



Time and Date

2.00 pm on Tuesday, 1st November, 2016

Place

Committee Rooms 2 and 3 - Council House

Public business

1. **Apologies**

2. **Declarations of Interest**

3. **Minutes** (Pages 5 - 14)

(a) To agree the minutes from the meeting of Cabinet on 4th October 2016

(b) Matters arising

4. **Exclusion of Press And Public**

To consider whether to exclude the press and public for the item(s) of private business for the reasons shown in the report.

5. **Participation in 100% Business Rates Retention Pilot** (Pages 15 - 22)

Report of the Executive Director of Resources

(NOTE: Pursuant to Part 3e, Paragraph 19, of the City Council's Constitution, Councillor Lancaster, the Chair of the Scrutiny Co-ordination Committee, has been invited to attend for the consideration of this matter and to agree the need for urgency such that call-in arrangements will not apply. The reason for urgency being, the need to submit the City Council's response to Central Government at the earliest opportunity, given their 31st October 2016 deadline.)

6. **Coventry Carers' Strategy 2016 - 2019** (Pages 23 - 62)

Report of the Executive Director of People

7. **Provision of Effective Home Support Services** (Pages 63 - 74)

Report of the Executive Director of People

8. **Health and Well Being Strategy and Joint Strategic Needs Assessment (JSNA)** (Pages 75 - 82)

Report of the Executive Director of People

(Note: A briefing note from Scrutiny Co-ordination Committee's consideration of this matter is appended to the report at page 81)

9. **Increasing Coventry's Superfast Broadband Coverage** (Pages 83 - 94)

Report of the Executive Director of Place

10. **Reshaping Drug and Alcohol Services in Coventry** (Pages 95 - 106)

Report of the Executive Director of People

11. **Outstanding Issues** (Pages 107 - 112)

Report of the Executive Director, Resources

12. **Any other items of public business which the Chair decides to take as a matter of urgency because of the special circumstances involved.**

Private business

13. **Reshaping Drug and Alcohol Services in Coventry** (Pages 113 - 124)

Report of the Director of Public Health

(Listing Officer: G Faherty, Tel: 024 7683 1950)

14. **Any other items of private business which the Chair decides to take as a matter of urgency because of the special circumstances involved.**

Chris West, Executive Director, Resources, Council House Coventry

Monday, 24 October 2016

Note: The person to contact about the agenda and documents for this meeting is Lara Knight / Michelle Salmon, Governance Services, Tel: 024 7683 3237 / 3065, Email: lara.knight@coventry.gov.uk / michelle.salmon@coventry.gov.uk

Membership: Councillors L Bigham, P Akhtar (Deputy Cabinet Member), R Ali (Deputy Cabinet Member), F Abbott, K Caan, G Duggins (Chair), J Innes, A Khan (Deputy Chair), R Lakha (Deputy Cabinet Member), K Maton, J Mutton, J O'Boyle, E Ruane, P Seaman (Deputy Cabinet Member), C Thomas (Deputy Cabinet Member) and D Welsh (Deputy Cabinet Member)

By invitation Councillors J Blundell and G Crookes (non-voting Opposition representatives)

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 held at 2.00 pm on Tuesday, 4 October 2016

Present:

Cabinet Members: Councillor G Duggins (Chair)
Councillor A Khan (Deputy Chair)
Councillor F Abbott
Councillor L Bigham
Councillor K Caan
Councillor J Innes
Councillor K Maton
Councillor J Mutton
Councillor J O'Boyle
Councillor E Ruane

Deputy Cabinet Members: Councillor P Akhtar
Councillor R Ali
Councillor R Lakha
Councillor C Thomas
Councillor D Welsh

Non-Voting Opposition Members: Councillor G Crookes
Councillor T Sawdon (Substitute for Councillor J Blundell)

Other Members: Councillor S Bains
Councillor R Lancaster
Councillor M Mutton
Councillor G Williams

Employees (by Directorate):

Chief Executives M Reeves (Chief Executive)

People G Quinton (Executive Director)

Place A Walster, J Applegarth, C Barclay, M Andrews,
C Hickin, C Knight

Resources C West (Executive Director), P Jennings, J Newman,
M Salmon

Apologies: Councillor P Seaman (Deputy Cabinet Member)
Councillor J Blundell (Non-Voting Opposition Member)

Public Business

34. Declarations of Interest

There were no disclosable pecuniary interests made.

35. **Minutes**

The minutes of the meeting held on 30th August 2016 were agreed and signed as a true record. There were no matters arising.

36. **Medium Term Financial Strategy 2017-20 and Efficiency Plan**

The Cabinet considered a report of the Executive Director of Resources, which would also be considered by Council on 11th October 2016, that presented a Medium Term Financial Strategy (MTFS), incorporating an Efficiency Plan for 2017-2020 for adoption by the City Council. The previous strategy was approved in December 2015. The Strategy set out the financial planning foundations that supported the Council's vision and priorities and lead to the setting of the Council's revenue and capital budgets.

The government was to commit to 4 year funding settlements to local authorities in order to encourage efficiency savings. To qualify, each local authority needed to produce an Efficiency Plan setting out how the authority intended to increase efficiency over the planning period.

Looking forward, the Council's pre-budget report would be brought to members on 29th November 2016, followed by the budget setting report in February 2017.

Local authorities would continue to face severe financial pressures for the foreseeable future in what were very uncertain times. Although the previous government policy of targeting a budget surplus by 2020 had been dropped, following the EU referendum, the downgrading of growth forecasts indicated that the severe financial pressures on public finances would continue. The fundamental factor shaping the City Council's MTFS remained that of unprecedented financial pressure leading to further significant reductions in spending levels that were likely to continue in the period up to at least 2020.

In summary, the national and local contexts that framed this Strategy included:

- A paramount need to protect the most vulnerable people in the city including children at risk, children and young people in care, victims of domestic abuse and vulnerable adults and older people;
- Significant reductions in government resources with a fall of c£95m in the 5 years to 2016/17 and a further fall of c£25m in the next 3 years;
- Fast population growth causing greater demand or expenditure pressures in areas such as housing, social care and waste disposal;
- A move towards greater localisation of income, including business rates by 2020, and uncertainty arising from the review of the business rates system and other funding programmes;
- The increasing importance of promoting growth in the local economy;
- Upward pressure on Pension Fund contributions, in particular to fund pension past service deficits;
- The transfer of schools to Academy status putting increasing pressure on the Council's core education functions and other services that trade with the city's schools;
- More complex service delivery models across the Council driven by the need to modernise and rationalise services and work in tandem with partners and neighbouring authorities;

- Continued expectations on the Council to maintain service levels and standards across the full range of core services despite the financial challenges;
- The development of the West Midlands Combined Authority providing a source of financial support for key transformation programmes.

Taken together, these factors represented a combination of reducing resources, challenging underlying economic and demographic conditions, increased demand, a heightened need to improve the quality of services and new challenges represented by government reform and local structural and governance relationships. In these circumstances it was crucial that the Council's financial strategy was both robust and flexible. This would provide the financial foundations required to ensure that Council services were fit for purpose to protect the most vulnerable as well as providing decent core services for every citizen in the city.

In support of these aims, the City Councils strategic financial approach to the demands that it faced included:

- A Council Plan focusing on economic growth, quality of life and a commitment to protecting the vulnerable, whilst delivering services with fewer resources;
- A Local Plan setting the blueprint for taking the City forward, identifying land to satisfy housing, infrastructure and developmental demand;
- Strong corporate financial planning, monitoring and project management arrangements;
- Growing the city's local income base, within the environment of increasing localisation of funding sources, including business rates;
- Managing the demand for services, through digital working and community engagement;
- A transformation programme, including the delivery of major capital investment schemes, to change the way the Council worked and engaged with its customers, as well as to drive economic growth and the delivery of unprecedented savings;
- Partnership working, including as part of the West Midlands Combined Authority, together with voluntary organisations and other partners;
- A fundamental commitment to protecting the city's vulnerable children, adults and older people;
- Changing the relationship between the Council and its citizens reflecting the reality that the Council would provide a smaller range and lower level of services in new ways and out of far fewer locations;
- Doing things differently by considering alternative service delivery models and options for delivering service outcomes in different ways with less reliance on Council delivered services;
- A continued Workforce Strategy requiring a significantly smaller workforce working in flexible ways consistent with a modern organisation, ensuring that the Council had the talent in place necessary to deliver the challenging agenda that it faced;
- Seeking to optimise the use of pooled or new funding available to support social care and health;
- Investing in the environmental elements that supported the regeneration of the city including its public realm, the city's highways network and its

cultural and leisure offer to make Coventry an attractive place to live and work.

Based on the 2016/17 approved budget, the financial gap for the following 3 years was:-

	2017/18 £m	2018/19 £m	2019/20 £m
Revised Revenue Budget Gap	10.5	24.2	35.8

The financial position would be developed further in the Pre-Budget and Budget Setting reports.

RESOLVED that the Cabinet approves the report and recommend that Council approve the Medium Term Financial Strategy.

37. **Proposed Rebuilding of Tiverton Primary School on the former Alice Stevens site, Whitley**

The Cabinet considered a report of the Executive Director of Place that set out proposals for the rebuilding of Tiverton Primary School on the former Alice Stevens School site that would provide an additional 46 places for pupils who had severe and complex learning difficulties or profound and multiple learning difficulties.

Following public consultation, an Official Journal of the European Community tender process was carried out to select a consultant design team and partnering contractor. IDP Architects and Farrans Construction were appointed. The design proposal had been developed with the school and a planning application submitted in July 2016. Subject to approvals construction work was planned to commence in October 2016, for the new school building to become operational in autumn 2017. Based on the scheme proposals, the estimated total costs were £10.5m which would be funded by Department for Education grant allocations as detailed in Section 5.1 of the report.

RESOLVED that the Cabinet:

- 1) **Approves plans for the rebuilding of Tiverton Primary School as part of the Council's Broad Spectrum Special Education Needs Strategy;**
- 2) **Approves total capital expenditure of £10.5m for the rebuilding of the school to be funded by DfE capital grant allocations as set out in Section 5.1 of the report.**
- 3) **Delegates authority to the Cabinet Member for Education and Skills to approve any subsequent changes to the Scheme arising from the ongoing assessment of future demand for Special Educational Needs places within the Authority.**

38. **Public Space Protection Order (Coventry Dog Control)**

The Cabinet considered a report of the Executive Director of Place that sought the approval of amendments to the Public Space Protection Order (Coventry Dog Control) (the Order) that had been approved by the Cabinet on 6th January 2016 (minute 97/15 referred).

Following implementation of the Order on 15th June 2015, the Cabinet created a Cabinet Consultative Committee to monitor the efficacy and effectiveness of the Order and make such recommendations as were deemed necessary. Their views and recommendations had resulted in proposed minor changes to areas within parks that were covered by the Order. A 30 day public consultation was carried out on the proposed changes and details of the findings were set out in an appendix to the report, a further appendix provided maps of parks and the proposed changes. Cabinet were requested to agree the suggested amendments from the Public Consultation and the Cabinet Consultative Committee.

RESOLVED that the Cabinet agrees to the amendments to the designated areas under the existing Public Spaces Protection Order (Coventry Dog Control).

39. **Memorandum of Understanding Relating to the Planned Distribution of Employment Land within the Coventry and Warwickshire Market Area**

The Cabinet considered a report of the Executive Director of Place, which would also be considered by Council on 11th October 2016, that sought endorsement of the Memorandum of Understanding (MoU) for the planned distribution of employment land within Coventry and Warwickshire.

The MoU, attached as an appendix to the report, was presented to the Coventry, Warwickshire and Hinckley and Bosworth Joint Committee (CWHJC) at its meeting on 21st July 2016. For the avoidance of doubt, the report only related to the six local authorities of Coventry and Warwickshire (Coventry City, Rugby Borough, Warwick District, North Warwickshire Borough, Stratford on Avon District and Nuneaton and Bedworth Borough). The MoU was accompanied by a covering report which recommended the MoU be endorsed by each of the six authorities.

The MoU sought to ensure the current employment land requirements of the Coventry and Warwickshire sub-region were planned for in full during the current round of Local Plans. In doing so it primarily responded to the fact that Coventry City was unable to accommodate its full employment land requirements within its own boundaries. In this respect it was similar to the housing requirements MoU agreed at the Joint Committee in September 2015 and endorsed by the City Council in January 2016. It was also a vital component of the City's ability to demonstrate its responsibilities under the Duty to Cooperate were satisfied in relation to the delivery of employment land.

Over the course of 2016, the MoU had been developed by all six authorities with further support from Warwickshire County Council and the Coventry and Warwickshire Local Enterprise Partnership. Its development had been supported by an officer and member reference group of the CWHJC. It had been informed by updated evidence of economic growth forecasts and land requirements at a range

of geographies across the sub region. It contained points of agreement that related to the quantum of employment land that should be distributed across the sub-region. This distribution supported both demographic and workforce growth, market signals and demand as well as considering commuting flows between the six authorities and opportunities to combat deprivation.

The MoU proposed the following distribution of employment land requirements to be taken forward into plan making.

	Employment Land Requirement (gross hectares)	Redistribution from Coventry (gross hectares)	Minimum Local Plan Employment Provision (gross hectares)
Coventry	369	-	128
North Warwickshire	58	0	58
Nuneaton & Bedworth	87	26	113
Rugby	99	98	197
Stratford-on-Avon	35	0	35
Warwick	66	117	183
Total	714	241	714

The MoU was supported by all relevant Members of the CWHJC.

As part of this agreement, the CWHJC sought a formal commitment from each of the individual Local Authorities represented to formally endorse the MoU by the end of October 2016. This was with a view to supporting the timely progression of Local Plans (including Coventry's) and the Council's responsibilities under the Duty to Cooperate.

The report also provided an update on the housing requirements MoU which confirmed that all authorities had endorsed the MoU with the exception of Nuneaton and Bedworth Borough Council who were continuing to review their land capacity in advance of potentially signing the MoU later this year.

RESOLVED that the Cabinet recommend that the Council endorses the Memorandum of Understanding, attached as an appendix to the report, relating to the planned distribution of employment land within the Coventry & Warwickshire sub-region.

40. **Shared Professional Services Contract 2017**

The Cabinet considered a report of the Executive Director of Place that sought approval to proceed with a procurement process to set up a multi-supplier framework for Professional Services.

Coventry City Council along with Warwickshire County Council (WCC) and Solihull Metropolitan Borough Council (and subsequently Telford and Wrekin) entered into a Shared Professional Services Contract (SPSC), following a competitive tendering process led by WCC, that commenced in June 2013. The SPSC was a suitable procurement vehicle for the planning, design and provision of highway, transport and flood risk infrastructure and management and its use had enabled Coventry to deliver a large amount of work against tight delivery timescales, in

particular, scheme designs for projects associated with European Regional Development Funding.

By using the same framework agreement for the majority of design and engineering requirements over the last four years, collaborative relationships had been developed which allowed better understanding of the drivers and the requirements of both parties, allowing for more efficient delivery, cost savings and innovation. It was hoped that the new framework would allow the same collaborative style of working to be continued.

The current arrangement expired on 31st May 2017 and therefore new arrangements must be in place for 1st June 2017.

RESOLVE that the Cabinet:

- 1) **Approves proceeding with the procurement process which will be led by Warwickshire County Council, in conjunction with Solihull Metropolitan Borough Council and Telford and Wrekin Council, to set up a multi-supplier framework for Professional Services.**
- 2) **Authorises the Executive Director of Place to approve the appointment of Suppliers to the Framework and to award the Professional services contracts and, in conjunction with the Executive Director of Resources, enter into them on behalf of Coventry City Council on terms and conditions agreeable by the Authority.**

41. **Local Growth Deal - Public Realm Phase 4 and Infrastructure Projects**

The Cabinet considered a report of the Executive Director of Place, which would also be considered the Council on 11th October 2016, that sought authorisation of a new and additional Public Realm programme of works and to enter into Local Growth Deal funding agreements.

Since 2011 the City Council had delivered over £33M public realm improvements in Coventry City Centre. Schemes such as Broadgate, Council House Square, Gosford Street and the route from Bull Yard to the railway station had transformed the city's environment, provided more green space and created a more attractive city for residents, businesses and visitors to enjoy. Phase 3 of the public realm improvements was completed earlier this year, using European Regional Development Fund and Local Growth Deal grant, along with some private investment to deliver improvements, including to the route between Coventry University campus and the city centre, Far Gosford Street, Lidice Place, Belgrade Plaza and Whittle Arch.

The impact of this work had been significant, attracting developers to invest in the city such as Shearers Property Group who cited the improvements to Broadgate as part of the reason they took the decision to invest to transform Cathedral Lanes into a vibrant restaurant quarter, with plans for further investment for phase 2 which was set to commence shortly. Broadgate continued to host popular events, from farmers markets to concerts and exhibitions which attracted visitors into the city centre. An increasing number of the city's bars and restaurants were taking the opportunity to provide more outdoor seating areas to enable people to sit out

and enjoy the newly improved urban and green spaces. Footfall in the City Centre during the evening was up 23%, well above the national average.

The Council had successfully secured £1.9M Local Growth Deal funds from Coventry and Warwickshire Local Enterprise Partnership (CWLEP) to deliver Phase 4 of city centre public realm improvements. The investment would focus on delivery of high quality schemes as per previous schemes in the city centre within the funding available.

To ensure that the public realm programme could be delivered within the available budget, a priority order for the schemes was proposed. A pipeline of public realm schemes had been established in priority order for investment:

- Transformation of Greyfriars Lane, Pepper Lane and relocation of the Coventry Cross to help unlock phase 2 of the Cathedral Lanes redevelopment and improve links to the Cathedral, through the creation of high quality attractive route;
- Improvements to the public realm in Fairfax Street;
- Funding to undertake feasibility studies for improvements at J4 and J5 of the ring road;
- Introduction of more public art into the city centre, including the reinstatement of local pieces in locations to be decided;
- Improvements to West Orchards Car Park Access, which will be match funded by West Orchards.

And if funding allowed:

- Work to improve city centre coach parking facilities;
- Improvements to the cobbles in Cuckoo Lane, following on from the previous Hill Top improvements;
- Enhance the area on Corporation Street opposite the Student Village building through installing new paving to match with previous public realm works in this area;
- Improvements to city centre cycle infrastructure to improve consistency of routes;
- Enhancements to the pedestrian access in Greyfriars Green to complement the new pedestrian boulevard.

Separately, Local Growth Deal had also been awarded for infrastructure improvements to the A45/Leamington Road and A46 Stoneleigh Interchange. £0.75M had been awarded to the A45/Leamington Road to reduce road traffic congestion during peak periods and improve safety for all road users at the busy road junction on the A45 Kenpas Highway at its junction with the B4113 Leamington Road and B4113 St Martin's Road. A further £1.1M had been awarded for scheme development for the A46 Stoneleigh Interchange improvement. The scheme, being led by delivery partner Warwickshire County Council with support from Warwick District Council would improve access to the University of Warwick and the adjoining science and business parks, as well as provide a basis to access a number of proposed major developments in the area including HS2.

Taken with the investment reported in the Highways and Transport Capital Programme reports, the total additional investment in the city for 2016/17 was over £23M. The public realm works would help bring forward future investment in the city centre. This investment would also help strengthen the case for Coventry's City of Culture 2021 bid.

In addition, two business cases had been submitted for Local Growth Deal 3 (LGD3) funds to deliver a further package of major public realm improvements and infrastructure improvements. This included further developing and delivering schemes which had been reported to the Cabinet previously, including de-culverting of the River Sherbourne at Palmer Lane and improvements to a number of ring road junctions to improve connectivity between the city centre and outer ring road.

A strategic outline business case was being prepared for the next package of public realm and infrastructure projects. This development work was being funded by the Integrated Transport Block Scheme Development Fund. Bids were being submitted to the West Midlands Combined Authority for Devolution Deal funding and Coventry and Warwickshire Local Enterprise Partnership for Local Growth Deal funding.

The Growth Deal 3 funding announcement timescale had not been confirmed, although an announcement was anticipated in the autumn. Consequently there was an element of at-risk expenditure for business case development. This was estimated to be no more than £0.1M. It should be noted that none of this work would be abortive as it would be helpful to have 'schemes on the shelf' ready for future bidding opportunities. If unsuccessful these costs would need to be underwritten by the Highways and Transport Capital Programme. If successful, a further Cabinet report would be submitted for approval of the detail of these schemes.

RESOLVED that the Cabinet:

- 1) **Grants permission to enter into Local Growth Deal funding agreements for:**
 - a) **£1.9M to deliver Public Realm Phase 4;**
 - b) **£0.75M for A45/Leamington Road; and**
 - c) **£1.1M A46 Stoneleigh Interchange scheme, including £0.6M contribution from the Department for Transport**
- 2) **Delegates authority to the Executive Director of Place, following consultation with Cabinet Members for City Services and Jobs and Regeneration, to agree the detailed works for schemes in Coventry City Centre Public Realm Phase 4, as set out in Table 5.1 of the report, and their prioritisation for implementation.**
- 3) **Grants permission to enter into future Local Growth Deal 3 funding agreements if bids are successful for public realm city centre and infrastructure improvements and approves the submission of Strategic Outline Business Case to the WMCA to match fund these schemes.**

4) **Recommend that Council:-**

- a) **Authorises the new and additional programme of works, as set out in Table 5.1, for Public Realm Phase 4 totalling £1.9M, A45/Leamington Road £0.75M and A46 Stoneleigh Interchange scheme £1.1M to be added to the approved capital programme for 2016/17 and 2017/18 as per the priority order set out in the report.**
- b) **Grants permission to enter into Local Growth Deal funding agreements if bids are successful for public realm city centre infrastructure improvements and approve the submission of Strategic Outline Business Case to the WMCA to match fund these schemes.**

42. **Attendance at Conference - National Children and Adult Services Conference 2016**

RESOLVED that the Cabinet approve the attendance of Councillors Abbott, Lapsa, Maton, Ruane and Seaman and Gail Quinton, Kirston Nelson and John Gregg, at the National Children and Adult Services Conference to be held in Manchester from 2nd to 4th November 2016.

