



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 5th October, 2016

Place

Committee Rooms 2 and 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 5 - 12)

(a) To agree the minutes of the meeting held on 14th September, 2016

(b) Matters Arising

4. Sustainability and Transformation Plan Update (Pages 13 - 24)

Presentation from Andy Hardy, University Hospitals Coventry and Warwickshire and Chair of the Programme Board

Andrea Green, Coventry and Rugby CCG has been invited to the meeting for the consideration of this item

5. Readiness for Winter and Achieving the A and E Four Hour Wait (Pages 25 - 40)

Presentation

The following representatives have been invited to the meeting for the consideration of this item:

Barry Day, Coventry and Warwickshire Partnership Trust
David Eltringham, University Hospitals Coventry and Warwickshire
Steven Jarman-Davies, Coventry and Rugby Clinical Commissioning Group

6. **Coventry Safeguarding Adults Board Annual Report 2015/16** (Pages 41 - 70)

Briefing Note of the Executive Director of People

Joan Beck, Independent Chair of the Coventry Safeguarding Adults Board has been invited to the meeting for the consideration of this item

7. **Adult Social Care Annual Report (Local Account) 2015/16** (Pages 71 - 94)

Report of the Executive Director of People

8. **Outstanding Issues Report** (Pages 95 - 98)

Report of the Scrutiny Co-ordinator

9. **Work Programme 2016-17** (Pages 99 - 104)

Report of the Scrutiny Co-ordinator

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

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

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 27 September 2016

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

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on 5th October, 2016 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), A Andrews, R Auluck, K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, C Miks, D Spurgeon, K Taylor and S Walsh

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.

Liz Knight

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e-mail: liz.knight@coventry.gov.uk

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 14 September 2016

Present:

Members: Councillor D Gannon (Chair)
Councillor A Andrews
Councillor R Auluck
Councillor J Clifford
Councillor D Kershaw
Councillor C Miks
Councillor K Taylor
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillors F Abbott, M Mutton and E Ruane

Employees:

A Butler, People Directorate
S Caren, People Directorate
V Castree, Resources Directorate
P Fahy, People Directorate
L Gaulton, People Directorate
L Knight, Resources Directorate
J Moore, People Directorate

Other representatives: Asif Atta, Coventry and Warwickshire Partnership Trust (CWPT)
Simon Collings, NHS England
Barry Day, CWPT
Jed Francique, CWPT
Simon Gilby, CWPT
Matt Gilks, Coventry and Rugby CCG
Andrea Green, Coventry and Rugby CCG
Paul Green, Lyng Hall Secondary School
Anita Morgan, CWPT
Jo Morris, CWPT
Donna Reeves, CWPT
Josie Spencer, CWPT
Glynis Washington, Coventry and Rugby CCG

Apologies: Councillor L Kelly

Public Business

13. Declarations of Interest

There were no declarations of interest.

14. **Minutes**

The minutes of the meeting held on 20th July, 2016 were signed as a true record. There were no matters arising.

15. **Outcome of the Coventry and Warwickshire Partnership Trust Care Quality Commission Inspection**

The Board considered a report and presentation from Simon Gilby, Chief Executive of Coventry and Warwickshire Partnership Trust (CWPT) on the outcome of the recent Care Quality Commission (CQC) Inspection of CWPT and the Trust's Action Plan in response. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this item along with Jed Francique and Anita Morgan, CWPT and Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG). Councillor Mal Mutton was also in attendance for this item.

The report indicated that the comprehensive inspection took place between 11th and 15th April, 2016. The Inspection team consisted of around 80 people including inspection staff along with doctors, nurses, allied health professionals, managers and experts by experience. The team met with patients and carers receiving services as well as staff who provided care and support services.

The CQC gave a rating across its 5 Core Inspection Domains: Safety, Effectiveness, Caring, Responsiveness and Well Led. The overall outcome for the Trust was 'Requires Improvement', with the domain 'Caring' rated overall as 'Good'. The CQC had also rated each type of service provided by the Trust, of the 14 services inspected 6 were rated as 'Good' and 8 were rated as 'Requires Improvement'. Further details were set out at an appendix attached to the report. The Board were informed that community health services for children, young people and families and end of life care were both rated as outstanding for caring. The report also detailed the issues of good practice highlighted by the Inspection Team.

The Board noted that the CQC had issued one warning notice which focussed on the Trust's arrangements for managing eliminating mixed sex accommodation requirements which needed to be addressed. The Trust immediately put in place arrangements to ensure that patients within an area of mixed sexes had the appropriate risk assessments and care plans in place and were monitored daily. The Trust had also reviewed its policy arrangements. The Trust were also issued with three requirement notices and the actions required by the Trust to make to improve services were detailed.

The CQC had hosted a Quality Summit for partner agencies when the findings of the inspection were presented and the actions to be taken in response. The Trust's detailed improvement plan had been submitted to the CQC on 12th August 2016.

The presentation indicated that the inspection had been a positive experience and CWPT had welcomed the report and accepted the findings. The Trust were pleased that areas of success and good practice had been identified and

recognised that there were areas which required attention. The immediate actions taken were highlighted. Further information was provided on what the Trust was proud of along the improvements to be made.

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

- What was being done to address the issue of low staff morale
- A request to have the opportunity to see the action plan
- Further information about the timescales for the CQC inspections
- If there were any concerns about particular areas that were failing or issues not being moved forward
- A concern about the dental service in the city, in particular residents who were in pain waiting for an appointment while others presented at A and E and got immediate help
- A request for a report back on the implementation of the action plan
- The budget spend on agency staff and the future targets for savings in this area
- If there were any local commissioning issues associated with the potential reduction in agency staffing
- How the Board could support CWPT
- A request for additional information about training, development and performance management of staff.

RESOLVED that:

(1) The update on the CQC Inspection and the Trust's Action Plan be noted and the details of the Action Plan be circulated to members when available.

(2) An update report on progress with implementing the Action Plan be submitted to a future meeting of the Board in approximately six months included detailed information about the training, development and performance management of staff.

(3) Additional information about the anticipated future savings on Agency Staff be circulated to members.

16. **Child and Adolescent Mental Health Transformation Agenda**

The Board considered a briefing note of the Executive Director of People concerning the Child and Adolescent Mental Health (CAMHS) Transformation Agenda. The note provided an overview of CAMHS system performance and any barriers to performance; an update on progress towards achieving the Transformation Plan and how the Plan would address barriers to performance and any service gaps; and an update on commissioning decisions. Councillor Ruane, Cabinet Member for Children and Young People and Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2) attended the meeting for the consideration of this item. Matt Gilks, Andrea Green and Glynis Washington, Coventry and Rugby Clinical Commissioning Group (CCG), Simon Gilby, Asif Atta, Barry Day, Jed Francique, Anita Morgan, Jo Morris, Donna Reeves and Josie Spencer, Coventry and Warwickshire Partnership Trust

(CWPT), Simon Collings, NHS England and Paul Green, Head Teacher, Lyng Hall Secondary School were also in attendance.

The note indicated that the CAMHS Transformation Plan related to system-wide change across tiers 1-3. The initial six months of the five-year plan had focused on addressing some of the fundamental legacy challenges relating to capacity and demand, faced by similar services across the country. Performance in relation to initial referral to treatment was within the expected range across all services, and while specialist CAMHS (tier 3) follow-up waiting times had been a specific challenge, this had improved.

The Board were informed that there was high demand for autistic spectrum disorder assessments (ASD) compared to other localities and this remained a challenge, even though additional funding had been released. The complexities of need young people were presenting with to targeted tier 2 services such as Reach was also a significant challenge. Recognising that these challenges were not within the gift of a single agency to resolve, the Transformation Board had been strengthened. A Coventry commissioner's sub-group of the CAMHS Transformation Board had been convened and was meeting on a monthly basis to provide further scrutiny of the progress towards transforming CAMHS across Coventry and to oversee the work programme developed to drive significant transformation change in the next two quarters. A key focus would be on early intervention in schools, revising the ASD pathway and associated partnership arrangements to deliver reduced waiting times and implementing improved support for vulnerable young people including Looked After Children (LAC).

The Board noted that Coventry and Warwickshire Partnership NHS Trust (CWPT) recently received an overall rating of 'good' for specialist community mental health services for young people. In July 2016, Coventry and Rugby CCG (CRCCG) Governing Body made a decision for Coventry, to continue to support the delivery of the CAMHS Transformation Plan with a further review in six months' time.

Paul Green, Lyng Hall School provided an update of the transformation agenda from a school's perspective, indicating the main issue had been the significant waiting times but this situation was improving. He expressed strong support for the new focus on early intervention works in schools highlighting that schools were keen to engage in this process.

Paul Collins, NHS England informed of the current position relating to Tier 4 care where children required admission and to the pressures on beds where capacity was very tight across the country. Currently all inpatient beds in the West Midlands area were being used. An update was provided on how improvements were being made to the system to enable children to receive care which allowing them to remain close to their family home. The Board were provided with an understanding of the financial situation. The importance of stability for the child was emphasised.

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

- Concerns about what happened to the patient at the transition stage from childhood to adulthood.
- Continuing concerns about waiting times for assessment and treatment

- Why were the percentage figures for autism so high in Coventry and was there a danger of over referral
- At what age could a child be diagnosed with autism
- Further information about the proposals for the early intervention work in schools and how could progress be monitored
- Details about the new Adults ASD service
- The support provided for Looked After Children
- What was being done to allow better access to CAMHS for children on child protection plans and children in need
- Information about the early years support for speech and language development
- Concerns about children being placed in beds outside of Coventry
- Concerns that delays in tier 4 provision would have an impact on the tier 3 service.

RESOLVED that:

(1) The performance of the current services and the challenges faced, including all the progress outlined, be noted.

(2) The 2016/17 work programme for transforming services be noted.

(3) An update report on progress be submitted to a future meeting of the Board in six months.

(4) A briefing note be circulated to Members and to the Education and Children's Services Scrutiny Board (2) providing an update on the proposals for working with patients during the transition period from childhood to adulthood.

(5) An update report on the new Adults ASD service be submitted to a future meeting.

(6) A briefing note be submitted to members providing additional information on the early prevention work in schools, in particular the enhanced primary mental health offer for the 2016/17 academic year, including how progress could be monitored.

(7) The Transformation Board be asked to consider how better access to the CAMHS service could be provided for children on child protection plans and children in need, including looking at the issue of data sharing between partners.

17. Adult Mental Health Services

The Board considered a report of Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) which provided an update on key activity challenges in respect of Adult Mental Health Services in Coventry. Current actions that the mental health leadership team had planned or put in place to provide greater assurances on the clinical pathway from referral to intervention were detailed. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the

consideration of this item along with Josie Spencer, Barry Day and Asif Atta, CWPT and Matt Gilks, Coventry and Rugby CCG.

The report highlighted that as with other mental health services, Coventry Adult Mental Health Services remained under pressure with the community teams delivering over 2,500 patient contacts each week, having an average active caseload of 3,000 a week and discharging 150 clients back into primary care or the community. The Board were informed that there had been an approximate 15% increase of referrals compared to the previous year.

Overall there were increased waiting times for patients for assessment. A plan had been formulated to address the significant wait in clinical triage.

Specific areas of challenge were integrated practice unit (IPU) 3-8 (non-psychosis) team who dealt with high levels of referrals for anyone with an appearance or diagnosis of mental health unwellness; early intervention, the new national target of referral to NICE intervention within 2 weeks; IPU 10-17 (recovery) team in terms of staff turnover; Section 175 arrangements, with the increase in MHA assessments; and IPU 18-21 (dementia) where the service was really busy and an action plan had been developed to support improvements.

Additional information was provided on the urgent care services in mental health including the Crisis Response and Home Treatment which was the busiest service; the Street Triage service; and the Adult Mental Health Assessment Team (AMHAT) (psychiatric liaison) which provided liaison services to A and E and the hospital wards. These areas were performing well.

The Board were informed of the actions being developed to improve the clinical triage process and assessments within the mental health services which related to patient flows, clinical triage/ assessments, did not attend (DNAs), addressing long waits and managing capacity and demand.

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

- Further information about the Street Triage Service including the follow up arrangements for patients who miss appointments
- Whether the Street Triage Service dealt with homeless people
- The partnership work with the Triage Street Service
- The issue of the service being able to cope with the increasing numbers of elderly residents and increased numbers of patients with dementia
- The support available for carers.

RESOLVED that:

(1) The contents of the report and the actions detailed be noted.

(2) Members to consider whether they want the opportunity to visit the Street Triage Service.

18. Outstanding Issues Report

The Board noted that there were no outstanding issues for consideration.

19. **Work Programme 2016-17**

The Board noted their Work Programme for the current municipal year.

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

(Meeting closed at 12.15 pm)

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Coventry & Warwickshire STP Programme


Coventry and Rugby
Clinical Commissioning Group


Warwickshire North
Clinical Commissioning Group


South Warwickshire
Clinical Commissioning Group



University Hospitals
Coventry and Warwickshire

NHS Trust

Coventry and Warwickshire
Partnership Trust


South Warwickshire
NHS Foundation Trust


George Eliot Hospital
NHS Trust



England


Improvement

NHS National Strategy and the STP

NHS National Strategy (2014)

- Why the NHS needs to change
- Focus on triple aim of improving health; reducing the care and quality gap; addressing financial sustainability of care
- A new relationship with patients and communities
 - Getting serious about preventing ill health
 - New models of care
 - Care deliver
 - Working more closely with local authorities
 - Context for securing investment

Public Health England have led on improving Prevention

National taskforces established to set out priorities for

Urgent and Emergency Care

Mental Health

Cancer

Transforming care for those with LD

Maternity services



Sustainability and Transformation Planning (STP) is a route map for how we plan to deliver the national strategy at a local (Coventry and Warwickshire) level

Main questions to be addressed in the plan

Health & Wellbeing	Care & Quality	Finance & Efficiency
<i>How will you close the health and wellbeing gap?</i>	<i>How will you drive transformation to close the care and quality gap?</i>	<i>How will you close the finance and efficiency gap?</i>
Plans for a 'radical upgrade' in prevention, patient activation, choice and control, and community engagement.	Plans for new care model development, improving against clinical priorities, and rollout of digital healthcare.	How we will achieve financial balance across our local health system and improve the efficiency of NHS/Social services.

Timeline

✓ **Submission to NHS E by 18th March to include:**

Governance document *(including copies of any MOU, TOR, scheme of delegation)*

Resourcing *(details of the project team and external advisors, how these are assigned to key workstreams)*

Project plan and milestones *(to achieve project arrangements to deliver the key delivery points in April and June)*

✓ **Submission (10 slide template) to NHS E by 15th April to include:**

Leadership, governance & engagement

Improving the health of people in your area

Improving care & quality of services

Improving productivity and closing the local financial gap

Emerging priorities

✓ **Presentation at Midlands & East session on 5th May**

✓ **Submission of STP on 30th June**

✓ **STP Board: ALB CEOs Confirm & Challenge session on 22nd July**

✓ **External support in place (PWC)**

✓ **Financial template submission – to close financial gap on 16th September**

STP plan (full with implementation milestones & updated finances) at 21st October

Carter return – 7th October

Weekly reporting to WM NHSE team

Fortnightly reporting to WM STP Executive and WM NHSE/NHSI finance group

Programme structure & workstreams

STP Programme Board

Comprised of the head's of each organisation. The board is responsible for decision making and providing strategic direction

Finance Group	Design Authority	Transformation workstreams
<p>The Finance Group is comprised of the Finance Directors of each organisation and it's role is the development of STP financial template, including:</p> <ul style="list-style-type: none"> • Finalising the do-nothing and BAU gap • Support the development of intervention modelling 	<p>The Design Authority is comprised of clinicians and strategy leads from across the footprint and it's role is to:</p> <ul style="list-style-type: none"> • Identify transformation opportunities • Identify and address key interdependencies • Sense-checking financial impact assessment 	<p>There are five transformation workstreams:</p> <ul style="list-style-type: none"> • Proactive & Preventative • Urgent & Emergency Care • Planned Care • Maternity & Paediatrics • Productivity & Efficiency <p>The role of these workstreams is to develop the opportunities areas identified</p>

Mental health is a part of everything we do and will feature across all workstreams.

Enabling workstreams

There are four enabler workstreams. The role of these workstreams is to work alongside the transformation workstreams to identify what is required to enable the progress of each opportunity area.

- Workforce
- Estates
- IM&T
- Communication and Engagement

A Primary Care Development workstream may be added

Transformation Workstreams

Programme Workstream	Content	Some Examples (existing and new)
Proactive & Preventative	Prevention Existing Out of Hospital plans Crisis response Extended scope of proactive care	Public Health activity Social Prescribing & Community support Neighbourhood teams Early intervention
Urgent & Emergency Care	Enhanced ambulatory care Establish a urgent & emergency care network (Senior clinician at front door) Inputting into other workstreams (in particular proactive and preventative)	Improved primary care access, Urgent Care centres Paramedic @ home Public education Integrated 111/Out of Hours Stroke pathway redesign
Planned Care	Pathway redesign Reduction in lower value procedures Consolidation of elective specialties	Musculoskeletal pathway Review of “out-dated”/lower value procedures Remove duplication
Maternity & Paediatrics (eventually part of Planned Care)	Response to recent national and regional reviews Ongoing sustainability across the footprint	Expanded home birth provision Address Workforce challenges Sustainable/affordable services
Productivity & Efficiency	Back office collaboration Consolidation of clinical support services	Procurement, Pay roll Pathology network, Radiation protection

Last but by no means least – the Supporting Workstreams

Workstream	Activity
Workforce	<ul style="list-style-type: none"> Addressing current workforce issues (agency usage) Creating a sustainable workforce New roles New models of training Supporting workforce changes associated with STP plans
Estates	<ul style="list-style-type: none"> Consolidation of estate and making best use of existing estate “Single Estate” solution Identifying opportunities to share/use other partners’ estate
IM&T	<ul style="list-style-type: none"> C&W Digital Roadmap Electronic Patient Record → Electronic Citizen Record Digital/electronic innovations in treatment & care
Communication and engagement	<ul style="list-style-type: none"> Ongoing communications (public, service users, staff) Ongoing dialogue with partners and stakeholders Informal communications and dialogue Statutory communications/consultations Media

The Design Authority -Facilitated by PwC

Objectives

- Acting as a sounding board for the emerging whole system vision proposed by the Transformation Board
- Providing whole system and clinical input into the design of the new system
- Designing and agreeing the appropriate programme structure and remit of workstreams for next STP check point
- Identifying key interdependencies across workstreams and ensuring that these are appropriately addressed
- Sense-checking the impact assessment of transformation opportunities for the next STP submission

Next steps

Workstreams:

- Clinical input and sense-checking from Design Authority
- Develop individual workstreams

Programme delivery:

- Agree programme structure and capacity/ capability required
- Establish short-term and long-term plans

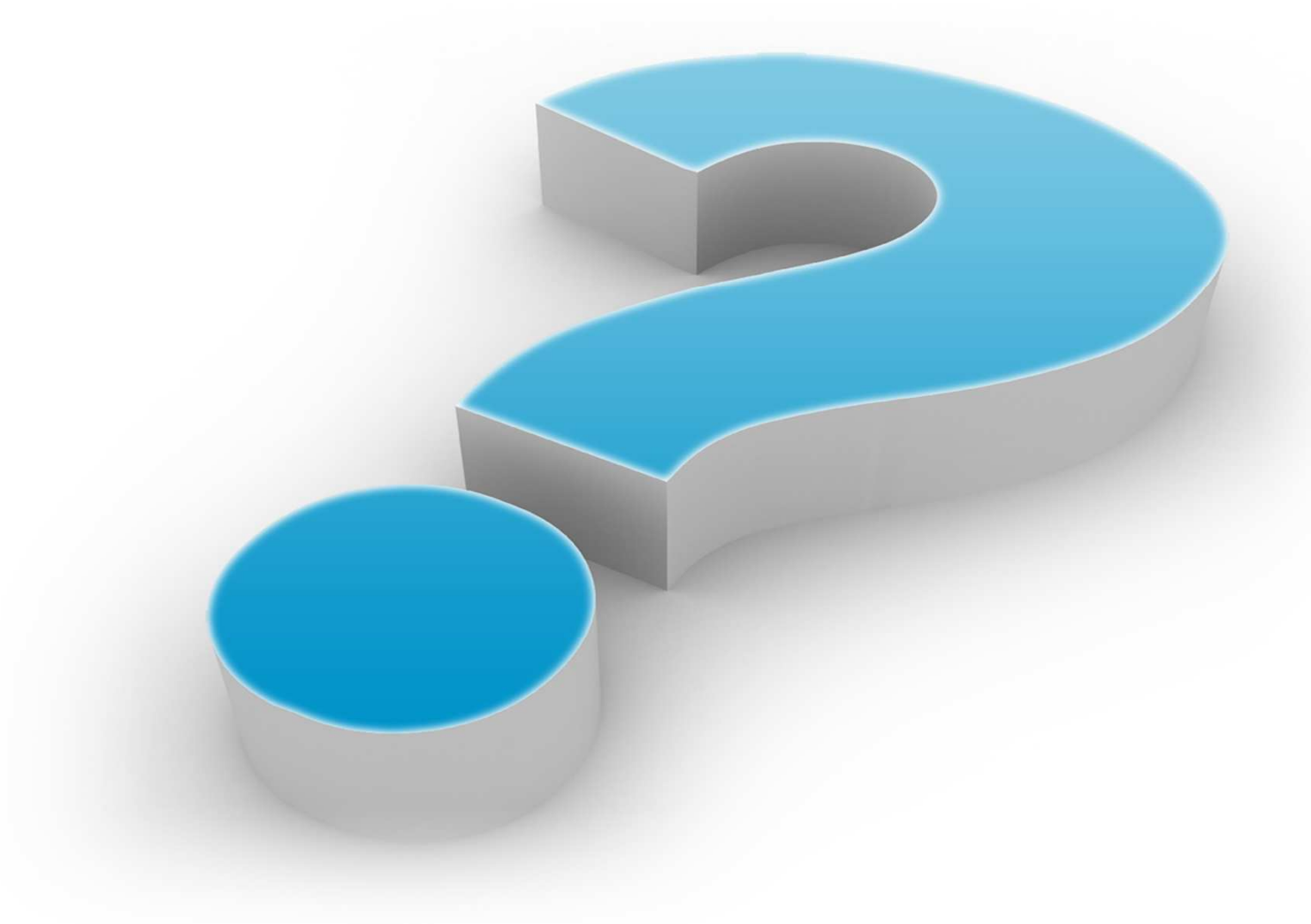
Finance:

