



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 23rd November, 2016

Place

Diamond Room 2 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 5th October, 2016

(b) Matters Arising

4. Safeguarding Adult Reviews (SAR) - Progress (Pages 9 - 12)

Briefing Note of Joan Beck, Chair of the Coventry Safeguarding Adults Board

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

Liz Kieran, University Hospitals Coventry and Warwickshire

Jayne Phelps, Coventry and Rugby Clinical Commissioning Group

Chris Evans and Tracey Wrench, Coventry and Warwickshire Partnership Trust

5. Adult Social Care Peer Challenge - Progress Review (Pages 13 - 40)

Briefing Note of the Executive Director of People

6. Provision of Home Support Services (Pages 41 - 44)

Briefing Note of the Executive Director of People

7. Outstanding Issues Report (Pages 45 - 46)

Report of the Scrutiny Co-ordinator

8. Work Programme 2016-17 (Pages 47 - 52)

Report of the Scrutiny Co-ordinator

9. **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, 15 November 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://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on 23rd November, 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

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

Present:

Members: Councillor D Gannon (Chair)
Councillor R Auluck
Councillor J Clifford
Councillor G Crookes
Councillor L Kelly
Councillor D Kershaw
Councillor C Miks
Councillor S Walsh

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott

Other representatives: Joan Beck, Independent Chair, Adult Safeguarding Board
Barry Day, Coventry and Warwickshire Partnership Trust
David Eltringham, University Hospitals Coventry and
Warwickshire
Andrea Green, Coventry and Rugby CCG
Steven Jarman-Davies, Coventry and Rugby CCG

Employees (by Directorate)

V Castree, Resources Directorate
P Fahy, People Directorate
L Knight, Resources Directorate
J Moore, People Directorate
G Quinton, People Directorate

Apologies: Councillor R Ali (Deputy Cabinet Member), A Andrews,
K Caan (Cabinet Member) and K Taylor

Public Business

21. Declarations of Interest

There were no declarations of interest.

22. Minutes

The minutes of the meeting held on 14th September, 2016 were signed as a true record. There were no matters arising.

23. Sustainability and Transformation Plan Update

The Board received a presentation of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW), delivered by Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) on the Sustainability and Transformation Plan (STP) Programme.

The Board were informed that the STP was a route map of how the NHS national strategy was to be delivered at a local level and information was provided on the development of this national strategy. The main questions to be addressed in the Plan were: How will you close the health and wellbeing gap? How will you drive transformation to close the care and quality gap? and How will you close the finance and efficiency gap?

The presentation included the timeline for the STP informing of the milestones to date and concluding with the financial template submission to close the financial gap having been submitted on 16th September and the detailed STP with implementation dates and updated financial details by 21st October. Information was provided on the Programme structure and workstreams including the Programme Board and Finance Group. There were five transformation workstreams: proactive and preventative; urgent and emergency care; planned care; maternity and paediatric; and productivity and efficiency. The Board noted that mental health linked into each of these workstreams. The supporting workstreams were also highlighted.

The design authority had been established with initial work facilitated by PricewaterhouseCooper. Objectives included 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; and designing and agreeing the appropriate programme structure and remit of the workstreams for the next STP check point.

The presentation concluded with the next steps to be taken in respect of workstreams, programme delivery and finance, along with key risks associated with the Sustainability and Transformation Plan which included:

- No history or track record of delivering large scale transformation across the footprint
- Potential for reversion to silo approaches
- Individuals representing organisation against STP/footprint
- Continued misalignment of regulations, priorities, expectations, processes etc between the respective organisations
- Current operational and financial challenges against the need to prioritise STP work
- Funding and access to capital resource
- Sourcing appropriate capacity to implement the programme of work.

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

- How the Scrutiny Board could support the STP Programme Board and feed into the consultation process
- The costs associated with the involvement of PricewaterhouseCooper who were supporting the initial work of the design authority

- Clarification about how the cross boundary working would result in innovation
- Clarification as to whether there would be full public engagement on the STP
- A concern raised by the Healthwatch Steering Group that the STP was very acute orientated and there needed to be greater reference to social care, community care and the work of GPs
- A suggestion that the STP needed to have more emphasis on the employees who would deliver the new ways of working, also what support and care would be available for the workforce
- Was there a significant input from patients and staff in the development of the new national strategy
- How could the Board be provided with base line information which would allow them to be able to scrutinise how the STP would be delivered
- The suggestion that preventative care should be a cross cutting theme of the STP
- Reference to the West Midlands Combined Authority and their priority for mental health and how this linked to the cross cutting mental health theme of the STP
- Whether there was an opportunity to share the feedback to be given to NHS England
- The issue of having political accountability and oversight of the work of the Programme Board
- A request for detailed information concerning health and wellbeing and finance and quality of service in any future presentations about the STP
- Whether there was a role for the Board when considering the future.