43. **Outstanding Issues**

The Cabinet considered a report of the Executive Director of Resources that listed an outstanding issue and summarised the current position of the item.

RESOLVED that the Cabinet approves the date for future consideration of the outstanding issue item listed in the report.

44. **Any other items of public business which the Chair decides to take as a matter of urgency because of the special circumstances involved.**

There were no other items of public business.

(Meeting closed at 2.40 pm)



Cabinet

1st November 2016

Name of Cabinet Member:

Cabinet Member for Strategic Finance and Resources – Councillor J Mutton

Director Approving Submission of the report:

Executive Director Resources

Ward(s) affected: City Wide

Title:

Participation in 100% Business Rates Retention Pilot

Is this a key decision?

Yes. This report considers whether the Council should participate in a Business Rates Retention Pilot Scheme. This could result in the City Council receiving additional income in excess of £1m.

Executive Summary:

The Government has announced that it intends to introduce a national scheme for the full local retention of all business rates, probably from the 2020/21 financial year onwards.

Areas that have agreed a Devolution Deal have the opportunity to be involved in a 100% business rates retention pilot, which will begin from 1 April 2017. This provides the opportunity to shape national thinking about the eventual scheme, and to take forward further devolution. Conversations about the potential for a West Midlands pilot have taken place in parallel with discussions about a Devo 2 deal. Each pilot will incorporate some core design principles, but there is some flexibility around what else is included.

It has now been clarified by the Department for Communities and Local Government (DCLG) that this is open only to constituent member authorities of combined authorities. Subject to approval by each local authority and by Ministers, the West Midlands metropolitan authorities could be involved in a pilot should they wish. It should be recognised that each authority would need to agree to participate for the pilot to go ahead.

The Government has confirmed that pilots will operate on a no financial detriment principle. In other words, authorities cannot be worse off financially than they would otherwise have been had they not participated in a pilot. Following detailed scrutiny of the way in which a pilot will operate, it has become clear that there may be a windfall benefit to authorities as a result of being part of a pilot.

Some matters are still the subject of on-going dialogue with DCLG Officials and in addition, local arrangements will need to be put in place as referred to in this report. As part of the arrangements being established amongst West Midlands authorities it is being recommended for

Coventry that authority to finalise detailed terms and arrangements for the pilot be delegated to the Executive Director Resources following consultation with the Leader of the Council and the Cabinet Member for Strategic Finance and Resources.

Should the individual authorities and ministers wish to proceed, there is a need for the Government to commence the necessary legal process very shortly. Councils have been asked to approve their participation formally during October although in Coventry's case this decision is being considered at the soonest available meeting on 1st November.

Recommendations:

Cabinet is recommended to

1. Approve Coventry City Council's participation in a West Midlands business rates retention pilot from April 2017, on a no detriment basis and in accordance with the terms outlined in this report.
2. Approve delegation of the authority for final sign-up to the pilot to the Executive Director Resources following consultation with the Leader of the Council and Cabinet Member for Strategic Finance and Resources.

List of Appendices included:

None

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes. The Scrutiny Co-ordination Committee have considered the implications of the report's content and endorse the recommended approach. The Committee will continue to receive updates on the Business Rates Pilot as it progresses.

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: Participation in 100% Business Rates Retention Pilot

1. Context (or background)

- 1.1 The Government has announced that it intends to introduce a national scheme for the full local retention of all business rates, probably from the 2020/21 financial year onwards.
- 1.2 Areas that have agreed a Devolution Deal have the opportunity to be involved in a 100% business rates retention pilot, which will begin from 1 April 2017. This provides the opportunity to shape national thinking about the eventual scheme, and to take forward further devolution. Conversations about the potential for a West Midlands pilot have taken place in parallel with discussions about a Devo 2 deal. Each pilot will incorporate some core design principles, but there is some flexibility around what else is included.
- 1.3 Whilst discussions have been held on several occasions about the potential for a pilot to include all Member Authorities of the Combined Authority, it has now been clarified by DCLG that the opportunity is only available to Constituent Member Authorities.
- 1.4 It will be necessary for one of the authorities to act as Lead Authority in order to co-ordinate arrangements, and to liaise with DCLG, and it is proposed that Birmingham City Council undertakes this role.
- 1.5 In terms of the Pilot's design, this will involve:
 - A way of understanding how 100% business rates retention will impact on local authorities by testing it out in practice,
 - An opportunity to shape national thinking about how 100% retention could work with no risk of financial detriment across the devolution deal area,
 - Each individual local authority deciding whether or not it wishes to participate, although it should be recognised that it will be necessary for all of the Metropolitan Authorities to agree for the pilot to go ahead,
 - Each local authority still receiving its own "settlement" from the Government, collecting and retaining its own business rates and setting its own budget.
- 1.6 There will be some core elements that will feature in each pilot from 1 April 2017:
 - a. Further local business rates retention (up to 100%),
 - b. Removal of Revenue Support Grant,
 - c. Appropriate adjustment to Top-ups/Tariffs, to reflect the net effect of the above two changes,
 - d. Participation will be on a "no detriment" basis. In other words, the area will be no worse off financially than it would otherwise have been had it not participated in the pilot.
- 1.7 References throughout this report to "business rates" also includes grants received as compensation for the impact of Government policy decisions in respect of business rates, such as small business rate relief. These grants will double under the pilot, when the current central share is retained locally.

Devolution

- 1.8 As part of developing the proposal for a pilot, there has been an opportunity to propose further devolution, whether that be the transfer of responsibilities or the incorporation of separate funding streams into the business rates funding mechanism. This would provide

an opportunity to test out such further devolution within the safe confines of a “no detriment” arrangement.

- 1.9 Proposals for such further devolution need to be both detailed and specific. DCLG has provided details of grants/responsibilities where some inter-Government Department dialogue has already taken place and, therefore, where implementation would be less contentious. The list is not extensive and may, in some instances (eg. Public Health), be restricted to issues which have already been incorporated into Devo Deals.
- 1.10 The implementation of further devolution in this way does not have to be effective from 1 April 2017; there is an option to continue dialogue with DCLG and other Government departments, with a view to inclusion in the pilot at a later stage.
- 1.11 In view of the need to take swift decisions on whether or not to participate in a pilot, it is proposed that, from 1 April 2017, it be restricted just to the core elements described in para 1.6 above. However, it is further proposed that there is on-going dialogue with Government in order to seek agreement on further devolution of responsibilities/grants in due course.
- 1.12 The West Midlands Devo Deal includes the Combined Authority receiving the real terms growth in the central share of business rates, from April 2016 onwards. When the full national system of 100% local retention of business rates is introduced in a few years’ time, this element of the Devo Deal will need to be re-visited as there will no longer be a “central share”. Therefore, officers have sought to negotiate the inclusion of a new arrangement in a pilot, in order to test out a different approach. These negotiations are still on-going, and so there isn’t a guarantee that it will be possible to incorporate something in time for April 2017. However, this element of funding will, as a minimum, still be protected under the “no detriment” arrangements for the duration of the pilot.

2. Options considered and recommended proposal

2.1 Option 1: To take part in the Business Rates Retention Pilot (Recommended)

The 7 West Midlands authorities are being offered the opportunity to take part in the Pilot on a no detriment basis. This represents a guarantee from Government that no negative financial impact will arise from participation in the Pilot. This would give the authority an opportunity to help shape national thinking on how the eventual scheme should work. Each local authority will still be receiving its own “settlement” from the Government, collecting and retaining its own business rates and setting its own budget. It is understood that the financial planning implications of the Pilot will be set out in the forthcoming Local Government Finance Settlement. It should be at this stage that the scale of any financial gain will become clear.

2.2 Option 2: reject the option to take part in the Business Rates Retention Pilot (Not Recommended)

A decision not to participate in the Pilot would mean that the Council will be subject to the 4 year funding settlement set out as part of the 2016/17 Local Government Finance Settlement. It would deny the Council an opportunity to gain some first-hand experience of the arrangements that are set to come into being in 2020/21 and would remove any chance of financial gain that might potentially arise within the Pilot scheme.

3. Results of consultation undertaken

No consultation has been undertaken.

4. Timetable for implementing this decision

- 4.1 Should the individual authorities and Ministers wish to proceed, there is a need for the Government to commence the necessary legal process very shortly. Councils have been asked to approve their participation formally during October although in Coventry's case this decision is being considered at the next available meeting on 1st November. A decision to participate will need to be taken by each authority individually in accordance with local governance arrangements. Figures calculated on the basis of participation in the pilot would then be incorporated into the Local Government Finance Settlement in December.

5. Comments from Executive Director, Resources

5.1 Financial implications

- 5.1.1 The Government will calculate what resources would have been available to the authorities had they not participated in the pilot, and will compare that with the actual resources retained in business rates. Should the latter be a lower amount, then the Government will pay an additional grant so that authorities are no worse off through participation in the pilot. There is, therefore, no financial risk arising from participation.
- 5.1.2 The "no detriment" provision would be implemented by the Government on a collective basis, for the pilot area as a whole. It is proposed that a local decision is taken to extend this protection to each individual participating authority. An appropriate internal mechanism will need to be agreed locally, to ensure that this is the case. However, it is only those resources which are a windfall might need to be redistributed in this way. On this basis no authority could be worse off through participation in the pilot.
- 5.1.3 Paragraph 1.12 above refers to the existing agreement with Government, as part of the Devo Deal, that the growth from 1 April 2016 onwards in the current "central share" of business rates is ringfenced to the Combined Authority to assist in the funding of the £8bn investment programme. Subject to the further dialogue referred to below, authorities will need to commit to contributing these resources to the Combined Authority. However, this requirement will be taken into account in the Government's "no detriment" calculation.
- 5.1.4 The current system of business rates retention has been in place since 2013/14. As part of discussions concerning a potential pilot, the Government has clarified that any real terms growth in the central share since then will be available to the West Midlands. Growth in the central share from 2016/17 onwards is covered by the Devo Deal and will accrue to the Combined Authority, but we anticipate that agreed growth up to that point will be available to the Councils solely as a result of participating in the pilot.
- 5.1.5 The level of these additional resources available to Councils will depend upon confirmation of figures for 2015/16 and agreement being reached with DCLG on how to measure the starting point for the calculations under the Devo Deal.
- 5.1.6 It will be necessary for one of the authorities to act as Lead Authority in order to co-ordinate arrangements, and to liaise with DCLG, and Leaders have agreed that Birmingham City Council undertakes this role.

5.2 Legal implications

On Friday 30 September the WMCA Board resolved that authority to conclude the negotiation of the detailed terms of the pilot and to establish the necessary local arrangements be delegated to the Chair of the WMCA board in consultation with the finance directors.

The delegations were made, and similar delegation therefore included in recommendation 2 of this report, to enable to the Government to commence the necessary legal process to enable the pilot to be incorporated into the Local Government Finance Settlement in December.

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)?

Part of the Council's local plan concerns making the most of our assets and maximising our income to enable the Council to continue delivering its priorities with fewer resources. Any financial gain from the Pilot will enable us to do this.

6.2 How is risk being managed?

- 6.2.1 At this point in time the precise financial details of the Pilot remain to be finalised and Council officers are not in a position to confirm the financial implications. Nevertheless, the no detriment guarantee from Government forms the principle means by which risk is being managed and provides the assurance that the Council will be no worse off than if it did not participate in the Pilot.
- 6.2.2 Participation in the pilot will not require any changes to existing business rates pools. Therefore, the Coventry & Warwickshire and Greater Birmingham Solihull LEP business rates pools will be able to continue with their existing arrangements, and with all existing commitments being honoured. These will be taken into account in the "no detriment" calculation. Existing and any new Enterprise Zones will also not be affected by the pilot.
- 6.2.3 In the existing business rates retention system, authorities are protected by a "Safety Net" in the event that their locally retained business rates fall more than 7.5% below the baseline figure in any year. An equivalent, but lower, figure will need to be agreed for a pilot; authorities would not want to bear the risk of exposure to a 7.5% reduction in the full amount of business rates. Discussions are on-going on this detail, although it should be noted that authorities will, in any case, be protected by the "no detriment" arrangement.
- 6.2.4 The Government is considering a new approach to the management of the risk of business rates appeals under the full national business rates system. It is proposed, as part of the pilot, that the West Midlands authorities agree to undertake a desktop analysis of how this approach might work in practice in order to shape the Government's thinking on this matter.

6.2 What is the impact on the organisation?

A positive financial impact could be achieved as a result of taking part in this pilot and as it will operate on a no detriment policy, there will be no negative impact.

6.3 Equalities / EIA

None

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

If the Council decides not to go ahead with the Pilot than this will affect the other members of the West Midlands Combined Authority. If one member does not proceed then the others are prohibited from proceeding too.

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Cabinet

1st November 2016

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor Abbott

Director Approving Submission of the report:

Executive Director for People

Ward(s) affected:

All

Title: Coventry Carers' Strategy 2016 - 2019

Is this a key decision?

Yes.

The strategy has implications for citizens across the City.

Executive Summary:

A carer is someone who provides unpaid care for a family member or friend, who due to illness, disability, a mental health condition or an addiction, cannot cope without support. The 2011 census identified 32,101 carers in Coventry. Of these, 3,100 were young carers or young adult carers under the age of 25 with approximately 28% of these under 16 years of age. Approximately 25% of carers in Coventry said they were caring for 50 plus hours per week, which is in line with the national average.

It is estimated that the economic value of the contribution made by carers is approximately £132bn a year nationally and £680m in Coventry.¹

This is Coventry's third Carers' Strategy. It applies to carers of all ages and builds on the progress and achievements already made, in addition to responding to requirements set out in the National Carers' Strategy Second Action Plan 2014-2016.

The strategy has been developed through a multi-agency approach including health partners and voluntary sector organisations that play a key role in supporting carers. Carers and other stakeholders have also been engaged to ensure that the priorities contained within the strategy reflect what is important to them and support the four priorities laid out in the national carers' strategy, which are as follows:

1. Identification and recognition
2. Realising and releasing potential
3. A life alongside caring
4. Supporting carers to stay healthy

¹ [Valuing Carers 2015 – Carers UK](#)

For each priority a number of improvement areas have been identified based on local carers' feedback and evidence of what support carers find most effective. These improvement areas are included in Appendix A and will be accompanied by annual Implementation Plans which will clarify how activity across a range of organisations will support and contribute towards these improvement areas.

The Strategy also supports the Coventry Health and Wellbeing Strategy 2016-2019 objectives, these being:

- Working together as a Marmot City: reducing health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well.

The actions associated with the Strategy are intended to be delivered within the current combined resources of the City Council and its key partners.

Recommendations:

Cabinet is recommended to:

1. Formally approve the Coventry Carers' Strategy 2016 -2019

List of Appendices included:

Appendix A - Summary of Priorities and Improvement Areas
Appendix B - Coventry Carers' Strategy 2016 -2019
Appendix C - Equalities and Consultation Analysis

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

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

Coventry Health and Well Being Board 17 October 2016

Will this report go to Council?

No

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Report title: Coventry Carers Strategy 2016-2019

1. Context (or background)

- 1.1 A carer is someone who provides unpaid care, for a family member or friend, who due to illness, disability, a mental health condition or an addiction cannot cope without support.
- 1.2 One in ten adults are carers² and the 2011 census identified 32,101 residents in Coventry providing some form of unpaid care. Of these, 3,100 were young carers or young adult carers under the age of 25. About 28% of young carers were under 16 years of age. About a quarter of carers in Coventry said they were caring for 50+ hours per week. This is about the same as the England average. The number of carers is not static as each year people will adopt new caring responsibilities and for some, existing responsibilities will cease.
- 1.3 It is estimated that the economic value of the contribution made by carers is approximately £132bn a year nationally and £680m in Coventry.³ This equates to the cost to the public purse should family carers be paid for the support that they provide.
- 1.4 This is Coventry's third Carers' Strategy, it covers carers of all ages and builds on the significant progress and achievements achieved through actions emanating from the previous strategies, in addition to responding to requirements set out in the National Carers Strategy Second Action Plan 2014-2016.
- 1.5 Development of the strategy has been led by a steering group whose members include representatives from Coventry City Council, Coventry and Rugby Clinical Commissioning Group, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust, Carers Trust Heart of England, Age UK Coventry and Alzheimer's Society Coventry. This partnership approach provides an excellent foundation for ensuring that carers in the City get the recognition and support required to continue in their valued role.
- 1.6 In developing the strategy we have compared what our local carers told us to feedback from carers nationally and have noted many common themes, which are reflected in our strategic objectives. Some themes that occur most regularly for carers are:
 - Raising awareness so that carers are able to have access to the right support when it is needed
 - The need for high quality information, advice and support
 - More integrated working especially between health and social care, and between adult and children's services
 - Flexible support to help carers take breaks and help in emergencies
 - Training and learning – a chance to develop skills and knowledge
 - Opportunities to network and benefit from peer support from other carers
- 1.7 Young carers have also told us:
 - They want to be listened to by professionals and be involved in discussions and decisions alongside the person they care for
 - They want to be supported at school and for teachers to understand how caring can affect them

² <https://carers.org/about-caring>

³ [Valuing Carers 2015 – Carers UK](#)

- 1.8 The strategic approach reflects the four priorities laid out in the national strategy, which are as follows:
- Identification and recognition
 - Realising and releasing potential
 - A life alongside caring
 - Supporting carers to stay healthy
- 1.9 For each of the above priorities a number of improvement areas have been identified based on local carers' feedback and evidence of what support carers find most effective. These improvement areas are included in Appendix A and will be accompanied by Implementation Plans which will clarify how activity across a range of organisations will support and contribute towards these improvement areas.
- 1.10 Carers in Coventry are currently supported in a range of ways including, drop-in services, help lines, clinics, training, assistive technology, short breaks and a carers emergency response service (CRESS).
- 1.11 In addition to the above recent developments in carer support in Coventry include:
- In June 2015 Coventry Crossroads and the Carers' Centre merged to form a new organisation called Carers Trust Heart of England, providing a single point of access for carers' support, with an Information, Advice and Support Service based at Coventry Central Library.
 - From April 2015 the Carers' Trust were commissioned to undertake Carers' Assessments on behalf of the Council. To date over 160 carers have received an assessment in this way with only around 5% needing further support from social care to deliver their outcomes following assessment.
 - This year Carers Trust Heart of England secured five years funding from Big Lottery to support its Young Carers Project along with funds from the national Carers Trust 'Time for Change' programme to support young adult carers in relation to enhancing education, training and employment opportunities over the next three years.
- 1.12 The Strategy also supports the Coventry Health and Wellbeing Strategy 2016-2019 objectives, which are:
- Working together as a Marmot City: reducing health and wellbeing inequalities
 - Improving the health and wellbeing of individuals with multiple complex needs
 - Developing an integrated health and care system that provides the right help and support to enable people to live their lives well.

2. Options considered and recommended proposal

- 2.1 The Carers' Strategy 2016 -2019 is an important element of implementing the requirements of the Care Act 2014 and demonstrates what the Council; Coventry and Rugby Clinical Commissioning Group and partners are doing to support carers in Coventry and what the priority areas for future development are.
- 2.2 Other national developments such as NHS England's Commitment to Carers put further emphasis on the need for carers to be supported both locally and nationally, and this strategy seeks to embed these commitments locally across stakeholders.

- 2.3 To not have a carers strategy would risk that support for this important group of people is not properly considered or targeted on the areas that are of greatest importance to carers. For this reason Cabinet is recommended to approve this multi-agency Carers' Strategy 2016 – 2019.

3. Results of consultation undertaken

- 3.1 The strategy has been developed taking account of carers' views and feedback coming from the review of carers' services and support in 2014/15 in preparation for implementation of the Care Act and Children and Families Act. This included stakeholder workshops and carer workshops, a survey of carers and practitioners, on-line feedback, the results from the bi-annual Carers' Survey, local providers' customer surveys and the Coventry and Rugby Clinical Commissioning Group Patient Involvement Programmes.
- 3.2 Since the first draft was issued for comment in June 2016 there has been engagement with carers and other stakeholders through further workshops one specifically for carers and one for other stakeholders. The opportunity for on-line feedback was also available.
- 3.3 As well as being presented at various existing carers groups and meetings. The draft strategy has also been considered by the Better Care Programme Board, Adult Commissioning Board, and the Children's and Young People Partnership Board to ensure appropriate organisational oversight and engagement of the strategy as it has developed.
- 3.4 Feedback obtained through these sessions has resulted in changes to the proposed strategy document including ensuring links with the Sustainability and Transformation Programme to enable synergy with the major redesign of the health and care system; improved emphasis on young carers within the document and support for alignment of resources to the priority areas.
- 3.5 Stakeholder feedback on the strategy has been very positive overall and the priorities and improvements were widely supported. The process of engagement has raised the profile of carers and generated a lot of discussion and interest in how the strategy will be implemented and how different organisations can support it.
- 3.6 Coventry Health and Wellbeing Board endorsed the draft strategy at its meeting of 17th October with the proviso of stronger referencing in the final document relating to the identifying and addressing the needs of older carers.