- Further modelling for remaining areas
- Check double counting
- Develop costs for interventions

Key Risks

- No history or track record of delivering large scale transformation across the footprint
- Potential for reversion to silo approaches
- Individuals representing organisation V STP/Footprint
- Continued misalignment of governing regulations, priorities, expectations, processes, cultures and internal governance between the respective organisations
- Challenges associated with acute provider network development and potential reconfiguration decisions
- Stakeholder engagement and managing expectations
- Current operational and financial challenges V need to prioritise STP work
- Funding and access to capital resource
- Lack of sufficient transformational support for preventative initiatives, primary care, new models of care and out of hospital solutions
- Understanding the longer term commissioning footprint/arrangements for a range of specialised services
- Sourcing appropriate capacity to implement the programme of work

Questions



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Readiness for Winter and achieving the A&E 4 hour wait

Steven Jarman-Davies
C&R CCG

David Eltringham
UHCW

Peter Fahy
Coventry City
Council

Barry Day
CWPT

University Hospitals
Coventry and Warwickshire
NHS Trust



Coventry & Rugby
Clinical Commissioning Group



Coventry and Warwickshire
Partnership Trust

South Warwickshire
NHS Foundation Trust



Context

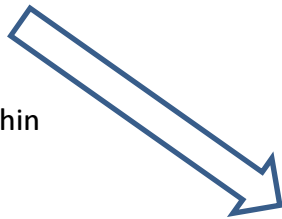
NHS National A&E Plan

Creation of A&E Delivery Board / Replace SRGs
Chaired by Trust CE

National focus on five priorities to be delivered locally

- Streaming in A&E
- NHS 111 Calls transferred to clinician
- Ambulance Response Programme
- Improved Patient Flow
- Improved Discharge

Included within



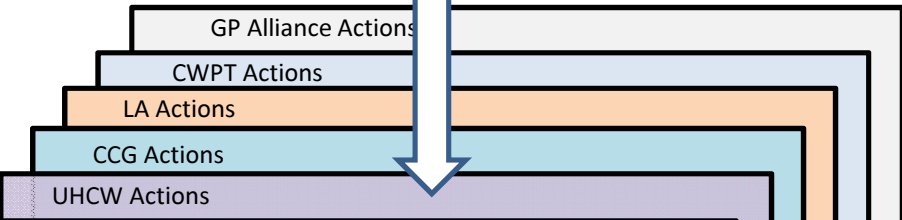
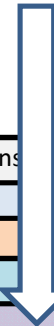
Emergency Care Improvement Programme

System wide review and recommendations for action

Confirmed priorities to be addressed as

- Clear system wide vision
- Frailty
- SAFER
- Ambulatory Care
- Escalation (in & out of hospital)

Included within



Local A&E Delivery Plan

- **Home** first - No-one goes to hospital who should be managed elsewhere in the community.
- **Avoid** - No-one is admitted to hospital that doesn't have an acute hospital need.
- **Pace** - Admission through to discharge is effectively coordinated and managed, to ensure no-one waits more than 24 hours to leave hospital once medically fit for discharge.
- **Targeted** - On-going care and support resources are targeted at those patients whose needs cannot be met in other ways.

Performance and Current System Demand

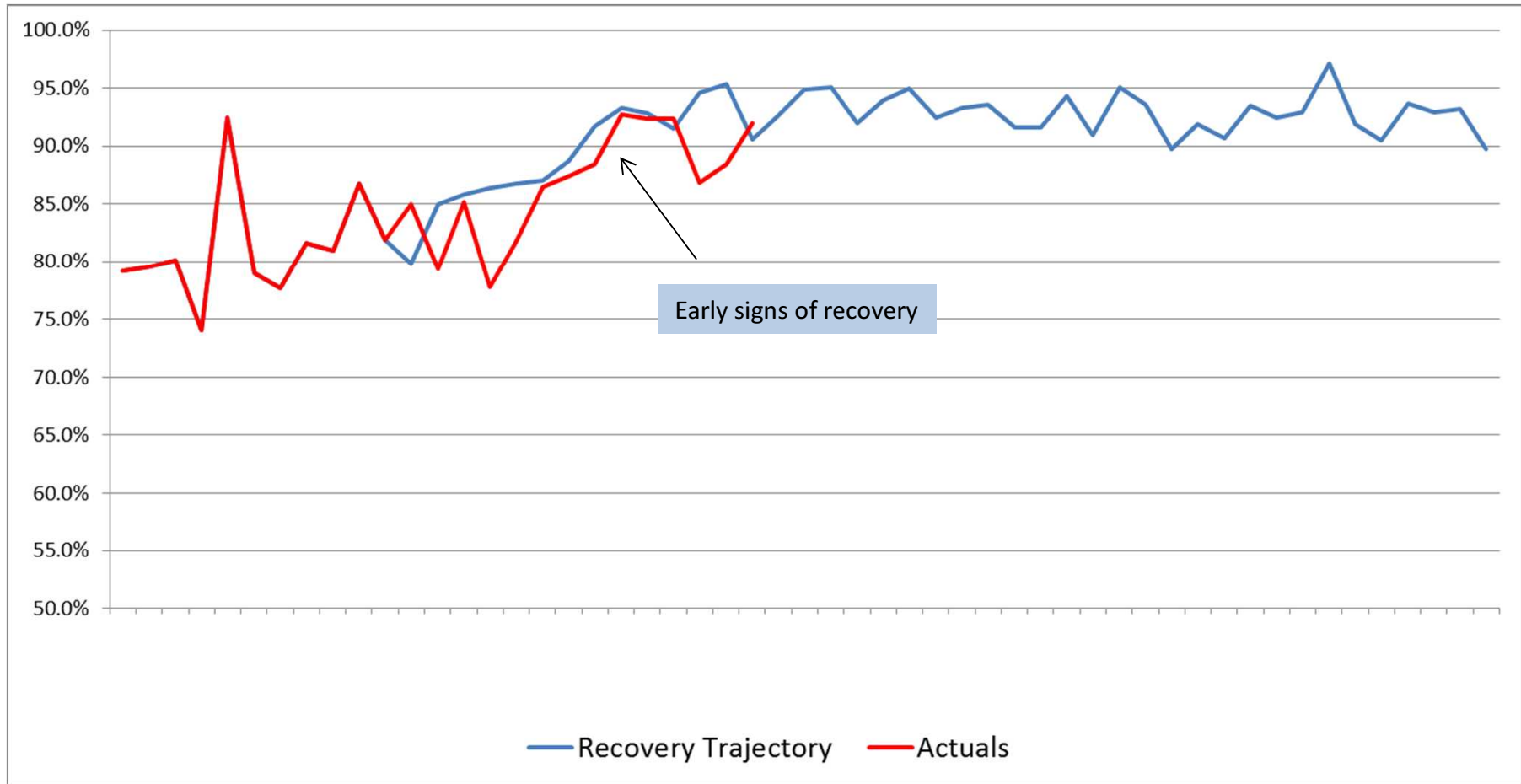
Performance

- Performance is below constitutional standard of 95%
- Local system pressures nationally recognised so the System Transformation Fund (STF) requires 92% in Q4
- Performance has risen since A&E Plan agreed

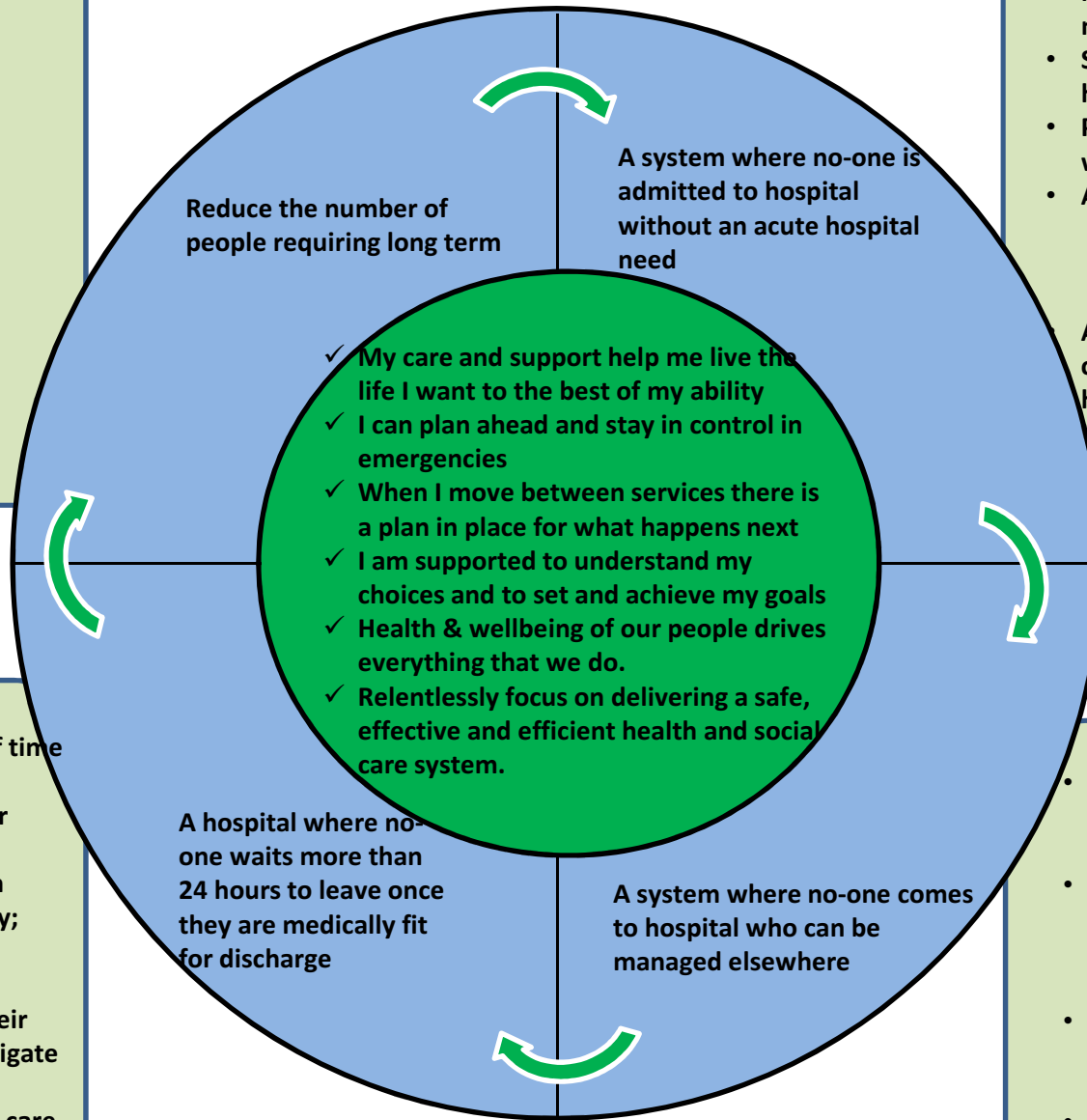
System Demand – What the data shows

- A&E Attendances have risen.
- Emergency admissions
 - Short stay admissions are up
 - Longer stay admissions are stable
- DTOC remains too high well above 3.5% target (actual 6.6% bed day lost in July 2016.)

Current Performance – April 2016 to Sept 2016



System Vision



Reduce the number of people requiring long term

A system where no-one is admitted to hospital without an acute hospital need

A hospital where no-one waits more than 24 hours to leave once they are medically fit for discharge

A system where no-one comes to hospital who can be managed elsewhere

- ✓ My care and support help me live the life I want to the best of my ability
- ✓ I can plan ahead and stay in control in emergencies
- ✓ When I move between services there is a plan in place for what happens next
- ✓ I am supported to understand my choices and to set and achieve my goals
- ✓ Health & wellbeing of our people drives everything that we do.
- ✓ Relentlessly focus on delivering a safe, effective and efficient health and social care system.

- Increasing the amount of time people spend at home through early intervention, prevention and recovery
- Preventing and delaying the onset of frailty
- Helping people to move through care pathways more effectively

- Common principles to care
 - Identify frailty and manage/care
 - Maintain independence and maximise this at home
- Specialist outreach from hospital
- Presumption that the patient will go home
- Access to
 - packages of care
 - results out of hospital
 - to what patients need
- Assumption that 90% of this care can be given away from hospital

- Reducing the amount of time spent in hospital
- Helping patients recover their independence (Maximise and maintain independence – mobility; nutrition; continence; personal care; ADLs)
- Involving patients in their care to not over-investigate and / treat)
- Common approaches to care wherever the patient is cared for

- “I am supported to understand my choices and achieve my goals”
- Delivering integrated and seamless services which improve the coordination and continuity of care for patients
- Increasing the number of frail people being identified who need support
- Ensuring a safe and effective alternative to acute hospital care, 24/7

A&E Plan – in summary

Home first - No-one goes to hospital who should be managed elsewhere in the community.

- **CWPT** – Single point of Access, Urgent Primary Care Assessment, Integrated Neighbourhood Teams, Urgent Primary Care Turnaround. ***Modelled weekly impact 96 reduction in A&E attendances, 35 avoided admissions***
- **CCG** – High Intensity Users including Care Home Enhanced Support, Transformation of End of Life Care, Dementia Care (including Admiral Nurses), Long term Conditions & MH, Communications Campaign. ***Modelled weekly impact 35 reduction in A&E attendances, 8 avoided admissions***
- **GP Alliance** – GP Enhanced Hours. ***Modelled weekly impact 5 reduction in A&E attendances***
- **WMAS** – Electronic Patient Record. ***Modelled weekly impact 25 reduction in A&E attendances, 5 avoided admissions.***
- **SWFT** - Rugby Falls Pathway, Integrated Neighbourhood Teams – Rugby, Urgent Primary Care Turnaround – Rugby. ***Modelled weekly impact 12 avoided A&E attendances, 12 avoided admissions.***

A&E Plan – in summary

Avoid -No-one is admitted to hospital that doesn't have an acute hospital need.

- **UHCW** – ED - Initial Triage, ED- Protect Minors Stream / Non-Admitted Pathway , Pathway development i.e. abdominal pain, Establish Frailty Unit on W21. ***Modelled weekly impact already accounted for in Home First schemes as these are enabler schemes to redirect work flow.***
- **GP Alliance** - Integrated Neighbourhood Teams/GP in ED/Primary Care Frailty pathway, ***Modelled weekly impact 5 avoided admissions.***

Pace - Admission through to discharge is effectively coordinated and managed, to ensure no-one waits more than 24 hours to leave hospital once medically fit for discharge.

- **UHCW** – SAFER implementation, Increased discharge in the morning, embed IDT model, 7 day therapy service across Medicine, Surgery and Rugby St Cross , improve quality and frequency of Board reviews - introduction of red & green days (ECIP supported). ***Modelled weekly impact doesn't affect demand, but increases flow and reduced breaches improves A&E performance by 4%.***
- **Coventry City Council** - Home based re-ablement for community access extra 150 hours from September, ***Modelled weekly impact a 0.4% improvement in A&E performance.***

A&E Plan – in summary

Targeted - On-going care and support resources are targeted at those patients whose needs cannot be met in other ways

- **CCG** – Community Support for re-ablement and assessment of ongoing needs (including CHC D2A improved Utilisation), amended to include case management of D2A pathway 3 – ***Initial Modelled weekly impact 2 avoided admissions, but as D2A embeds then will impact significantly on DTOC numbers and into improved A&E performance.***

Some of the mentioned schemes also formed part of a 90 day Frailty programme that was a joint initiative across all organisations, to focus on the care of frail people in crisis. This work involved agreement as to a Discharge to Assess model, the development of the frailty pathways in hospital and in the community, GPs within the emergency department.

Ongoing work in is train now to embed into place a clear Discharge to Assess pathways, with jointly agreed standard operating procedures and targets. A point prevalence survey was undertaken to assess the level of need for each pathway, and used to set out future requirements.

The following slides are some examples of the actions in place from the A&E Plan

Home first - No-one goes to hospital who should be managed elsewhere in the community. The CWPT Offer for Frailty

- CWPT deliver a suite of services to prevent hospital admission; Intermediate Care (Fast Response), UPCA, Frailty, District Nursing.
- In 2015/16 419,000 patient contacts across the community contract.
- Launch of Integrated Neighbourhood Teams in April 2016, a co-ordinated care model for planned care in the community designed around 3 GP neighbourhoods in Coventry designed to reduce acute hospital admissions.

From 1st September

- Single Point of Access with One phone number
- Urgent referrals ONLY via one phone call to enable effective discharge from UHCW and to avoid admissions via WMAS.
- To enable professionals to facilitate the right care for urgent referrals, helping to prevent avoidable hospital admissions. This will ensure patients can access high quality care, as quickly and easily as possible.
- Streamlining of the patient care pathway preventing multiple referrals, ensuring the patient receives the right service at the right time.
- This service will be provided by a senior clinician 7 days a week, 8am-8pm.

CWPT Patient Pathway - Example



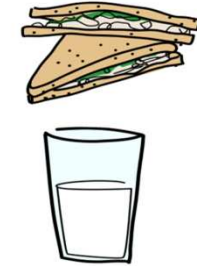
This is Bob. He is 85 years old and lives at home with his wife Mabel who has dementia. Bob has diabetes and high blood pressure and is prone to UTIs.

JANUARY 2016

Bob is feeling unwell. He visits his GP who decides that he needs a nursing and care package to remain at home. The GP contacts Intermediate Care (Fast Response Service), who arrange this.



Intermediate Care provide a four hour response.
Four visits a day are made to Bob's home to help with personal care (meals, fluid intake and to check on mobility).
The team also check the clinical system to identify any dementia intervention required from CWPT and communicate this accordingly.



MARCH 2016

Bob feels really unwell and dials 999.



The paramedics assess Bob and conclude that it is cellulitis which can be treated at home and he does not need to be taken to hospital.



The paramedic calls CWPT Single Point of Entry (SPE). They speak to a clinician who accesses the clinical system and arranges to review Bob to keep him at home safely.



The clinician reviews Bob and adjusts the treatment and care package. If Bob had not been known to CWPT, a full health and social care assessment would be carried out and a package of care put in place.