RESOLVED that the presentation be noted and additional information about the funding for the Sustainability and Transformation Plan for the next five years be circulated to members of the Board.

24. **Readiness for Winter and Achieving the A and E Four Hour Wait**

The Board received a joint presentation on the work of the System Resilience Group on the initiatives being put in place to deal with winter 2016/17 and to achieve the A and E four hour wait. Andrea Green and Steven Jarman-Davies, Coventry and Rugby Clinical Commissioning Group (CCG), Barry Day, Coventry and Warwickshire Partnership Trust (CWPT), and David Eltringham, University Hospitals Coventry and Warwickshire (UHCW) attended the meeting for the consideration of this item.

The presentation referred to both the NHS National A and E Plan and the Local A and E Delivery Plan. The national focus was on the following five priorities to be delivered locally: streamlining in A and E; NHS 111 calls transferred to clinician; Ambulance Response Programme; improved patient flow; and improved discharge.

The Board were informed about the current performance and system demand around A and E. Performance was below the constitutional standard of 95% of patients having a maximum four hour wait. Local system pressures had been recognised nationally and a more realistic target of 92% had been agreed by the Trust. The Board were informed that following agreement of the local A and E Plan, performance had improved.

Recent demands on the system showed that A and E attendances had risen, short stay emergency admissions were also up, long term emergency admissions were stable while delayed transfer of care (DTC) remained too high, well above the 3.5% target.

The presentation informed of the system vision and provided a summary of the local A and E delivery plan, which set out the following priorities:

- 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 co-ordinated 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.

Further information was provided on how these priorities were being delivered along with some examples of the actions in place from the Plan.

The presentation concluded with the governance arrangements. The A and E Delivery Board for Coventry and Rugby was chaired by Andy Hardy, UHCW and included Chief Officer/Director representatives from the partner organisations. The key responsibilities of the Board were detailed.

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

- Support for the initiatives introduced at A and E
- Additional information about the reasons behind delayed transfers of care
- Proposals to improve record keeping to allow better tracking of patients
- Further information about the improvements for dealing with frail patients
- Proposals for the use of new technology to streamline procedures connected with the patient's journey through the hospital
- Proposals for improving the situation relating to the hospital pharmacy and patients' prescriptions
- Was the level of resource sufficient to be able to deliver the rehabilitation packages for dementia patients
- Further information about the constraints around patient discharge when additional support/ care packages were required
- Additional information about the new Medical Decisions Unit.

RESOLVED that the presentation be noted.

25. **Coventry Safeguarding Adults Board Annual Report 2015/16**

The Board considered a briefing note and received a presentation from Joan Beck, Independent Chair of the Coventry Safeguarding Adults Board on the Annual Report of the Coventry Safeguarding Board for 2015/16. A copy of the report was

set out at an appendix to the report. Joan Beck and Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this item.

The Coventry Safeguarding Adults Board was a multi-agency partnership made up of a range of organisations that contributing towards safeguarding in Coventry. The Board was required to publish an annual report and business plan. The report summarised the key messages for the year and included the business plan which enabled the Board to plan upcoming work. The annual report also included performance data for the year which was monitored on a quarterly basis by the Board. The annual report was a key way of raising awareness of the issue of safeguarding adults.

Joan Beck informed that during the year there had been the introduction of changes from the Care Act and the monitoring of the impact of the Deprivation of Liberty Safeguards. The Care Act had introduced additional safeguarding categories of self-neglect, modern slavery and domestic abuse. Arising from the three reviews undertaken by the Board, a learning event was held in January to share the key learning from all three reports. Over the last year the Board had focused on improving awareness with professionals. In the current year the focus was to build awareness of safeguarding in communities, empowering communities to be safe places for all.

The Board questioned the representative and officer present on several issues and responses were provided, matters raised included the awareness and reporting of pressure ulcers and the issue of non-attendance at meetings.

RESOLVED that the content of the Coventry Safeguarding Adults Board Annual Report 2015/16 be noted.