4. Timetable for implementing this decision

Subject to approval, the strategy will be implemented over three years, 2016-19.

5. Comments from Executive Director, Resources

5.1 Financial implications

For 2016/17 dedicated resources to support adult, parent and young carers is approximately £2.3m. In addition to this dedicated resource, many services provided by the City Council also have an important role in supporting carers including home support and day opportunities.

There are no direct financial implications associated with the strategy. However, ensuring the priorities identified in the strategy are delivered may mean changes to how resources used to support carers are deployed. The ability to continue to fund carer support at its

current level will need to be considered in the context of the overall resources available to the City Council and health partners and the requirements to deliver our statutory responsibilities. The effects of future budgetary constraints upon both local authorities and the NHS are likely to lead to the requirement for further savings across all areas.

5.2 Legal implications

Both the Care Act (2014) and the Children and Families Act (2014) overhaul the statutory frameworks for the assessment of and delivery of support to carers of all ages. Both introduce a requirement to assess a carer's need for support if it appears to the local authority that the carer may have a need for such support, without any further pre-condition having to be satisfied. In addition, the local authority is under a general duty to identify carers with unmet needs for support and develop prevention and reduction strategies, in conjunction with its partners, to promote wellbeing within its communities. The Carers' Strategy 2016 – 2019, sets out the City Council's proposals to enable it to comply with its statutory responsibilities towards carers.

Public authority decision makers are under a non-delegable ongoing duty to have regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between persons who share the relevant protected characteristics (disabilities, age, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) under the Public sector equality duty, s 149(1) Equality Act (2010).

Decision makers must be consciously thinking about these aims as part of their decision making process, with rigour and an open mind. The duty is to have "due regard" not to achieve a result, but to the need to achieve these goals and consideration must be given to the potential adverse impacts and the measures (if any) that are available to minimise any discriminatory effects. Members must therefore ensure that they read all relevant papers to enable them to assess the risk and extent of any adverse impacts and the ways in which any such risk can be eliminated. This requires more than just an awareness of the equality duty, it requires rigorous analysis by the public authority, beyond broad options.

Other implications

5.3 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)?

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

This proposal would contribute to the Council's key objectives through a contribution to citizens living longer, healthier, independent lives.

5.4 How is risk being managed?

Other risks will be managed through the Carers Strategy Group and Joint Commissioning Boards.

5.5 What is the impact on the organisation?

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

5.6 Equalities / EIA

The strategy aims to improve the lives of carers via key strategic aims outlined above. The legislative framework places an added emphasis on providing equality of opportunity for carers and ensures that when undertaking a carer's assessment the local authority has to consider (amongst other factors) whether the carer has needs for support and, if so, what those needs may be, the impact of caring on the carer and the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

An equalities and consultation exercise has been completed. This indicates that implementation of the strategy will have a positive impact on Carers in Coventry.

5.7 Implications for (or impact on) the environment

None

5.8 Implications for partner organisations?

The involvement of partners including health and the voluntary sector is essential to the agreement and delivery of this strategy. Organisations may be impacted if support to carers is required to change in order to deliver the aspirations contained within this strategy.

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Appendix A: Key Priorities and Improvement Areas

Priority Area 1

Identification and Recognition

We will improve

- a. how carers are identified and supported to recognise themselves as carers
- b. access to information, advice and support, ensuring this is given at the right time no matter who they talk to
- c. carer involvement, on an individual level and in contributing to design of local provision, making sure they are treated as equal expert partners

Priority Area 2

Realising and releasing the potential

We will improve:

- a. access to education, training and information that helps carers to stay in employment or gain employment
- b. the way the needs and wishes of the carer to work or study are considered and respected
- c. how we work with education and employment providers to ensure they are carer-friendly and are able to support carers effectively

Priority Area 3

A life alongside caring

We will improve:

- a. information, advice and access to preventative support such as Telecare, other equipment and training
- b. support with planning for difficulties and emergencies, building resilience and making sure carers can get the right support in a crisis
- c. how carers' needs are assessed, making sure it happens at the right time and gives access to flexible, personalised support, including opportunities to take a break

Priority Area 4

Supporting carers to stay healthy

We will improve:

- a. access to training and other preventative support, information and breaks from caring to help carers stay healthy and care safely
- b. support to enable carers to get to their own health appointments and access regular health checks
- c. support to carers in the community to help reduce emergency hospital admissions and the need for urgent care

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COVENTRY Carers' Strategy 2016-2019

Improving lives for Coventry carers





Carers contribute
£680m
 worth of support
 in Coventry

Foreword

We are pleased to introduce Coventry's third Carers' Strategy. Carers look after family, partners or friends in need of help because they are disabled, ill or frail. The care they provide is unpaid. This strategy sets out the priorities that local carers have told us are important to them and explains how we are responding to the needs of carers in the city over the next three years.

Carers can be of any age and most of us are likely to be affected by, or have, caring responsibility at some stage in our lives. Caring can be very rewarding but it can also have a major impact on carers' lives and limit the opportunities available to them.

Carers make a huge contribution to the health and social care system in Coventry and we could not cope without the support that they give to their friends and family members. It is, therefore, very important that we plan how we are going to support carers over the coming years to help them in this role. The economic value of the contribution made by carers across the UK is now estimated at £132bn per year. In Coventry this means that carers contribute £680m worth of support¹.

We have made a lot of progress over the years in supporting carers by raising awareness, providing quality information, advice and emotional support, as well as direct support for carers to take a break and get support in emergencies.

This multi-agency strategy builds on these achievements and has been developed in response to carers' views and contributions both locally and nationally. It also reflects some very important national legislative and policy changes. It links closely with a number of other areas of work including Coventry's Health and Wellbeing Strategy, the Sustainability and Transformation Plan, Dementia and Learning Disability Strategies. Where possible work will be joined together to reduce unnecessary duplication and make best use of resources.

In delivering this strategy it is expected that we will make practical and targeted improvements and changes that make a positive difference to carers in the City and promote a joined up approach between council, health and voluntary services.

You will be able to keep up to date with progress on this strategy on Coventry City Council's web pages.

¹ Valuing Carers 2015 – Carers UK



32,101
residents in Coventry
provide some form
of unpaid care

3,100
are young carers
under the age of 25

Introduction

There are nearly six and a half million carers in the UK and this number is expected to rise as people live longer.

The 2011 census identified 32,101 residents in Coventry providing some form of unpaid care, and 3,100 are young carers and young adult carers under the age of 25. About 28% of young carers are under 16 years of age. Many young carers remain hidden from view. A BBC survey in 2010 estimated there are 700,000 young carers in the UK so the number of young people caring in Coventry is likely to be much higher and nearer 5000.

About a quarter of carers in Coventry said they were caring for 50+ hours per week. This is about the same as the England average. But the number of carers is not static - thousands of people become carers every year.

The number of carers in the city has increased since the previous census in 2001 but so has the population. This means the percentage of people who are caring - 10% - hasn't changed much, but those who are caring are providing more hours of support per week on average. Statistics show, the older you are, the more likely you are to be a carer.

Each carer's experience is unique to his or her own circumstances and the care and support they provide can vary. However, carers share many similar experiences and challenges that impact on different aspects of their lives.

For example, looking after their own health; having a life of their own and doing things they enjoy; coping financially; juggling caring roles with education or paid employment; managing multiple caring roles or other family responsibilities and providing care from a distance. Instead of seeing friends, enjoying hobbies and doing homework, children as young as ten are cooking, cleaning, managing medication, shopping and looking after brothers and sisters.



Four key priorities:

- ▶ early identification and involvement
- ▶ fulfilling potential
- ▶ personalised support
- ▶ maintaining health

Developing the strategy

In 2010 the Coalition Government launched **Recognised, valued and supported: next steps for the Carers' Strategy** identifying four key priorities: early identification and involvement, fulfilling potential, personalised support and maintaining health.

Carers' Strategy: the second national implementation plan 2014 to 2016, published in October 2014, explains the progress that has been made so far and sets out what the Government is doing and intending to do to support carers. It describes in more detail how different pieces of legislation, such as the Care Act 2014 and the Children and Families Act 2014, contribute towards significant improvements for assessing and supporting carers of all ages. It explains how the Better Care Fund presents new opportunities to improve the integration of health and social care and provide more seamless support for individuals and their families.

The implementation plan also puts into context the many projects and policy developments that are influencing the way that organisations work with and support carers of all ages. This includes NHS England's Commitment to Carers and the 'Making a step' change programme for young carers and their families.

Our local strategy is based on the four national priorities. Its development has been led by Coventry Carers' Strategy Steering Group with representatives from across health and social care and the voluntary sector. The group has engaged widely with carers and other stakeholders.

Local provision

Coventry has a proud history of support to carers with innovative schemes, such as establishing one of the first Carers' Centres in the country, the Carers' Response Emergency Support Service (CRESS), training for carers, and the Young Carers' Project funded by Children in Need and the Big Lottery.

Two of our main carer providers, **Crossroads Care** and **Coventry Carers' Centre** merged in June 2015 to form a new organisation called **Carers Trust Heart of England**. This provides a one stop shop for carer support and the local authority has taken this opportunity to develop services further through a pilot project. This includes delegating some of its responsibility to carry out Carers' Assessments under the Care Act 2014

Carers Trust Heart of England provides a wide range of emotional and practical support. This includes: opportunities for carers to talk with an advisor on a one to one basis through drop-in sessions, a telephone helpline and outreach support sessions in community venues such as at GP surgeries; a range of carer support groups and discounted therapy sessions; the Young Carers Project; the CRESS service; a range of training opportunities; Carers' Short Breaks scheme for adults; the Stars Club for young people with disabilities; and domiciliary care services for children and adults.

There are a range of short break options for disabled children, both in the community and through residential respite services. The options include providing direct payments to families to enable them to have more choice and control about the way they are supported.

Services provided by the **Alzheimer's Society** to support people living with dementia and their carers have also been redesigned to make the most of resources available and improve dementia support as outlined in **Coventry's Living Well with Dementia Strategy**. Support available includes advisory support workers, day service, dementia cafés, 'Singing for the Brain' and other activity sessions.

Other organisations, such as **Age UK Coventry**, **Grapevine** and **Macmillan**, also provide carers with essential information, advice and support in relation to older people, people with learning disabilities and people living with cancer.

What local carers tell us

It is really important to all organisations working with carers in Coventry that we listen to what carers have to say and include them in the planning and development of carers' support.

We gather information in lots of ways, including surveys, engagement sessions and focus groups, carer forums and other carer groups. This is across health, social care and the voluntary sector and we are getting better at sharing our information and using it together to plan for the future.

In developing this strategy we have compared what our local carers tell us to what we hear from carers nationally and there are many common themes which are reflected in our strategy objectives.

Here are some of those themes that come up regularly:

- ▶ Raising awareness across the city so that carers are linked up early to the right support
- ▶ The need for high quality information, advice and support
- ▶ Joined up working, especially between health and social care, and between adult and children's services
- ▶ Flexible support to help carers take breaks and help in emergencies
- ▶ Training and learning – a chance to develop skills and knowledge
- ▶ Opportunities to network and get peer support from each other

Young carers have also told us:

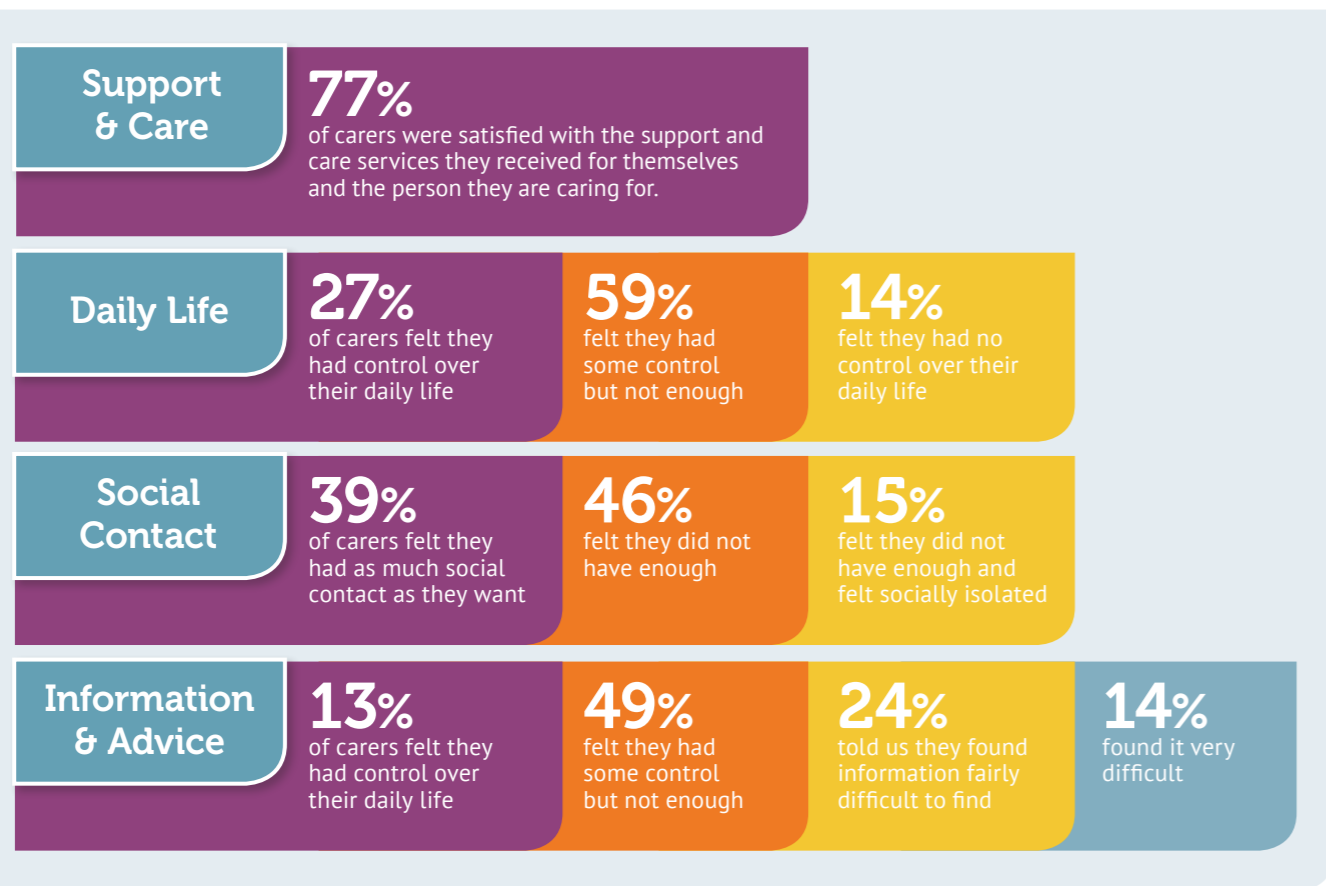
- ▶ They want to be listened to by professionals and be involved in discussions and decisions alongside the person they care for
- ▶ They want to be supported at school and for teachers to understand how caring can affect them

Described in this next section are some of the ways we have engaged with carers in the past couple of years, what this has told us and how we are using that information ▶▶▶▶

Surveys

The Council, along with all local authorities in England, carries out a statutory survey every two years to gather people's views and experiences about the support they have received. Providers in the voluntary sector also conduct annual customer surveys to monitor satisfaction levels and report on outcomes achieved. Here are some of the things we learnt from respondents:

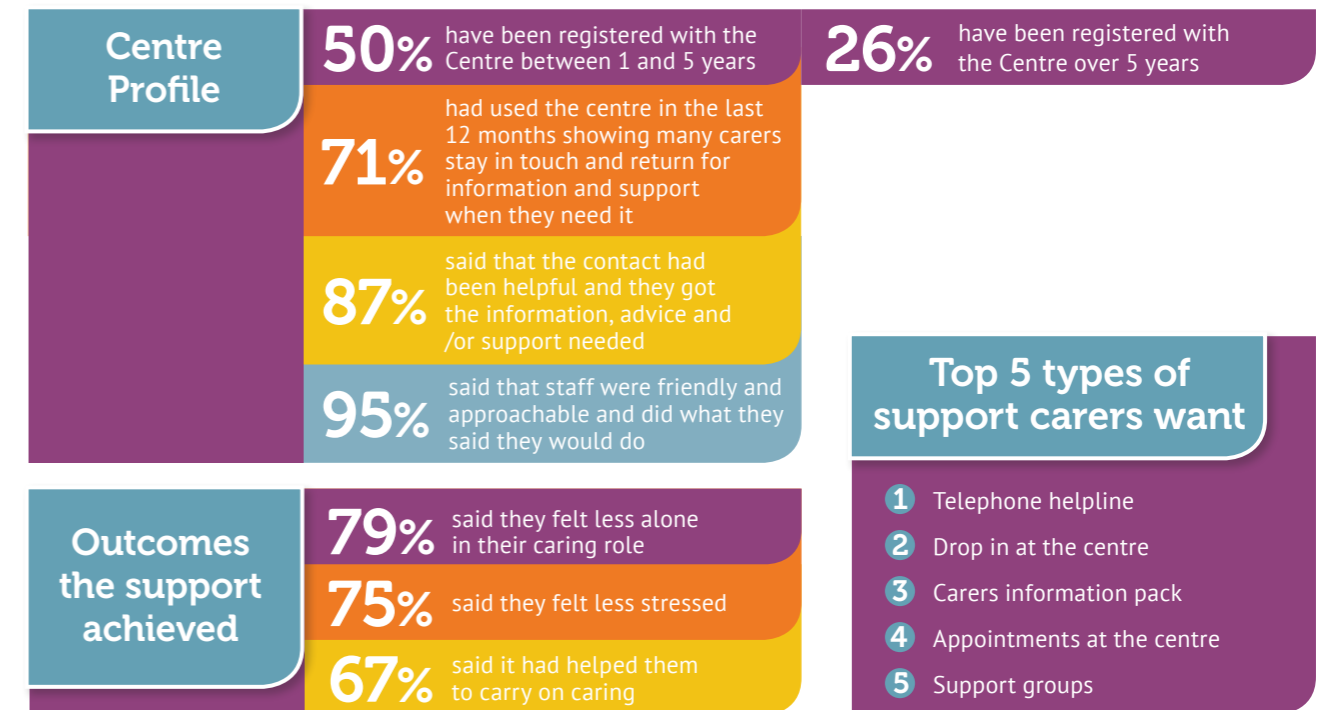
Coventry City Council Statutory Survey of ADULT CARERS 2014/2015 366 responses 45%



Information like this helps us plan our strategy and target resources to those who need it most. It helps us make decisions about how to continue providing support and services that carers value most and where we need to make improvements.

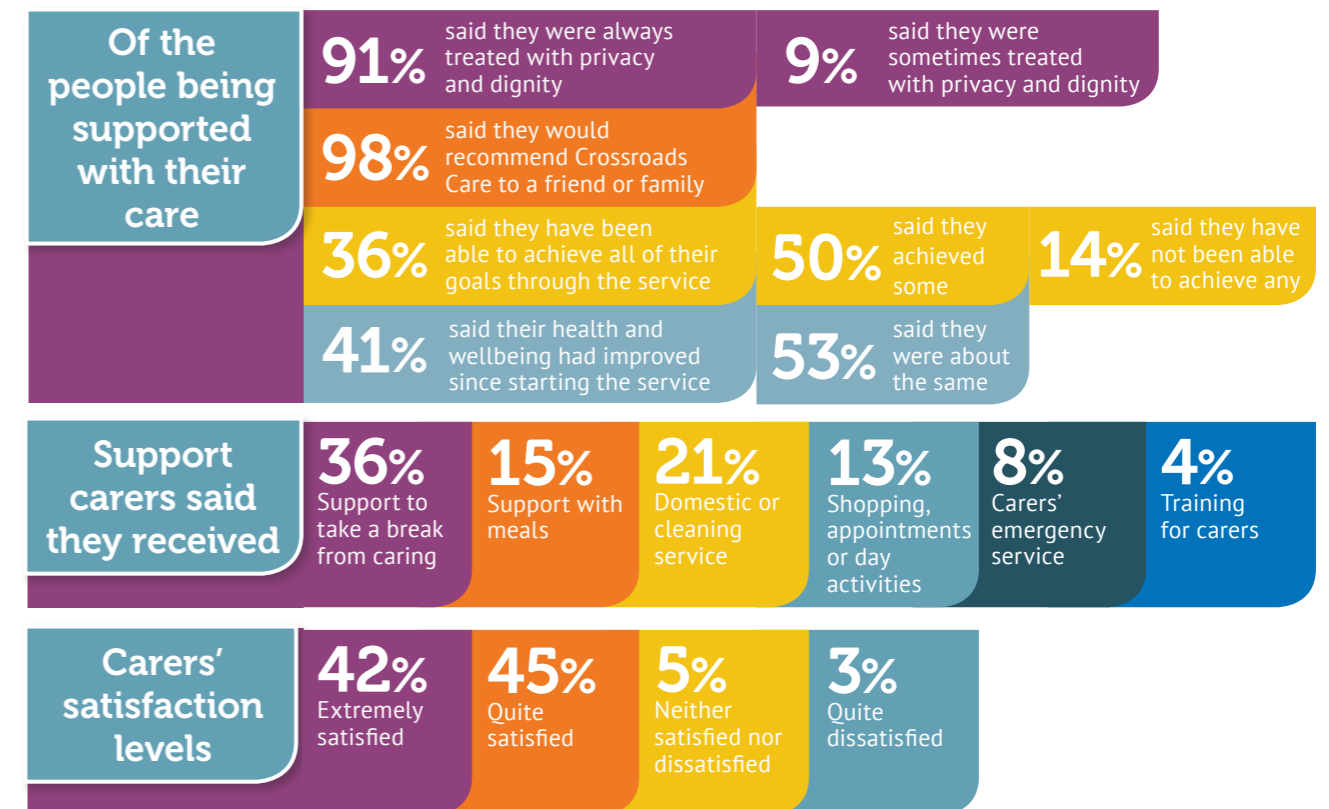
COVENTRY CARERS' CENTRE Customer Survey 2015

296 responses



CROSSROADS CARE Customer Survey 2014

124 responses 35.4%



You can find out more details about the national Carers Survey and from Carers Trust Heart of England Annual reports by following the links below. [Carers Survey report from 2014/15](#) Health and Social Care Information Centre. [Carers Trust Annual Report 2014/15](#)



Carer engagement and involvement

Since April 2013, NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) has undertaken significant **community involvement activity** to find out the views of its population about local health services. With the help of patients, carers and the general public, key local health priorities (commissioning intentions) were identified:

- ▶ diabetes
- ▶ dementia
- ▶ urgent care
- ▶ stroke
- ▶ end of life care
- ▶ elective care
- ▶ maternity, children & young people
- ▶ information sharing

Since then, targeted and on going involvement has enabled patients and carers to have input into the improvement of services in each area. A new **Communication and Involvement Strategy** identifies carers as an important group to include when it comes to decision-making about services and the ways people can get involved include regular **Community Health Events**, a refreshed and re-launched **Patient Voice Champion Programme** and standard feedback questionnaires. CRCCG has also carried out significant work to allow patients, carers and the general public to engage via online channels such as social media and its website.