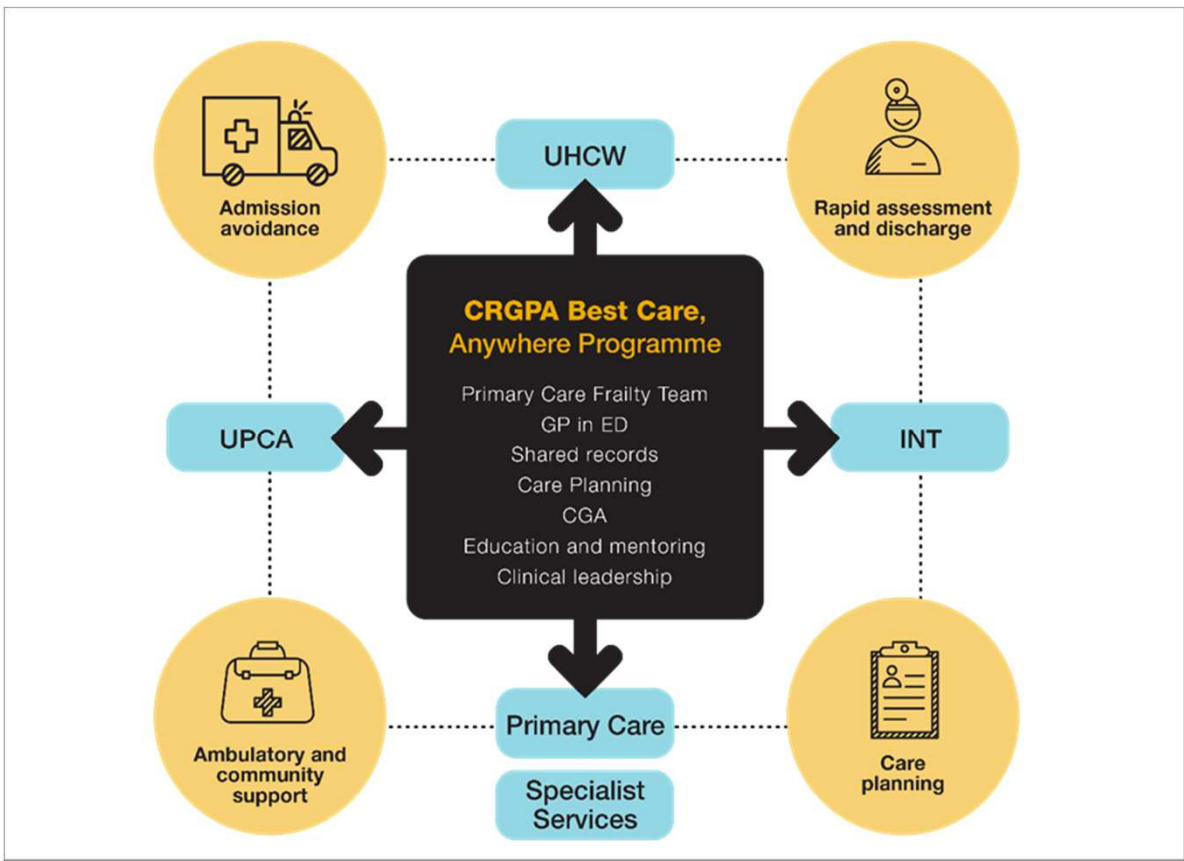
Had Bob's daughter taken him directly to A&E, the A&E medics would have also accessed the CWPT SPE and the same process would have taken place. Bob would not have been admitted to hospital.



If it had been after 8pm, A&E would contact WM Fire Service, who would facilitate the patient's return home. This would include an urgent safe and well check (water, food, risk assessment).



Avoid -No-one is admitted to hospital that doesn't have an acute hospital need. GP Alliance Best Care



Coventry and Rugby's GP Access Fund Programme 'Best Care, Anywhere'

The vision of the programme is to provide an integrated solution; improving primary care access and ensuring continuity of care through integrated pathways, a shared and new primary care workforce and interconnecting technology between patients and clinicians.

The GP-led Primary Care Frailty Team focuses on the older patient population with Coventry and Rugby's first GP-led multidisciplinary team of primary care specialists who provide discharge and care planning for frail patients and manage their care with a proactive, community-based focus.

Pace - Admission through to discharge is effectively coordinated and managed. UHCW – SAFER

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A - All patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

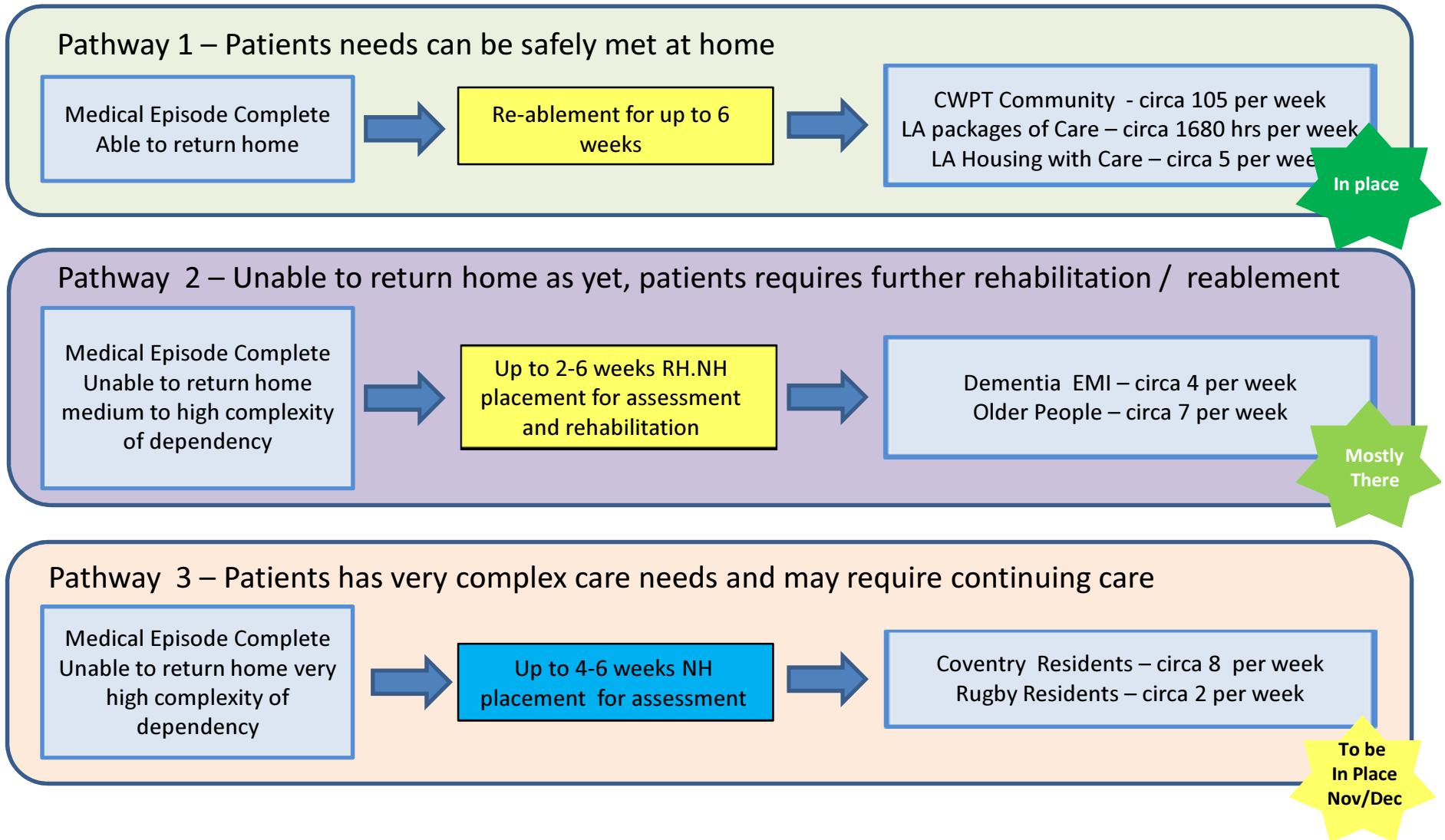
F - Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic MDT review of patients with extended lengths of stay (> 7 days – ‘stranded patients’) with a clear ‘home first’ mind set.

- ADN Ops x2 with responsibility for compliance
- Tiger Teams to drive forward implementation
- Audit and review
- Improved Quality of Ward and Board Rounds
- Internal Communications Campaign

Targeted - On-going care and support resources patients whose needs cannot be met in other ways – CCG / LA Discharge to Assess



Progress

- Alternative Community pathways are in place – need to embed and ensure optimal utilisation, supported by joint CQUINs with providers to promote use of alternative suitable pathways.
- Frailty Pathway operational, with defined Standard Operating Policies, supported by GP Alliance GPs in ED. All 65+ attenders at ED assessed for frailty, and if identified as frail then a Comprehensive Geriatric Assessment is started within 2 hours and management plan put in place.
- Internal work at UHCW supported by ECIP on improving internal processes, i.e. implementation of SAFER.
- Discharge to Assess, appointment of 2 Case Managers for Pathway 3 made, reviewing existing CHC patients in D2A capacity, will focus on ensuring all pathway 3 patients are Discharged from Hospital within 48 hours maximum, and ensuring reassessment within 6 weeks of discharge to ensure flow – capacity to be increased in next two months. Joint workshop held with all partners 4th October.

Governance

A&E Delivery Board Coventry and Rugby

Chaired by Prof Andy Hardy, UHCW Trust CE

CE/CAO/Director representation from CCG/ LAs / CWPT as well as NHS E and NHS I representation

Nationally set mandate to cover compliance to the mandated improvement initiatives:-

- Streaming at the front door;
- NHS 111 – Increasing the number of calls transferred for clinical advice’;
- Ambulances – DOS and code review pilots; HEE increasing workforce;
- Improved flow – ‘must do’s that each Trust should implement to enhance patient flow; and
- Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models.

Key responsibilities

- To lead A&E improvement and sustainability;
- To develop plans for year round system resilience and ensuring effective system wide surge and escalation processes exist;
- To support whole-system planning (including with local authorities) and ownership of the discharge process;
- To participate in the planning and operations for local ambulance services;
- To participate in the planning and operations of NHS 111 services including oversight of local DOS development;
- To agree how resources are deployed for maximum benefit of the system;
- To work within the Coventry and Warwickshire STP footprint & UEC Network to deliver the UEC Strategy

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Coventry City Council

Briefing Note

To: Health and Social Care Scrutiny Board (5): Councillor Gannon

Date: 5 October 2016

From: Joan Beck, Independent Chair of Coventry Safeguarding Adults Board

Subject: Coventry Safeguarding Boards Annual Report

1 Purpose of the Note

1.1 To inform Health and Social Care Scrutiny Board (5) of the content of the Annual Report of the Coventry Safeguarding Adults Board 2015/16. A full copy of the report and PowerPoint slides detailing key national changes and local improvements over the last twelve months are attached as appendices.

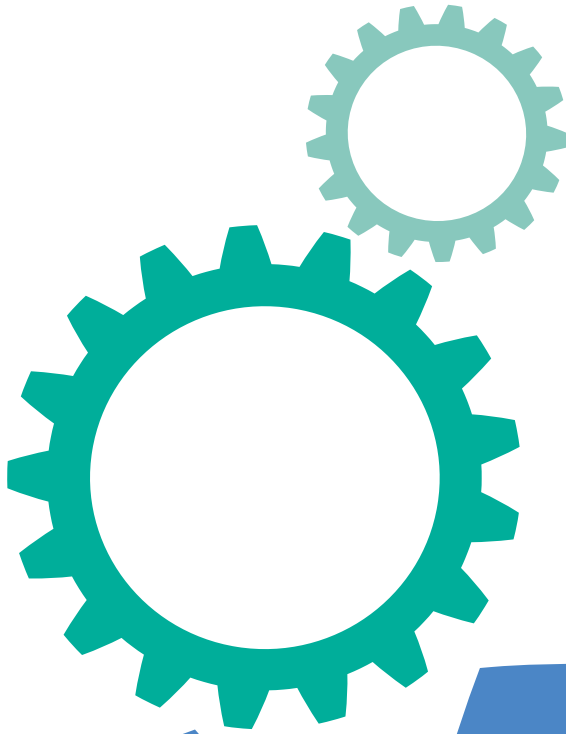
2 Information/Background

- 2.1 The Coventry Safeguarding Adults Board is a multi-agency partnership made up of a range of organisations that contribute towards safeguarding in Coventry. Although Coventry has had an Adults Safeguarding Board in place for many years, it is now a statutory requirement under the Care Act.
- 2.2 The Board is required to publish an annual report and business plan. The report should summarise the key messages from the year and also include a business plan which enables the Board to plan upcoming work. The business plan is included in the annual report.
- 2.3 The annual report also includes the performance data for the year as an appendix. The Board monitors the performance quarterly at full Board meetings.
- 2.4 The Safeguarding Adults Board seeks to raise awareness of safeguarding adults, and the annual report is a key way of doing this. The annual report has already been presented to the Health and Wellbeing Board.

3 Recommendations

3.1 Health and Social Care Scrutiny Board (5) is asked to consider the content of the Coventry Safeguarding Adults Board Annual Report and make any comments to the chair of Coventry Safeguarding Adult Board that may assist the Safeguarding Board in fulfilling its assurance role of the effectiveness of safeguarding for adults in Coventry.

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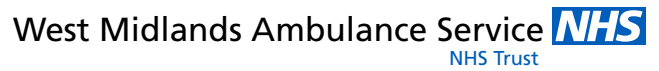


Coventry Safeguarding Adults Board Annual Report 2015/16





Board partners



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Message from the Chair

I am pleased to be writing my second introduction as Independent Chair of the Safeguarding Adults Board. It has been a busy year in which we have seen the changes of the Care Act in practice and monitored the impact of the Deprivation of Liberty Safeguards.

In my introduction last year I referred to the three reviews undertaken by the Board, which have now been published. In January we held a learning event to share the key learning from all three reports. Direct testimony from the families involved was very powerful in ensuring professionals understood the impact their work can have. The event was also an opportunity for West Midlands Fire Service to promote their Fire Safety Guidance for Professionals and Carers who work with Adults with Care & Support Needs. This represents a fundamental change in the way we support adults with care and support needs in the city. As Chair I am committed to ensuring that this change, and others arising from the reviews, make a real difference to adults in Coventry.

Over the last year we have focused on improving awareness with professionals. In the coming year we will focus on building awareness of safeguarding in communities and empower communities to be safe places for everyone to live.

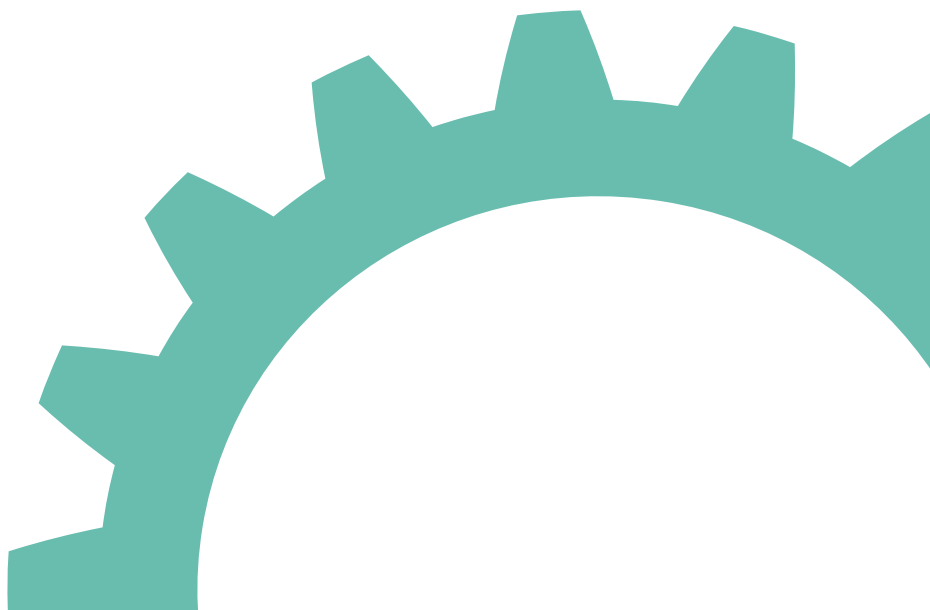
We have tried to make this report short and focused, if you would like more information on the Board then please contact the Board's Business Office on 024 7683 3523 or SafeguardingChildrenAndAdults@coventry.gov.uk.

[Alternatively you can visit our website](#)

I would like to thank Board Members and staff for their hard work this year, and look forward to continuing to work together.



Joan Beck
Independent Chair
Coventry Safeguarding Adults Board





About us

Who we are

Coventry Safeguarding Adults Board (CSAB) is a formal body made up of statutory and voluntary members, which oversees how adults are safeguarded in the city. The Care Act 2014 names partners on the Board as the Local Authority, Police and Clinical Commissioning Groups (CCG). We believe that safeguarding is everybody's responsibility, and we have a wide range of members including: Coventry Warwickshire Partnership Trust, West Midlands Fire Service, West Midlands Ambulance Service, University Hospital Coventry and Warwickshire, Community Rehabilitation Company, National Probation Service – West Midlands, NHS England, Healthwatch and Hereward College.

Although we meet as a Board four times a year, sub groups and task and finish groups carry out work on the Board's behalf throughout the year.

Who we help

Safeguarding duties apply to an adult who has care and support needs (whether or not the local authority is meeting any of those needs) and:

- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

What we do

We give leadership and guidance to agencies. We also check that arrangements are in place to deal effectively with allegations of abuse and neglect. We aim to enable the professionals who work with adults with care and support needs to act and keep people safe, while ensuring those accused of abusing or neglecting, are dealt with appropriately.



How we have made a difference

Our purpose is to promote partner agencies to work together, coordinate the work of partner agencies and assess the difference that we make to adults with care and support needs in Coventry. This section presents some highlights of the work agencies have done to deliver Board priorities. We have included some case studies that demonstrate how our work has improved the lives of adults with care and support needs in Coventry.

The Care Act drives improvement and is embedded in practice

Two Designated Adult Safeguarding Manager (DASM) meetings were held last year to share information and good practice concerning managing position of trust cases. These meetings will continue with agency safeguarding leads responsible for positions of trust.

We have agreed the West Midlands Position of Trust Guidance will be our framework for managing position of trust. We will align our work with Department of Health statutory guidance and publish it in 2016.

Our Policy & Procedures Subgroup has revised the Pressure Ulcer Policy and introduced Self-Neglect Guidance, to embed the proportionality principles and new abuse types within the Care Act 2014.

We have worked regionally to produce safeguarding policy and procedure across the West Midlands that is compliant with the requirements of the Care Act.

We have updated our website and in 2016/17 will continue to develop case studies to increase awareness of the changes heralded by the Care Act 2014.

We have reviewed our constitution and membership.

Our partners have reviewed their policies and procedures to ensure Care Act compliance and revised training programmes to embed staff awareness.

Coventry Warwickshire Partnership Trust, Coventry City Council and Warwickshire County Council have established a group to ensure that service delivery issues are Care Act compliant and provide a forum for the development and evaluation of safeguarding practices.

West Midlands Police have delivered a comprehensive and tailored training Care Act training programme aimed at a range of staff including: Adults at Risk Team, all front line staff, police recruits, Crime & Vulnerability Officers, contact centre staff and Adult Safeguarding Managers.

Stronger emphasis on carers has been reflected in CCG contracts with provider services and changes to key performance indicators, monitoring the effectiveness of staff to identify carers who need assessments.

Adults with care and support needs are assessed for transferable risk where their carers may also be subject to an enquiry where children are being protected as a result of changes made by Coventry City Council.

The Board engages with members of the public, voluntary sector and small providers

Together with Grapevine, we held an event on community powered safeguarding. This raised awareness of the actions we can all take in our communities to safeguard adults with care and support needs and provided us with valuable information to inform our work plan.

Board communications need to be developed further. We will produce a communication and engagement plan and make this a priority for the next two years.

We have started to improve our links into the voluntary sector through our relationships with Healthwatch and Grapevine. We recognise that this is an area we need to improve in the coming year.

Healthwatch are active members of our Board.

West Midlands Ambulance Service have published a **safeguarding guide** for people with learning disabilities.

Board partners have worked together to deliver training in relation to pressure ulcers, early detection of norovirus and falls prevention to 2,000 care home staff across the city. This led to a significant reduction in the prevalence of pressure ulcers and hospital admissions from care homes.

When we undertake a safeguarding adult review (SAR) we routinely work closely with families and shape the way we do our work as a result of what they tell us.



Case Study React to Red

React to Red is a joint initiative between Coventry City Council, health providers, Coventry University and Your Turn that aims to prevent pressure ulcers. It offers clinical training and support to care providers. Accreditation is available for care homes that demonstrate best practice in all areas of pressure ulcer prevention. We now have nine accredited care homes, with twelve more working towards accreditation. **Click here** to see what React to Red has meant for one care home and the adults living there.

The Board works effectively with key strategic boards

Our Board Chair has continued to meet with the Chairs of the Safeguarding Children's Board, Health & Wellbeing Board and the Police and Crime meeting. The Annual Report is presented to the Health Wellbeing Board.

We have presented the findings of reviews to the Scrutiny Committee at Coventry City Council.

We continue to learn from the experience of the Safeguarding Children's Board adopting parallel processes for audit, performance monitoring, safeguarding adult reviews and checking on the implementation of learning.

We are actively involved in working across the West Midlands region. This year we have developed regional policies and procedures for introduction in the coming year.

Our partners who have a region-wide responsibility provide regular updates to the Board about regional issues.



Case Study Safe and Well

Through their **Safe & Well** and **Contact & Connect** services, West Midlands Fire Service and Age UK work together with adults and their families to reduce the chances of a fire in their home. In Coventry, Andrew's story shows the impact this work can have.

Andrew lived alone and had not seen his daughters for a long time and struggled to make ends meet. He had no hot water, heating or smoke alarms. He was a heavy smoker and people were worried that the smoking might lead to a fire. A Vulnerable Persons Officer from the Fire Service and a Well-being Co-ordinator from Age UK worked with Andrew and over several months were able to reunite him with his daughters, fixed the central heating and installed smoke detectors. His daughters discovered that Andrew was being financially abused. Large sums of money had been taken from his account, but this is now been stopped and investigated by the police. Andrew is pleased that he can now enjoy living in a safe and warm home, supported by his family.

