)</i>
1	Service commissioning contracts across all partner agencies including the private sector, must be compliant with the West Midlands Fire Service (WMFS) specification standards	<p>WMFS will work with all the commissioning agencies, including the private sector commissioners, to ensure that they are sufficiently briefed in terms of the practice standards required within contract to enable agency compliance across Coventry.</p> <p>Commissioning contracts across all partner agencies including private sector partners, are developed to be compliant with WMFS standard practice requirements</p>	<p>Sept 2015 - March 31st 2016</p> <p>March 31st 2016</p>	Head of Community Safety/Area Commander Ops Intelligence & training NB - all individual agencies are accountable for the delivery of their local plan		All the partner agency commissioning contracts meet the WMFS Standards.	
2.	Basic Fire Safety Risk assessments must be included in all Health (acute and community providers) and social care risk assessment tools	<p>WMFS will work with Coventry Health and Social care teams to develop basic fire safety risk assessment tools</p> <p>All health and social care assessment tools will be amended/updated to include basic fire safety risk assessments, alongside the health risks associated with smoking.</p>	<p>Sept 2015 – Nov 2015</p> <p>January 2016</p>	Jill Ayres – Chair of Policy & Procedures		All Health and Social Care agencies assessment tools include a basic fire safety risk assessment, alongside the standard health awareness risks associated with smoking	

Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale

Serious Incident Review Action Plan Miss G

Ref	Recommendation	Action required	Target Date	Lead officer	Update on Progress	Outcome	RAG rating
		<i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed</i>			<i>Please provide evidence of progress</i>	<i>What improvements do you expect to achieve from the actions you have identified?</i>	<i>Blue, Red, Amber, Green (see below)</i>
3	Fire Health and Safety Interventions are included as standard within all care support packages for vulnerable people who are living independently	<p>WMFS will ensure that all agencies have the relevant Fire Health and Safety training materials to support the delivery of local training to the standard required.</p> <p>All agencies training must include the fire health and safety interventions that staff must consider as part of the support package for a vulnerable adult in order to keep them safe when living independently.</p>	<p>Sept 2015 – Nov 2015</p> <p>January 2016 On going</p>	<p>Head of Community Safety/Area Commander Ops Intelligence & training</p> <p>Workforce development leads from all partner agencies</p>		All agency staff will have access to training which includes the fire health interventions to support them with the development of care packages which will keep vulnerable adults safe when they wish to live independently.	
4	Safeguarding policies across all agencies need to include triggers for notifying partners where there is a pattern of behaviour or clinical deterioration , which may indicate an increased risk in the individual's vulnerability	<p>Safeguarding policies are updated to include the triggers which will generate a notification of the change in circumstances to the partner agencies</p> <p>All agencies will include this in their safeguarding mandatory training programmes</p>	<p>Dec 2015</p> <p>Dec 2015 ongoing</p>	<p>Business Manager to Safeguarding Board</p> <p>Service leads in Health and Social Care</p>		Safety risks relating to vulnerable adults are responded to, in a timely way, by all partner agencies	

Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale

Serious Incident Review Action Plan Miss G

Ref	Recommendation	Action required	Target Date	Lead officer	Update on Progress	Outcome	RAG rating
		<i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed</i>			<i>Please provide evidence of progress</i>	<i>What improvements do you expect to achieve from the actions you have identified?</i>	<i>Blue, Red, Amber, Green (see below)</i>
5	Person Centred outcomes are embedded in practice, and in practice guidance, ensuring that practitioners can engage effectively with service users and carers	<p>Multi Agency training includes the principles underpinning the delivery of person centred care as a core component</p> <p>All agencies will update their local practice guidance to include the principles of person centred outcomes in care</p> <p>The multi agency audit programme will include the evaluation of service user and carer satisfaction in relation to the person centred outcomes agreed in their care plans.</p>	<p>On going</p> <p>Nov 2015</p> <p>Dec 2015</p>	<p>Workforce development leads from all partner agencies</p> <p>Service leads in Health and Social Care</p> <p>Isabel Merrifield Chair of Quality & Performance sub group</p>		All agencies can demonstrate that service users and carers are receiving person centred care as mutually agreed within their care plans	
6	Safeguarding Adult procedures are consistently compliant with the national practice standards (Care Act 2015)	The multi agency audit programme will include the compliance monitoring of local safeguarding adult procedure in practice against the National standards (Care Act 2105)	Dec 2015	Isabel Merrifield chair of Quality and Performance sub group		Safeguarding adult procedures will be consistently compliant with national practice standards.	

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