CRCCG has already recognised a noticeable amount of feedback from carers regarding a perceived lack of support from local services in helping them to carry out their roles effectively. In 2014/15, carers of people with mental health conditions in particular, seemed to be struggling with the system. As NHS funds become increasingly strained, CRCCG understands that more pressure than ever is likely to fall on carers. As an organisation it has a key role in the implementation of this carers' strategy. In order to help achieve the aims set out in this document and in the NHS Commitment to Carers, CRCCG has factored the needs of carers into its commissioning intentions.

Coventry City Council also regularly involves and engages carers through its carer forums, partnership boards, rigorous consultation processes before major decisions and changes take place, and through working in partnership with voluntary and health organisations to gather carers' views and feedback about particular issues that affect them.

For example, the introduction of the Care Act 2015 requires the Council to implement some changes to the charging policy which are likely to affect service users and carers. For some people the changes will have a positive impact, but not all. To inform the final decisions, a 12 week public consultation was launched and this included inviting all those who are known to be directly affected to attend information sessions to help increase their understanding about the proposals being made. This enabled carers and users to give their views and contribute more effectively to the consultation process.



Reviews of carers' support

Coventry City Council, Coventry and Rugby CCG and Coventry and Warwickshire Partnership Trust have been reviewing short breaks services for disabled children and their families in Coventry to ensure they meet the needs of families, conform to the Special Educational Needs and Disability (SEND) Code of Practice (2014) and are affordable for the future.

Information gathered from surveys and events with young people and their families in 2006, 2008, 2013 and 2014 fed into the review.

Families told us:

- ▶ Short breaks should be more than just childcare – they should be an opportunity for children to develop new skills, such as independence and social skills
- ▶ Short breaks should be accessible, engaging for the child and long enough that the parent actually gets a break
- ▶ Disabled children and their families should be encouraged and supported to get out and be seen in the local community and mix with non-disabled children
- ▶ There should be a variety of short breaks – one size does not fit all

We've used what families have told us to suggest some changes to short breaks for disabled children, which will be consulted on.

Have a Coventry Carers' Pathway - services should be mapped, so that there is a clear picture of what is available

There should be a variety of short breaks - one size does not fit all

Health and social care to work more closely on emergency planning with carers

In 2014 Coventry City Council and Coventry and Rugby CCG carried out a review of Adult Carers' Support and Services.

This review looked at the services and support available for carers of adults living in Coventry and helped us plan future commissioning options. The review also looked more specifically at the support for people living with dementia and their carers.

The process included surveys and focus groups during June and July 2014 with carers, staff in health and social care and service providers, as well as taking account of what we already know.

Some of the ideas that came out of this work include:

- ▶ Develop more links between the different agencies offering information/advice at every stage in the pathway so that appropriate referrals are made, and to avoid duplications
- ▶ Have a Coventry Carers' Pathway - services should be mapped, so that there is a clear picture of what is available
- ▶ Health and social care to work more closely together, with primary care having greater involvement as a key role for supporting carers' health and wellbeing
- ▶ Look at different types of breaks being made available – more flexibility, possibility of using housing with care schemes in local areas, opportunities for carers and cared for to go out together, overnight care to manage difficult situations
- ▶ Consider options for pooled budgets with CRCCG to fund break services for people with dementia
- ▶ Health and social care to work more closely on emergency planning with carers
- ▶ Have Emergency Cards for carers with the main contact details and what to do when
- ▶ Calendar of training should be available and should be widely advertised and practitioners briefed and informed about what is available

As a result of this work and the Better Care Fund programme, we have now pooled some of the budgets for carer support and increased funding for emergency support and carers' training to enable Carers' Trust Heart of England to take forward some of the above ideas. Support for carers to take a break will be allocated 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. This information will continue to feed into the development work and improvements outlined in the strategy.



The annual implementation plans will set out how the improvements will be made

What we aim to improve and develop through this strategy

We have identified a number of issues to address throughout the duration of this strategy and we want to see noticeable improvements in some key areas aligned to the four national priority areas.

The annual implementation plans will set out the detail about how the improvements will be made and outline the various projects and work plans in progress or planned for the future.

It is important to note that all of these areas relate to carers of all ages and, therefore, the implementation plans will be varied to ensure that we focus on the needs of particular groups such as young carers and young adult carers, parent carers, working carers, older carers, carers of people with mental ill-health and carers from black and minority ethnic backgrounds.

The implementation plans will also be closely linked to the Coventry and Warwickshire Sustainability and Transformation Plan which aims to deliver high quality care which support our communities to live well, stay independent and enjoy life.

As the health economy comes under increasing pressure it is really important health and social care services co-ordinate better to address the challenges of shrinking budgets and rising demand.

Available resources to support carers will be aligned to the priorities set out in the strategy.

Urgent care remains a top priority, working to reduce unnecessary hospital admissions, prevent delayed discharges and help free up resources that can be spent more creatively on community healthcare as well as contribute towards the inevitable savings targets. ▶▶▶▶



- ▶ Identify carers
- ▶ Information & advice
- ▶ Involvement

Priority Area 1

Identification and recognition

Background and challenges

People often don't recognise themselves as carers for a number of reasons and this can prevent people from getting access to information, advice and support at an early stage.

Carers do not always self-identify or associate with the term 'carer'. They also don't often come into contact with social or voluntary services that could help. Many young carers remain hidden from official sight for a host of reasons, including family loyalty, stigma, bullying, not knowing where to go for support.

Carers report mixed experiences about receiving information and advice and how easy it is to find.

Whilst a lot of work has been done to improve the information available and raise awareness about how to find it across all sectors there are clearly improvements still to be made to ensure it is more consistent, more joined-up and more widely available. Local venues such as libraries, community centres, places of worship, schools and health centres play an important role in helping to reach hidden carers.

We know that carers do not always feel valued or as fully involved as they should be

The Care Act requires local authorities to carry out assessments and plan support in a way which promotes wellbeing and the needs of the whole family. It places carers on an equal footing with the person they care for and as this improved way of working is put

into practice, it should have a positive impact for the recognition of carers. The Children and Families Act also promotes a whole-family approach and increases the rights to an assessment for young carers and parent carers.

What we have done well

Numbers of carers registering with Carers Trust Heart of England have increased with nearly 1400 new carers being identified and supported in 2015/16

There was an increase in the number of carers being referred or sign-posted following contact with health professionals and an increase in the number of young carers registering.

These improvements are as a result of targeted work in GP surgeries, the local hospital and in schools. Further funding has been secured to work with primary schools to help identify and support more children with caring responsibilities.

The Carers' Centre has moved to Central Library giving it a more prominent position in the city centre and adult carers can now have a Carer's Assessment completed by the workers based there giving them access to this support at an earlier stage.

More carers are being signposted much earlier to the Alzheimer's Society as part of the Dementia Diagnostic Pathway.

There are some good examples of how organisations are working to involve carers

University Hospitals Coventry & Warwickshire have developed the **Forget-me-not Care Bundle** for patients living with dementia which has a strong focus on carers as equal care partners.

Coventry and Warwickshire Partnership Trust worked with carers and users to develop the information leaflets about the new Care Clusters system so that it was written in a way that would be most useful to families.

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Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages

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We will improve:

- a how carers are identified and supported to recognise themselves as carers
- b access to information, advice and support, ensuring this is given at the right time no matter who they talk to
- c carer involvement, on an individual level and in contributing to design of local provision, making sure they are treated as equal expert partners



- ▶ Education
- ▶ Training
- ▶ Employment

Priority Area 2

Realising and releasing potential

Background and challenges

The caring role can impact significantly on educational and vocational opportunities. Managing paid work alongside caring can be tough. The public expenditure costs of carers unable to stay in employment have been estimated to be £1.3 billion a year.

Nearly half of the UK's carers are juggling work with caring and many give up work to care or reduce their hours. Employers are losing skilled and experienced staff between the ages of 45 and 64 who are in the 'peak age' of caring. Carers UK's **Caring and Family Finances Inquiry** highlighted

the significant concerns among carers about 'the income shock' in reducing working hours or giving up paid work altogether at a time when the family is facing additional costs of ill health and disability, care services, adaptations and equipment, higher household and transport bills.

The Children's Society report **Hidden from view: the experiences of young carers in England** found that excessive and inappropriate caring responsibilities can have a significant and long-lasting effect on education and future prospects.

It highlighted that young carers had significantly lower educational attainment and a greater likelihood of being not in education, employment or training (NEET). Young adult carers not in paid employment

can face significant financial hardship, both in the short and longer term. The average family annual income was £5,000 lower than families who do not have a young carer.

What we have done well

The Young Carers Project run by Carers Trust Heart of England works closely with Coventry schools to raise awareness of young carers' issues and ensure these are taken into account in school policies. This service is funded by the Big Lottery and Children in Need.

A wide range of individual learning activities is available for young carers, with the emphasis on encouraging healthier lifestyles and improved skills. Coventry City Council's Passport to Leisure and Learning is issued free to young carers to enable them to

access a wide range of sporting, cultural and educational opportunities at reduced or no cost. The project runs a regular homework and study club which enables young carers to have a quiet space to work and time out from their caring role.

It is really important to help working carers understand their rights in relation to employment and get the support they need to balance work with their caring responsibilities.

We use Carers' Rights Day to raise awareness amongst employees about carer-friendly policies and support available in the city with staff bulletins and drop in advice sessions.

The Job Shop and Job Centre Plus both have links with Carers Trust Heart of England and regularly refer and signpost carers to the information, advice and support service in central library. Job Centre Plus has a team of advisors that handle appointments for people who claim Carers' Allowance so that they are engaging with someone who understands the needs and impact of caring in relation to employment and training.

Coventry City Council works in partnership with Macmillan to ensure that employees who are dealing with a diagnosis of cancer, either personally or who are supporting a loved one, get the help and support they need to help them maintain their employment.

We need to build on this work so that good practice can be rolled out across educational facilities and support can be given to local employers to help improve things further and reach more carers. A co-ordinated approach through our strategy implementation plan will help maximise resources and have greater impact.



Enabling those with caring responsibilities to fulfill their education and employment potential



We will improve:

- a access to education, training and information that helps them stay in employment or gain employment
- b the way the needs and wishes of the carer to work or study are considered and respected
- c how we work with education and employment providers to ensure they are carer-friendly and are able to support carers effectively



- ▶ Preventative support
- ▶ Emergency planning
- ▶ Carers' assessments

Priority Area 3

A life alongside caring

Background and challenges

The caring role can impact enormously on a person's opportunities to spend time doing things they enjoy and maintain and develop friendships and other relationships. Many carers find themselves isolated if they can no longer go out without having support for the person they care for.

This can have a huge effect on a person's emotional and physical wellbeing. Carers' individual circumstances vary enormously and this means that a one-size-fits-all approach to support will not deliver the outcomes that matter most to them and their families. Personalising support so that it fits around the lives, goals and needs of the carer is critical to support them to continue in their caring role, and maintain their own health and well being.

The provision of quality information, advice and support is crucial to make sure families can make informed choices and decisions about the care they are able to provide. We know that wrong assumptions are still often made about the extent and nature of care and support that individuals and families are able and willing to provide, and about the levels of knowledge and preparedness that families have, for example, when a relative is being discharged from hospital or at the end of a period of reablement.

What we have done well

Helping carers and their families to plan and prepare for difficulties or events can help avoid a crisis and is really important. Coventry's CRESS service provides practical support if a carer has an emergency, helping to avoid the need for more disruptive and costly services being put in place, such as an emergency residential placement

Recent years have seen an increase in people using the service, with over 1,000 families registered. The majority of the urgent situations have involved older carers, with over a third of those people caring for someone with dementia. Work is ongoing with GPs and other health services to raise awareness about the service

and identify further vulnerable carers who would benefit.

The Council has been working to update its website and provide more readily available information to assist carers and the people they care for, help them put contingency plans into place and access the support they need.

Technology is developing all the time to manage care needs and health conditions at home but carers still report they are not always made aware of options available.

The initial assessment for carers and the person they care for focusses on identifying where preventative and/or short term support can help to maximise independence and prevent or delay the need for ongoing services. This includes using a greater range of equipment, adaptations and technology

such as Telecare which can assist people to live more independently and in turn, support the carer. There is a need to raise awareness across the whole health and social care and voluntary sectors so that information and products are more widely available.

A whole family approach to assessments allows for more flexible and individually tailored support packages to be put in place, ensuring the carers' needs are considered as part of this process including their need to take flexible breaks.

The assessment can also identify needs that fluctuate enabling support to be used when it is needed; for example, to respond to increased needs when a person's mental health

deteriorates Over the last three years there has been an increase in the number of carers' assessments being completed and support/services provided.

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Personalised support both for carers and those they support, enabling them to have a family and community life

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We will improve:

- a information, advice and access to preventative support such as Telecare, other equipment and training
- b support with planning for difficulties and emergencies, building resilience and making sure they can get the right support in a crisis
- c how carers' needs are assessed, making sure it happens at the right time and gives access to flexible, personalised support, including opportunities to take a break



- ▶ Carer training
- ▶ Regular health checks
- ▶ Support carers in the community

Priority Area 4

Supporting carers to stay healthy

Background and challenges

While caring can be very rewarding and fulfilling it can also be emotionally and physically draining and have a major impact on a carer's health and wellbeing. Family carers play a major role in maintaining people in their own homes and communities but need the appropriate support in place to be able to achieve this.

In Carers' UK **State of Caring Survey in 2015**, 82% of carers report that caring has had a negative impact on their health. Three quarters (74%) of carers find it difficult to get a goodnight's sleep (5% more than last year) while nearly half (47%) struggle to maintain a balanced diet. Four in ten (41%) have experienced an injury or their physical health has suffered as a result of caring.

The 2011 census showed the greatest impact on general health appeared among young male adult carers up to age 24 caring for over 50 hours a week who are four and a half times more likely to report poor health as their peers with no caring responsibilities. A similar pattern of poor health was also apparent among young carers under 18 years of age.

A recent report from Carers UK called **Caring into Later Life**, looks at the pressure on older carers. There are 1.2 million carers over the age of 65 in the UK, with 6,494 recorded in Coventry in the 2011 Census. In just 10 years, the number of carers aged 85 and over had grown by 128% and over half provided 50 or more hours of care a week. Nearly three in five carers aged 85 and over were male. 60% of older carers who provided 50 or more hours of care a week said their health was not good, rising to 72% of carers aged 85 and over.

These statistics show the importance of helping carers to maintain good health whatever their age, but also highlight particular groups where we need to target our work through this strategy.

What we have done well

The specialist information, advice and support services provide much needed emotional support, helping carers to plan ahead and minimise adverse effects on carers' health and wellbeing. Carer support groups, health and social activities, peer support, access to discounted therapies and the Passport to Leisure and Learning all contribute to helping carers stay healthy and reduce stress.

Carers' training and learning opportunities, such as the VIP training (Carers Trust Heart of England) and the CrISP programme run by the Alzheimer's Society, have been very beneficial in helping carers recognise the impact of caring and learn strategies to reduce stress and look after their own health and wellbeing. The Council's Staff Development Centre and Carers Trust Heart of England training programmes have helped carers gain skills

As the Carers Trust Heart of England develops closer ties with GP surgeries this helps carers at an early stage, encouraging use of preventative initiatives, such as carers' annual health checks and access to flu jabs.

Public Health have a range of activities aimed at promoting **healthy living and wellbeing** and Carers Trust Heart of England is able to offer Passport to Leisure and Learning to carers, giving them access to many activities at significantly discounted prices.

As the Council and Clinical Commissioning Group streamline

in moving and handling, to use equipment and provide care safely, avoiding injury. This support is specifically tailored to individual needs and provided in the home.

The **Carer's Assessment** focuses specifically on different areas of health and wellbeing to help carers identify how their caring role may be affecting them and where they can make changes or get support to reduce the impact.

their resources and pool budgets, and work more closely together through the Better Care Programme, this is an ideal opportunity to co-ordinate the different projects that are in place and ensure that carers' health and wellbeing are a key focus across all organisations and departments.

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Supporting carers to remain mentally and physically well
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We will improve:

- a access training and other preventative support, information and breaks from caring to help them stay healthy and care safely
- b support to enable carers to get to their own health appointments and access regular health checks
- c support to carers in the community to help reduce emergency hospital admissions and the need for urgent care



*Improving lives
for Coventry carers*

How we will measure the progress of this strategy

A yearly Implementation Plan will be developed and shared with partner organisations, to enable the implementation of the themes of this strategy and achieve the areas of improvement. Organisations will be asked to pledge their yearly commitments to help improve the lives of carers in Coventry.

Coventry Carers' Strategy Steering Group will monitor the implementation of this strategy and identify developments and gaps using a range of information.

Carers' feedback (on an individual level, through surveys, focus groups, engagement sessions, complaints systems etc.) will be an ongoing measure used to demonstrate areas of good practice, positive experience and improvement.

Data will be collated and analysed wherever possible, comparing performance against previous years and other cities/regions where relevant. For example numbers of carers receiving an assessment, referrals and signposting information, use of services and support available, and statutory reporting required across health and social care provision.

An update report will be produced at the end of each year to demonstrate what has been achieved and to help shape subsequent implementation plans.

Governance and review

Coventry Carers' Strategy Steering Group will oversee the implementation of Coventry Carers Strategy and report to Coventry's Joint Commissioning Boards, which in turn, are accountable to Coventry's Health and Wellbeing Board. The full strategy and its achievements will be reviewed by December 2019.

Many thanks

Coventry Carers' Strategy Steering Group

If you need this information in another format (including easy read) or language please contact us



024 76833 3212



carers@coventry.gov.uk

For more information about support for carers in Coventry go to

www.coventry.gov.uk/carers

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Coventry City Council Equality and Consultation Analysis Form

In line with the principles of decision making outlined in the City Council Constitution, the Council will ensure that its decision making is open and transparent, and that due regard is given to the Council's obligations and desire to promote equality of opportunity and equal treatment.

Part 1 *This part must be completed and before formal consultation is undertaken and must be available during the consultation stage.*

Author of this document: Jon Reading

Name of Service Area: Strategic Commissioning

Head of Service: Jon Reading

Date of completion: 16/08/2016

Tell us what the planned changes are

1. What is the background to the planned changes? Why is this change being considered?

Carers look after family, partners or friends in need of help because they are disabled, ill or frail. The care they provide is unpaid. The 2011 census identified 32,101 residents in Coventry providing some form of unpaid care, and 3,100 are young carers and young adult carers under the age of 25.

Coventry's last multi-agency Carers' Strategy expired in 2015. A steering group made up of representatives from local authority, health and the voluntary sector have led the development of the third Carers' Strategy for the city.

This all-age, multi-agency strategy builds on past achievements and has been developed in response to carers' views and contributions both locally and nationally. It is aligned to the four priority areas identified in the current National Carers' Strategy and reflects some very important national legislative and policy changes including the Care Act 2014 and the Children and Families Act 2014. In delivering this strategy it is expected that we will make practical and targeted improvements and changes that make a positive difference to carers in the City and promote a joined up approach between council, health and voluntary services.

Coventry City Council Equality and Consultation Analysis Form

2. What are the potential scenarios/options being considered? *Please indicate if any are preferred and if any scenarios/options are being ruled out and why*

Carers make a huge contribution to the health and social care system in Coventry (currently estimated at £680m) and we could not cope without the support that they give to their friends and family members. It is, therefore, very important that we plan how we are going to support carers over the coming years to help them in this role and that the partnership approach continues between statutory and voluntary sectors to maximise the resources available. Therefore continuing with a multi-agency strategy is considered the most appropriate way to achieve this.

3. Who do you need to consider as part of this ECA? **stakeholder analysis*

Carers, voluntary sector organisations that support carers, health services, children and adult social care, employers

4. What do you already know about the potential impact on stakeholders? **provide only a brief overview based on current knowledge, data and information*

It is envisaged that the implementation of the strategy will have a positive impact for carers as it aims to address those issues local carers value and support the national agenda for carers. For providers it aims to support workforce development by increasing awareness, skills and knowledge and enabling workers to support carers more effectively. A joint approach across organisations helps to maximise and target resources more efficiently.