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

The Board considered a report of the Executive Director of People concerning the Adult Social Care Annual Report 2015/16 (Local Account) which detailed the performance of Adult Social Care and the progress made against the priorities for the year, in particular the impact of the Care Act 2014 on operational activities to support service users and carers. A copy of the report was attached at an appendix to the report. The report was due to be considered by the Cabinet Member for Adult Services at her meeting on 17th October and Councillor Abbott attended the meeting for the consideration of this item.

The report indicated that it was considered good practice to produce an annual report as it provided the opportunity to be open and transparent about the success and challenges facing Adult Social Care and to highlight what was being done to improve outcomes for those who came into contact with Adult Social Care.

The production of the report had drawn on information obtained during the year from a ranges of sources including Healthwatch Coventry, Partnership Boards, providers and people that had been in contact with Adult Social Care. Attention was drawn to the case studies and direct quotes in the report which demonstrated the impact that Adult Social Care and its partner agencies had on individuals and their families.

The primary focus in 2015/16 had been to embed the changes required by the Care Act into practice. These included improvements around when people first made contact with Adult Social Care and improvements in how people were assessed and their support plan. The focus was on promoting wellbeing and independence to prevent, reduce or delay the need for long term support.

The Board questioned the officer on several issues and responses were provided, matters raised included the monitoring of care homes and the financial implications associated with costs of implementing the changes required by the Care Act.

RESOLVED that the Adult Social Care Annual Report for 2015/16 be noted.

27. **Outstanding Issues Report**

The Board noted a report of the Scrutiny Co-ordinator which detailed the approach being taken on the progress, outcomes and responses to recommendations and substantial actions made by the Board at their previous Scrutiny meetings.

28. **Work Programme 2016-17**

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

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

There were no additional items of public business.

(Meeting closed at 12.35 pm)

Briefing Note



To: Health and Social Care Scrutiny Board (5)

Date: 23 November 2016

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

Pete Fahy, Director of Adult Services

Hardeep Walker, Serious Case Review Coordinator

Subject: Safeguarding Adult Review (SAR) Progress

1. Purpose of the note

- 1.1. To advise Health and Social Care Scrutiny Board (5) of the progress made in relation to the three Safeguarding Adult Reviews (SARs) published in 2015 and any outstanding actions completed by Coventry Safeguarding Adult's Board.

2. Background

- 2.1. The Care Act, Section 44, requires Safeguarding Adult Boards to complete a SAR (previously called Serious Case Reviews) when:
 - 2.1.1. There are concerns about how Safeguarding Adult Board members have worked together to safeguard a person with care and support needs, and:
 - 2.1.2. That person has died, or
 - 2.1.3. That person has suffered serious abuse or neglect
- 2.2. The purpose of SARs is to consider how things could have been done differently and to learn lessons for the future. The purpose of SARs is not to seek blame nor to hold individuals or organisations to account for any failings. Involvement of the family or next of kin of the person subject to the SAR is an important feature of how they are conducted as the issues are, by nature, incredibly sensitive.
- 2.3. SARs in Coventry are overseen by the SAR subgroup of the Coventry Safeguarding Adults Board. The SAR sub-group includes membership from social care, police, health, and emergency services and considers possible cases that may meet the criteria for a SAR and, if appropriate initiates a SAR. The sub-group also monitors progress against action plans arising from SARs and through updates to the Safeguarding Adults Board holds organisations to account for the delivery of the actions they committed to.

3. Safeguarding Adult Reviews in Coventry

- 3.1. In 2015 three SARs were published by the Coventry Safeguarding Adults Board and considered by Scrutiny Board 5. These SARs related to incidents that took place in 2013 and 2014. They related to incidents of fire death, septicaemia, and pelvic abscess, sigmoid perforation and fractured vertebrae.
- 3.2. There have been no further SARs completed in Coventry since these three published in 2015 and no SARs are currently underway.