Transforming Care and Making Safeguarding Personal are put into practice

Transforming care is part of a national programme to improve services for people with a learning disability and/or autism and support them to lead more independent lives in the community. As a national fast track site and exemplar, we consider a progress report at every Board meeting.

It is easier to raise an adult safeguarding concern now that West Midlands Ambulance Service have embedded safeguarding reporting into the phased release of their new electronic patient records.

The University Hospital Coventry & Warwickshire were winners of the Dementia Friendly Hospital Award 2014-15 and have introduced an Enhanced Care Team that supports patients who express distressed behaviour.

More people with a learning disability or autistic spectrum condition are receiving care or treatment in more appropriate settings than hospital. This is because their preferences, and those of their family and carers, are considered in a Care and Treatment Review.

Participation of service users and their families in safeguarding conferences is routine practice, but Coventry City Council will be doing more to achieve the making safeguarding personal gold standard in the coming year.

West Midlands Fire Service carry out person-centred safe and well visits to adults with care and support needs.

Coventry and Warwickshire Partnership Trust continue to use a monthly learning alert system to share key learning resulting from concerns raised about the care of adults with care and support needs.

Vulnerable patients admitted to hospital are offered a Forget-Me-Not care bundle. These include 'getting to know me' forms which help staff to give more personalised care.

Together with health partners, Coventry City Council have launched a model for care outside hospital and established accommodation which can be used to avoid hospital admissions.



Performance information drives improvement

We regularly listen to the direct testimony of service users and their families and carers. Students from Hereward College spoke to us about the importance of feeling safe as they travel around the city and the necessity for accessible transport. When we hold learning events we also use direct testimony from people who have direct experience of our services.

We regularly consider the effectiveness of the Board using our performance dashboard. You can see our report for 2015/16 in Appendix 1.

Our performance information highlighted issues in relation to Deprivation of Liberty Safeguarding applications. The Council have taken a range of actions and increased investment resulting in there being no outstanding cases from 2014/15 and only a small number outstanding from 2015/16.

Our performance information showed that Coventry was a low outlier in the rates of concerns and enquiries in 2014/15. Systems and processes have been reviewed by the Council's adult safeguarding team and there has been a significant increase in activity. Coventry & Warwickshire Partnership Trust and West Midlands Fire Service have contributed to improved referral rates with an increase in awareness training.

We have developed a Safeguarding Adult Review (SAR) toolkit and held learning events when reviews are completed. After a review has been published we check the progress of any required changes in policy or practice at regular intervals. This is reflected by partner agencies who have established processes for checking the progress of change internally and with commissioned providers.

Care homes that need to improve the quality of their provision are more easily identified because the Clinical Commissioning Group monitor the number of safeguarding incidents and use this to inform the risk assessment for providers. Following identification care homes are supported with clinical expertise from both the CCG and primary care.

Following learning from a safeguarding adult review Coventry and Warwickshire Partnership Trust have designed and introduced a new staff training programme to improve communication with individuals who have care and support needs which are not easily communicated or are suppressed, or might be described as hard to reach.

Offender managers from the National Probation Service routinely discuss potential vulnerabilities with offenders under their supervision, so that their needs can be met.

A provider of probation services in Coventry, the Community Rehabilitation Company has created service user councils to improve their service as a result of service user feedback.

Case Study Safe Places Scheme

The **Coventry Safe Places Scheme** is run by Grapevine. The scheme helps people with learning disabilities to feel safe using shops, pubs, cafés, entertainment venues and public transport. If someone with a learning disability or autism is lost, being harassed or in need of assistance in the city centre, they can use their safe places card or key ring to get help at a safe place. This year 83 people with learning disabilities and/or autism were trained how to use the scheme in the city centre. Local businesses and organisations sign up as safe places and their staff receive learning disability and autism awareness training. They can then help anyone that presents them with a card or keyring. Safe places are easily identifiable by a sticker in the window. There are eight safe places in the City Centre including the Coventry Building Society, Coventry City Council Customer Service Centre and Drapers Bar.



Safeguarding Adult Reviews

What is a safeguarding adult review?

Safeguarding Adults Reviews (SARs) are opportunities to review practice and improve the way agencies work. Until the Care Act came into place, we referred to them as Serious Case Reviews and used a range of different methods depending on the case. Within the period of this annual report three reviews, which had been started before the Care Act introduced SARs, were published.

All reviews are published on the Safeguarding Adults Board website. You can view these by [clicking here](#).

We have developed a toolkit for conducting SARs, introduced by the Care Act. This will ensure that there is consistency in practice for all reviews we undertake and that all reviews are conducted to a high standard.

Learning from reviews

When we publish a review we also publish an action plan, which outlines the improvements that need to be made by the partners of the Board. We regularly check progress to implement these improvements and plan audits to measure the impact of changes.

We are committed to ensuring that all professionals have an opportunity to learn from the review process. In January we held a learning event to share the key learning from all three published reports. Direct testimony from the families involved was very powerful in ensuring professionals understood the impact their work can have. All professionals attending were asked to submit a pledge of what changes they would make following the event and we will check their progress in the coming year.

Looking Forward – 2016/17 Priorities

Boards are required to publish a strategy, ours is outlined below. We will develop this into a more detailed business plan that will be owned and delivered by board members and their organisation, who will be responsible for making the plan a reality.

Through the year, we will add to the business plan, as we respond to things we learn and do.

The Care Act drives improvement and is embedded in practice	We will...
	check that agencies have completed their actions arising from safeguarding adult reviews and check the impact of those
	carry out a Multi-Agency Care Act Compliance Audit
	have learning events with providers sharing the lessons of safeguarding adult reviews
	hold regular meetings between agency safeguarding leads responsible for positions of trust
	develop case studies to increase the awareness of changes brought about via the Care Act and will publish these on our website.
Why? To ensure that board members work together to protect an adults right to live in safety, free from abuse and neglect.	

The Board engages with members of the public, voluntary sector and small providers	We will...
	produce a communication and engagement plan
	establish ways of communicating with the voluntary sector
	build awareness of safeguarding in communities and empower communities to be safe places for everyone to live
	improve our understanding of carers and how we can improve their wellbeing.
Why? So that people feel well informed about safeguarding and the route to take to resolve their issues.	

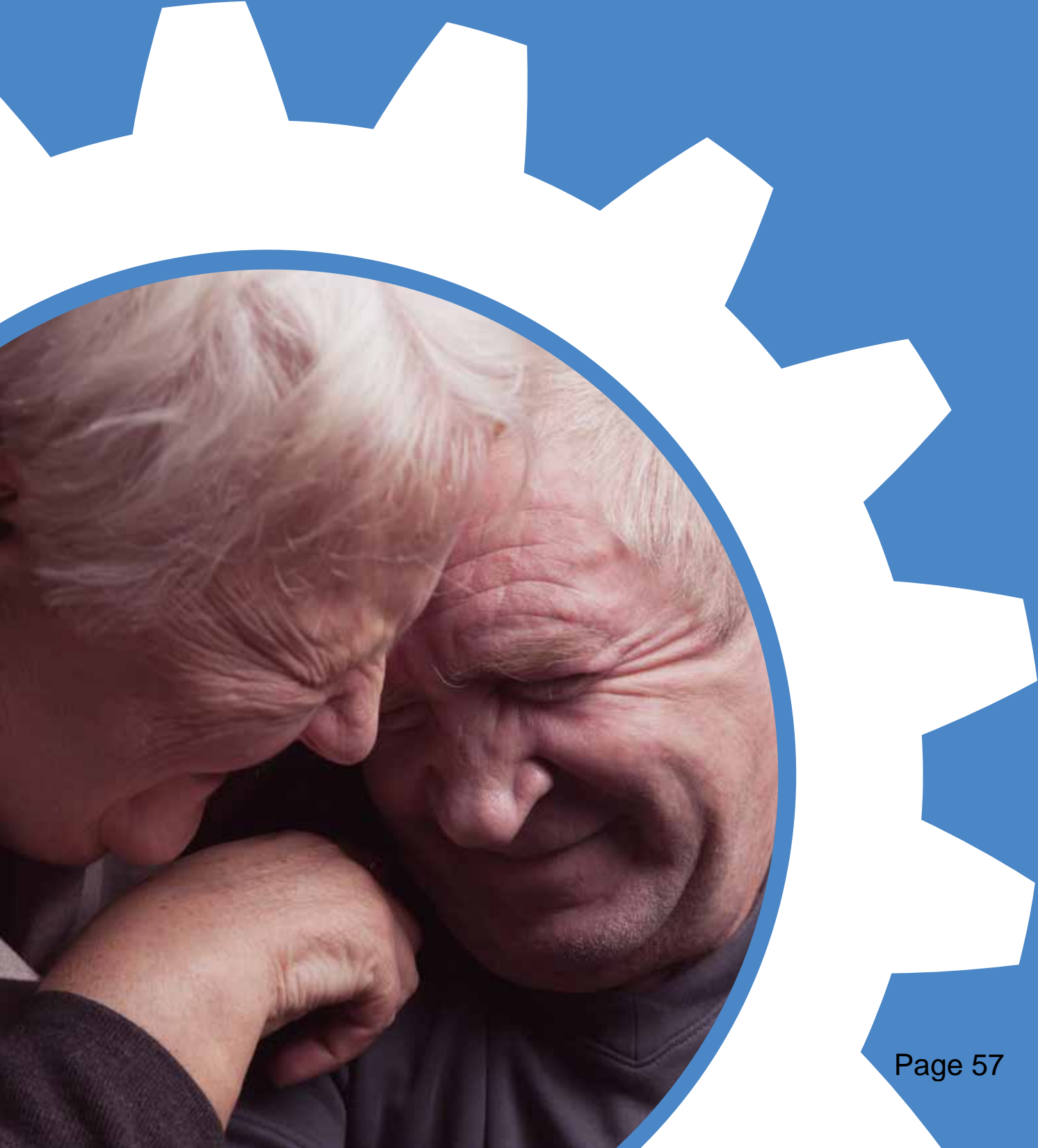
The Board works effectively with key strategic boards	We will...
	continue to meet with the chairs of other strategic boards.
Why? So that we can influence others to take account of adults with care and support needs.	

Transforming Care and Making Safeguarding Personal are put into practice	We will...
	continue to champion the delivery of the transforming care agenda and making safeguarding personal.
Why? So that people are able to express their situation and professionals work with them in a way that respects this.	

Performance information drives improvement	We will...
	continue to review the impact of action plans arising from SARs and audits
	carry out a programme of audit that helps to understand how safeguarding can be improved
	revise how we report the difference we make to people with care and support needs, by further developing our performance dashboard to focus on outcomes.
Why? To help us understand where performance needs to be improved and to challenge board members to make those improvements.	

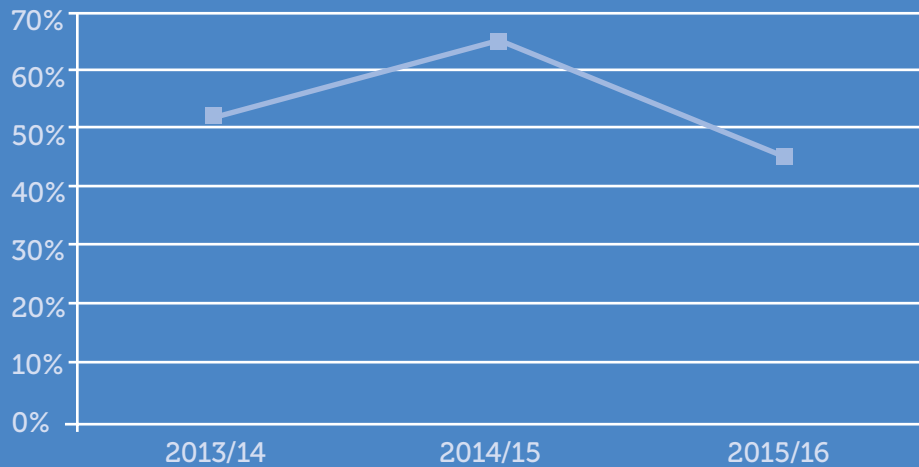


Performance Dashboard



Empowerment - Presumption of person-led decisions and informed consent

Percentage of adults at risk supported by an advocate



Proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B)

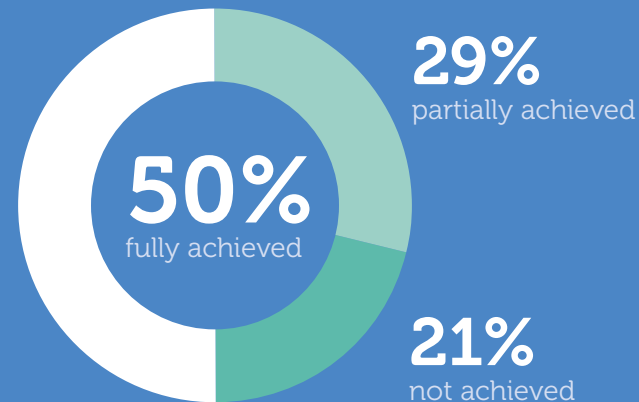
Coventry 2015/16		Trend	Coventry 2014/15	Comparator 2014/15	West Mids 2014/15	England 2014/15
Target	Provisional					
85.6	86	↑	85.6	83.3	86.4	84.5

Annual Indicator – this is new data for June 2016. Next reporting date June 2017.

Proportion of people who use services who feel safe (ASCOF 4A)

Coventry 2015/16		Trend	Coventry 2014/15	Comparator 2014/15	West Mids 2014/15	England 2014/15
Target	Provisional					
75.8	70	↓	75.8	68.6	70.9	68.5

Engagement of the adult in the process – outcomes achieved



Note: This figure only represents the outcomes of 16% of safeguarding enquiries as data collection was implemented in November. This provides early indication that a good percentage of outcomes, described by vulnerable adults at the start of a safeguarding enquiry, are being achieved by the conclusion of the process.

Prevention - It is better to take action before harm occurs

Provision of awareness training by statutory partners



Coventry City Council
% of staff attending basic adult safeguarding training in the last two years



West Midlands Fire Service staff in the city attended basic adult awareness training between October and December 2015



Current **UHCW** staff have been trained to Level 1 in adult safeguarding in the last three years



West Midlands Fire Service staff in the city attended basic adult awareness training between February and March 2015



Current **CCG** staff received basic adult awareness training in the last three years



West Midlands Fire Service staff in the city attended basic adult awareness training between October and December 2014



Current **CWPT** staff have been trained to Level 1 in safeguarding adults in the last year

The **National Probation Service** are in the process of developing nationwide adult safeguarding awareness training

Note: We are still developing the recording and reporting of adult safeguarding training. Therefore comparisons cannot be made between agencies.

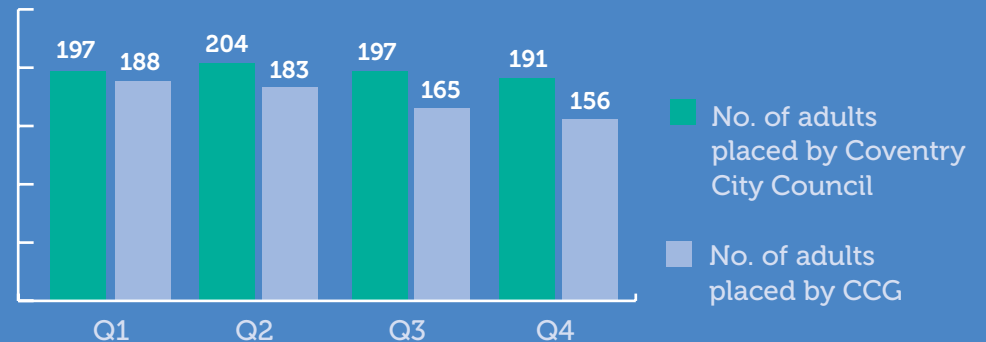
Current large scale investigations underway

There are no large scale investigations currently underway.

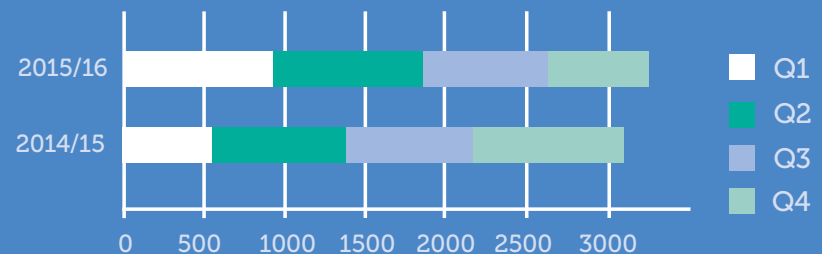
Number of providers in Provider Escalation Panel (PEP) process



Number of adults placed out of city

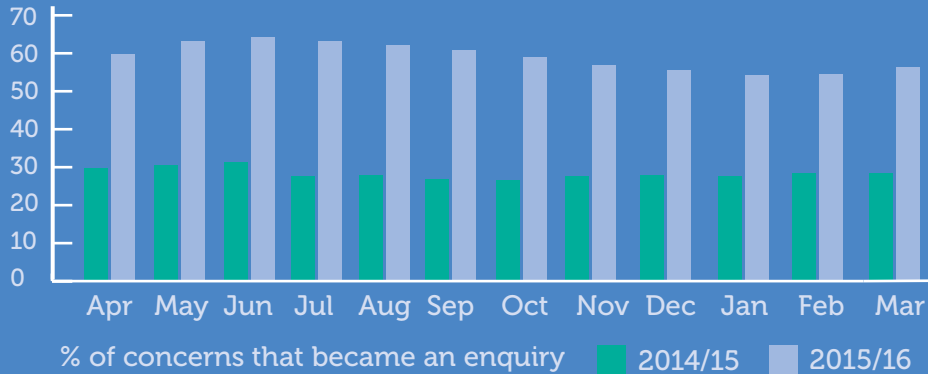


Safe and Well Visits

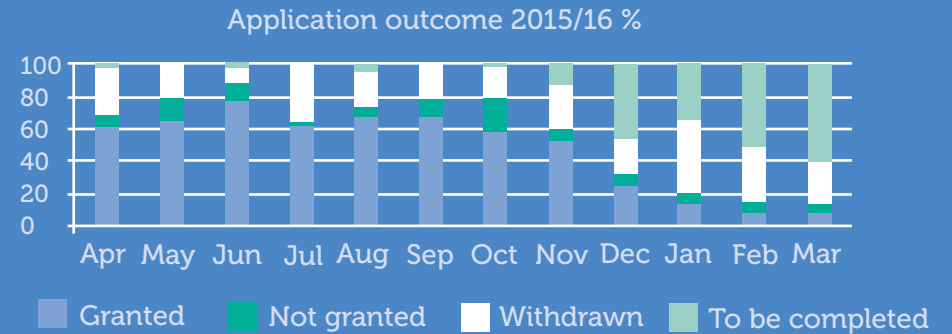


Proportionality - Proportionate and least intrusive response appropriate to the risk presented

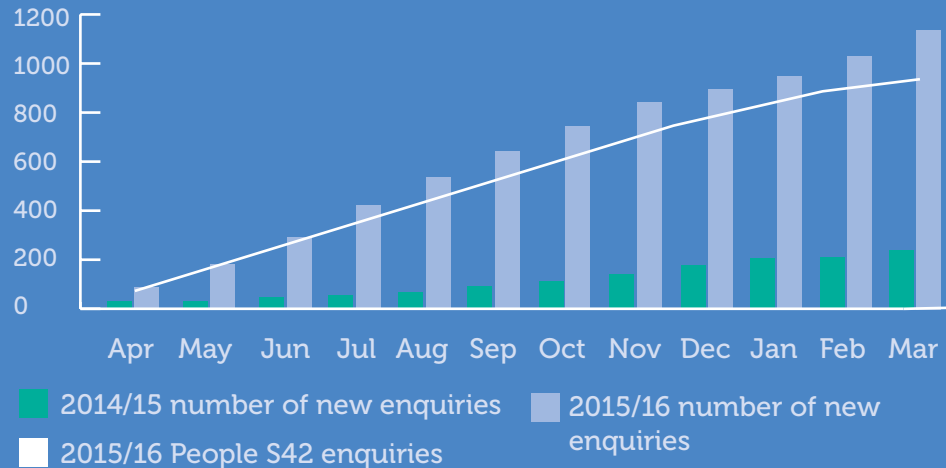
Concerns and enquiries



Deprivation of Liberties (DoLs) requested / granted



Number of people and number of new enquiries

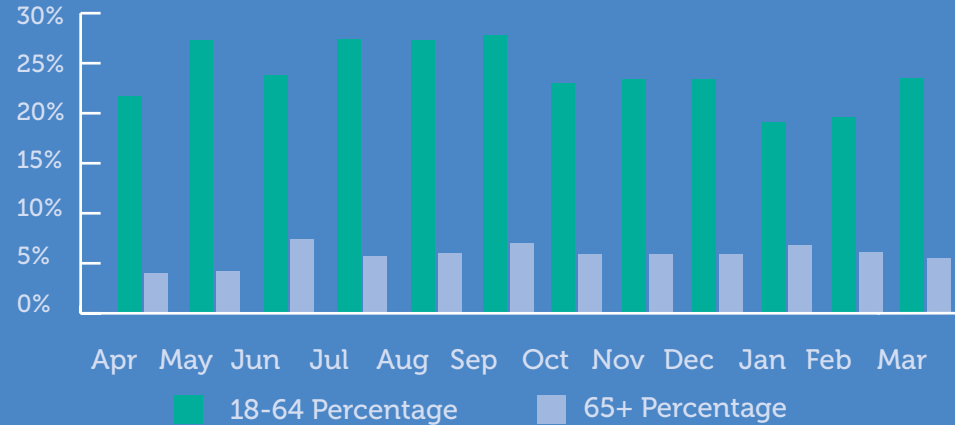


Note: There is a significant continuing rise in the number of new enquiries and in the number of people subject to an enquiry. The number of concerns that become an enquiry is broadly static.