Pre-Consultation Engagement

This section refers to any activities that took place (such as briefings, meetings, workshops, scoping exercises etc) with stakeholders before the formal consultation period.

Coventry City Council Equality and Consultation Analysis Form

5. What engagement activities took place prior to formal consultation and what feedback was received in relation to equality issues?

Coventry Carers' Strategy has been developed based on a programme of engagement at local level and reflects the national carers' strategy and key legislation, policy and national research and reports. The government is currently working on a new carers' strategy to be launched at the end of this year or early 2017 and is working in strong partnership with Carers UK and Carers Trust, two key national carers' organisations. Feedback from the DOH [Call for Evidence](#) consultation is being collated and analysed to inform the final version. We are not anticipating any significant change in the general themes but will review the priorities in our local strategy and refresh it as necessary once this is published.

The local strategy has been developed taking account of carers' views and feedback from a range of sources including workshops, surveys and existing involvement forums. In 2014/15 reviews began of carers services in the city to ensure that resources were targeted where they are needed most. Themes and views coming out of these engagement opportunities which included a number of workshops and meetings also fed into the development of the strategy and the strategy steering group also used [Making it Real for Carers](#) to evaluate the current position. This is a TLAP resource that has been coproduced with carers nationally to support personalisation.

Some themes that occur regularly are:

- Raising awareness across the City so that carers are able to have early access to the right support
- The need for high quality information, advice and support
- More integrated working especially between health and social care, and between adult and children's services
- Flexible support to help carers take breaks and help in emergencies
- Training and learning – a chance to develop skills and knowledge
- Opportunities to network and get peer support from each other

Young carers have also told us:

- They want to be listened to by professionals and be involved in discussions and decisions alongside the person they care for
- They want to be supported at school and for teachers to understand how caring can affect them

Since the first draft of our local strategy was released in June 2016 we have engaged widely with carers and other stakeholders through opportunity to feedback online, two workshops, speaking to various existing carers groups and at other stakeholder meetings such as GP Clinical Leads group. Carers Trust Heart of England, the main carer organisation in the city sent notification of the workshops and the opportunity to view it and feedback online to over 4,000 carers signed up to their mailing list.

The draft strategy has also been presented at the Better Care programme board, Adult Commissioning Board, and the Children's and Young People Partnership Board to ensure appropriate organisational oversight of the work as it has developed.

Coventry City Council Equality and Consultation Analysis Form

Feedback has been very positive overall and the priorities and improvements were widely supported. The process of engagement has raised the profile of carers and generated a lot of discussion and interest in how the strategy will be implemented and how different organisations can support it.

There were some comments made about the layout and some of the content in the draft Strategy and this has now been updated in line with the feedback received. Changes include:

- Re-writing some of the text to make it clearer that the strategy relates to carers of all ages and to pick out some of the key challenges/issues for particular groups of carers (e.g. young carers, older carers, carers of people with mental ill-health)
- Changing or explaining particular words that might be confusing (this will also be supported by an online glossary on the Carers Strategy web pages)
- Separating out some of the text and making some of the headings clearer to make it easier to read.
- Some carers asked if some of the pictures could be made smaller and the text enlarged. Best efforts have been made to improve this by changing the colour of the text and enlarging it slightly but it would have meant a whole redesign of the document to achieve any full scale changes so this has not been done. We will however take account of these comments in future design.

Analysis of Impact

In this section please ensure that you consider the three aims of the general duty as they affect **protected groups**. These groups are:

Age, Disability, Gender, Gender reassignment, Marriage/Civil Partnership, Pregnancy/Maternity, Race, Religion/Belief, Sexual Orientation

The **three aims of the general duty** require that a public authority, in the exercise of its functions, must have due regard to the need to:

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Note – when identifying potential impacts below, please only include impacts that may exist over and above general impacts that may affect the wider community/population. *For example, a reduction in grant to Coventry Citizens Advice would affect all service users*

Coventry City Council Equality and Consultation Analysis Form

through a reduced level of first line advice being available to all – but it would affect the following groups more; age, disability, gender and race as they represent a larger proportion of the clients who use the advice service.

Carers experience significant inequalities. For example:

- a. Carers can be worse off financially as a result of taking on caring responsibilities.
- b. Carers face difficulties accessing education and employment that fits around their caring role.
- c. Carers are often unable to hold down a job or attend or undertake education courses as a direct result of their caring responsibilities.
- d. Carers are at risk of health inequalities:
- e. Most experience stress, anxiety and depression
- f. Those providing high levels of care are twice as likely to be permanently sick or disabled
- g. The health impact is worse amongst BAME carers
- h. Carers are more prone to social exclusion, which leads to poor mental health and well-being.
- i. Carers living in socio-economically deprived areas are more likely to be high level carers.
- j. Carers are a hard to reach group as they do not recognise themselves as carers.

Age

The strategy acknowledges the different challenges faced by carers of different ages and implementation plans will be targeted to address these issues along the four themes of:

- improved identification and recognition
- opportunities to realise educational and vocational potential
- support to have a life outside of caring, and
- support to stay healthy

For example many young carers remain hidden and not in touch with services that can support them. A BBC survey in 2010 estimated there are 700,000 young carers in the UK so the number of young people caring in Coventry thought to be much higher than the 2011 census figure of 3,100 and likely to be nearer 5000. Young carers have significantly lower educational attainment and a greater likelihood of a carer being not in education, employment or training (NEET). Young adult carers not in paid employment can face significant financial hardship both in the short and longer

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term and the average family annual income was £5,000 lower than families who do not have a young carer. ([Hidden from view: the experiences of young carers in England](#)). The implementation plans feature projects and initiatives to improve awareness about how to identify young carers and the impact of caring across schools, colleges, social care and health services.

There are 1.2 million carers over the age of 65 in the UK with 6,494 recording in Coventry in the Census 2011. In ten years the number of carers aged 85+ had grown by 128% and over half provide 50 or more hours of care a week. 60% of older carers who provide 50 or more hours of care a week say their health is not good, rising to 72% of carers aged 85 and over. ([Caring into Later Life](#))

Locally we have seen an increase in the number of older carers using support services, for example, of those carers having to call on the Carers Response Emergency Support Service (CRESS) 37% were over the age of 85 and increase of 5% from the previous year.

The strategy recognises that older people in particular benefit from being identified early and having support to stay healthy and have a break from caring.

Disability

[Carers UK State of Caring Survey in 2015](#) showed 82% of carers reporting that caring has had a negative impact on their health. 74% failing to have a good night's sleep .47% struggling to maintain a balanced diet. 41% had experienced an injury or their physical health has suffered as a result of caring.

A similar pattern of poor health was also apparent among young carers under 18 years of age. Those caring for more than 50 or more hours a week were more than five times likely to report they were not in good health compared to their peers without caring responsibilities.

An average of 5% (just over 200) of carers registering with Carers Trust Heart of England over the last 3 years considered themselves to have a disability. Implementation of the strategy is expected to have a positive impact by placing an emphasis on supporting carers to stay healthy and improving access to a Carer's Assessment. The assessment considers what the carer is able and willing to continue to do and explores the health and wellbeing of the carer. For young carers we have a duty to consider what support is required to prevent the young carer from excessive and inappropriate caring responsibilities.

Gender

The 2011 census showed that in Coventry 57% of carers were female and 43% male. Nationally the census showed the greatest impact on general health appeared among young male adult carers up to age 24 caring for over 50 hours a week being more than four and a half times likely to report poor health as their peers with no caring responsibilities. Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1% of women working full-time provided unpaid care, and in Wales it was 15.3%. In contrast the [Caring into Later Life](#) report in 2015 highlighted that nearly 3 in 5 carers aged 85 and over are male. Implementation of the strategy will need to ensure that maintenance and development of gender specific support and targeted work to ensure we reach specific groups

Gender Re-assignment

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There is no current statistical information available for this characteristic although Carers Trust Heart of England has now added this to their equal opportunities monitoring information in their annual survey. Implementation of the strategy will need to ensure targeted work to ensure we reach specific underrepresented groups. There are no anticipated negative impacts for this particular group.

Marriage/Civil Partnership

Statistical information is not routinely collected for this characteristic and therefore it is not possible to assess potential impact more accurately. It is recognised that caring responsibilities can have a major impact on a person's ability to develop and maintain personal/family relationships and as the strategy aims to improve experiences for carers to get information, advice and support at an earlier stage it is anticipated that this will have an overall positive impact for this characteristic group. It must be recognised that carers of same-sex partners may face additional issues. For example many find they have little choice but to reveal their relationship to professionals, but this can leave them feeling vulnerable and exposed at an already stressful time, particularly if their relationship has previously been hidden. Professionals may have a lack of understanding about the lives of gay and lesbian people and some are judgmental about their sexuality, particularly in accepting their partnerships.

Pregnancy/Maternity

Statistical information is not collected for this characteristic however the strategy aims to improve access to assessment and ensure a whole family approach and would include consideration of the needs of a carer who is expecting a baby and measures would be taken to provide appropriate support as required. A small number of carers received support from the local authority in the last two years following a carer's assessment as part of their antenatal and post natal plans. This included providing support to the person cared for. The carer's assessment is quite specific in assessing whether the caring role is impacting on the carer's ability to care for a child as it forms part of the eligibility criteria. The strategy aims to improve experiences and access to assessment so in these terms, it is anticipated to have a positive impact.

Race

[Half a million voices: Improving support for BAME carers](#) (Carers UK 2011) found there were 503, 224 Black, Asian and Minority Ethnic (BAME) carers in England and 10% of carers are from a BAME background. BAME carers face the same challenges as all carers, but also face additional barriers, for instance cultural barriers, stereotypes and language which can increase the chances of poorer health, poverty and social

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exclusion. BAME elders also expect their immediate family to support them despite the fact that they may have jobs and other responsibilities; support is vital for these working age carers. The many new communities coming to Coventry means that the cultural needs of carers needs on-going development. Carers Trust Heart of England have various projects that target BAME communities in Coventry and workers speak a variety of languages. 32% of new carers identified in 2015/16 were from these BAME backgrounds. They run established carers support groups for BAME carers whom we engage with on a regular basis and these groups played a valuable role in developing the strategy and will continue to be involved in the implementation plans and development of support services. The strategy is anticipated to have a positive impact on this characteristic group.

Religion/ Belief

Statistical information is not routinely collected for this characteristic however positive impacts are expected to be delivered particularly through improved identification and recognition and more personalised approaches to assessment and support. The work to engage BAME carers cited above involves strong links with faith groups and places and worship and again the strategy is anticipated to have a positive impact on this characteristic group.

Sexual Orientation

LGBT carers have the same needs for support, services and information as any other carers, but prejudice and lack of legal recognition means that they face the extra barriers of social isolation and inappropriate services. Estimates for the numbers of gay and lesbian people vary from 5% to 13% of the population. Even this lowest figure would mean that of the 6 million carers in the UK, approximately 300,000 carers in the UK are gay or lesbian. There is no current local statistical information available for this characteristic specifically in relation to carers although Carers Trust Heart of England has now added this to their equal opportunities monitoring information in their annual survey. They have also established a support group for LGBT carers, which has a small, but growing membership. Implementation of the strategy will need to ensure targeted work to ensure we reach specific underrepresented groups. There are no anticipated negative impacts for this particular group.

Mitigating actions – applicable to all protected groups

The strategy promotes a joined up approach to planning and utilising available resources and therefore will help target those groups more at risk.

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6. Are there any other vulnerable groups that could be affected? i.e. deprivation, looked after children, carers, health impact

The strategy aims to improve information, advice and support for carers to stay healthy and improve their wellbeing and the implementation plans will help target those more at risk. This will include young carers and older carers and working carers.

7. What are the gaps in evidence? How will you address this during the consultation stage?

There was a lack of statistical information in relation to some of the characteristic groups such as Marriage/Civil partnership, Religion/Belief but efforts will be made through the implementation planning and delivery of the strategy to consider how relevant information can be collected in the future.

8. What are the likely impacts of this project/review on staff from protected groups?

The strategy includes aims to improve support for working carers and therefore will be likely to strengthen the Council's approach to supporting carers in our workforce to balance their employment with their caring responsibilities and maintain positive health and wellbeing.

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Outcome of equality impact

9. Indicate which of the following best describes the equality impact of this project/review:

There will be **no** equality impact if the proposed option is implemented

There will be **positive** equality impact if the proposed option is implemented

There will be **negative** equality impact if the proposed option is implemented but this can be objectively justified

There will be both **positive and negative** impacts if the proposed option is implemented

Summary of ECA

It is anticipated that overall the Carers' Strategy will have a positive impact with key themes focussing on improving access to information, advice and support particularly to carers from hard to reach groups who are less likely to seek support. The emphasis is on a more joined up approach between health, social care and the voluntary sector aims to raise awareness of the impact of caring and increase opportunities for carers to get the advice and support they need at an earlier stage. Practical and targeted improvements and changes that make a positive difference to carers in the City will be outlined in the annual implementation plans.

Approvals from Director and Cabinet Member

Coventry City Council Equality and Consultation Analysis Form

Name

Date

Click here to enter date agreed.

Director:

Click here to enter date agreed.

Cabinet Member:

Please detail below any committees, boards or panels that have considered this analysis.

Name	Date	Chair	Decision taken
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.

Next steps

Please send this completed ECA to the Insight Team as follows:

Wendy Ohandjanian (wendy.ohandjanian@coventry.gov.uk tel. 7683 2939)

Jaspal Mann (jaspal.mann@coventry.gov.uk tel. 7683 3112)

Version Control

Coventry City Council Equality and Consultation Analysis Form

Version	Date	Summary of changes (Author)
1.0.0	26.05.16	Initial release (Jaspal Mann)
1.0.1	22.08.16	Update sign off



Cabinet

1st November 2016

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor Abbott

Director Approving Submission of the report:

Executive Director of People

Ward(s) affected:

All

Title: Provision of Effective Home Support Services

Is this a key decision?

Yes: The proposals in this report entail expenditure in excess of £1m and impact on all wards.

Executive Summary:

This report relates to arrangements for the effective provision of adults and children's home support. Home support is personal care and support delivered to people who meet the eligibility criteria for social care and who are living in their own homes to enable them to remain living independently. As well as supporting adults and older people, the support provided assists carers, relatives in maintaining their caring role and children.

Although this report is concerned with the commissioning of ongoing home support, home support in the City comprises two main delivery components:

- Short Term Support to Maximise Independence, which is funded by both the City Council and Coventry and Rugby Clinical Commissioning Group (CRCCG). This service works with adults and older people, many of whom are not currently known to social care, over a period of approximately six weeks to support them to regain any independence they may have lost following an acute episode of other incident.
- Ongoing home support, this is provided to adults and children that meet national eligibility criteria for social care where the service is the most appropriate way of meeting their needs. Although support is provided on an ongoing basis this is subject to review should peoples' needs change. The manner of the support provided should be as enabling as possible so as not to create, or increase, levels of dependency.

Existing ongoing adults and children's home support services (which were previously commissioned separately) are provided under a framework contract awarded in 2010 with a small number of contracts awarded subsequently to ensure sufficient provision is in place. Under these arrangements a range of independent providers are contracted to provide services with no guarantee of volume of work. Since these contracts were let there has been a number of significant changes in social care and the market in general including the introduction of the Care

Act 2014, Children and Families Act 2014, changing regulatory framework and changes to employment terms and conditions through the introduction of the National Minimum Wage.

Providers of home support are also reporting that due to cost pressures a larger volume of business is required in order to ensure the services are sustainable. For this reason it is proposed that children's and adults home support is brought together under one commissioning activity to ensure children's home support supply is not restricted due to having low volume children's only providers, which is not maintainable. Due to these changes it is now appropriate to tender for home support in order to ensure this important provision is sustainable and sufficient in terms of meeting the requirements for social care.

The proposals contained in this report seek approval to undertake a procurement exercise to award nine contracts for home support ranging between 1,200 to 1,500 hours per week per contract. The contracts will be of seven years duration (five years plus the option to extend by a further two year) to enable security for providers in order for them to invest appropriately in workforce development and training. Seven of these contracts will focus on support to older people, younger adults with a physical impairment and children and will be aligned to Coventry's seven General Practice cluster areas. The remaining two contracts will provide support on a city-wide basis to people with learning disabilities and/or mental ill health. For each contract there will be a primary and secondary provider to provide resilience.

This procurement process is being undertaken at a time where there is increasing emphasis on bringing together health and social care to operate as a more cohesive and single system, while recognising the different statutory duties that exist. In order to recognise this the procurement process will include requirements for Continuing HealthCare (CHC) which is currently provided by similar providers but under a different contract. It is estimated that the CHC requirement totals 4,500 hours citywide. The CHC element of the contract will continue to be managed by Coventry and Rugby Clinical Commissioning Group with budget and purchasing arrangements remaining distinct from the City Council.

Recommendations:

Cabinet are recommended to:

1. Approve the commencement of a tender process for home support to enable the City Council to continue to deliver its duties to those eligible for social care.
2. Delegate authority to the Executive Director of People and the Executive Director of Resources following consultation with the Cabinet Member for Adult Services, for the award of contracts following the conclusion of the tender process.

List of Appendices included:

Appendix one - Equality and Consultation Analysis Document

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

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

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Report title: Provision of Effective Home Support Services

1. Context (or background)

- 1.1. Home Support is the term used to refer to personal care and support delivered in people's own homes. The support is delivered by care staff depending on the requirements of the support plan which is based on eligible needs and also includes the Common Assessment Framework for children. The service also assists carers and parents in maintaining their caring role. The types of tasks undertaken by home providers can include personal care such as washing and dressing, meal preparation and other essential support that enable the person to remain in their own home. Underpinning all home support is the ethos that all people should be enabled to meet their maximum potential. To deliver this, flexibility and empathy are key requirements, not least because some of those supported are amongst the most vulnerable in the City and have limited personal support networks and therefore the ongoing provision of a professional and personal support service is essential.
- 1.2. The ability to provide effective home support is also crucial to meeting the needs of an ageing population with growing care needs and for supporting working age adults with disabilities or mental ill health to live their lives. Home support creates the ability to meet peoples' needs in their own homes in a manner that is usually more cost effective and delivers better outcomes than other more intensive settings such as residential care.
- 1.3. All home support should have a key focus of enabling people to do things for themselves wherever practicable. The majority of this enablement work is delivered through short term services where people are supported to regain or achieve a maximum level of independence, often after an acute episode over a shorter and more intensive period of time. For people that require ongoing care and support every effort should be made to continue to ensure opportunities for longer term enablement are realised through ongoing home support.
- 1.4. In re-commissioning home support services there are a number of factors that need to be considered in relation to the City Councils responsibilities for market sustainability, ensuring quality, ensuring the workforce is sufficient in terms of size and skills, effectively managing demand and ensuring the transition to new arrangements are managed whilst maintaining continuity of care and support. Each of these key areas is summarised below.
- 1.5. **Market Management and Market Stability**
 - 1.5.1. When adult home support contracts were last tendered in 2010, the outcome of the tender process was that 40 providers were contracted on a framework basis to support older people and adults with learning disabilities, physical impairment or mental ill health.
 - 1.5.2. Over the intervening period almost half of these providers have ceased to operate in Coventry or ceased taking additional work from the framework for a range of factors including costs of regulation, difficulties in recruiting sufficient staff, not being able to secure a volume of business to sustain a branch, and not being able to meet requirements in respect of quality. In addition children's home support contracts commenced in 2010 and originally had a framework of three providers. One provider remains, and it has been challenging to secure alternative providers to meet the full range of need, in part due to the low volume compared to adults.

- 1.5.3. In addition, the recent introduction of the National Living Wage (NLW) and changing legislative requirements in respect of paying home support workers for travel time etc. has added further cost to providers and therefore reduced margins meaning that, in general, a larger volume of work is required to sustain a home support provider.
- 1.5.4. In developing our approach to the market a number of engagement sessions were held with providers who indicated that in an environment of reducing local government resources combined with increased delivery costs the volume of business required to sustain a branch is between 1,200 to 1,500 hours per week as a minimum level. This volume of business can comprise a combination of City Council directly funded support plus private work plus support delivered via a direct payment. As well as volume of business the duration of a contract is also important as a longer term provides security that enables providers to invest in the infrastructure required to operate an effective and sustainable branch.
- 1.5.5. The proposals contained in this report recommend re-commissioning to award nine contracts to up to nine home support providers at a volume of 1,200 – 1,500 hours per week per contract to provide the level of business required to sustain a provider. Seven of these contracts will focus on support to older people, younger adults with a physical impairment and children and will be aligned geographically to Coventry's seven General Practice cluster areas with a lead provider and secondary provider in each cluster. The remaining two contracts will provide support on a city-wide basis for people with learning disabilities or mental ill health, a secondary provider will also be appointed for these two city-wide contracts.
- 1.5.6. The allocation of work within a contractual area between the lead and the secondary provider will be split approximately 70/30%. In the unlikely event that either the primary or the secondary provider fails to deliver their contracted hours then the ratio between the two will be changed and all contracts will be subject to obligation to accept (non-refusal) clauses so that a position where an individual cannot be placed can be avoided.
- 1.5.7. Not all providers are expected to commence on full contracted hours at the start of the new contract. The ability to do this will depend on whether they are incumbent providers (and what their caseload already is) or if they are new providers and need to build staffing through recruitment and/or completion of TUPE processes. There will however be a requirement that within the first three months of contract providers build up capacity to the agreed contracted hours and that once fully contracted hours are reached there will be an expectation that these hours are maintained throughout the life of the contract. If there is any consistent and significant under delivery after this implementation period then this will be reconciled to ensure the City Council is not paying for support that is not delivered.
- 1.5.8. In addition to City Council requirements, the CRCCG will access the same providers to purchase continuing healthcare support. The requirements for adult social care and continuing healthcare will be jointly tendered but budgets and purchasing from the providers will remain separate. It is estimated that CRCCG requirement would add up to 500 weekly hours per provider and up to 4,500 hours citywide. Tendering in this way will make any future integration between health and social care more achievable.