4. Summary of recommendations and actions arising from the SARs

- 4.1. As a result of the SARs a series of actions were agreed by the CSAB, these included:
 - 4.1.1. Improving awareness of and response to fire safety risks
 - 4.1.2. Establishing protocols for professionals to work together on a case
 - 4.1.3. Working towards making safeguarding more personalised
 - 4.1.4. Reviewing pressure ulcer policies and information

5. Progress areas to date

- 5.1. Significant progress has been made in delivery of the actions and improvements required following the SARs. Examples of key areas of development in relation to SARs in Coventry is as follows:
 - 5.1.1. Events have taken place to disseminate learning and promote person-centred practice. A family member has attended these sessions and given a powerful account from her perspective about the care and support received. A range of organisations have attended these events including provider services.
 - 5.1.2. A SAR toolkit has been produced which gives a clear framework and methodology for conducting SARs.
 - 5.1.3. A coroner's protocol has been developed to give clarity about roles and responsibilities of both the coroner and the partner agencies including sharing information in cases where there is a safeguarding issue which may require further investigation.
 - 5.1.4. There has been a strong emphasis across the partner agencies on outcome-focused work with people with care and support needs. Agencies have developed their training. Coventry City Council has rolled out a Making Safeguarding Personal programme alongside a tool kit to support and embed this. In addition CWPT has rolled out a bespoke training programme to support care delivery for those reluctant to accept help which has been delivered to its Community Nursing staff group and remains a key part of their training portfolio going forward.
 - 5.1.5. West Midlands Fire Service have supported and delivered fire health and safety intervention training to a range of agencies, including the third sector and GPs. Alongside this, a comprehensive fire safety guidance handbook has been produced for professionals and carers who work with adults with care and support needs. This provides clear guidance where there is fire risk. There has been an increase in referrals to West Midlands Fire Service since the launch of this guidance and this will continue to be monitored by Coventry Safeguarding Adults Board (CSAB).
 - 5.1.6. Pressure ulcer guidance has been revised with a focus on notification and referral process. Agencies have delivered further training on this issue to increase awareness and improve response. Health partners and Coventry City Council have set up a 'React to Red' scheme that aims to prevent pressure ulcers. It offers clinical training and support to care providers. Accreditation is given to care homes that demonstrate best practice in all areas of pressure ulcer prevention. There are ten accredited care homes, with more working towards this. The performance data provided to CSAB is beginning to show a reduction in the number of pressure ulcers.
 - 5.1.7. Coventry and Rugby CCG, UHCW and CWPT have reported to CSAB that more robust and effective discharge planning processes are in place. This includes an integrated patient assessment tool used by UHCW and CWPT; development of Integrated Neighbourhood Teams (INT) and a Coventry Carers Trust presence at UHCW.

6. Outstanding actions and next steps

- 6.1. On the SAR action tracker, three actions remain incomplete. The workforce subgroup of the Safeguarding Adult Board has agreed a plan to complete these actions by the end of March 2017. They are all in relation to quality assurance and consistency of safeguarding training.
- 6.2. A number of multiagency audits are currently underway or are planned for the coming year which will provide CSAB with evidence of whether the learning has been embedded into practice and highlight the follow on work that is required from these findings.
- 6.3. CSAB will continue to analyse performance to understand the quality of practice and identify areas of improvement.

7. Recommendations

- 7.1. Scrutiny Board 5 are recommended to provide any additional comment to the Independent Chair of the Coventry Safeguarding Adults Board and Cabinet Member for Adult Services on progress against the SAR action plans and outstanding actions.

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Briefing Note



To: Health and Social Care Scrutiny Board (5)

Date: 23 November 2016

From: Pete Fahy, Director of Adult Services

Subject: Adult Social Care Peer Challenge – Progress Review

1. Purpose

The purpose of this report is to update Health and Social Care Scrutiny Board (5) on the progress made since the Adult Social Care Peer Challenge in February 2016 following a review visit held on 10 October 2016.

2. Recommendation

It is recommended that Health and Social Care Scrutiny Board (5) note the outcome of the review of the Peer Challenge chair, and that this concludes the requirements of the peer challenge progress

3. Background

Adult Social Care is not subject to a formal inspection regime (although the Care Quality Commission, as regulator, continues to inspect individual care services). As an alternative to formal inspection an approach of Sector Led Improvement is undertaken and supported by the Department of Health, the Local Government Association and the Association of Directors of Adult Social Services. The Peer Challenge programme is an important element of this approach where a challenge team led by a Director of Adult Services from another authority undertakes a review of how a local authority is performing in Adult Social Care. In February 2016, Coventry's Adult Social Care underwent a peer challenge. The outcome of this peer challenge and the action plan arising from it were reported to Scrutiny Board 5 in June 2016.

On 10 October 2016, as required under the peer challenge process the peer challenge lead, Mr Keith Skerman, accompanied by a colleague from Improvement and Efficiency West Midlands re-visited Coventry to review progress made. The findings of this review visit are included in Appendix One in the form of the letter issued following the review visit. This review visit was the final element of the peer challenge process.