Proportionality continued

BME concerns reporting

% Safeguarding concerns from the BME community



Note: The level of BME concerns reporting is below the level expected given the overall BME population in Coventry.

Data 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18-64 No.	5	9	10	17	21	25	27	29	29	35	43	57
18-64 %	21.7	27.3	23.8	27.4	27.3	27.8	23	23.4	23.4	19.1	19.6	23.5
65+ No.	2	5	15	16	21	33	32	35	35	53	55	71
65+ %	4.1	4.3	7.5	5.8	6.1	7.1	6	6	6	6.9	6.2	5.6

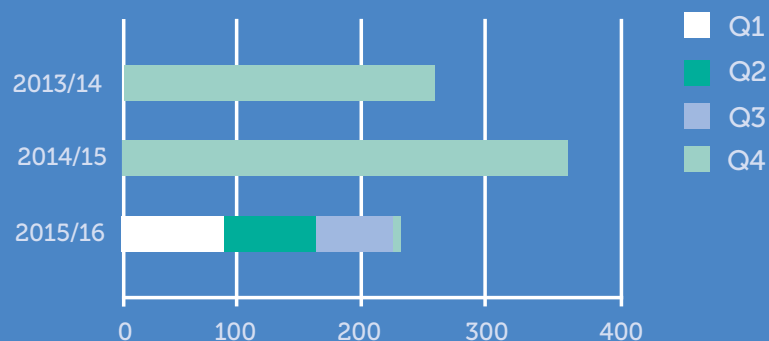
Timescales



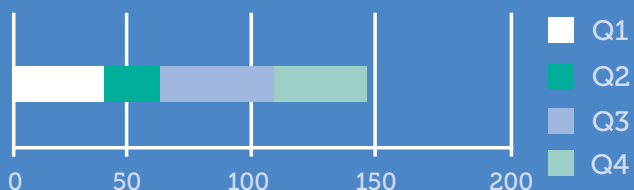
Data 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Initial decision made in 2 days	100	198	321	456	582	677	798	850	851	1093	1197	1301
%	96.2	96.6	97.3	97	97.2	96.9	97	97.1	97.1	97.1	96.9	96.9
Initial risk assessment / plan within 5 days	68	40	235	328	414	496	577	640	675	711	782	836
%	75.6	76.9	80.5	78.3	78	77.4	77.9	76.9	76	75.7	76.1	75.5

Protection - Support and representation for those in greatest need

Number of pressure ulcers (due to neglect) reported - Coventry City Council



- Clinical Commissioning Group

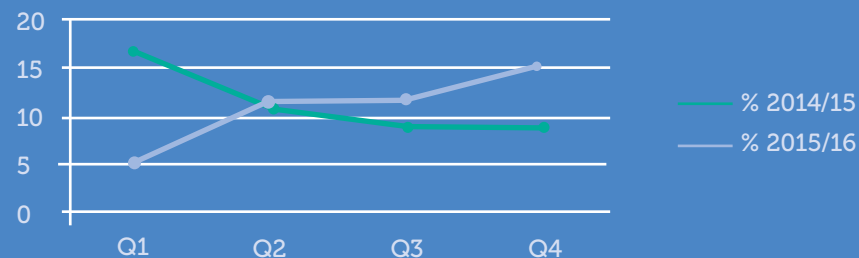


Results of action at enquiry conclusion

2015/16 Concluded enquiries	Number	%
No action taken	732	85
Action taken and risk remains	5	1
Action taken and risk reduced	81	9
Action taken and risk removed	42	5

Note: This information is available for the first time. The Board will now work to understand the reported figure.

% of repeat safeguarding enquiries



Safeguarding activity by type of abuse and location

Source of abuse (completed enquiries)	2013/14		2014/15		2015/16	
	No	%	No	%	No	%
Domestic Abuse					10	1
Financial and material	41	16	62	16	127	13.1
Organisational	7	3	8	2	12	1.2
Neglect and acts of omission	107	42	142	37	471	48.6
Physical	54	21	89	23	209	21.5
Psychological/emotional	27	11	60	16	87	9
Self-neglect					30	3.1
Sexual	16	6	17	4	20	2.1
Discriminatory	2	1	1	0	2	0.2
Modern slavery					2	0.2

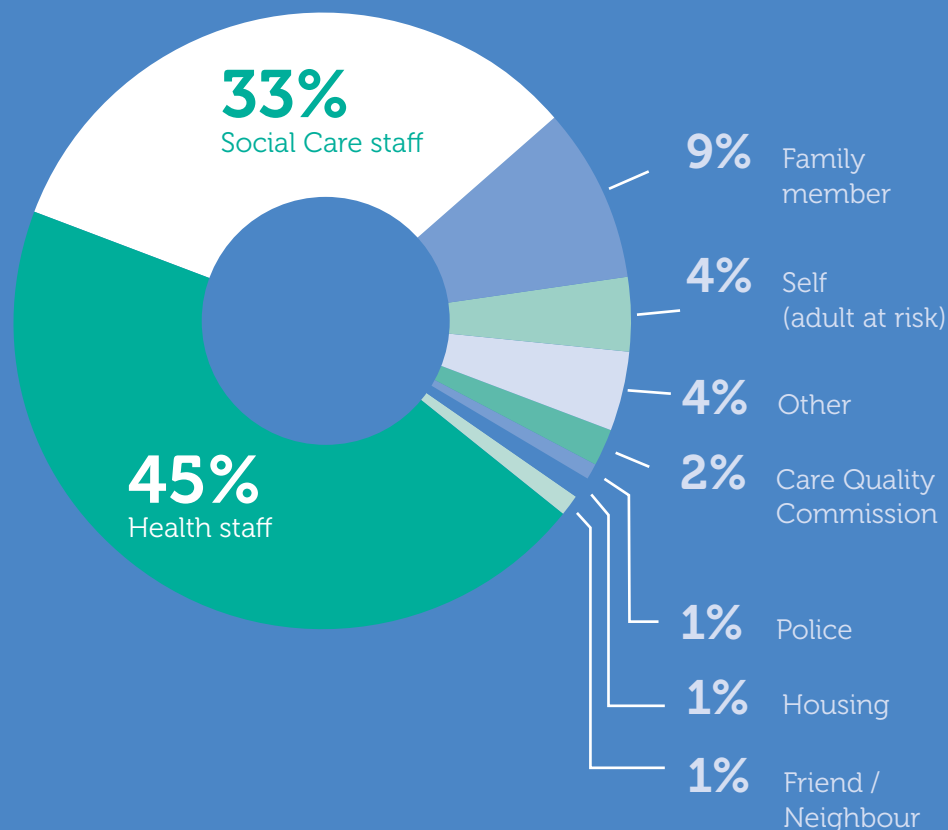
Location of abuse (completed enquiries)	2013/14		2014/15		2015/16	
	No	%	No	%	No	%
Care Home	69	35	104	36	318	37
Hospital	23	12	24	8	80	9.3
Own Home	73	37	129	45	409	47.6
Service within community	3	2	2	1	3	0.3
Other	27	14	27	9	50	5.8

Domestic violence incidents reported to Police

Note: This information is not currently available.

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Source of enquiry



Attendance at Board meetings

Organisation	Meetings attended	Attendance expectation	% attendance
Independent Chair	5	5	100
Coventry and Rugby CCG	4	4	100
GPs	2	2	100
CWPT Partnership Trust, NHS	5	5	100
UHCW	4	4	100
NHS England	2	2	100
Public Health	1	3	33
Health Watch	2	2	100
West Midlands Police	3	3	100
Coventry City Council	5	5	100
Hereward College	2	3	67
CRC Probation	0	5	0
National Probation Service	1	4	25
West Midlands Fire Service	5	5	100
West Midlands Ambulance Services	3	5	60
Legal Services	3	5	60

Note: Data covers March 2014 to March 2015


Accountability - Accountability and transparency in delivering safeguarding

Audits undertaken

No audits completed this quarter.

Timelines and progress of SARs

Name of review	Start Date	Completed
Mrs E	29 April 2014	Yes
Mrs F	11 April 2014	Yes
Miss G	4 April 2014	Yes



If you think an adult is at risk
of abuse call Adult Social Care Direct

024 7683 3003

or

ascdirect@coventry.gov.uk

Adult Social Care Direct is based at
Broadgate House,
Broadgate, Coventry,
CV1 1FS



10 categories of abuse:

Physical

Domestic violence

Sexual

Psychological

Modern slavery

Financial or material

Neglect & Acts of Omission

Discriminatory

Organisational

Self-neglect

Coventry Safeguarding Adults Board

Tel: 024 7683 3523

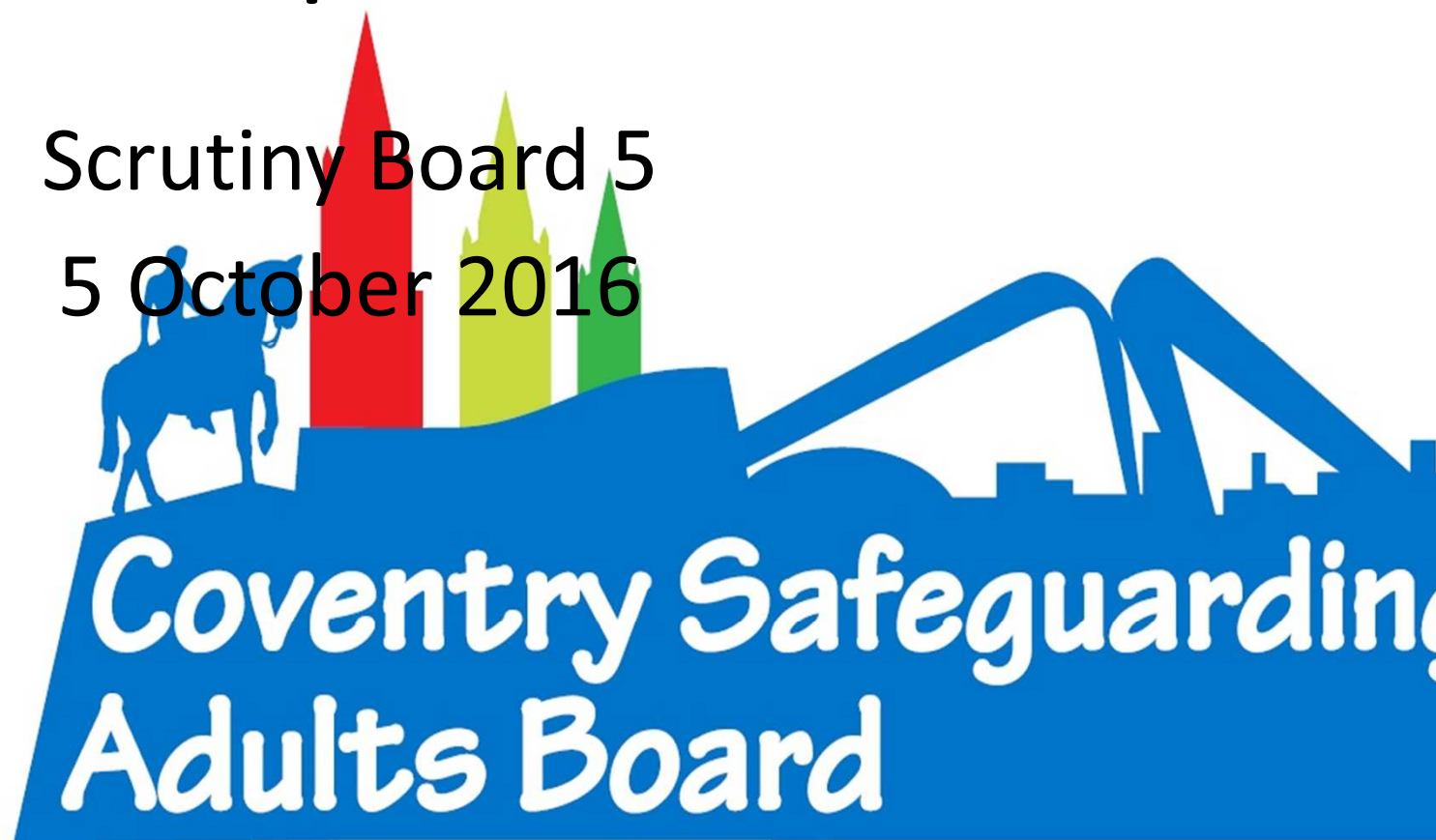
www.coventry.gov.uk/safeguardingadults

Email: SafeguardingChildrenAndAdults@coventry.gov.uk

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Coventry Safeguarding Adults Board Annual Report 2015/16

Scrutiny Board 5
5 October 2016



National changes

- Implementation of the Care Act and statutory requirement to have safeguarding adult boards
 - CSAB is longstanding in Coventry
 - Care Act training
- Care Act introduced additional safeguarding categories of self-neglect, modern slavery, domestic abuse
 - Training for practitioners
 - New procedures
 - CSAB awareness sessions
- Changes to thresholds for Deprivation of Liberty Safeguards
 - DOLS Team created



Local improvements

- SAR multi-agency learning event in January
- Signed up to West Midlands Position of Trust framework
- Revised pressure ulcer and self-neglect policy, enabling practitioners to focus more on high risk cases
- Improved DOLS performance
- Concerns to enquiry ratio now in line with comparators



Coventry Safeguarding
Adults Board

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

05 October 2016
17 October 2016

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor F. Abbott

Director Approving Submission of the Report:

Executive Director, People

Ward(s) affected:

All

Title:

Adult Social Care Annual Report 2015/16 (Local Account)

Is this a key decision?

No.

This is a report of performance for 2015/16 and no recommendations are made that have significant financial or service implications.

Executive Summary:

The Adult Social Care Annual Report 2015/16 (Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year and specifically considers the impact of the Care Act 2014 on operational activities to support service users and carers.

Although there is not a statutory requirement to produce an annual report, it is considered good practice as it provides an opportunity to be open and transparent about the successes and challenges facing Adult Social Care and to show what is being done to improve outcomes for those that come into contact with Adult Social Care. The production of an annual report is part of the Local Government Associations (LGA) approach to Sector Led Improvement, launched in 2011. This approach was launched following the removal of national targets and assessments for Adult Social Care.

The production of the 2015/16 report has drawn on the pool of feedback and information that was gathered over the year from a range of sources including Healthwatch Coventry, Partnership Boards, providers and people that have been in contact with Adult Social Care.

Additionally the feedback on readability and content from previous years has been noted and as a result the 2015/16 Annual Report is once again shorter than in previous years.

Recommendations:

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

2. Cabinet Member is asked to:
 - (i) Consider comments from the Health and Social Care Scrutiny Board (5)
 - (ii) Approve the Adult Social Care Annual Report 2015/16 (Local Account)

List of Appendices included:

Appendix One - Adult Social Care Annual Report 2015/16 (Local Account)

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) on 05 October 2016.

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

No

Will this report go to Council?

No

Report title: Adult Social Care Annual Report 2015/16 (Local Account)

1. Context (or background)

- 1.1 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This approach was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation, improvement and innovation. As part of this approach to Sector Led Improvement the expectation is that an Annual Report is produced by all local authorities with Adult Social Care responsibilities. The production of an Annual Report is not a statutory requirement, nor has any statutory guidance been issued by Central Government on its content or style.
- 1.2 The Annual Report describes the performance, achievements and considers the challenges for Adult Social Care. It is intended to provide assurance to the people of Coventry, Elected Members and partners, that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry within the resources available.
- 1.3 In producing the report it is important that the Council understands whether the support offered to people is making a difference. Adult Social Care is committed to 'Making it Real', a national, sector-wide commitment that sets out what people want to see and experience and what they would expect to find when support services are personalised. To address this agenda the Annual Report is structured around the 'Making it Real' themes and provides commentary on what has been done to make progress against that theme.
- 1.4 The content of the Annual Report is informed by what people who come into contact with Adult Social Care tell us about the support they receive. A number of case studies and direct quotes have been used to demonstrate the impact that Adult Social Care, and its partner agencies, has on individuals and their families. Those who have commented on previous reports have consistently stated that case studies are an important aspect of the report, as they help to demonstrate positive outcomes for individuals and the difference it has made to their lives.
- 1.5 The Annual Report also identifies the key challenges for Adult Social Care and the key areas of activity that are being progressed. Although an annual report is produced it needs to be recognised that the work of Adult Social Care does not fit neatly within a twelve month period and delivery of the Making it Real themes and personalised support is very much ongoing.

2. Options considered and recommended proposal

- 2.1 An Annual Report provides the opportunity to evidence and communicate Adult Social Care's performance in an accessible and transparent way as part of an overall approach to Sector Led Improvement. It is therefore recommended that the Annual Report for 2015/16 is endorsed by Cabinet Member (Adult Services).

3. Consultation undertaken

- 3.1 The Annual Report for 2015/16 was not subject to specific consultation. The content has been drawn from feedback gathered from people who come into contact with Adult Social Care plus comments from other partner organisations and stakeholders in the city.

4. Timetable for implementing this decision

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

5. Comments from the Executive Director, Resources

5.1 Financial implications

Whilst there are no direct financial implications arising from the production of the report, the performance of Adult Social Care continues to be impacted by significant national budget reductions across all Council services.

5.2 Legal implications

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

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

As detailed later in this report, equality considerations are built into the development and delivery of services.

6. Other Implications

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

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

6.2 How is risk being managed?

A range of risks are presented in the delivery of Adult Social Care services which are managed through the directorate and corporate risk registers.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

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

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

There are no direct impacts for partner organisations. The Annual Report provides an overview of Adult Social Care's performance and provides assurance to partners that progress in being made. The challenging financial context in which Adult Social Care operates may have indirect impacts on partners as the City Council looks for new ways to support people that require Adult Social Care.

Report author(s):

Name and job title:

Pete Fahy, Director of Adult Services, People Directorate

Directorate:

People

Tel and email contact:

Pete Fahy on (024 7683) 3555 or peter.fahy@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate	Date doc sent out	Date response received or approved
Contributors:				
Pete Fahy	Director, Adult Services	People	20/07/16	06/09/16
Mike Holden	Programme Delivery Manager	People	20/07/16	29/07/16
Gemma Tate	Programme Delivery Manager	People	20/07/16	29/07/16
Michelle Rose	Governance Services Officer	Resources	12/09/16	13/09/16
Names of approvers for submission: (Officers and Members)				
Ewan Dewar	Finance Manager	Resources	20/07/16	21/07/16
Janice White	Team Leader, Legal Services	Resources	20/07/16	29/07/16
Gail Quinton	Executive Director	People	20/09/16	20/09/16
Councillor F. Abbott	Cabinet Member (Adult Services)	-	08/09/16	09/09/16

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Appendices

Adult Social Care Annual Report Summary 2015/16 (Local Account)

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Adult Social Care
Annual Report 2015/16
(Local Account)



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Cllr Faye Abbott

Foreword

Cllr Faye Abbott – Cabinet Member for Adult Services

I am pleased to introduce our sixth Annual Report for Adult Social Care. The Annual Report has been written so that local residents, service users and carers can understand more about the support provided by Adult Social Care, the key areas of progress we are making, and the challenges we face.

I am also proud to be Cabinet Member for Adult Social Care, an area where it is possible to have a hugely positive impact through providing personal and practical support that helps people live their lives.

2015/16 has been a very significant year for Adult Social Care nationwide. The Care Act was introduced on 1 April 2015 which heralded the biggest statutory change in Adult Social Care for 60 years, this change has brought both new challenges and new opportunities to consider how we support people.

Of course our work is challenging, the resources available have reduced significantly in recent years yet the demands on us continue to grow. I am however committed to ensuring that we continue to support our most vulnerable people in a way that makes a positive difference to their lives and the lives of the people who support them.