1.6. **Quality of Services**

- 1.6.1. Home support providers are regulated by the Care Quality Commission (CQC) with the City Council having responsibility for overall quality in line with contractual standards. The Council employs contract officers to monitor the quality and performance of providers and such monitoring uses information from a range of sources including health

organisations, social work teams and family carers to ensure that performance is satisfactory and that concerns are addressed where they arise. The proposals also combine separate contract monitoring for adults and children's home support.

- 1.6.2. Overall and as at September 2016 home support providers were rated as follows; 17 good, 5 required improvement and 1 was shown as pending a rating. No providers were rated as inadequate. These ratings compare favourably to the national position.
- 1.6.3. The most common concerns raised by people that use home support are around inconsistency of care staff and punctuality of visits. Electronic Call Monitoring will continue to be used and, through larger contracts, providers will be able to offer more security to their staff thus supporting the reduction in turnover and, supporting improved continuity. Quality checking against key performance indicators will enable the City Council and CRCCG to monitor performance.
- 1.6.4. Although the contracts to be tendered will be for a period of seven years should any provider deliver a standard of service that falls below the expected quality level for a period of time, without improvement, the City Council will be able to issue default notices and, if necessary terminate.

1.7. **Ensuring the Workforce is sufficient**

- 1.7.1. The level of satisfaction and quality of the experience for people who receive home support is almost invariably determined by the workforce, its continuity, skill, knowledge and the manner in which the caring role is carried out. There is a cost as well as quality aspect to high staff turnover so it is important that providers are able to offer terms and conditions that support the retention of staff. Contracts at the volumes described for a period of up to seven years enable providers to offer better contracts of employment with more certainty over duration.
- 1.7.2. Information from the National Minimum Data Set (NMDS 2015), which is the nationally collected intelligence and dataset on the social care workforce, highlights that retention of staff is a key issue for providers. Some providers have reported having to replace one in four of their workforce within a month of starting. Some turnover is expected and the overall turnover for social care is 23.2% and 26.3% for home support care workers. This turnover rate reduces to 21% once hours worked goes above 20 per week per care worker. This indicates that the proposal to commission larger contracts for longer periods will help increase workforce stability in contracted providers.
- 1.7.3. NMDS data also reveals that there is a clear relationship between rates of pay and retention of care workers with a reduced propensity to leave the sector as hourly rates increase.
- 1.7.4. In order to understand how providers intend to manage workforce issues regarding they will be required to provide information as part of the tender process on proposed terms and conditions and retention strategies.

1.8. **Managing Demand**

- 1.8.1. In Coventry there is approximately 920 adults and 10 children who are in receipt of home support funded by the City Council at any one time. To meet the needs of these people the Council currently commissions approximately 12,000 hours of home support per week. The average weekly package size is approximately 12 hours. Children's home support is approximately 100 hours per week.

- 1.8.2. In addition Coventry and Rugby Clinical Commissioning Group commissions continuing healthcare support of up to 4,500 hours per week to approximately 94 people per week.
- 1.8.3. Data on demand for adult social care in Coventry shows that over the period 1 October 2015 to 30 September 2016 there was an increase of 27 packages of care. Although a relatively small increase it should be noted that overall demand for social care is expected to increase with an aging population. This is a national trend and not isolated to Coventry. In Coventry the number of people aged 65 and over is expected to increase from 50,000 to 58,000 over the period from 2016 to 2016 and the numbers aged 85 and over to increase from 7,400 to 8,800.
- 1.8.4. Managing demand is a key objective of adult social care, of which working with people to be as independent as possible plus utilising alternatives to funded home support are key strategies to meeting people's outcomes in alternative ways to the provision of services. The commissioning work described in this report is intended to assist with demand management through its emphasis on wellbeing, prevention and reduction.

1.9. **Managing continuity of care and support**

- 1.9.1. Managing the transition to new contractual arrangements will be a key part of the commissioning work to be undertaken. As the number of providers will reduce from the current number it is inevitable that, as a result of this work, some people will experience a service delivered by a different provider once the transition process is complete. This transition may create TUPE implications for some providers which the City Council will support as this can both prevent skilled care workers from leaving the sector and helps to ensure continuity of care for the service user.
- 1.9.2. Effective communication is key to ensuring effective implementation of the new arrangements, and communication will be managed jointly between the City Council and CRCCG. Communication with service users and their families will start as soon as the new successful providers are confirmed and will include information about whether there is likely to be a change of provider.
- 1.9.3. Until successful providers (incumbent or new) are identified it is not possible to identify the number of people that will be expected to move providers and the staff affected across the City.
- 1.9.4. Combining adults and children's home support will ensure seamless transition for young people moving from childhood to adulthood.

2. **Options considered and recommended proposal**

2.1. **Recommended Option**

2.1.1. **Option One: Undertake a Tender for Home Support Services**

- 2.1.1.1. To re-commission services using a competitive tender process, for a period of seven years (five years plus a further two years based on satisfactory performance) for a volume of 1,200 to 1,500 hours per contract per week. Contracts will be aligned to GP cluster areas with a lead and secondary provider being appointed for each cluster.
- 2.1.1.2. Commissioning home support in this manner will enable a greater level of market sustainability due to a larger volume of business per contracted provider and a contract term that enables staff to be employed with more security and on contracts that will enable continuity and reduce turnover. Due to the duration of contracts providers will be

expected to be flexible in service delivery as requirements for health and social care change and adapt.

2.2. Other Options – not recommended.

2.2.1. Option Two: Implement Spot Funded Arrangements

2.2.1.1. Spot funded arrangements would not commit the City Council to any level of purchasing so reduces risk on the City Council. However, spot purchase arrangements do place increased risks on providers and therefore there is the possibility that providers are not willing to accept these risks, or compensate for them by applying a premium to contract rates. Additionally, spot contact arrangements do not compel providers to provide a service to any individual and as such means the City Council could be placed in the position of not being able to source sufficient supply to meet the needs of people in Coventry. Additionally, the 'no-commitment' feature of spot contracts mean that providers are not able to offer contracts of employment that encourage workforce stability and continuity of care.

2.2.2. Option Three: Extend Duration of Existing Arrangements

2.2.2.1. The City Council could extend the existing arrangements with providers currently contracted to deliver home support and increase the capacity within these contracts for a limited number of providers. However, any such extension would need to be short term owing to the current contracts having already been extended by two years. This option would do little to manage the sustainability issues that the Council currently faces with regard to supply of home support.

2.2.3. Option Four: Tender the Service - One Provider for the Whole City

2.2.3.1. To re-commission services with a lead provider covering the whole City and sub-contracting to other providers as required. This approach would have the benefit of the City Council maintaining a contractual relationship with one provider which would require less Council resource in respect of contract management. This option is not recommended as it would require extensive subcontracting arrangements. Where the single provider approach has been taken it has resulted in a much higher contract price in order that sub-contractors received a fair rate for their work after the lead provider can cover the additional costs of sub-contracting.

3. Results of consultation undertaken

3.1. Although formal consultation has not been undertaken the proposals contained within this report have been developed following engagement with stakeholders including service users, carers, social work practitioners, health colleagues and providers. This was undertaken through questionnaires/surveys, provider forums, stakeholder engagement workshops and provider one-to ones.

3.2. Another key area of feedback is the comments received by council staff from service users and carers and other stakeholders make throughout the life of current contracts. The service specification has been developed to address these issues. This included some specific requirements for workforce skills, which have become a more pressing requirement since the service was last tendered.

3.3. Recent engagement activities has also indicated that providers have the capability and willingness to deliver across children's and adults as well as Continuing Healthcare services.

4. Timetable for implementing this decision

- 4.1. Subject to approval by Cabinet, it is anticipated that the tender process will commence in November 2016 with new contracts awarded in March 2017 and full implementation by June 2017.

5. Comments from Executive Director, Resources

5.1. Financial implications

- 5.1.1. The current spend on adults home is approximately £8.4m per annum with approximately £0.1m per annum spent on children's support. The level of spend at any point in time will depend upon the number of packages commissioned and the relevant provider rates.
- 5.1.2. CRCCG spend approximately £3.5m on non-complex Continuing Healthcare per annum and their offer to join the service would approximately add this cost per annum to cover the costs of lower level continuing healthcare. They will have their own purchasing and invoicing arrangements.
- 5.1.3. There is a finite resource available and providers will be required to deliver the maximum capacity within this resource to ensure that financial thresholds are not exceeded. Approaches within the service such as enabling, reductions in double up calls through different handling approaches would all seek to provide a level of cost management.

5.2. Legal implications

- 5.2.1. The Council has a statutory duty to provide care for certain vulnerable people within the City.
- 5.2.2. The Care Act (2014) introduced new statutory responsibilities for market management including managing provider failure and the proposals contained within this report support the delivery of these responsibilities. In addition, the Act emphasised the need for outcome focussed support, and the development of prevention, early intervention, and reduction and recovery strategies.
- 5.2.3. The effective delivery of home support is fundamental to discharging the Local Authority's statutory duties under the Care Act as well as supporting the health and wellbeing requirements for children within the Children and Families Act (2014).
- 5.2.4. The Care Act (2014) places expectations on local authorities in respect of integration, cooperation and partnerships with a requirement for closer integration of the commissioning of services with the NHS.
- 5.2.5. The proposed structure will need to comply with procurement and local government legislation including the Public Contract Regulations 2015. Due to the financial value of the contracts, it is a decision for Cabinet whether the Council is to proceed with the proposed procurement exercise.

6. Other implications

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

The proposals contained in this report will contribute to the Council Plan key objectives of protecting the most vulnerable, improving health inequalities and improving health and wellbeing.

6.2. How is risk being managed?

There is an established project team which is accountable to the Adult Joint Commissioning Board. Tendering risks will be managed by compliance with statutory procurement guidelines.

A key risk area is around transfer of service users to new providers. The majority of service users are aged over 65 and a significant number are over 85. They are currently in receipt of a care and support service provided by providers from the existing framework. They may be affected if their care provider changes due to the change in contracting arrangements.

To mitigate this risk there will be a robust transition plan that will support with any change in provider. This will include making service users aware of the choice and control they have in who delivers their care and support which can be drawn upon.

6.3. What is the impact on the organisation?

Unsuccessful incumbent providers will not have access to new business from the City Council. Any managed transfer or loss of service user numbers through attrition would eventually lead to a cease in funding from the Council. Providers with multiple contracts and/or mixed funding portfolios such as private funders will be more resilient than those with just Council funded contracts. Service delivery within the City is likely to remain or increase so the flexibility of staff to move from one provider to another means the overall impact on frontline provider staff numbers is expected to be minimal. The impact on the Council through new contracting arrangements, with fewer providers and larger contracts will be better sustainability for the service.

6.4. Equalities / ECA

A separate ECA has been completed and appended to this report. The procurement is expected to achieve positive impacts for people with protected characteristics.

6.5. Implications for (or impact on) the environment

Aligning delivery to clusters means that less travel is required. Providers currently have city-wide contracts so mileage and transportation has more of an environmental impact than what is proposed.

6.6. Implications for partner organisations

The effective delivery of home support enables better use of health and social care resources through maximising people's independence through wellbeing and prevention approaches. The proposals contained in this report support these objectives.

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Public report Cabinet Report

Scrutiny Co-ordination Committee
Cabinet

12 October 2016
1 November 2016

Name of Cabinet Member:

Cabinet Member for Public Health and Sport – Councillor K Caan

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019)

Is this a key decision?

Yes – The Joint Strategic Needs Assessment is a summary of the current and future health and care needs of the local population, while the Health and Wellbeing Strategy is a summary of what the Coventry Health and Wellbeing Board will need to deliver over the next three years. The Joint Strategic Needs Assessment and Health and Wellbeing Strategy will guide the planning and commissioning of health, wellbeing and social care services across the city.

Executive Summary:

Coventry Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA) for the local authority area. The JSNA looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area. The key messages from the JSNA are summarised later in this report and the full document is attached as Appendix 1.

Coventry Health and Wellbeing Board is also responsible for producing a Joint Health and Wellbeing Strategy (JHWBS), which provides Coventry with a picture of what the Health and Wellbeing Board will deliver over the next three years and how partners will work together to achieve this. The Coventry Health and Wellbeing Board's vision for Coventry is that local people live happier, healthier, longer lives and have improved health and wellbeing during their lives. The three priorities agreed by the Board to help deliver its vision are:

- Working together as a Marmot City to reduce health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well.
-

The full document is attached as Appendix 2.

Recommendations:

1. Scrutiny Co-ordination Committee is requested to:
 - (i) Endorse the Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019)
 - (ii) Make any comments or recommendations to Cabinet about the report

2. Cabinet is recommended to:
 - (i) Consider comments from Scrutiny Co-ordination Committee and make any comments and recommendations about the implementation of the Health and Wellbeing Strategy (2016-2019)
 - (ii) Endorse the Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019)

List of Appendices included:

Appendix 1: Joint Strategic Needs Assessment – 2016
Appendix 2: Joint Health and Wellbeing Strategy – 2016-2019

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Scrutiny Co-ordination Committee on 12 October 2016.

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

Yes – Health and Wellbeing Board on 5 September 2016.

Will this report go to Council?

No

Report title: Coventry Joint Strategic Needs Assessment (2016) and Coventry Health and Wellbeing Strategy (2016-2019)

1. Context (or background)

- 1.1 The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific functions, one of which is to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JWBSs).
- 1.2 The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within a local area. It considers factors that impact on the health and wellbeing of the local community including economic, education, housing and environmental factors; as well as local assets that can help improve health and reduce inequalities.
- 1.3 The Health and Wellbeing Strategy (JHWBS) provides Coventry residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years.
- 1.4 The 2016 JHWBS reflects the progress made towards achieving the objectives originally agreed in 2013, and responds to the rapidly changing and increasingly challenging context for the wider determinants of health and the health and care system.

2. Options considered and recommended proposal

- 2.1 Developing the JSNA and JHWBS is a statutory responsibility of the Coventry Health and Wellbeing Board.
- 2.2 In order to develop the JSNA and identify the priorities in the JHWBS, officers undertook a review of the 2012 Health and Wellbeing Strategy, alongside a wide ranging study of data, information and resources about the health and social care issues affecting Coventry residents. A stakeholder call to evidence was also carried out. To focus on the areas of greatest need, a prioritisation matrix was used to identify potential priorities, which considered a range of factors including size of the population affected, scale of the impact, associated economic costs and the scale of inequality. Together, this work produced a list of potential priorities, and three final priorities were chosen by the Coventry Health and Wellbeing Board:
 - Working together as a Marmot City to reduce health and wellbeing inequalities
 - Improving the health and wellbeing of individuals with multiple complex needs
 - Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

3. Results of consultation undertaken

- 3.1 The Coventry JSNA and JHWBS have been prepared in consultation with, and endorsed by, all members of the Coventry Health and Wellbeing Board. This includes: Coventry City Council, Coventry University, the University of Warwick, Voluntary Action Coventry, West Midlands Fire Service, West Midlands Police, Coventry and Rugby Clinical Commissioning Group, University Hospital Coventry and Warwickshire NHS Trust, Coventry and Warwickshire Partnership NHS Trust and Healthwatch Coventry.

- 3.2 In addition, from August to October 2015, a stakeholder call for evidence was undertaken. This gave various organisations working for the health and care of Coventry people an opportunity to review evidence collated to date, and to suggest additional issues for consideration. Coventry City Council received 53 responses from 28 organisations as part of the Call for Evidence, and these were taken into account when issues were prioritised.
- 3.3 The three priorities within the JHWBS have also been subject to different levels of consultation with stakeholders, professionals, current service users, potential service users and the general public in order to develop detailed work streams and action plans.

4. Timetable for implementing this decision

- 4.1 The JSNA is a resource to be used by anyone working to improve the health and wellbeing of the city. It can be accessed online at www.coventry.gov.uk/jsna. It is a live document which will be updated as new evidence and data is published.
- 4.2 The JHWBS is also a resource to be used to influence planning and commissioning decisions. It can be accessed online at www.coventry.gov.uk/jhwbs. In addition, action plans are being developed against each of the priority areas which will be endorsed by the Health and Wellbeing Board at the next meeting on 17 October.

5. Comments from the Executive Director, Resources

5.1 Financial implications

There are no direct financial implications for the Council arising from the JSNA and JHWBS. The Strategy commits the City Council and other partners to deliver against its priorities using existing resources.

5.2 Legal implications

The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

When preparing JSNAs and JHWSs health and wellbeing boards must have regard to the Statutory Guidance and as such boards have to be able to justify departing from it.

Section 192 of the Health and Social Care Act 2012 amends Section 116 of the Local Government and Public Involvement in Health Act 2007 so that local authorities and each of its partner clinical commissioning groups must undertake a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.

In preparing its strategy, consideration must be given to the extent to which the needs could be met more effectively by the making of arrangements under s75 National Health Service 2006 (rather than in any other way), any guidance issues by the Secretary of State and must involve in the preparation the Local Healthwatch organisation and the people who live or work in the area.

Local authorities and each of its partner clinical commissioning groups must when exercising any functions have regard to any relevant Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared by them (s193 of the Health and Social Care Act 2012).

Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration should be given to this throughout the JSNA and JHWS process.

6. Other implications

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

The JSNA and JHWBS will support the delivery of key objectives through making a positive contribution to the health and wellbeing of residents in the city.

It contributes to the Council plan objectives through:

- Improving the quality of life for Coventry people
- Improving health and wellbeing
- Reducing health inequalities
- Protecting our most vulnerable people
- Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens

6.2 How is risk being managed?

The JSNA and JHWBS will be accompanied by action plans against each priority which seek to ensure that progress is made and the risks associated with each area of activity are managed.

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 the JSNA and JHWBS, although equality impacts will be considered in advance of any changes proposed in line with the documents.

Both documents consider health status across a range of different population groups and the priorities in the JHWBS include reducing health inequalities and improving outcomes for individuals with multiple complex needs. The JHWBS also contributes towards Coventry City Council's equality objectives. Therefore, the work of the JHWBS will have a positive impact on inequalities in the city.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The Health and Wellbeing Board has membership across a range of partners, including Coventry City Council, Coventry University, the University of Warwick, Voluntary Action Coventry, West Midlands Fire Service, West Midlands Police, Coventry and Rugby Clinical Commissioning Group, University Hospital Coventry and Warwickshire NHS Trust, Coventry and Warwickshire Partnership NHS Trust and Healthwatch Coventry. The Strategy commits these organisations to deliver against the identified priorities.

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To: Cabinet

Date: 1 November 2016

Subject: Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019)

1 Purpose of the Note

- 1.1 To inform Cabinet of the outcome of Scrutiny Co-ordination Committee's discussion on the Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019) at their meeting on 12th October 2016.

2 Recommendations

- 2.1 Scrutiny Co-ordination Committee Endorsed the Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019)
- 2.2 Scrutiny Co-ordination recommend to Cabinet that the following amendments are made to the Joint Health and Wellbeing Strategy;
- 1) An approach to mental health transition between children's and adult services be included
 - 2) The section on skills and education to be expanded to include adult education
- 2.3 SCRUCO recommend that when money becomes available across the Health and Social Care system, it should be invested in prevention services.

3 Information/Background

- 3.1 Scrutiny Co-Ordination Committee discussed the Joint Strategic Needs Assessment (2016) and Joint Health and Wellbeing Strategy (2016-2019) at their meeting on 12th October 2016.
- 3.2 The Board discussed a number of issues based on the reports they were presented with. These included;
- 3.2.1 Population facts and figures, changes over time and population growth predictions and how this impacts on services and service planning.
 - 3.2.2 How the data in the Joint Strategic Needs Assessment is used by the Council and NHS to develop services.

- 3.2.3 The development, now through the Sustainability and Transformation Plan, of a health and social care system for the future which is co-ordinated and proactive. The Board recommend that when funding for this work becomes available, money is invested in prevention services.
- 3.2.4 Mental Health is a priority for the Health and Wellbeing Strategy, for the Combined Authority and nationally. However, the transition between Child & Adolescent to Adult Services is not present in the Strategy and it is something that SCRUCO recommend is included.
- 3.2.5 The Strategy has a large section on education but the Board felt it is a missed opportunity not to extend it to include adult education.
- 3.2.6 Opportunities to digitalise services and share records across organisations were also discussed.

Victoria Castree
Scrutiny Co-ordinator
024 7683 1122



Cabinet
Council

01 November 2016
06 December 2016

Name of Cabinet Members:

Cabinet Member for Strategic Finance and Resources – Councillor J Mutton
Cabinet Member for Jobs and Regeneration – Councillor J O’Boyle

Director Approving Submission of the report:

Executive Director, Place

Ward(s) affected:

All

Title:

Increasing Coventry’s Superfast Broadband Coverage

Is this a key decision?

Yes, as it has the potential to affect all wards within the City and expenditure is in excess of £1m

Executive Summary:

The Government expects that 20,000 new jobs and £6.4 billion in Gross Value Added (GVA) will be created in the UK by 2024 as a result of investment in broadband infrastructure.