4. Areas of Key Progress

The feedback letter identified that:

'your improvement journey had made good progress; that the senior management team has already had an impact in providing a more collegiate approach; a commitment to addressing the long term demands that the health and care system faces in the City and providing a structured approach to systemically addressing the demands on the service'

'We heard about a lot of activity that is underway and a number of initiatives and plans that all indicate a desire to improve services and performance at pace. These are still at early stages of implementation but which emphasise the 'can do' culture of the leadership team'.

These statements were made based on findings at the review day which included a summary of progress against the action plan (appendix two), a meeting with heads of service, the Director and Executive Director, attendance at the stakeholder reference group, and a meeting with a group of social workers. Specific areas of key progress include:

- The development of an Adult Social Care vision, to ensure that staff, partners and stakeholders are aware of the department's objectives and strategic approach (appendix three). Accompanying this is a simple strategy of ***'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'***
- A stakeholder reference group is in place, and although in its infancy will help to ensure that there is an additional mechanism for people with care and support needs, and carers, to input to and shape the work of Adult Social Care
- An online social care assessment, launched in September 2016 which enable people can now receive individually tailored information and advice
- Staff development sessions and the establishment of a practice development forum which has focussed on Making Safeguarding Personal, national eligibility criteria, and direct payments

5. Feedback from the Peer Challenge chair

Although feedback on progress was positive it was recognised that sustained change and improvement takes time and continual effort to embed. Some further suggestions were also made including:

- Working with elected members to manage expectations and promote alternatives to long term care – *members actively supporting the vision for Adult Social Care is one way to help achieve this*
- Building corporate awareness of the needs of older people and people with learning disabilities – *increased use of Beacon, newsletters and Blogs*
- Engage with ICT to co-produce technical innovations – *supported through use of stakeholder reference group as this develops*
- Focus on presenting the evidence base for preventative services - *a review of support provided through the voluntary and third sector is underway*
- Build a narrative that celebrates the successes of Adult Social Care – *a systematic way to capture good news stories and celebrate progress is being established*

Appendices

Appendix One:	Coventry Peer Challenge – Review Letter
Appendix Two:	Action Plan following Peer Challenge
Appendix Three:	Adult Social Care Vision 2016



Walsall Council

Adult Social Care

Keith Skerman
Executive Director

Your Ref:
Our Ref: KS/HN
Date: 10 October 2016
Direct Line: (01922) 654700
Email address: keith.skerman@walsall.gov.uk

Mr P Fahy
Director of Adult Services
Coventry City Council
Civic Centre 1
Little Park Street
Coventry
CV1 5RS

Dear Pete

Thanks for inviting myself and Pete Jackson back to Coventry to follow up the Peer Challenge that I led in February 2015 as part of the West Midlands sector led improvement programme. Clearly there has been considerable action that has taken place over the last 8 months and the energy, professionalism and commitment of the management team to move adult social care services forward in Coventry was clear to see during the visit.

Inevitably in the time available we were only able to get a very general feel for the current position and spoke to a limited number of stakeholders. From the information provided and the interviews, there were a number of themes that emerged: that your improvement journey has made good progress; that the senior management team has already had an impact in providing a more collegiate approach; a commitment to addressing the long term demands that the health and care system faces in the city and providing a structured approach to systematically addressing the immediate demands on the service.

There were a number of areas that stood out reflecting improvements that had been made since February 2016:

- The production of a vision for ASC in the city which starts to align the values, culture and principles with Children's Services and the council's overall approach to service transformation. The vision is scheduled to be communicated and confirmed with Scrutiny Members, and the wider workforce.

- The two new appointments to the ASC senior management team with a refreshed focus on getting the right processes in place to manage the improvements being aspired to
- The emphasis on Making Safeguarding Personal through new initiatives providing a reinvigorated approach to best practice adopted by frontline practitioners.
- The energy demonstrated to influence the health economy in the City and manage the longer term demands on the care system through STP, specifically in relation to shifting health resources to invest in prevention
- The adoption of more systematic management processes to maintain focus on the financial imperatives that the service has been set. The positive management of the impact of the national living wage was of particular note

The production of the improvement action plan that the team have all contributed to and which has been shared with your scrutiny panel is to be commended as it introduces a degree of rigor and accountability which wasn't seen following the Peer Challenge undertaken in 2013.