Introduction: About Adult Social Care

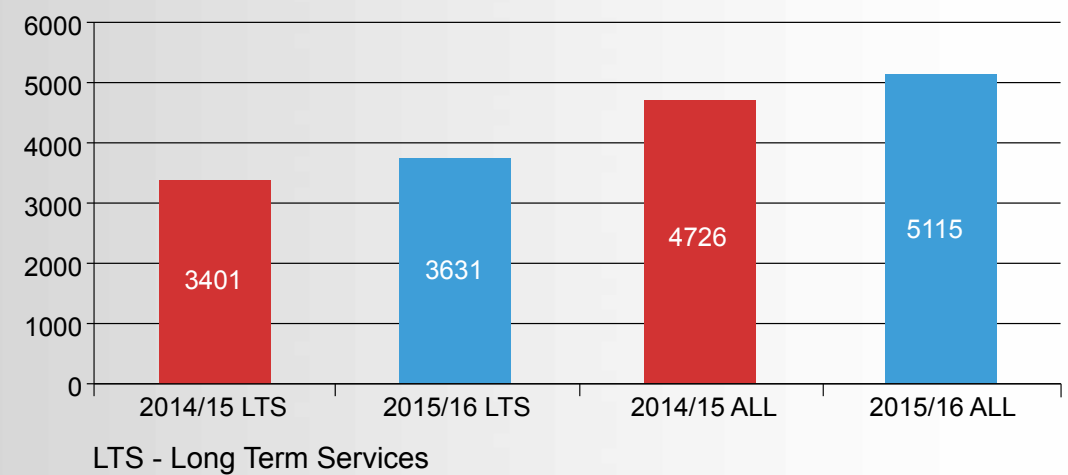
Adult social care is part of the People Directorate at Coventry City Council. The People Directorate vision is to 'work in partnership to improve the life chances of all and protect the most vulnerable'

Adult social care supports people aged 18+ who have a range of care and support needs because they are getting older or have an illness or disability. Support is also provided to people who are looking after someone else. Adult social care is about providing personal and practical support to help people live their lives.

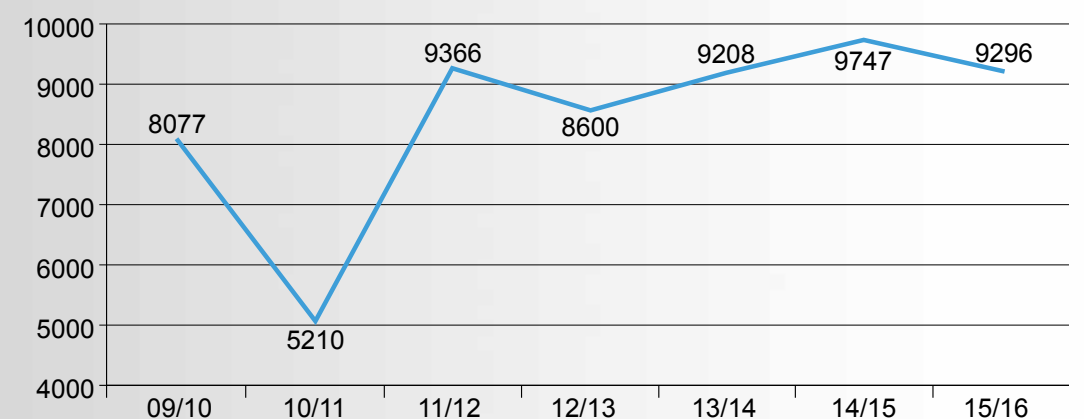
The Care Act 2014 came into force on 1 April 2015 and the primary focus in 2015/16 has been on embedding the changes to practice and policy required by the Act. These included improvements around when people first make contact with us, in how we assess people and plan their support. The focus throughout is on promoting wellbeing and independence; to prevent, reduce or delay the need for long term support and to enable people to achieve their agreed outcomes.

Facts and Figures

Number of service users as at 31 March 2014/15 and 2015/16



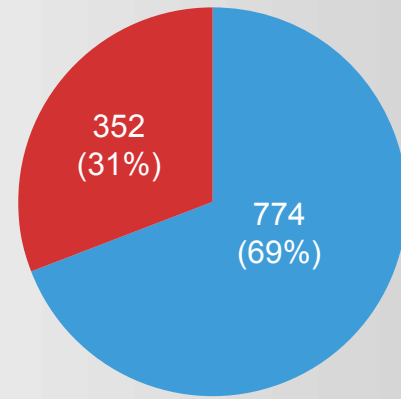
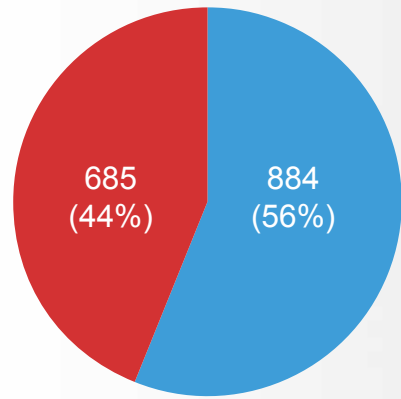
Number of requests from new people during the year



Number of **new people** whose request resulted in a period of **short-term support** (to maximise Independence)

2014/15 - 1569

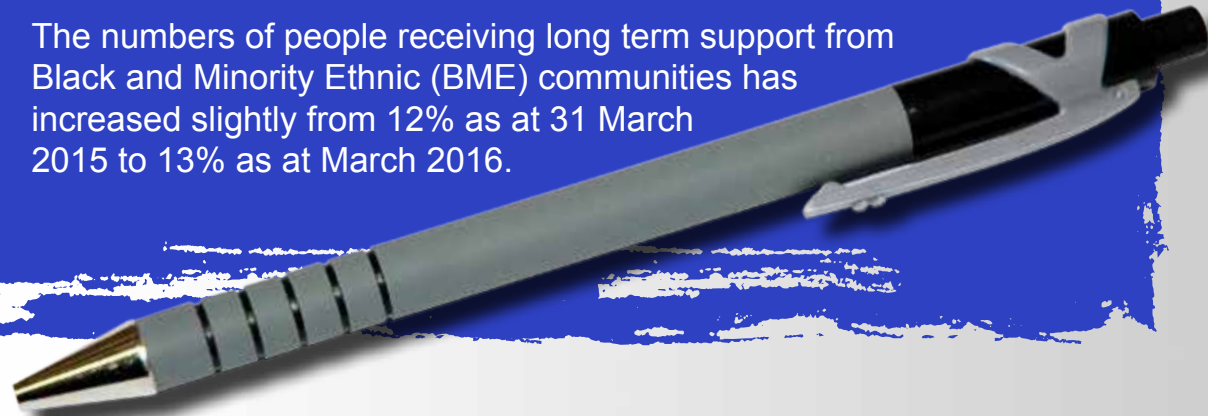
2015/16 - 1126



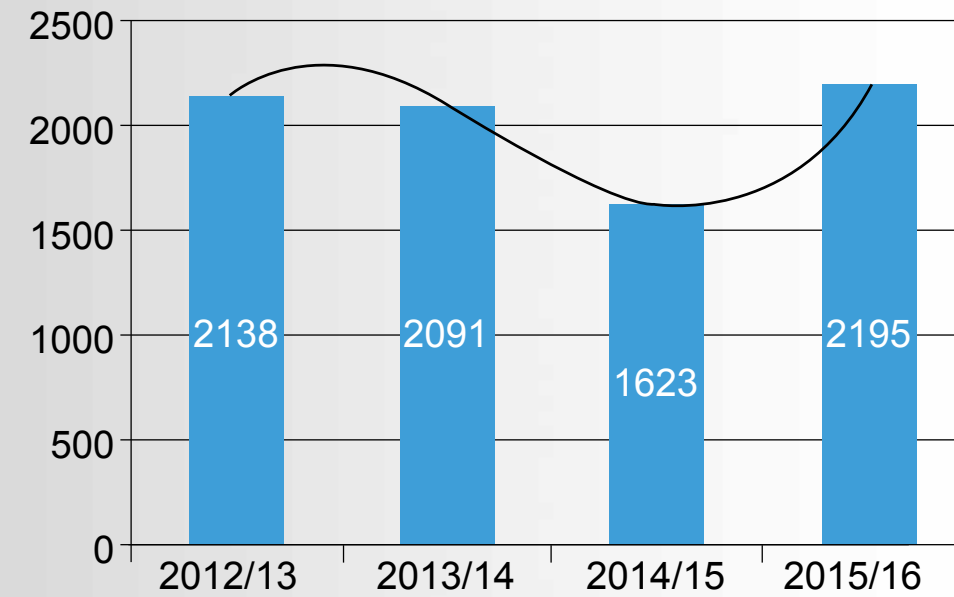
■ Did not receive long term support
■ Received long term support

The number of requests for support from new clients has remained relatively static over the last year although the number of people supported during the year has increased between 2014/15 and 2015/16. There has been an increase this year in the numbers of people receiving long term support (LTS). During the year, 1126 new clients received a period of short term support to maximise independence, following which 69% of people did not require long term support which is a higher percentage than the previous year. Despite this improvement in delaying or preventing the need for long term support, the overall numbers of people receiving Adult Social Care support is increasing.

The numbers of people receiving long term support from Black and Minority Ethnic (BME) communities has increased slightly from 12% as at 31 March 2015 to 13% as at March 2016.



Carers' Assessments completed during the year

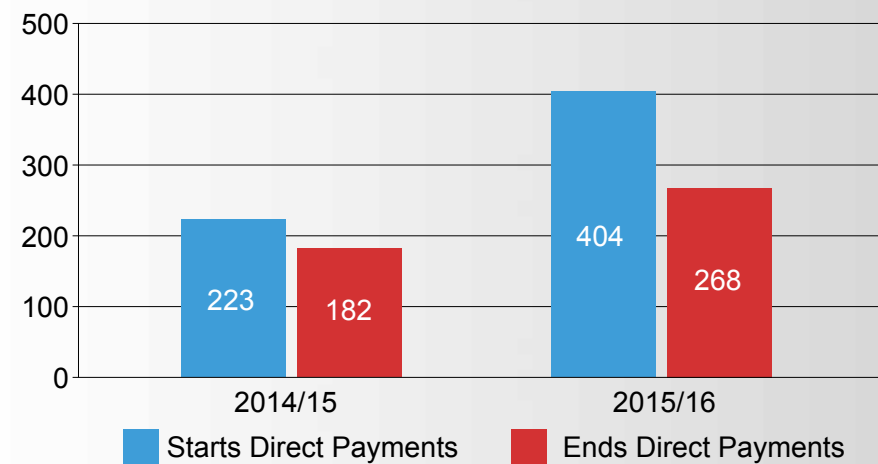


Supporting carers' to continue in their caring duties is an important role for adult social care. The above graph shows that overall the numbers of carers' assessments have remained relatively static over the last four years, with 2014/15 being an exception. Since the introduction of the Care Act in April 2015 we have commissioned the Carers Trust – Heart of England to undertake carers' contact assessments for newly identified carers. The support they provide is focussed on targeted prevention and early intervention which helps people find alternative means of support. Since the introduction of the Care Act there has also been an increase in the number of joint assessments completed by City Council staff.

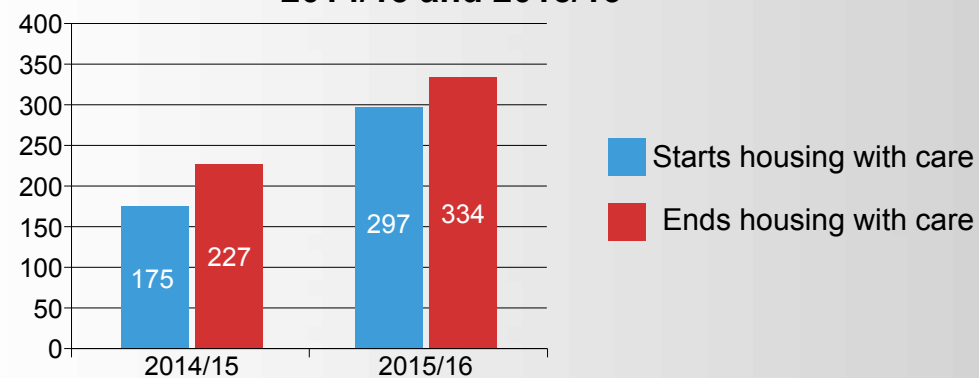
Adult Social Care Activity

The graphs below demonstrate activity levels across different types of support provided by Adult Social Care. In 2015/16 more people chose to take a Direct Payment and arrange their own care and support compared to 2014/15. This increase can largely be attributed to the cessation of the Independent Living Fund (ILF) where many people previously in receipt of ILF chose to receive a Direct Payment to meet their eligible care and support needs. The numbers of people receiving long term home support (home care) has remained static but fewer people ended their service during the year. Additionally people under 65 are receiving home support services for longer compared to 2014/15. More people are being supported in Housing with Care whereas the numbers of people being supported in residential and nursing care is decreasing compared to 2014/15. This indicates a positive direction of travel in supporting people in the setting that provides the most independence.

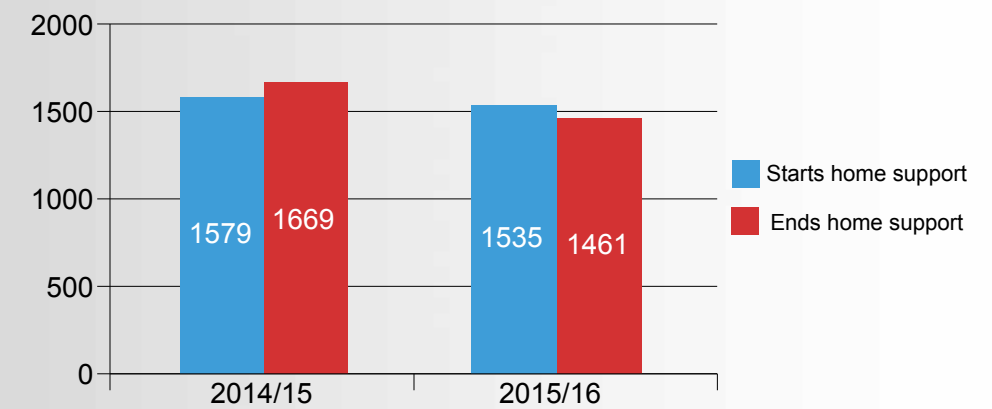
Direct Payments starting and ending during the year 2014/15 and 2015/16



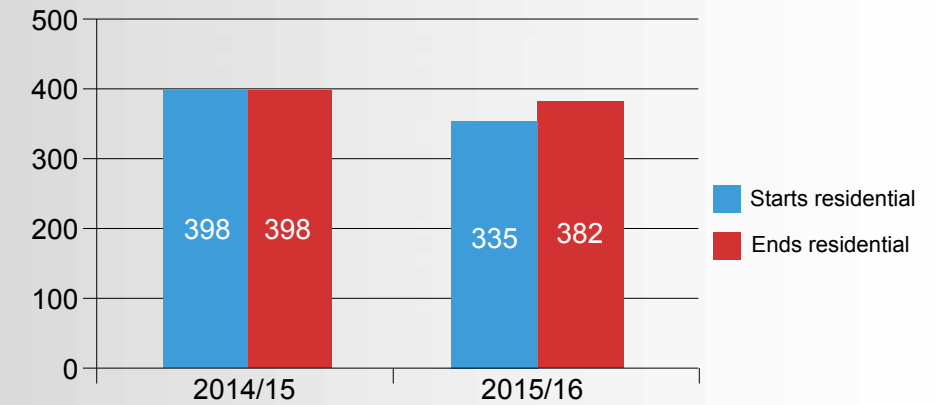
Housing with Care starting and ending during the year 2014/15 and 2015/16



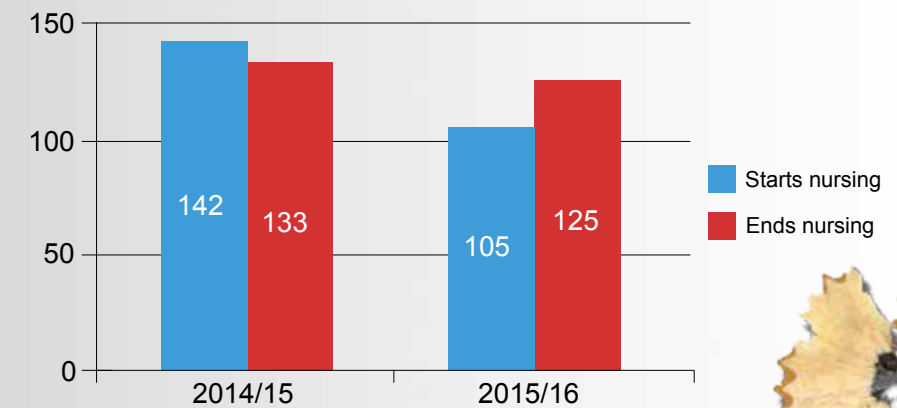
Long term home support starting and ending during the year 2014/15 and 2015/16



Residential care starting and ending during the year 2014/15 and 2015/16



Nursing care starting and ending during the year 2014/15 and 2015/16

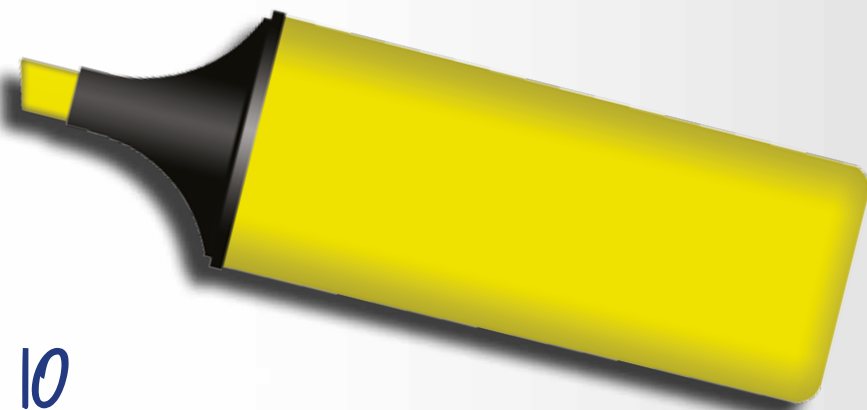
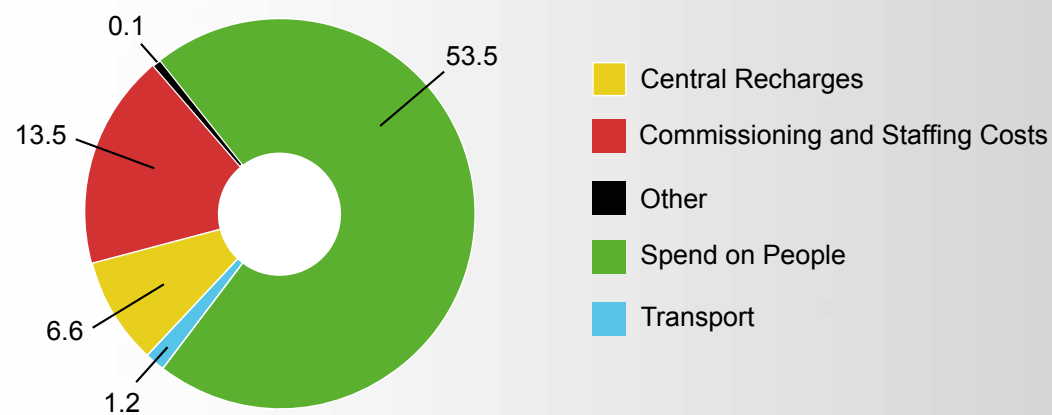


Money -

Coventry City Council

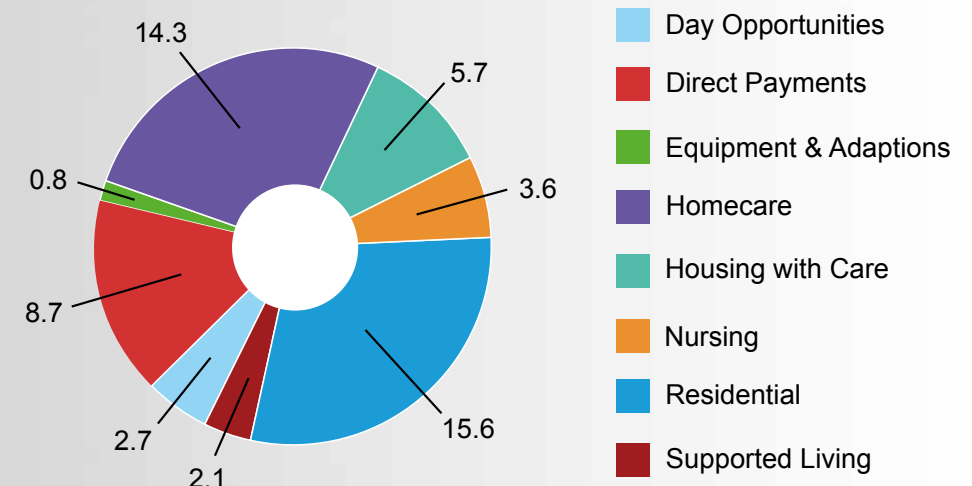
The council is a large organisation spending a net £239.7m on revenue activity during 2015/16 with Adult social care being the biggest single area of city council spend at £74.9m net. The breakdown of this spend for 2015/16 is shown below:

2015/16 Adult Social Care Net Spend (£74.9m)



The 'Spend on People' referred to in the previous chart has increased marginally from £52.7m in 2014/15. 'Spend on People' is money spent directly on the following services:

2015/16 Net Spend on Services (£53.5m)



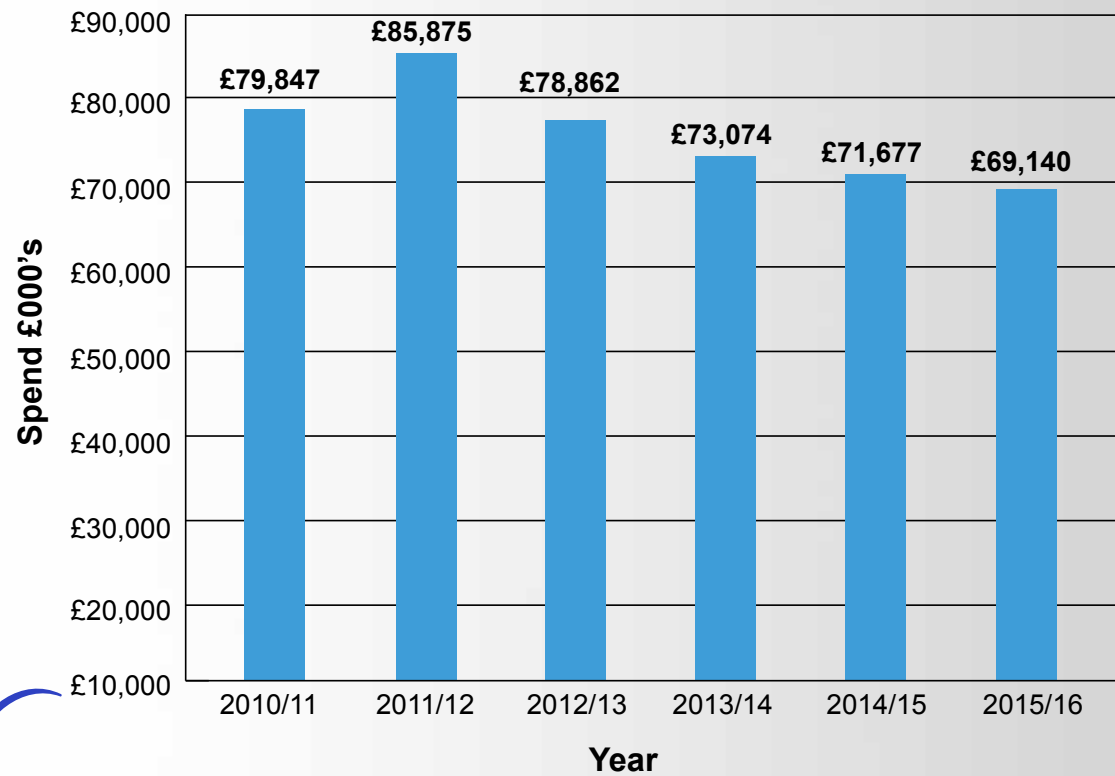
Corresponding to changes in activity, the spend on residential care has reduced from £17.5m in 2014/15 to £15.6m in 2015/16, whereas the spend on homecare has increased over the last year from £13.5m in 2014/15 to £14.3m in 2015/16.