Coventry’s broadband coverage currently lags behind that of similar areas. Superfast broadband – connections over 20Mbps – are available in just 91.7% of properties in Coventry which compares poorly to areas and is a long way from the Government target for 95% of properties to have superfast broadband by 2017. Birmingham, Derby and Leicester are in the top 40 for Broadband speeds, while Coventry is 74th out of 185.

European funding is being made available to improve Superfast broadband infrastructure that serves small and medium enterprises (SMEs). This funding will target areas containing concentrations of SMEs, but will not serve them exclusively; residents and larger businesses will also benefit as the infrastructure in the target areas improves as a result of the project. Ultimately the project will help the city improve its Superfast broadband coverage considerably as part of its Digital Strategy which is under development will be formally adopted by the end of 2016.

In order to access this funding, the Council must provide match funding. Coventry’s contribution to an overall £15m package of improvements across Coventry and Warwickshire would be £2.55m. As well as a European grant of £4.86m, Growth Deal funding of £4.3m has been requested from Government. The project will be completed by the established Coventry, Solihull, Warwickshire Broadband Project (CSW Broadband).

Recommendations:

Cabinet is asked to:

1. Recommend that Council agree to capital investment of up to £2.55m for Superfast Broadband infrastructure to lever in both European Regional Development funding and Growth Deal funding for investment into Coventry's broadband infrastructure.
2. Agree one-off corporate funding for up to £150,000 to project manage the Council's investment and work as part of the Coventry, Solihull and Warwickshire Broadband (CSW) team to secure ongoing funding into Coventry's Broadband infrastructure.

Council is asked to:

1. Agree to capital investment of up to £2.55m for Superfast Broadband infrastructure to lever in £2.55m European Regional Development funding, £4.3m Growth Deal funding and £1.1m private sector funds for investment into Coventry's broadband infrastructure.
2. Approve the addition of £2.55m to the corporate capital programme, profiled as appropriate in terms of financial year.

List of Appendices included:

None

Background papers:

None

Other Useful Documents:

[CSW: Broadband Delivery UK Local Broadband Plan – February 2012](#)
[Coventry's Super Connected City Plan – Urban Broadband Fund \(Round 2\) – Nov 2012](#)
[Super Connected Coventry – Project Revision – March 2014](#)

Has it been or will it be considered by Scrutiny?

No

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?

Yes, 01 December 2016

Report title: Increasing Coventry's Superfast Broadband Coverage

1 Context (or background)

- 1.1 The digital economy is fundamentally important to the economic future of the UK and to economic development in every part of the country¹. It is essential that Coventry is able to overcome the barriers to success in the digital economy including access to Broadband infrastructure for businesses and residents. All sectors and businesses, particularly Small Medium Enterprises (SMEs) must be given every encouragement and assistance to embrace technology. Coventry is currently preparing a Digital Strategy which will be considered by Council before the end of the year. Scrutiny Boards 1 and 3 have established a Digital Task and Finish Group to consider how to ensure that Coventry benefits from these opportunities.
- 1.2 Broadband is fast becoming the recognised 'fourth utility' and has moved from being a luxury commodity to being a necessity for both residents and businesses in the same way that gas, electricity and water are. Coventry has recently updated its planning guidance to recognise the importance of broadband as a utility in new developments. There is considerable demand from both residents and business for access to good quality Broadband.
- 1.3 As well as being an essential service, investment in broadband is proven to generate jobs and bring wealth to an area. In 2013, consultants SQW completed a UK Broadband Impact Study which concluded that for every £1 of public investment in broadband infrastructure £20 in net economic benefits were accrued². The UK Government anticipates that across the country, investment in superfast broadband infrastructure will generate an increase of £6.3 billion in Gross Value Added (GVA), and a net increase of 20,000 jobs by 2024. If Coventry is to feel the benefits of these increases, investment in broadband infrastructure will be necessary.
- 1.4 Government aims to improve access to broadband by driving up the number of properties where the local network has been upgraded to these standards:
- Superfast Broadband with connections speeds of 24Mbps or greater, usually achieved by running optical fibre to cabinets serving an area before copper cables connect to individual premises
 - Ultrafast Broadband which achieves connection speeds of 300Mbps or greater by providing optical fibre connections directly to individual premises.
- 1.5 The long term strategy is to implement Ultrafast Broadband to cover as much of Coventry as possible. However, Ultrafast is a great deal more expensive to achieve than Superfast as it involves laying new cable and significant civil works, and as a result many commercial such as BT and Virgin Media are cautious about committing to this.
- 1.6 A blended approach will work best in the current commercial context: enable Ultrafast for areas where fast-growing, innovative businesses are located, and implementing Superfast in mixed areas which will include more residential properties. The market will naturally drive some deployments independent of additional financial support but history has shown that without market intervention overall coverage targets will not be met.

¹ Business Innovation & Skills Committee: Inquiry into the Digital Economy

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/257006/uk_broadband_impact_study_-_impact_report_-_nov_2013_-_final.pdf

1.7 This project presents an opportunity for Coventry to increase its Superfast Broadband coverage by targeting areas where large numbers of SMEs are based and upgrading the broadband infrastructure there. The European funding currently available requires SMEs to be principle beneficiaries, but there will be considerable benefits for residents as well. Infrastructure will be installed to serve areas with concentrations of SMEs, but residents in these areas will also be able to access better connections, and there will be an overall improvement in Coventry's broadband infrastructure which will benefit the city as a whole. Part of the project management role will be to ensure that improvements to the network are felt as widely as possible.

1.8 Coventry has already completed a number of successful projects to improve broadband speed and takeup, including a voucher scheme which helped businesses fund the cost of a new connection. Much closer links have been built with the local providers in the city including BT, Virgin and Cityfibre.

1.9 **Economic and Social Benefits of Superfast Broadband Connectivity**

1.9.1 Today computer skills and knowledge of the internet allow people to find new and better jobs, work in more flexible ways, enable inexpensive forms of communication and social interaction to community infrastructures and government services, improve access to learning opportunities and provide access to more convenient and often cheaper products and online services³.

1.9.2 Digital inequality matters because those without access and the right combination of access, skills, motivation and knowledge are missing out on important areas of the digital world. This does not just impact individuals but also on families, communities, political processes, democracy, public services and the economic and social health.

1.9.3 Research shows a clear correlation between digital exclusion and social exclusion⁴. This means that those already at a disadvantage, and arguably with the most to gain from the internet are the least likely to be making use of it and become further disadvantaged by not using it.

1.9.4 The availability and investment in Superfast Broadband infrastructure is a contributor to economic growth at several levels including:

- **Increases in productivity and enhances competitive advantage** by facilitating the adoption of more efficient business processes (e.g., marketing, inventory optimisation, and streamlining of supply chains).
- **Acceleration of innovation by introducing new consumer applications and services** (e.g., new forms of commerce and financial intermediation, Cloud computing, video-sharing platforms or social networks)
- **More efficient use of operations** by maximising their reach to labour pools, access to raw materials, and consumers, (e.g., outsourcing of services, virtual call centres.)

1.9.5 Alongside this, a glance at some of the social benefits of addressing digital exclusion through lack of access to broadband could include:

- **Improved educational attainment** (and associated increased lifetime earnings) if digital exclusion is fully addressed
- **Increased access to work** (and associated increased lifetime earnings), if digital exclusions are fully addressed
- **Household savings** from convenience and accessibility of shopping on line

³ <https://21stcenturychallenges.org/what-is-the-digital-divide/>

⁴ http://www.tinderfoundation.org/sites/default/files/research-publications/digitalinclusion_a_discussion_of_the_evidence_base_1.pdf

- **Reduced public sector transaction costs** through increased transactions on-line and opportunity to reduce demands on minor public services
- **Reduced visits to the GP** associated cost savings to the NHS via increased access to health information on-line

1.10 Gaps in Coverage following Commercial Roll-out

1.10.1 Following the commercial roll-out of superfast broadband services, there remain significant areas where there is no access to superfast broadband. This has created a new digital divide with businesses in these areas at a competitive disadvantage, and increasingly unable to compete in a global economy.

1.10.2 The Coventry Solihull Warwickshire Broadband Project (CSW Broadband) aims to bring improved broadband speeds to SMEs and households across the sub-region.

1.11 Coventry in Comparison with Other Places

1.11.1 The comparison of Broadband speeds with other surrounding areas does not represent Coventry well.

1.11.2 Birmingham, Derby and Leicester are in the top 40 for Broadband speeds. **Coventry is 74th out of 185.**

1.12 Coventry Superfast Broadband Coverage

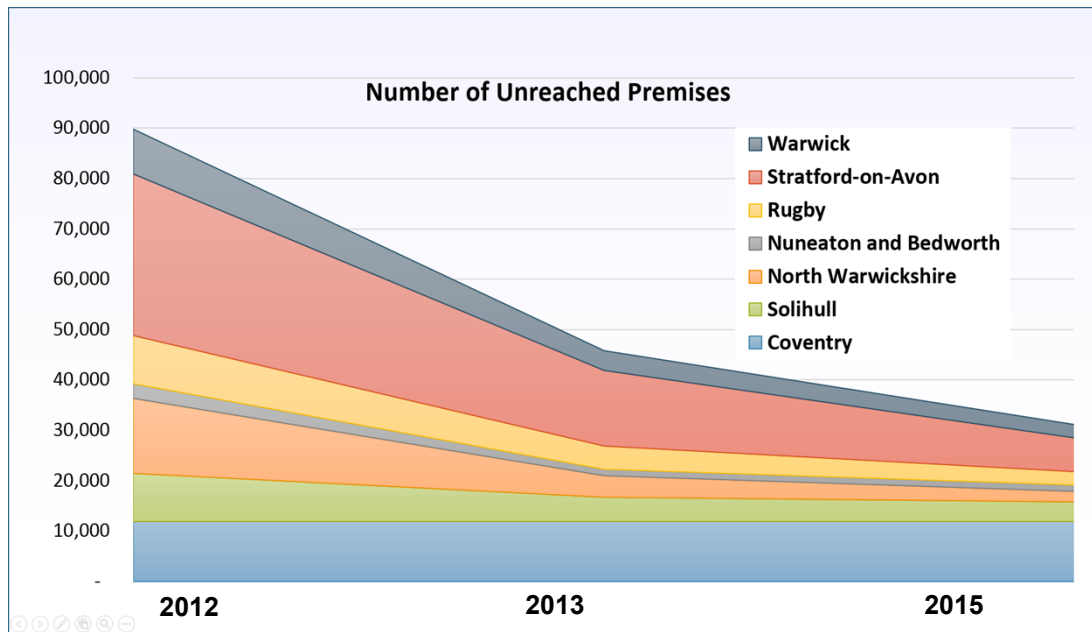
1.12.1 The Government's latest strategy for coverage across the UK targets 95% superfast broadband by 2017. CSW Broadband has set a target of 98%. However the current status for Coventry is that only 91.7% of premises have superfast broadband coverage. The importance of coverage should not be underestimated; it is significant to our Inward Investment aspirations and we are seeing other Cities market their Superfast Broadband coverage of over 98% to potential investors and developers. *Superfast is no longer a luxury it is a necessity for investors, developers and home owners.*

1.12.2 In 2012 a report produced by Analysys Mason regarding Superfast coverage within Coventry, Solihull and Warwickshire, indicated that based on the commercial market investment into superfast broadband, Coventry would naturally achieve 98% coverage by 2017.

1.12.3 At the time, a Government programme was offering cash for Superfast broadband infrastructure, but this was only available if local authorities provided match funding. Based on the advice suggesting that private providers would improve coverage to 98% within a relatively short period of time without the need for public intervention, the Council decided not to pursue this opportunity.

1.12.4 However Solihull and Warwickshire local authorities did take up the funding opportunities and the graph below shows how the profile of unreached premises has changed since 2012. It clearly shows the investment by neighbouring authorities and also shows that the market did not meet the demand naturally within Coventry.

Graph 1.1 – Change of Number of Unreached Premises following Local Authority and UK Government Superfast Investment



1.12.5 From the graph it is very clear that Coventry has remained static since 2012 at coverage of 91.7% with around 11,915 properties remaining without access to Superfast Broadband.

1.12.6 The current provision is currently failing to deliver the national universal service commitment of 2Mbps of premises in the City and too many are unable to access superfast broadband through the commercial roll out by the industry.

1.12.7 Without public sector funding, telecommunications companies would not invest in the wholesale broadband network across all areas of the City because of the limited return on investment. Consequently without public sector intervention parts of the City will increasingly become digitally divided with business losing competitive advantage and residents unable to take advantage of the financial, educational, social and health benefits of being on-line.

1.12.8 The public sector investment is therefore to mitigate disadvantage caused by the different level of broadband access currently in the county and allow improved access to superfast broadband and wider use of technologies and ensure Coventry has a competitive advantage in this area.

1.13 Superfast Broadband Funding Opportunities

1.13.1 There are currently two external funding opportunities available to support investment in Superfast Broadband. The first is a European Regional Development Fund open call for ICT projects which would bring in just over £4.5m of European funds between now and December 2018. A second opportunity is Growth Deal 3, where a further £4.3m is being sought for Coventry & Warwickshire.

1.13.2 To draw these funds down Coventry and Warwickshire local authorities would need to provide match funding, estimated to be in the region of £2.55m (this is based on the costs per premise on market prices). Should both local authorities contribute, when combined with the external funding, it would equate to an investment package in the region of £15m. All match funding provided by the Council will be spent on improvements to Coventry's broadband infrastructure.

- 1.13.3 As well as the public funding, a private contribution of £1.1m will be made by the broadband providers themselves. This has been calculated based on an 11% contribution to the capital costs of the work in line with previous publically funded infrastructure contracts handled by CW
- 1.13.4 The impact of this investment in superfast broadband is estimated to improve the superfast broadband coverage in Coventry to somewhere between 97-98%, covering a further 8,000 unreached premises.

2 Options considered and recommended proposal

- 2.1 The first option is the Council could choose to do nothing, and allow the commercial market to bring about improvements in the broadband network when it is profitable to do so. This option provides no guarantee that coverage will increase in the near future. The status quo would remain and the compelling figures in Graph 1.1 show that the lack of public investment in the last four years has yielded no net change in coverage across the City.
- 2.2 The second option is to invest in the already established CSW Broadband project which has a track record of using public funding in improve broadband infrastructure. An investment of £2.55m by the Council would see the superfast broadband coverage increase from 91.7% to somewhere between 97-98% coverage.

3 Results of consultation undertaken

- 3.1 CSW Broadband has received over 12,000 survey responses from businesses and individuals outlining the current status of their broadband connectivity.
- 3.2 The project has carried out 2 full open market reviews in 2012 and 2014 in which suppliers were invited to provide details of those areas to which they intended to extend their networks.
- 3.3 A further consultation was carried out in March 2016 to update previously received information.
- 3.4 The Federation of Small Business '*Review of Business Broadband: Call for Evidence*' suggests that evidence has demonstrated that participation in the digital economy is becoming increasingly vital to the growth potential of small businesses. A variety of factors including infrastructure availability, poor quality of service, a lack of awareness of the benefits of being online and challenges small businesses face in engaging with the market all contribute to stopping small businesses from taking full advantage. The report also sets out a range of solutions and call to action for public investment where the market is not delivering.

4 Timetable for implementing this decision

- 4.1 Should the Council confirm its investment support for Superfast Broadband, it will form part of the CSW Broadband bid for both European Regional Development Fund and CWLEP Growth Deal 3. Both outcomes are expected around the time of the Autumn Statement (23 November 2016).
- 4.2 Dependent upon the outcomes of the funding bids, the actual work will start in 2017/18 and go through until 2020/21.

5 Comments from Executive Director, Resources

5.1 Financial implications

	2017 / 18	2018 / 19	2019 / 20	2020 / 21	Total
	£m	£m	£m	£m	£m
CWLEP Growth Deal requested	0.17	0.76	2.6	0.77	4.3
Coventry	0.2	0.55	1.4	0.4	2.55
Warwickshire	0.2	0.55	1.4	0.4	2.55
ERDF	0.85	2.83	1.18	0	4.86
Private sector funds	0.19	0.26	0.62	0	1.07
TOTAL	1.61	4.95	7.2	1.57	15.33

Coventry's required contribution to the infrastructure is £2.55m, which is proposed is from corporate capital resources.

The proposal also requires a further one off investment of corporate monies to project manage on behalf of the Council for a period of 2 years up to a maximum cost of £150,000 (in total). It is intended that this role would work with CSWP to maximise infrastructure investment in Coventry.

5.2 Legal implications

There are no legal implications arising out of this report at this stage. As the project progresses, there may be legal implications which need to be addressed. Legal Services will be undertake a monitoring role and will be providing on-going advice on the proposed structure of the project to ensure to the extent possible that the project complies with any state aid and procurement requirement.

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)?

6.1.1 The project will assist with the Council in meeting its strategic vision, values, objectives and areas of focus – to improve quality of life for all Coventry residents – through improved access to faster broadband and the wider use of technologies.

6.1.2 An improved network will have a positive impact on a number of areas including – improving outcomes for the most vulnerable children, young people and adults, providing the infrastructure and services that keep the City moving and working, promoting long term sustainability, finding the most efficient way of delivering accessible services which satisfy our customers, growing businesses, jobs and wages, increased equalities of opportunity, helping people to live successful lives as independently as possible and helping communities to help themselves.

6.1.3 It will also be at the core of the council's emerging Digital Strategy due for consideration by the Council before the end of the year.

6.1.4 It is aligned to the Coventry & Warwickshire Local Enterprise Partnership's (CWLEP) strategic economic plan where investment in superfast and ultrafast Broadband across Coventry and Warwickshire will play an integral part of the CWLEP's ambition to be recognised as a global hub for knowledge-based industries.

6.1.5 It is fully integrated into the West Midlands Combined Authority Strategic Economic Plan, by investing in superfast broadband infrastructure in Coventry it will deliver against the outcomes of jobs, investment and productivity.

6.2 How is risk being managed?

6.2.1 A project manager would be recruited to manage the council's investment into the Broadband project. The project manager would be responsible for managing the Council's interests in the project, ensuring the targeting of the right areas for superfast broadband growth. In addition working with the CSW Team based in Warwick, the project manager would support the procurement of commercial partner(s) to deliver the actual infrastructure and provide ongoing monitoring of the project over the time period.

6.3 What is the impact on the organisation?

6.3.1 HR Implications

To ensure successful delivery of this programme within Coventry, additional staff may be required. Some staff are already in place from other externally funded aligned projects. Any new staff will be recruited on temporary fixed term basis.

6.4 Equalities / EIA

6.4.1 Investment in Broadband technology has the potential to have a positive equalities impact as it will provide more access for different communities and neighbourhoods in Coventry. However, national research shows that older people are less likely to embrace the new technologies largely because of awareness and skills. Interestingly, this is the type of group that could significantly see benefit into older age through social contact, access to services and supporting care and health requirements. Superfast Broadband will allow Senior Citizens to reconnect with local communities.

6.4.2 The impact is expected to be positive on the younger population of the City, in particular around education, e-learning, leisure, social interaction, networking as well as developing their skills.

6.4.3 Whilst the public sector through this project can invest in the installation of the Superfast Broadband network, there will be costs of connections, purchases of equipment and monthly internet charges – this may well prove to still be a barrier for some.

6.4.4 For businesses, access to Superfast Broadband will enable competitiveness globally, providing the ability to grow, create jobs and wage levels and enhance the inward investment offer/potential of the City as well as a positive impact on economic productivity and GVA.

6.4.5 Evidence indicates that school children with use of the internet in homes and students who utilise the internet for study on a regular basis can benefit from improved attainment.

Increasingly schools, colleges and training providers making use of virtual learning networks for study – children and students need to have a good level of service to enable them to access learning resources and submit homework and assignments. The consensus is that broadband makes a positive difference to educational effectiveness and the capacity for providers to deliver effective e-learning.

6.4.6 The Superfast Broadband project will result in improved access – however, though significant this is only one and the first step to ensure people have equal access to digital opportunities. Digital exclusion is one factor next to a range of other exclusion that are often linked whether isolation, poverty, unemployment, poor housing, poor health. However, digital inclusion can help to address some of the issues of exclusion.

6.4.7 Notwithstanding any of the statements above a full Equalities Impact Assessment (EIA) should be done on approval of the funding to ensure that any inequalities are addressed and minimised.

6.5 Implications for (or impact on) the environment

6.5.1 The availability and use of faster broadband will also have some impact on the environment. Investment in Broadband is estimated to produce savings from lower car usage, through less annual community and business travel through enabling increased telework for a proportion of the workforce. And significant savings to electricity usage through broadband-using businesses shifting part of their server capacity onto (more energy-efficient) public cloud platforms.

6.5.2 Allowing for rebound effects (in particular, workers needing to heat their homes in the winter), it is estimated that faster broadband will account for about 1.6 million tonnes of carbon dioxide equivalent (CO₂e) savings per annum nationally.

6.6 Implications for partner organisations?

6.6.1 Coventry City Council's investment will impact a number of local partner organisations positively enabling access to Superfast Broadband where there currently is no or limited provision. All the local authorities within the Coventry & Warwickshire sub-region are partners in the CSW Broadband project and will realise benefits from Coventry's investment.