We heard about a lot of activity that is underway and a number of initiatives and plans that all indicate a desire to improve services and performance at pace. These are still at early stages of implementation but which emphasise the 'can do' culture of the leadership team.

In advance of the visit I was asked to follow up on three specific areas that are central to your ability to improve the overall service delivery and financial challenges that you face.

We were able to hear firsthand about how managers, front line staff and carers/advocates/service users see their respective roles in attempting to co-produce some of the big changes required. These 3 areas are important to finding innovative approaches to service improvement in Coventry:

- a) ensuring that users and carers were actively included in ASC improvement plans – the newly formed stakeholders' forum told us of their hopes for positive engagement with self-help ideas;
- b) matching implementation of personalised outcomes with supportive financial and recording processes – we heard from staff how the new approach to streamlining forms, making decisions and developing reflective practice through supervision and audit were helpful in this respect;
- c) having a clear sense of the direction and priorities for ASC – the new vision will support this once the rollout and communication by the senior team is completed and linked to financial and business plans.

We are agnostic as to how the fundamental challenges are met, that the health and care system is facing. Much of any council's success in addressing these challenges is in the resilience and energy that the leadership team are able to sustain and your ability to communicate a direction of travel that allows your staff, service users and carers to contribute to meeting and articulating the needs that a healthy community wants to support.

We would identify 5 areas that we feel would help you:

- Working with your elected members to assist you in managing community expectations and promoting alternatives to long term placements and seeing personalisation as a means to managing demand and promoting asset based approaches with the community
- Building on the cultural change you have started in relation to the customer access points and building corporate awareness of the needs of the older people and those with learning disabilities
- Ensuring service users are able to engage with ICT staff to co-produce technological innovations
- Provide better focus on presenting the evidence base for investment in preventative solutions
- Building a narrative for social care in the city that celebrates the successes of the service and simplifies the complex demands the service is placed under to reach a wider corporate and community audience

We would recommend that your cabinet member takes a paper to your cabinet to update your members of the progress that has been made since the peer challenge and to focus more broadly on the raising their awareness of the good work that your staff are doing alongside service users to promote Coventry as a safe city that promotes the independence of its citizens to live long and healthy lives.

If there any areas where you would like further clarification or to talk over any of the points in the letter please do not hesitate to contact me and I am sure you will remain in contact with Pete as part of the regional improvement programme that I know you are committed to.

Yours sincerely



Keith Skerman
Executive Director

(Please note that Keith Skerman left Walsall Council on 6 May 2016)

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Appendix Two:


Adult Social Care Peer Challenge Action Plan 2016/17

Project
This action plan is aligned to the areas of consideration from the Peer Review

Theme	Page number
1. Vision and strategy	3
2. Embedding personalisation in practice	4-6
3. Improving the experience of the customer	7-11
4. Embedding personalisation in process	12-14
5. Robust financial planning and programme management	15-16

THEME 1 – Having a clear vision and strategy

Theme Lead: Director of Adult Services

Objectives to create change	Actions	Lead	Timescale	Success measures	Progress update	BRAG
<p>Clarify role of Adult Social Care in local Health and Social Care economy</p>	<ol style="list-style-type: none"> 1. Develop an agreed Action Plan and vision for Adult Social Care as part of STP, including how this vision will guide the work of Adult Social Care 2. For actions in relation to case management change see theme 2 below 	<p>Pete Fahy All Heads of Service</p>	<p>September 2016</p>	<p>Single signed up vision for Health and Social Care. Familiarisation of vision with stakeholders</p>	<p>Senior representation on STP ensuring the social care vision is aligned to on-going work in the wider health and social care community. Each service area are developing a 'plan on a page' to document priorities which will be linked to our vision and values. This will be communicated to all stakeholders.</p>	