This is in line with the principle of supporting people to remain at home.



Since 2011/12 the total spent by the City Council on Adult Social Care has decreased each year as shown in the graph below:

Adult Social Care Spend (Excluding Capital and Specific Grants)



Despite this decreasing spend the Adult Social Care budget was overspent in 2015/16 by £4.8m – This overspend is included in the above graph.

The fact that spend is decreasing whereas activity levels are increasing indicates that Adult Social Care is making good use of the limited resources available to meet the needs of people in the City.

Drivers of Demand

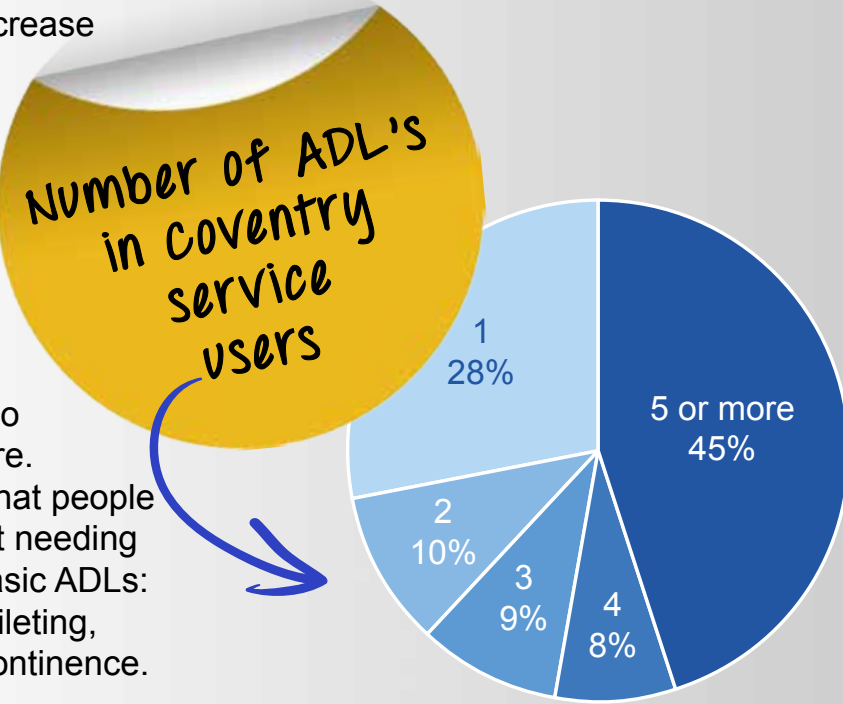
Understanding potential demand for Adult Social Care is important in understanding what is required to meet the changing needs of our population. Other key publications such as the Joint Strategic Needs Assessment (JSNA) helps identify future need, which is generally driven by a large number of factors, including an ageing population:

Population of Coventry

Age	2016	% of pop	2026	% of pop
Total population	341,000		381,000	
55-64	31,900	9.4%	38,200	10%
65-74	26,300	7.7%	27,800	7.3%
75-84	16,300	4.8%	20,400	5.3%
Over 85	7,400	2.2%	9,800	2.5%
Over 65	50,000	14.6%	58,000	15.2%

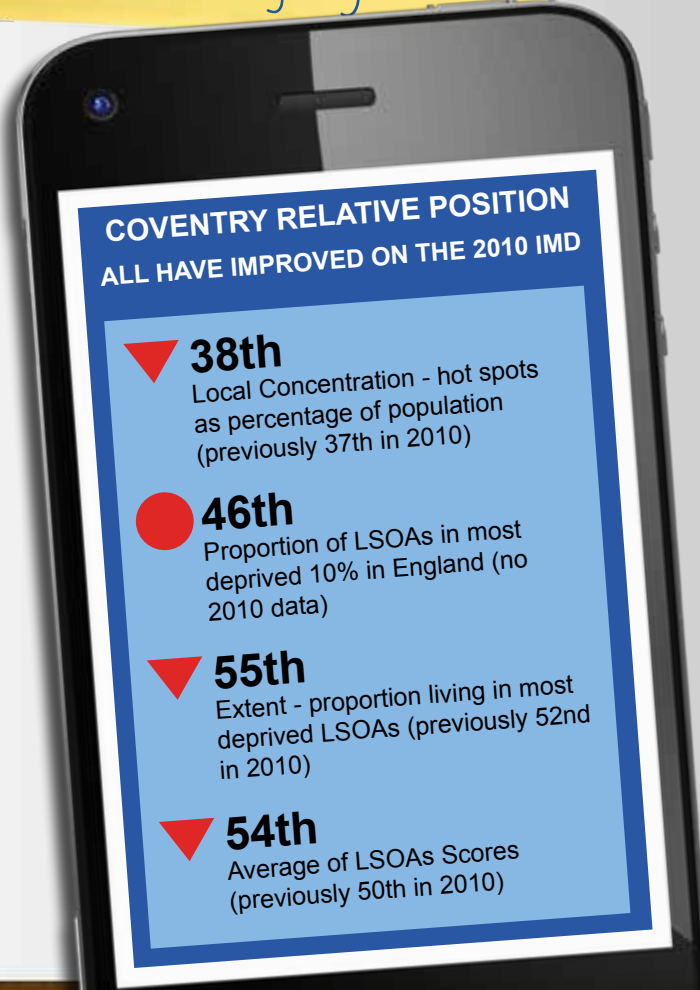
We can expect a general increase in the age of the population, particularly those aged over 75 (+9.8% by 2020)

The numbers of people developing multiple health conditions and requiring support with 5 or more Activities of Daily Living (ADL's) is an indicator of who may require care in the future. ADLs are routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.



Levels of deprivation in the city, although improving, remain relatively high

The Indices of Deprivation 2015 ranks all small areas in England according to different measures of deprivation and are the most widely used measure of deprivation. The small areas are called Lower Super Output Areas (LSOA's). The Index of Multiple Deprivation (IMD) combines all domains of deprivation; employment, income, health, education, crime, access to services and the living environment, to measure the level of multiple deprivation experienced by residents of neighbourhoods. Overall Coventry has improved marginally between the IMD 2010 and the IMD 2015.



Workforce

Between 2013 and 2015 the size of the City Council workforce in Adult Social Care has decreased. There were 1354 workers on 31 July 2013, 1222 on 31 July 2014 and as of 31 August 2015, there were a total of 1029 employees employed by the City Council in Adult Social Care. This workforce reduction has contributed to the continuing reduced spend as staffing is a major cost in the delivery of Adult Social Care.

It is recognised that many more people work in Adult Social Care outside of the City Council, employed in private, voluntary or third sector organisations. The national minimum data set (NMDS), the tool used to assess the overall size of the workforce estimates that 8,000 people are employed in the delivery of Adult Social Care in Coventry.



Key areas of progress since 2014/15

Since the 2014/15 annual account was produced we have made the following progress in key areas:

Implementing the Care Act 2014

Our objective was to:

To ensure that the Care Act principles of wellbeing, prevention and integration are embedded in everything we do.

Our progress includes:

The principles of wellbeing, prevention and integration are reflected throughout the information and advice we provide on the council website.

Further Care Act training has been run throughout 2015/16. To ensure that Care Act principles are reflected in day to day social work practice file audits are being carried out.

Adult Social Care staff now have access to a new online procedures manual which supports practitioner understanding and the application of Care Act principles.

It does need to be recognised that this work can never be considered 'done' as there is always more progress to make so we will continue to improve through 2016 and beyond.

Closer working with health organisations to improve outcomes

Our objective was to:

Work with our health partners to:

- extend the Integrated Neighbourhood Team (INT) pilot across the city (now known as Your Health at Home)
- ensure appropriate community based provision is available to enable people to remain independent in their own homes

Our progress includes:

During 2015/16 the Integrated Neighbourhood Team (INT) ('Your Health at Home') was implemented and is now providing a fully operational multi-disciplinary service operating across the city. The City Council is continuing to work with health partners to improve the support that INTs provide.

The 'Why not Home, Why not Today' initiative, a collaboration between Health and Social Care organisations, was launched to look at ways that frail, elderly patients can be assessed upon presentation at hospital to prevent unnecessary admission and enable appropriate care and support in the home environment.

Improve support for people with mental ill health and dementia

Our objective was to:

Improve the range of support provided in Coventry for people living with dementia and their carers

Our progress includes:

- development of Dementia Navigators service for Coventry
- implementation of an Admiral Nurses service for Coventry and Rugby
- books on Prescription for Dementia launched in libraries
- raising the standard of environment and care in some dementia care homes through training, advice and targeted work

Ensure that we use our resources effectively

Our objective was to:

Continue to work with people who use services, their families and carers, and partner organisations as we develop and implement plans that will enable us to continue to deliver Adult Social Care services within the resources available.

Our progress includes:

We have robust mechanisms for allocating resources demonstrated by the increased activity and the reducing budget for Adult Social Care outlined within the finance and activity sections of this report. We continue to work with people with care and support needs, their families and carers to plan support.

We have worked with The Carers Trust – Heart of England to support carers to access support at an earlier stage. The service is focussed on targeted preventative and early intervention support which are key principles under Care Act.



Key Achievements

This section of the Local Account provides evidence of positive work undertaken in Adult Social Care to evidence delivery against the six 'Think Local, Act Personal' (TLAP) 'Making it Real' statements.

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

The standards that apply to this statement and progress made is as follows:

- **having the information and advice you need in order to remain as independent as possible**

We have:

Made our Care and Support Directory available on the Council website since April 2015. Between 1 April 2015 and 31 March 2016 there were 6445 visitors to the directory. <http://www.coventry.gov.uk/careandsupportdirectory>

Recognising that some people need more specific support, we have reviewed our advocacy services in 2014/15 to meet advocacy requirements under the Care Act. Age UK Coventry and Grapevine deliver this service for all adults aged 18 and upwards. All referrals for the service are made via Adult Social Care staff. During 2015/16 there were 249 referrals made to this service.

- **having access to easy to understand information about care and support which is consistent, accurate**

We have:

In 2015/16 the website content for Adult Social Care has been improved to support people to find all the information they may need about care and support.

Healthwatch Coventry considered the new website content a considerable improvement on the previous version.

Since September 2015 care and support for adults has been a 'top 10 task' and has contributed to increased usage of the webpages. This work was a key part of ensuring information and advice is available for the population of Coventry.

- **Knowing where to get information about what is going on in your community**

We have:

Made the Community Activities Directory available on the Council website since April 2015.

Between 1 April 2015 and 31 March 2016 there were 14,311 visitors to the directory.

In September 2015 there were over 700 groups and activities listed, since then it has grown and now has 1226 groups and activities listed. Many of the activities listed can support people to remain independent and enable them to maintain or improve their overall wellbeing.

CASE STUDY 1 HAVING AN ADVOCATE KEITH'S STORY

The difference that good information and advice can make:

Background

Keith lived in sheltered housing, but had a severe alcohol dependency which meant he needed support with daily living tasks. He also regularly displayed difficult behaviour towards both care staff and other residents.

Action

An Advocate was appointed when Keith was facing eviction from his home due to putting both himself and other residents at significant risk whilst cooking his meals. He was burning food and creating repeated fire incidents.

The Advocate was able to help Keith understand how critical the loss of both his tenancy and daily support services would be. The Advocate explained all the issues of concern and helped him to weigh up the impact of the options he was facing. The Advocate was able to listen to Keith's wishes and concerns and liaised closely between the client and his current support provider, successfully negotiating a withdrawal of their notice to quit for not complying with his current tenancy's health and safety regulations.

Outcome

Keith moved into a new, local, sheltered housing complex where he is supported with essential and daily tasks. He is extremely happy with his new home and, as a result, has formed a new and positive relationship with the staff. The former fire risks associated with his meal preparation were successfully addressed and Keith is now able to sustain both his tenancy and his independence for the long term.

Keith said, "I love it here! It's brilliant! Thanks for everything you've done."

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

The standards that apply to this statement and progress made is as follows:

- **having opportunities to train, study, work or engage in activities that match your interests, skills and abilities**

We have:

The Community Development Service has supported the development of a new group called Men Shed Project – ‘a place to escape and relax’. This was initiated by a resident who had experienced mental health issues and wanted to help men in similar situations. The City Council helped him set up the group, recruit members, and organise activities such as art therapy, cooking and gardening classes. Many men are regularly using the project; six regular attendees from the group are now being mentored and supported to expand to other parts of the city. The project has also established a referral process with Recovery Partnership.

- **feeling welcomed and included in your local community**

We have:

The Community Development Service has worked with a local community activist in Willenhall to set up a craft club - Let's Get Crafty - which regularly has 12 older people attending.

- **having a network of people who support you – carers, family, friends, community and if needed paid support staff**

We have:

Been developing the new multi-agency Carers' Strategy for Coventry with partners in health and the voluntary sector which will be launched later in 2016 along with the first year's action plan. The focus of the strategy is to help us identify practical things that can be put in place to make a positive difference for carers of all ages.

The Carers Trust Heart of England continue to carry out some Carers' Assessments on our behalf, helping us to increase the numbers of assessments overall. This means that carers who may not have approached social care are now getting help at an earlier stage in keeping with the principles of the Care Act.

CASE STUDY 2 CARERS TRUST PHIL'S STORY

The difference that having a network of people to support you can make:

Background

Phil cares for his partner Steve who has limited mobility due to three previous hip replacements and is awaiting another. Steve is in remission for blood cancer and is always in agony due to extreme pain in his legs. Phil had a Carer's Assessment with Carers Trust Heart of England and discussed some of the problems he has been having. His main responsibility is to help/support his partner to be mobile.

Action

The Assessment Worker arranged for referrals to be made to Occupational Therapy and Wheelchair Services for equipment and a wheelchair to help them at home. Additionally the Carers Trust arranged for Phil to receive some training at home on moving and handling techniques and signed him up to the Carers Response Emergency Support Service (CRESS).

Outcome

Phil came in to tell us how his life was so much easier because he could take his partner out, whereas before this was impossible. Phil and Steve are more confident that Phil won't injure himself when supporting Steve following his training. Steve is now more independent and is able to wheel his own wheelchair which has allowed Phil to do other things. Phil feels more at ease going out and leaving Steve at home as he knows he can call for help if needed and the CRESS service back up gives him peace of mind should he have an emergency.



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

This means:

- **having care and support that is directed by you and responsive to your needs**

We have:

Implemented the Dementia Discharge to Assess project which focuses on supporting people with a diagnosis of dementia who are discharged from hospital. The service, delivered in partnership with Carers Trust, works with individuals and their families to maximise a person's independence through a range of specialist interventions, including an Occupational Therapist and a Dementia Locksmith. The Dementia Locksmith uses their knowledge to unlock people's potential and unpick issues in their present experience of life.

Evidence from the Discharge to Assess Service indicates that people are able to be discharged from hospital and remain within their own homes following a short period of intensive support.

- **having support that is coordinated, co-operative and works well together and knowing who to contact to get things changed**

We have:

In January 2016, following a successful pilot, 'Your Health at Home Coventry' (previously known as Integrated Neighbourhood Teams) was launched across the city. The multi-agency service provides assessment and care planning support to older people with complex needs who require specialist levels of support in order to return them to their pre-event level of health and wellbeing and avoid unplanned admissions to hospital.

- **being in control of planning your care and support**

The Dementia Navigator Service commenced in October 2015 following a reconfiguration of services provided by the Alzheimer's Society. The Dementia Navigator Service provides access to a range of services to support people with their day-to-day living, independence, wellbeing and to be part of the community for longer. This enables people to be in control of planning their support.



CASE STUDY 3 DEMENTIA NAVIGATORS MICHAEL'S STORY

The difference being in control of planning your care and support can make:

Background

Michael was referred to the Dementia Navigator service from the memory clinic post diagnosis service at the hospital. Michael was experiencing great difficulty with disorientation during the night and was regularly trying to leave the house. Michael was attending a day centre which he did not enjoy as the people were older and frailer than him and were unable to interact with him.

His wife was finding it difficult to cope when her sleep was disrupted at night. She was becoming increasingly worried about leaving her husband alone in the house in order for her to take a break.

Action

The Dementia Navigator worked with them to arrange for an Admiral Nurse to support the family with specific difficulties coping with some of the symptoms of Michael's dementia. Michael was supported to explore different options of things to do in the daytime. He now attends an Alzheimer's Activity Group. Michael has been provided with a date/time clock which was mounted in his bedroom. This has assisted him in orientating himself at night, has led to less disrupted nights and minimised the occasions he has attempted to leave his home.

A carer's assessment has enabled Michael to access a short breaks service which allowed his wife to have a regular weekly break and continue her own hobbies.

Outcome

Michael is now enjoying taking part in daytime activities. Michael is continuing to attend groups and therefore be less isolated. Being able to manage his dementia better means he requires less support from social care and health services, and he will be less reliant on his wife who will therefore be more able to live her own life.

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

This means:

- **having good information and advice on the range of options for choosing your support staff**

We have:

A Personalisation Champions group that provides a forum for sharing best practice, learning and the problem solving from individual cases. Additionally all assessment staff have received refresher training on Direct Payments that enable people to choose their own support staff.

Improved the website content for Adult Social Care to support people to find all the information they may need about care and support. This includes a Care and Support Directory which provides information about different care and support providers commissioned by the City Council.

- **being supported by people who help you to make links in your local community**

We are:

Developing a number of action learning sets to support staff to adopt personalised approaches, thinking creatively with individuals and their families when planning their support. These will also focus on maximising individual strengths and using networks of support and community resources to meet their care and support needs whilst improving their overall wellbeing.



Awards

The Pod, Food Union – Winner Community Cohesion Award (Public Sector Category) 2016

The 'Food Union', which is part of The Pod, supports people with their mental health recovery journey and their Food Union project (launched in 2014) has recently won a Community Cohesion Award. The awards celebrate projects which build upon the city's heritage as a city of peace and reconciliation. In order to apply for an award your application needed to be endorsed by an independent person or group. The Food Union was endorsed by the Centre for Agroecology Water and Resilience at Coventry University.

Food Union was designed to create conversation, community and action around food with a focus on food growing from two sites in the city. The produce is shared out among participants and is used in community cooking events or regular 'café takeovers' where members can run the café at The Pod, devising and implementing a menu of their choice.