7 Glossary of Terms

Term	Explanation
Superfast	Connection speeds of 30Mb/s or Higher (Ofcom Definition)
Ultrafast	Connection speeds of 300Mb/s or Higher (Ofcom Definition)
Gigabit	Connection speeds of 1Gb/s or Higher
Fibre to the Cabinet (FTTC)	Fibre connection to the cabinet with final connection to property in copper wire – this is usually the element covered by grant if available
Fibre to the property (FTTP)	Fibre connection directly to the property

4G/5G	4th and 5th generation mobile phone networks Connection speeds <ul style="list-style-type: none">• 4G up to 300Mb/sec• 5G may be up to 10Gb/sec
Public Wi-Fi	Wi-Fi that is provided free of charge for public use.
Internet of Things	A development of the Internet in which everyday objects have network connectivity,

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Members: Councillor Jim O'Boyle	Cabinet Member – Jobs and Regeneration	-	6/10/16	6/10/16
Member: Councillor Richard Brown	Digital Champion	-	6/10/16	

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A separate report is submitted in the private part of the agenda in respect of this item, as it contains details of financial information required to be kept private in accordance with Schedule 12A of the Local Government Act 1972. The grounds for privacy are that it contains information relating to the financial and business affairs of any particular person (including the authority holding that information). The public interest in maintaining the exemption under Schedule 12A outweighs the public interest in disclosing the information.

Cabinet

1 November 2016

Name of Cabinet Member:

Cabinet Member for Public Health and Sport – Councillor K Caan

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Reshaping drug and alcohol services in Coventry

Is this a key decision?

Yes – this relates to financial matters in excess of £1,000,000 in a financial year and will have an impact on city-wide drug and alcohol services.

Executive Summary:

Coventry City Council is responsible for commissioning drug and alcohol recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for adult drug and alcohol recovery services is due to end in November 2017. This provides an opportunity to review and reshape the services to ensure that they are fit for the future.

Coventry City Council has developed a future treatment model for November 2017 onwards, based on the needs of the Coventry population, evidence of what works and findings from engagement and consultation undertaken with service users, wider stakeholders and the general public.

Since the existing adult treatment model was commissioned six years ago, national evidence and thinking has evolved. Clinical based treatment for opiate users is still an important element however the future service model has a renewed emphasis on a coproduced recovery system with the user at the centre, online support, peer to peer support, family support, additional support for those with multiple complex needs and for those who are misusing an emerging variety of substances. The future treatment model is based on three separate lots (adult recovery services, family support and service user advocacy and young people's substance misuse and early intervention services).

The proposed contract start date for the new drug and alcohol services is still to be finalised but is proposed as 1 November 2017.

Recommendations:

Cabinet is recommended to:

- (i) Approve the proposed service model for drug and alcohol recovery services in Coventry and grant permission to tender for drug and alcohol recovery services in line with the proposed model and timescale
- (ii) Delegate authority to the Director of Public Health and Executive Director of Resources to award and implement the contracts for drug and alcohol recovery services in Coventry

List of Appendices included:

Appendix 1 – Future model for drug and alcohol recovery services

Appendix 2 – Drug and Alcohol Needs Assessment Summary

Appendix 3 – Evidence review summary

Background papers:

None

Has it been or will it be considered by Scrutiny?

No. Although this report has not been considered by Scrutiny, Reshaping Drug and Alcohol Services was considered by the Scrutiny Co-ordination Committee on 12th October 2016

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

No. Although this report has not been considered by any other body, the Health and Wellbeing Board (5th September 2016) considered Reshaping Drug and Alcohol Services.

Will this report go to Council?

No

Report title: Reshaping drug and alcohol recovery services in Coventry

1. Context (or background)

- 1.1 Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community. Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of novel psychoactive substances (previously aka “legal highs”) by clubbers, drugs are available and misused by a wide range of people.
- 1.2 Alcohol and drug misuse is a significant issue for individuals and communities alike. The harm caused by excessive drinking and drug taking is complex and wide ranging. Using drugs or alcohol may cause or exacerbate existing problems, harm may be acute or chronic and issues may arise from recreational use or binge drinking as well as problematic use or dependency.
- 1.3 While drinking is most common among many of Coventry’s more affluent communities, those who drink at the greatest levels, and suffer the greatest health harm live in some of the city’s most deprived neighbourhoods. Alcohol and substance misuse can be found amongst homeless populations and those with mental health problems. Problematic drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns.
- 1.4 The Coventry vision is to reduce the harm caused by alcohol and drug misuse and make Coventry a healthier, wealthier and happier place to live, where less alcohol and fewer drugs are consumed and where professionals are confident and well-equipped to challenge behaviour and support change.
- 1.5 Coventry’s vision is to:
 - Take a holistic approach that focuses on the whole person and whole family
 - Support people to choose not to drink alcohol and take drugs
 - Reduce the impact of alcohol and drug use on others
 - Empower individuals and communities to have resilience and strength
 - Focus on diversion, early intervention, treatment and recovery
 - Identify, challenge and prevent substance misuse where possible
 - Provide treatment and help for people when they want it
 - Help people recover fully and rebuild healthy, positive lives
- 1.6 Coventry City Council is responsible for commissioning drug and alcohol recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for adult drug and alcohol recovery services is due to end in November 2017. Through analysing current need in Coventry, reviewing what works to treat drug and alcohol addiction and engaging with service users, stakeholders and the general public, Coventry City Council has developed a model for future drug and alcohol services in Coventry. The future treatment model has been developed alongside the Drug and Alcohol strategy for 2017-2020, which will be presented at a future Cabinet meeting.

2. Options considered and recommended proposal

- 2.1 There are approximately 13,750 high risk drinkers, 1,950 opiate and crack users, 15,000 cannabis users and 5,000 powder cocaine users in Coventry, and around 2,000 people

access drug and alcohol treatment services in Coventry every year. Recovery rates in drug and alcohol services in Coventry are in line with other drug and alcohol services in the country. The issues caused by drug and alcohol misuse are complex and wide ranging, and impact on several Council priorities and services. De-commissioning of services is not considered to be an option as drug and alcohol services directly contribute to significant strategies and service needs across the Council and its stakeholders and partners.

- 2.2 Alternative service models were considered, such as the option to combine adults and young people's services into a single service that supports people through the life course. However, the needs of adults and young people were found to be very different and feedback from stakeholders suggested a specialist young people's service was preferred, but with transition support for 16-25 year olds to ensure young adults and young people are able to access the service that best meets their needs.
- 2.3 The service model presented in this report is based on analysis of the needs of the Coventry population, evidence of what works and engagement and consultation with stakeholders, service users and the general public. The future services will take a whole system approach and will be outcome based and recovery focused. They will be ambitious and characterised by their ability to motivate and support people to achieve both short and longer term goals of recovery through evidence based and innovative approaches. There will be four components within the service offer, comprising of:
- An adult drug and alcohol service that is recovery led, incorporating both prevention and treatment within a wider recovery system
 - Family support, along with service user advocacy within the wider recovery system
 - Young people's substance misuse services as an integrated offer with wider young people's early intervention services and linked to wider services for 0-19 year olds
 - Late night city centre triage, which will be funded by Coventry and Rugby CCG and commissioned as part of the overall drug and alcohol treatment system.

3. Results of consultation undertaken

- 3.1 Coventry City Council gathered views on future services from service users, professionals and members of the public via online and paper surveys and focus groups. 281 surveys were completed, of which 82 were from service users and 25 were from family members and carers. The overall findings from the engagement exercises were that:
- Respondents wanted better access to services when they were needed
 - Respondents wanted better information about what services are available and how to access them
 - Respondents wanted support for family and friends of service users
 - Respondents wanted support for the wider issues which affect service users, their family and carers
 - Respondents wanted specialist drug and alcohol support for young people
- 3.2 Based on these responses and the limited resources available, a model for future drug and alcohol recovery services was developed in line with the views of stakeholder, service users, family members and carers.
- 3.3 Coventry City Council held a further period of consultation on the proposed service model from 25 August to 30 September. Views were gathered via online and paper surveys as well as three consultation events and a number of focus groups. 201 people completed an online or paper survey about the proposed service model, the impact it would have on different groups, and provided comments or suggestions for improvement.

In addition, around 50 people attended a consultation event where they were able to hear about the services in detail, asked questions of commissioners and have detailed discussion about the proposals. The majority were professionals who refer into services, followed by providers and then people who use services.

A number of focus groups were also undertaken, where the proposed service model was presented and discussed. These included the Recovery Forum, the self-build group and Voices of Care.

3.4 The majority of survey respondents and attendees at focus groups and consultation events felt that the proposed service model would have a positive impact on all groups, particularly young people and older people. The majority of respondents also felt that all elements of the service (access, family support and young people's services) would have a positive effect on them, and that the services proposed would provide the support people need.

3.5 Some respondents provided additional comments or suggestions. The following suggestions have been incorporated into the proposal:

- Transition support to be provided for young people aged 16-25 (previously this was proposed to be for 16-24 year olds).
- Support for family, friends and carers to be provided to all family, friends and carers affected by substance misuse, not just family members, friends or carers of people that are currently using drug and alcohol services
- Substance misuse services for young people to be linked to other services which provide support for 0-19 year olds (rather than commissioned separately as part of the drug and alcohol recovery system), but with clear links and transition support to adult drug and alcohol services.

3.6 There were a number of additional suggestions, which will be incorporated into the service specifications. These related to:

- The atmosphere and setting of the current building
- Outreach provision in communities
- Provision of services outside of normal working hours
- Increasing advertising and myth busting
- Outcomes based commissioning
- Provision of continued support once treatment has finished

4. Timetable for implementing this decision

4.1 The new contracts for adult drug and alcohol recovery services is likely to commence on 1 November 2017, while the contract for young people's drug and alcohol recovery service is likely to commence on 1 April 2018.

5. Comments from the Executive Director, Resources

5.1 Financial implications

Public Health England report that a £1 investment in drug treatment saves other costs by £2.50. The return on investment for alcohol is even greater – every £1 spent on treatment saves £5 in other costs.

The funding for the revised drug and alcohol service will come from existing Public Health grant resources.

5.2 Legal implications

Any procurement exercise undertaken and contracts awarded in relation to drug and alcohol recovery services will be undertaken pursuant to the Council's internal Rules for Contract and The Public Contracts Regulations 2015.

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)?

Commissioning drug and alcohol recovery services will help local citizens live longer, healthier independent lives.

The future drug and alcohol service model for Coventry is a key component of Coventry's Health and Wellbeing Strategy and links to all three of the Priorities:-

- Reducing health and wellbeing inequalities (the health and wellbeing gap) – with a specific focus on building young people resilience and good economic growth for the city
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

It also contributes to the Council plan objectives through:

- Improving the quality of life for Coventry people
- Improving health and wellbeing
- Reducing health inequalities
- Protecting our most vulnerable people
- Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens

6.2 How is risk being managed?

There are a number of risks associated with re-commissioning a service of this size. However, the contract for current services is due to end in November 2017. Risks are being managed by the drug and alcohol re-commissioning group and programme board.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

Overall, it is anticipated that the proposed future drug and alcohol recovery services will have a positive impact on the protected groups, where applicable, and on health inequalities in Coventry. The services will provide holistic, person-centred support for people with multiple complex needs (such as homelessness, domestic violence, sexual violence, physical ill health, mental ill health as well as substance misuse) who are particularly

vulnerable, and will be accessible to all through a variety of routes, such as online advice and support, city-centre and community venues and outreach. Advocacy and support for service users will be provided to enable people to access and engage with services. Finally, the future service model has an emphasis on recovery and on enabling people to build or rebuild their lives. Recovery will be explicit in everything the service does and will support people to make the changes they need to lead purposeful and fulfilling lives.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

Adults and young people who use drugs and misuse alcohol impact on a wide range of statutory and non-statutory organisations. The provider(s) of future services will need to integrate into the Coventry health, social care and criminal justice systems and work with partners to develop relationships, share data and co-work with clients.

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Directorate:

People

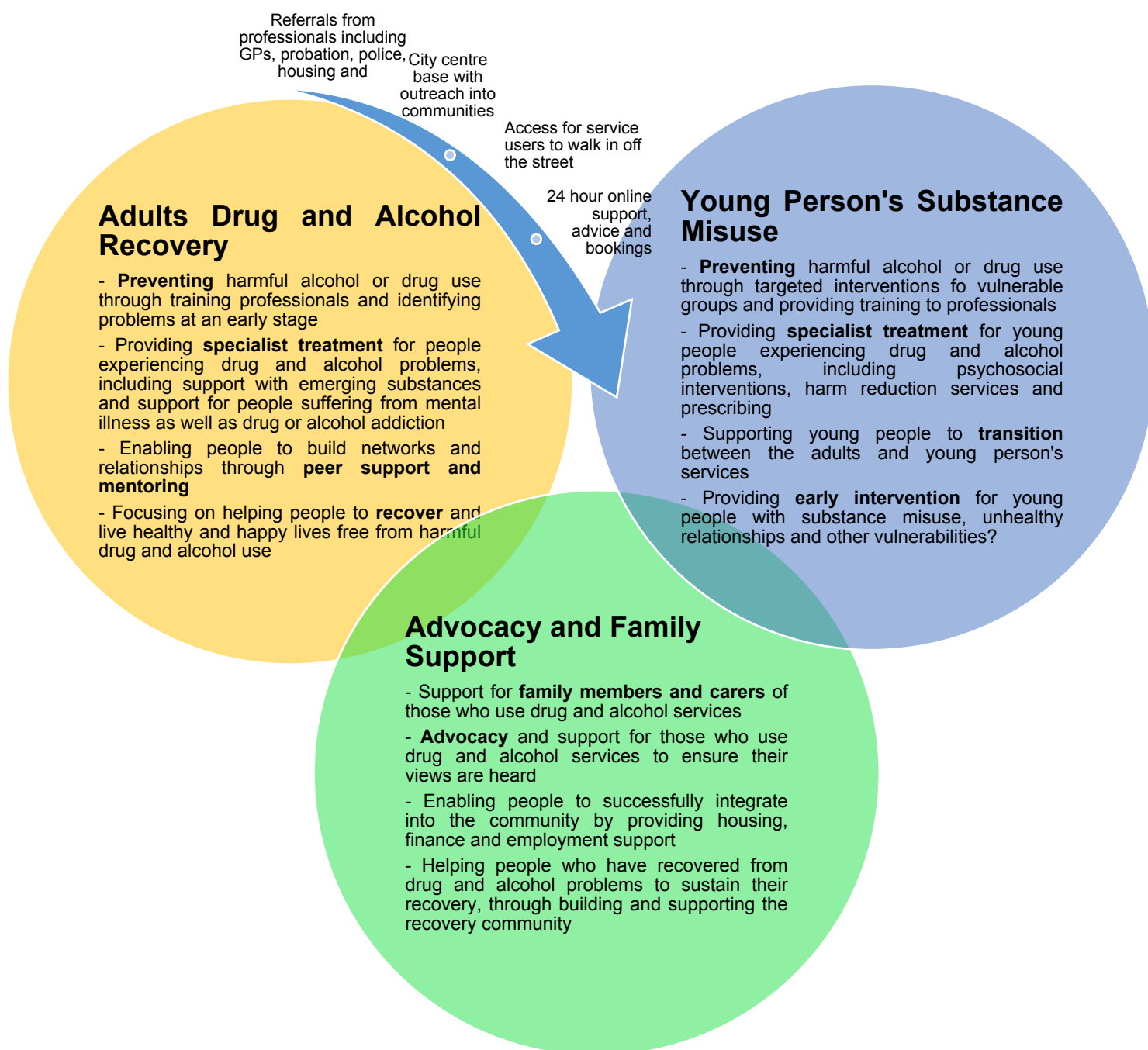
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Appendix 1: Future model of drug and alcohol recovery services



Appendix 2: Coventry drug and alcohol needs assessment 2016

The 2016 Coventry Drug and Alcohol Needs Assessment, which can be accessed in full at: http://www.coventry.gov.uk/downloads/file/21620/coventry_alcohol_and_drugs_needs_assessment_2016 found that nationally, there has been a fall in the proportion of men and women who are frequent drinkers over the last ten years, and the number of alcohol related deaths is decreasing. There has also been a long term downward trend in drug use over the last decade.

Coventry has a considerably larger abstinent population than many other areas. Almost 21% of the adult population do not consume alcohol, which is likely to be due to the cultural diversity in Coventry. Trend data across the city also indicates that drug use is falling, and the proportion of Coventry school children who reported trying drugs fell from 20% to 10% over the last 15 years. Offences where alcohol is a factor has shown marked falls in recent years in Coventry.

However, there are still sections of the population who are drinking at harmful levels. Coventry's Household Survey shows an increase in older adults drinking five or more days a week, with men three times more likely than women to drink on at least three days per week. Coventry's rate of hospital admissions for alcohol related conditions is significantly worse than the average for England, but similar to comparable areas of deprivation, and has reduced year-on-year for the last three years faster than the national average.

Approximately 13,750 people in Coventry are high risk drinkers, however only 6% of high risk drinkers access treatment services. In addition, it is estimated that only 46% of opiate and / or crack users in Coventry are in treatment, which is below the national average (52%), and there are indications that the average age of those accessing treatment services is increasing.

Although the number of people using alcohol and taking drugs is reducing nationally and locally, the needs of alcohol and drug users are becoming increasingly complex, and there is a strong link between high risk substance use and deprivation. There is evidence that problems of alcohol and drug dependence are significantly less prevalent in the population working full time than in the unemployed and economically inactive, and many higher risk drinkers come from fractured family backgrounds, with a history of alcohol abuse in the family. The proportion of the population drinking more frequently is most prevalent among less affluent neighbourhoods in Coventry. There are also strong links between homelessness, offending and substance misuse, and Coventry has a significantly higher than average prevalence of people who have issues with substance misuse, homelessness and offending behaviours (multiple complex needs).

In addition, while the use of opiate and crack substances is falling, the use of new and emerging substances, such as novel psychoactive substances, synthetic cannabinoids and anabolic steroids are on the rise. Nationally synthetic cannabinoids were most likely to leave people needing to seek emergency medical treatment, and in 2014, the number of drug poisoning related deaths was the highest since records began.

Appendix 3: Evidence and best practice

Coventry City Council carried out a review of national evidence and best practice, the findings of which are summarised below:

- **No single treatment approach is appropriate for all individuals.** While structured treatment has a key role to play, it is only part of the support that most people will need. Ongoing support in the community is essential for the ongoing recovery journey and often includes mutual aid and other peer support. Recovery is not just about the individual, but impacts on families and communities.
- **Social and human capital** (also sometimes characterised as **recovery capital**) play a key role in recovery from addiction. Families are a significant source of social and recovery capital. Where recovering addicts maintain strong social networks that include people who continue to use, the impact can be negative. The provision of stable accommodation is a key element in recovery capital.
- **Families can benefit from help** in providing supportive relationships, reducing levels of conflict and reducing the emotional strain on recovering addicts caused by perceptions that their families are worried. Including families in therapeutic and other recovery processes can help them support addicts effectively.
- **Peer-supported community programmes** focused on improving self-determination can have a significant positive impact on recovery from addiction. Recovering addicts can benefit from support with other aspects of their lives that enable them to improve self-determination, such as financial management skills and adopting healthy lifestyles.
- People given more general support tend to improve their levels of self-determination and enhance their prospects for sustained recovery.
- **Community-based health promotion networks** can increase success rates of established interventions such as Alcoholics Anonymous (AA).
- The provision of **vocational activity**, including training and employment, is significantly associated with greater probability of sustained recovery.
- **Barriers to recovery** include psychological problems (mental illnesses and the absence of strengths, such as self-esteem and self-efficacy), significant physical morbidities (including blood borne viruses), social isolation and ongoing chaotic substance use.

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Public report Cabinet Report

Cabinet

1st November 2016

Name of Cabinet Member:

Cabinet Member for Policy and Leadership – Councillor G Duggins

Director approving submission of the report:

Executive Director of Resources

Ward(s) affected:

N/A

Title:

Outstanding Issues

Is this a key decision?

No

Executive summary:

This report is to identify those issues on which further reports have been requested or are outstanding so that Members are aware of them and can monitor their progress.

Recommendations:

The Cabinet are recommended to consider the list of outstanding items as set out below and to ask the Member of the Management Board concerned to explain the current position on those which should have been discharged at this meeting or an earlier meeting.

List of Appendices included:

Table of outstanding issues

Other useful background papers:

None

Has it or will it be considered by scrutiny?

N/A

Has it, 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:
Outstanding Issues**

1. Context (or background)

- 1.1 In May 2004, the City Council adopted an Outstanding Minutes system, linked to the Forward Plan, to ensure that follow-up reports can be monitored and reported to Members.
- 1.2 The Table appended to the report outlines items where a report back has been requested to a future Cabinet meeting, along with the anticipated date for further consideration of the issue.
- 1.3 Where a request has been made to delay the consideration of the report back, the proposed revised date is identified, along with the reason for the request.

2. Options considered and recommended proposal

- 2.1 N/A

3. Results of consultation undertaken

- 3.1 N/A

4. Timetable for implementing this decision

- 4.1 N/A

5. Comments from Executive Director of Resources

- 5.1 Financial implications

N/A

- 5.2 Legal implications

N/A

6. Other implications

- 6.1 **How will this contribute to achievement of the council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Coventry Sustainable Communities Strategy?**

N/A

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

This report will be considered and monitored at each meeting of the Cabinet

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

N/A

6.4 Equalities / EIA

N/A

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

N/A

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Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Names of approvers: (officers and Members)				

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Appendix 1

	Subject	Minute Reference and Date Originally Considered	Date For Further Consideration	Responsible Officer	Proposed Amendment To Date For Consideration	Reason For Request To Delay Submission Of Report
1.	UK City of Culture 2021 Bid To receive an update on the progress in developing the bid	Minute 20/15 - 7 th July 2015	December 2016	Martin Yardley / David Nuttall		

* identifies items where a report is on the agenda for your meeting.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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