THEME 2 – Embedding personalisation in practice						
Theme Lead: Head of Practice Development and Safeguarding						
Objectives to create change	Actions	Lead	Timescale	Success measures	Progress update	BRAG
A workforce development plan with timescales and resources as a foundation for workforce improvement	3. Develop a workforce development plan for Adult Social Care	Andrew Errington	December 2016	Workforce Development Plan produced with resources available and timescales for delivery	<p>Draft workforce strategy in place. Re engagement and re drafting to take place following workforce planning.</p> <p>Interim training needs analysis completed and work underway to identify delivery.</p> <p>Learning and development brochure under development with workforce board to ratify and approve</p> <p>Workforce Board established with a finalised strategy in place by January 2017</p>	
Raise the profile of personalisation –	4. Development of a 'personalisation champions'	Andrew Errington	April 2016	High profile champions group	Group established and reframed to be a	


identify good practice, share and profile this.	group to include all staff groups (operational, provider and commissioning staff) Links to ASCOF 1C Parts 1a, 1b, 2a, 2b	Lizzie Edwards Kelly Lucas		with evidence of progress and impact	Practice Development forum meeting bi-monthly. This will be supplemented by a quarterly briefing for staff on regional and national developments and best practice.	
Improved guidance to staff on how to work in a more personalised way within available resources	5. Develop an agreed set of Personalisation guidance notes, communicate to practitioners and use to inform practice through learning sets. Performance measure ASCOF 1C Parts 1a,1b,2a,2b	Andrew Errington Gemma Tate Janice White	September 2016 (for first guidance note)	Personalisation guidance notes developed and used as tools to improve practice	A proposal for the development of a suite of thematic learning sets or light bite training has been developed. These will complement core training and provide materials and guidance for staff on a range of subject areas	
Practice improves through a regular forum of learning sets	6. Implement learning sets led by personalisation champions to create a forum for sharing good practice, learning and challenge. Also to problem solve particularly challenging cases.	Lizzie Edwards Kelly Lucas	July 2016 then ongoing	Learning sets in place and evidence of impact shown through case file audits	Learning sets delivered to Team Leaders, and cascading to staff has started. Positive feedback received.	



<p>Page 22</p> <p>Ensure that users and carers are involved in co-production of the Coventry approach to personalisation</p>	<p>7. Establish a user and carer reference group to work with ASC in the development of personalised approaches Performance measure ASCOF 1C Parts 1a,1b,2a,2b</p>	<p>Michelle McGinty</p>	<p>August 2016</p>	<p>Reference group in place that is constructively influencing developments.</p>	<p>Two meetings have taken place and further meetings are planned throughout the year.</p>	
<p>Raise awareness of safeguarding policies and procedures</p>	<p>8. Materials for a learning set on Making Safeguarding Personal and using positive risk tools developed for Team Leaders to deliver to staff members and creation of positive risk tools in Care Director- more personalised support section- gold aspiration Performance measure ASCOF 4A & 4B</p>	<p>Jill Ayres Peb Johal</p>	<p>August 2016</p>	<p>Increased use of positive risk tools and appropriate application of safeguarding policies and procedures identified through safeguarding file audits</p>	<p>A making safeguarding personal tool kit has been developed.</p> <p>Learning sets have been developed and have been cascaded to teams during July and August 2016.</p> <p>To further enhance this work. A risk enablement panel will be established as a forum for practitioners to discuss individual cases. This will be developed using national best practice.</p>	
<p>Ensure there is a specific training programme in</p>	<p>9. Training for all assessment staff on process for organising direct payments'</p>	<p>Lizzie Edwards Kelly Lucas</p>	<p>July 2016</p>	<p>Training for all assessment staff leading to increased</p>	<p>Training completed. Direct Payments</p>	

relation to direct payments policy and procedures	policy and procedures-streamlining- linked to personalisation policy Performance measure ASCOF 1C 2a & 2b			uptake of direct payments	training to form part of the core offer for frontline staff.	
Ensure that ability to take a personalised approach is a key skill for practitioners	10. Revise progression guidance and process for social workers (from G6-G7), to ensure that evidencing a personalised approach in terms of safeguarding and also day-to-day practice is a key requirement Performance measure ASCOF 1C 1a & 1b	Lizzie Edwards	May 2016	Revised progression guidance and process, to include evidencing a personalised approach	Progression guidance in place	
Development of more market options for personalised support	11. Deliver Individual Service Fund (ISF's) pilot, evaluate and roll-out. This piece of work is in relation to short-term services and on-going support, including re-commissioning of carers' support services and review of the current assistive technology contract and processes (links to action 7). Performance measure ASCOF 1C Parts 1a, 1b, 2a & 2b	Maxine Shakespeare Richard Limb	July 2017 and on-going (ISF pilot to be concluded September 2016)	Regular workshops with people with carer and support needs, operational teams and providers. Development of an ISF service	Presentations to willing providers to pilot ISFs conducted. A two way agreement is sent to providers. Care Director process for payments agreed. Virtual bank account created. Three people are now taking part in the ISF pilot.	