The Pod, Time Union – Finalist for national award

The 'Time Union', which is part of The Pod, was a finalist in the Municipal Journal Local Government Achievement Awards, and was shortlisted for the excellence in community engagement category. The Pod supports people with their mental health recovery journey and their Time Union project (launched in 2014) has inspired people in Coventry to exchange skills and develop interests and connections. The Time Union is a city wide time bank and is open to all adults in the city (18+). The idea is that people give an hour of their time in exchange for an hour back in return. The Time Union currently has over 80 members who regularly exchange their time and skills. Find out more at www.coventry.gov.uk/timeunion

"Time Union shows how local councils can back community time-banking without unduly imposing their outcomes or expectations on it. It feels a lot more like a piece of enabling social infrastructure, rather than a 'public sector intervention' into the lives of citizens and communities." - Paul Slatter - Director, Time Bank Researcher, Chamberlain Forum

Finalist in the National Learning Disabilities & Autism Awards 2016

Sue York is a support co-ordinator who works within our learning disabilities day services, and she was a finalist in The National Learning Disabilities and Autism Awards in the category of "Frontline Leaders Award".

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

This means:

- being able to plan ahead and keep control in a crisis

We have:

Embedded crisis planning into our assessment and support planning process. The number of carers registered with the Carers' Response Emergency Support Service (CRESS) also increased. During 2015/16 170 more people registered for the service, an 18% increase on the previous year. During 2015/16 emergency call outs were slightly lower than in the previous two years; 41% of all call outs were to support someone caring for a relative living with dementia.

- feeling safe, living the life you want and being supported to manage any risks

We have:

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

Work this year has focused on capturing the outcomes that people (or their nominated advocate or representative) want from their safeguarding experience. We will use data going forward to set targets for improvement both in ensuring outcomes are sought and achieved but also to ensure those without capacity have appropriate advocacy support.

- Feeling that your community is a safe place to live and local people look out for you and each other

The Care Act changed safeguarding terminology and safeguarding alerts are now called safeguarding concerns. In previous years Coventry has had a lower rate of reported alerts and referrals compared to other councils. However in 2015/16 the rate of individuals aged 18+ involved in safeguarding concerns, per 100,000 population, has increased to slightly above our comparators, as we received 2,009 safeguarding concerns for 1787 people in 2015/16.

The increase in concerns is not necessarily an indicator that more abuse is happening. However, it does indicate that awareness of adult safeguarding continues to increase across the local community and that people know how to raise an alert when they are worried about someone. The increase also indicates that we are appropriately capturing the activity we do.

The Coventry Adult Safeguarding Board produces an Annual Report and Business plan. Over the last year, the Board has published three serious case reviews. All of these reports are available on the Council website.
http://www.coventry.gov.uk/downloads/download/4367/annual_report_2015_-_16

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

This means:

- having the kind of support you need and knowing when, where and how to receive it

We have:

Over the last year we have supported staff to undertake more creative support planning with individuals and their families which focuses on building on people's strengths and enabling people to connect and use community resources.

The overall aim is for individuals to have a person centred support plan which takes a holistic view of their life, supports improvement in their health and wellbeing and ensures identified care and support needs are appropriately met. Within the care and support plan people know, when, where and how they will receive their care and support.

A scheduled review also provides the opportunity to think differently about how care and support needs can be met. Recent examples have included:

- reviewing people in receipt of Independent Living Fund (ILF) and focusing on promoting their independence
- double-handed care reviews of packages of care where the individuals currently have two carers on each visit
- residents living in our Housing with Care schemes, that were due to cease providing care and support, were helped to move into alternative accommodation, which in some cases was within a less intensive care and support environment
- knowing the amount of money available to you for care and support needs and determining how this is used (whether it's your own money, direct payment, or a Council managed personal budget)

We have:

Direct payments are where people have money paid to them (or someone acting on their behalf) so that they can arrange their own care and support. During 2015/16, 404 people started a direct payment. This is an increase on the previous year. Some people tell us that they want more control of the money allocated to them to meet their identified care and support needs but not the responsibility of managing the money. We have been working on alternatives to respond to this feedback and in 2015/16 we have used Pooled Personal Budgets where a group of individuals pool some of their personal budget with others as part of how their support is delivered.

The difference a pooled Personal Budget can make:

CASE STUDY 4 POOLED PERSONAL BUDGETS - NICOLA, DEBBIE AND SAM'S STORY

Background

Nicola, Debbie and Sam are young people who have profound levels of learning disability with complex needs and challenging behaviour. Nicola, Debbie and Sam are friends from school. They were all due to attend College but their placements were not funded.

Action

Everyone involved in the assessment and support planning process recognised that Nicola, Debbie and Sam had good friendships with one another, had similar interests and support needs and lived locally to one another. They each required a robust package of support that would meet their complex needs (with some elements of 2:1 support) but it was also identified that some elements of their support could be shared and that they had previously been supported together.

The Brokerage Team were asked to find a provider who was able to provide support to Nicola, Debbie and Sam and be willing to include some hours of shared support for them to spend time together as a small group. A provider was found and currently provides 10 hours of shared support a week.

Outcome

The provider devised a varied and vibrant activity planner that reflected the individual needs of Nicola, Debbie and Sam and met their individual outcomes. The impact of pooling a personal budget has meant their friendship could continue after leaving school and that they are able to access community based activities.

What's next - Key areas of development for Adult Social Care 2016/17

The work of Adult Social Care is a process of continuous change and improvement as we strive towards delivering support based around the individual and their carers within the resources we have available.

The key areas we are developing in are:

Using technology to make it easier for people to find out about Adult Social Care

We know from our recent Adult Social Care Survey in March 2016 that some people are still struggling to find information to help them.

We are currently developing a new information portal called the 'Adult Social Care Information Directory' with the option for people to complete an online self-assessment. On completion of the self-assessment tailored information and advice is provided based on the answers that have been entered. It is hoped this will enable more people to find the information and support they need without requiring a formal social care assessment.

The new portal will combine both the Care and Support and the Community Activities Directories into a single directory. It is now possible to create a 'shortlist' of information that people can save or print for future use. The Directory will be available in Autumn 2016.

Supporting people to meet their outcomes at the earliest opportunity

Since the Introduction of the Care Act in April 2015 professional social work support has been introduced to our Customer Services Centre meaning more people contacting the City Council have their outcomes met at first contact. We want to improve how people arrange to see us so are intending to implement a calendar booking system for people to book appointments online.

Staff working in the Customer Services Centre and across Adult Social Care will be able to use the new information portal to enable people to plan their support and meet their outcomes.

Improving the market for key support services

Market sustainability and quality are key elements of effective social care and as social care is constantly evolving the market needs to change. Specific areas of focus for this year include working with relevant stakeholders to ensure that support provided in the voluntary and third sector makes a clear contribution to supporting people through alternatives to social care. We are working with our colleagues in the Coventry and Rugby Clinical Commissioning Group to ensure that both our home support and residential and nursing markets are delivering positive outcome for people that require this support. These priority areas will be aligned to strategic objectives and continue to ensure continued compliance with Care Act requirements.

Developing our approach to carers

A new Coventry Multi Agency Carer's Strategy has been developed by representatives from across Health and Social Care and the voluntary sector.

A number of local key improvement areas have been identified based on local carers' feedback:

- develop and implement a Carers' Charter
- clarify pathway for carers and simplify processes for registering and signposting carers
- increase information and access to support through GP surgeries
- develop support for young adult carers in relation to education, training and employment

Ensuring that support to carers is aligned to these priorities will be fundamental to ensuring these strategic intentions are delivered.

Developing our capacity to deliver more personalised support

We will be implementing an Individual Service Fund (ISF) pilot in order to determine our ISF offer going forward. An ISF is where people can use their personal budget from the Council to pay for support (such as home care) from a particular provider, the money can be held by that provider in an Individual Service Fund. People remain in control of what the money is spent on, but don't have the responsibility of managing the budget themselves.

We will be developing more consistent mechanisms for engagement with people with care and support needs and their carers. A stakeholder personalisation reference group will also be established to ensure we are listening to those that are ultimately impacted on by what we do.

Working with health partners to deliver a sustainable health and social care economy

Sustainability across health and social care is a key challenge. The Better Care Fund (BCF) plan is committed to investing more in community provision to reduce the reliance our patients have on acute hospital services, and empowering our population to look after themselves better and seek alternatives to hospital through improved signposting and awareness of more appropriate services to care for their needs. These steps help with sustainability but on their own will not be enough. Therefore engaging fully with health partners through the Sustainability and Transformation Programme (STP) is a key priority to help ensure that long term sustainability and improvement is delivered across Health and Social Care.

Glossary

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

Long-term support (page 4)	Any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of national eligibility criteria and policies (i.e. an assessment of need has taken place) and is subject to annual review.
Wellbeing (page 4 and various pages throughout document)	Wellbeing is a broad concept, relating to many areas including: personal dignity, physical and mental health and emotional wellbeing and/or protection from abuse and neglect.
Short-Term Support to Maximise Independence (page 6)	Support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council. At the end of the time limited support package a review or assessment for ongoing future need will take place to determine what will follow.
Home Support (Home Care) (page 8 and various pages throughout)	Care provided in your own home by paid care workers to help with daily living tasks. It is also known as domiciliary care.
Housing with Care (page 8 and various pages throughout)	Housing designed for frailer adults and older people, with various levels of care and support available on site. People who live in Housing with Care have their own self-contained flats, their own front doors and a legal right to live in the property. Housing with Care is sometimes known as Extra Care Housing.
Direct Payment (page 8 and various pages throughout)	A direct payment is the sum of money that you (or someone acting on your behalf) receive on a regular basis from your council so you can arrange your own care and support, instead of the Council arranging it for you.
Dementia Navigator (page 22 and 23)	Providing early intervention and preventative post-diagnostic support through provision of information and advice following a diagnosis of dementia or to those going through the diagnosis journey. They signpost to support services available locally (e.g. dementia cafes or carers support groups) and provide practical and emotional support to people with dementia diagnosis and their carers.
Dementia Locksmith (page 22)	The role of a person who uses their knowledge to unlock people's potential and unpick issues in their present experience of life. The Locksmith must understand the problems caused by the condition to an individual but also focus on the person's strengths to enable them to 'live well with dementia'.
Making Safeguarding Personal (MSP) (page 26)	Engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Glossary continued

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

Safeguarding concern (page 26)	Report of a suspicion or allegation of abuse or neglect of an adult.
Serious Case Review (page 26)	The Care Act 2014 requires that all Safeguarding Adults Boards must arrange a Serious Case Review when an adult in the local area dies or has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect them.
Individual Service Funds (page 30)	If you want to use your personal budget from the Council to pay for support (such as home care) from a particular provider, the money can be held by that provider in an Individual Service Fund. You remain in control of what the money is spent on, but you don't have the responsibility of managing the budget yourself.
System Transformation Programme (STP) (page 30)	The STP programme will oversee wider system development and transformation showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

POSTCARD

Adult Social Care



Contact us

You can contact us about this report at:

abpd@coventry.gov.uk

You can contact Adult Social Care Direct at:

Email: ascdirect@coventry.gov.uk

Telephone: 024 7683 3003

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

More information about Adult Social Care can be found at:

www.coventry.gov.uk/adultsocialcare

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

Telephone: 0500 834 333



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 5th October 2016

Subject: Outstanding Issues Report

1 Purpose of the Note

- 1.1 To inform Members of the approach to be taken on progress, outcomes and responses to recommendations and substantial actions made by the Scrutiny Board.

2 Recommendations

- 2.1 Members are recommended to:

- 1) Note the attached outstanding issues at Appendix 1

3 Information/Background

- 3.1 When recommendations and actions are made following a scrutiny meeting, they are circulated to the relevant Cabinet Member and officer, and recorded on a recommendations tracker.
- 3.2 The purpose of this report is to bring to the Boards attention the responses received from Cabinet Members and officers in regard to recommendations and actions from previous meetings.
- 3.3 Once a response has been received or an action dealt with, it will be removed from this report and kept in the full recommendations tracker. The complete tracker can be viewed by contacting the Scrutiny Team on the details below.

Victoria Castree
Scrutiny Co-ordinator
Victoria.castree@coventry.gov.uk
024 7683 1122

Appendix 1 - Outstanding Issues

Meeting Date	Agenda Item	Cabinet Member/ Responsible Officer	Rec', Action or Information	Recommendations/ Actions	Officer contact	Response/ Status
14 September 2016	Outcome of the Coventry and Warwickshire Partnership Trust Care Quality Commission Inspection		I	The update on the CQC inspection and the Trust's Improvement Plan be noted and the details of the Action Plan be circulated to members when available	Simon Gilby (CWPT)	Request sent to Simon Gilby.
14 September 2016	Outcome of the Coventry and Warwickshire Partnership Trust Care Quality Commission Inspection		I	A update report on progress with implementing the Action Plan be submitted to a future meeting of the Board in approximately six months including detailed information about the training, development and performance management of staff.	Simon Gilby (CWPT)	Added to the work programme. COMPLETE
14 September 2016	Outcome of the Coventry and Warwickshire Partnership Trust Care Quality Commission Inspection		I	Additional information about the anticipated future savings on Agency Staff be circulated to Members	Simon Gilby (CWPT)	Request sent to Simon Gilby.

14 September 2016	Child and Adolescent Mental Health Transformation Agenda		I	An update report on progress be submitted to a future meeting of the Board in six months.	Alan Butler	Added to the work programme. COMPLETE
14 September 2016	Child and Adolescent Mental Health Transformation Agenda		I	A briefing note be circulated to Members and to the Education and Children's Services Scrutiny Board (2) providing an update on the proposals for working with patients during the transition period from childhood to adulthood.	Andrea Green (CCG)	Request sent to Andrea Green.
14 September 2016	Child and Adolescent Mental Health Transformation Agenda		I	An update report be submitted to a future meeting on the new Adults ASD service.	Matt Gilks	Added to the work programme. COMPLETE
14 September 2016	Child and Adolescent Mental Health Transformation Agenda		I	A briefing note be submitted to members providing additional information on the early prevention work in schools, in particular the enhanced primary mental health offer for the 2016/17 academic year, including how progress could be monitored	Alan Butler	
14 September 2016	Child and Adolescent Mental Health Transformation Agenda		A	The Transformation Board be asked to consider how better access to the CAMHS service could be provided for children on child protection plans and children in need, including looking at the issue of data sharing between partners	Andrea Green (CCG)	Request sent to Andrea Green.
14 September 2016	Any other items of additional public business - Homelessness		I	A briefing note on the work to support the homeless be circulated to members of the Board and Cllr Ruane	Mark Andrews	Request sent to Mark Andrews

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Health and Social Care Scrutiny Board (5) Work Programme 2016/17

29 June 2016
Informal - Introduction to Health Scrutiny Formal - Adult Social Care Peer Review
20 July 2016
Sustainability and Transformation Plan (STP) Health and Wellbeing Strategy Overview
14 September 2016
Child and Adolescent Mental Health Services Transformation Agenda Adult Mental Health Services Outcome of CWPT CQC Report
5 October 2016
Sustainability and Transformation Plan Update Readiness for Winter and achieving the A&E 4 hour wait Safeguarding Adults Board Annual Report Adult Social Care Annual Report (Local Account) 2015/16
23 November 2016
Update on the implementation of action plan following the Adult Social Care Peer Review (Late 2016) Update on Serious Adult Reviews
4 January 2017
Health impact of living conditions – The role of Social Housing Providers Health impact of living conditions – the impact of the physical environment outside the home Public Health Key Priorities and Progress
1 February 2017
1 March 2017
CWPT Action Plan Update Child and Adolescent Mental Health Services Transformation Agenda Update
5 April 2017
2016/17 – Dates to be confirmed
Sustainability and Transformation Plan – Out of Hospital Sustainability and Transformation Plan – In Hospital UHCW Transformation Plan UHCW Virginia Mason Adult Serious Incident Reviews The 0-19 Childrens Services Agenda – Health Perspective CCG financial and performance deficit Safeguarding and personalisation Multiple Complex Needs Adults ASD service

Date	Title	Detail	Cabinet Member/ Lead Officer
		2016/17	
29 June 2016	Adult Social Care Peer Review	Outcome of the Adult Social Care Peer Review	Pete Fahy/ Cllr Abbott
20 July 2016	Sustainability and Transformation Plan	Provide information on the NHS System Transformation Plan which is being developed for Coventry and Warwickshire at the request of NHS England.	Andy Hardy/ Gail Quinton
20 July 2016	Health and Wellbeing Strategy Overview	To receive an overview from Public Health of the Health and Wellbeing Strategy Overview.	Jane Moore
14 September 2016	Child and Adolescent Mental Health Services Transformation Agenda	The CAMHS transformation agenda is underway and to look for ways that the service can be improved for children and young people. Concerns about waiting times and ensuring access to crisis support at all times.	Jacqueline Barnes/ Simon Gilby/ John Gregg
14 September 2016	Adult Mental Health Services	To look at where the pressures points are in Adult Mental Health Services.	CCG/ Simon Gilby
14 September 2016	Outcome of CWPT CQC Report	To look at the outcome of the CWPT CQC inspection which took place in April. The report, published July 2016, indicates that the organisation requires improvement.	Simon Gilby
5 October 2016	Safeguarding Adults Board Annual Report	To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board.	Elizabeth Edwards
5 October 2016	Readiness for Winter and achieving the A&E 4 hour wait	That the System Resilience Group bring a report on winter resilience and planning the initiatives being put in place to deal with winter 2016/17.	Pete Fahy/ Sue Davies (CCG)/ David Eltringham/ Simon Gilby
5 October 2016	Sustainability and Transformation Plan	To receive an update on the STP.	Andy Hardy/ Gail Quinton
5 October 2016	Adult Social Care Annual Report	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides	Pete Fahy/ Gemma Tate

Date	Title	Detail	Cabinet Member/ Lead Officer
	(Local Account) 2015/16	commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions at the end of the meeting.	
23 November 2016	Update on the implementation of action plan following the Adult Social Care Peer Review	A further report on progress with implementing the action following the report authors visit in October. to include details of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
23 November 2016	Update on Serious Adult Reviews	To feedback on progress against the action plans on the three Serious Adult Reviews considered in 2015/16. These were Mrs E, Mrs F and Miss G.	Pete Fahy/ Elizabeth Edwards
January 2017	Health impact of living conditions - the role of social housing providers	To invite in key social housing providers from across the City to look at how they work to provide social housing which maximises positive health impacts of tenants. Include role of community.	Whitefriars/ Public Health
January 2017	Health impact of living conditions – the impact of the physical environment outside the home	To consider how physical environments in residential areas can improve the health and wellbeing of citizens. Include how these factors will be considered as developments come forward as part of the local plan.	Public Health/ Planning/ Environmental Health
January 2017	Public Health Key Priorities and Progress	For the Board to discuss, and influence, Public Health's key priorities and monitor their progress.	Jane Moore
January 2017	Multiple Complex Needs		
1 March 2017	CWPT CQC Action Plan Update	Following on from the meeting in September, the Board will receive an update from CWPT regarding the action plan put in place following the CQC	Simon Gilby

Date	Title	Detail	Cabinet Member/ Lead Officer
		inspection.	
1 March 2017	Child and Adolescent Mental Health Services Transformation Agenda Update	A update on progress following the meeting in September.	Matt Gilks/ Alan Butler
TBC	Adults ASD service.	To receive information on the new Adults Autistic Spectrum Disorder service.	Matt Gilks
TBC	Safeguarding and personalisation	Outcome of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
TBC	Sustainability and Transformation Plan – Out of hospital	Includes frailty. To scrutinise the work being done on the out of hospital pathway identified as part of the STP.	TBC
TBC	Sustainability and Transformation Plan – In hospital	To scrutinise the work being done on the in hospital pathway identified as part of the STP.	TBC
TBC	UHCW Transformation Plan	To pick up with UHCW their performance, particularly around the key indicators of A&E 4 hour wait, 18 week referral to treatment and delayed discharge and progress on dealing with their financial deficit.	Andy Hardy/ David Eltringham
TBC	UHCW Virginia Mason	This programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous improvement. This will be an opportunity to hear about the benefits of the programme and potentially meet at the hospital. Input from Virginia Mason reps via video link	David Eltringham

Date	Title	Detail	Cabinet Member/ Lead Officer
		will be requested.	
TBC	The 0-19 Childrens Services Agenda – Health Perspective	Early help and prevention services for 0-19.	Public Health/ CCG/ CWPT
TBC	Adult Serious Incident Reviews	For the Board to look at Adult Serious Incident Reviews as they are published.	Elizabeth Edwards
TBC	CCG performance	To examine the performance of the CCG including their finances.	CCG
TBC	Workforce	To look at how non-clinical opportunities in the NHS can be promoted, particularly through the use of apprenticeships and links with the two Universities.	UHCW/ Warwick University/ Coventry University/ Local Colleges
Visit - TBC	Frailty Unit - UHCW	Visit to UHCW to see new frailty pathway once established	Andy Hardy
21 November 2016	Visit to Warwick University	To find out about the research currently being undertaken by the university.	Professor Sudhesh Kumar

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