THEME 3 – Improving the experience of the Customer

Theme Lead: Head of Social Work Service – Prevention and Health

Objectives to create change	Actions	Lead	Timescale	Success measures	Progress update	BRAG
<p>Establish systematic customer engagement mechanisms so that expectations from Adult Social Care are clear.</p> <p>Create feedback mechanisms that allow quick adaption of new practices that are introduced i.e. self-assessment</p>	<p>12. Review how other Local Authorities effectively engage with people with care and support needs, and their carers, and develop comprehensive mechanism for effective engagement and collation of feedback from service users and families, using mechanisms already in place such as frontline knowledge, complaints, surveys, and forums</p> <p>Performance measure ASCOF 1A, 1D, 3A, 3B & 3C</p>	<p>Michelle McGinty Andrew Errington</p>	<p>September 2016</p>	<p>Feedback results in demonstrable change to how Adult Social Care operates</p>	<p>Work to identify pre-existing methods for collating feedback completed.</p> <p>Options paper for implementation of approach has been completed and Action plan developed.</p> <p>User and Carer feedback will be incorporated into a quarterly quality report that is currently in development and will be reported to ASCMT.</p>	

<p>Implement clear standards in respect of waiting times for social work interventions</p>	<p>13. Develop and formalise a mechanism for risk assessment of waiting lists to ensure that allocation is based on an appropriate assessment of risk, to include mechanism to review level of risk whilst on waiting lists</p>	<p>Lizzie Edwards</p>	<p>May 2016</p>	<p>Mechanism for risk assessing waiting list developed, cases allocated based on risk and reviewed where required based on practitioner feedback</p>	<p>Risk Assessment mechanism developed and implemented in April 2016.</p>	
<p>Use technology to reduce response times</p>	<p>14. Implement mechanisms for self-assessment and - carers self assessment through use of internet based technology</p>	<p>Marc Greenwood Lizzie Edwards Gemma Tate</p>	<p>August 2016 (Self-assessment tool) January 2017 (carer self assessment)</p>	<p>Through use of self-assessment to enable City Council resource to be targeted where most effective resulting in overall reduction of waiting lists</p>	<p>Self-assessment went live on 2nd September 2016. Work has begun on developing the carers self assessment.</p>	

<p>Improve data/information sharing across organisations to ensure it is timely, specific and effective</p>	<p>15. Increase the use of the Integrated Neighbourhood Team (INT) Black Pear solution to aide multi-disciplinary working, and then review and appraise options for information sharing going forward</p> <p>16. When considering succession plan for Care Director (currently case management system) to do so with a view to achieving shared records across health and social care</p> <p>Performance Measure ASCOF 2B (Source data)</p>	<p>Marc Greenwood</p>	<p>December 2016</p>	<p>Shared records of patients/service users that enable creative support planning to take place in multi-disciplinary teams</p>	<p>Development of the Local Digital Roadmap (LDR) completed. It includes interoperability approaches, such as Black Pear, that will enable the sharing of information across health and social care. The LDR sets out the 5 year digital vision for health and social care, including our approach to achieving shared records. Plans to be developed to commence improvements.</p> <p>As part of the LDR vision discussions are underway across Coventry and Warwickshire about developing a single Electronic Citizen Record (ECR). This is a long term vision that will contribute towards achieving our objectives</p> <p>In the interim</p>
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<p>Reduction in number of people requiring social care support and effective use of short-term services</p>	<p>17. Trial of 'why not home, why not today' model and review of effectiveness</p> <p>Performance measure ASCOF 2B, 2C & 2D</p>	<p>Rae Bottrill</p>	<p>August 2016</p>	<p>Reduced numbers of people requiring social care support on discharge from hospital and reduced joint / LA DTOC</p>	<p>Steering group and operational group established. Some improvement in DTOC apparent at this early stage.</p> <p>Some significant changes implemented to improve patient flow, e.g. Integrated Discharge Team are now ward based and all UHCW Therapy staff assess and case manage discharge via short term services.</p> <p>This action has been superseded with the frailty pathway work as part of the STP. Project group meetings are fortnightly.</p>	
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<p>Page 20</p> <p>Ensure that services are appropriately targeted to where they can have greatest impact.</p>	<p>18. Develop criteria for access to short-term services, to apply across all referring partner organisations</p> <p>Performance measure ASCOF 2B & 2D</p>	<p>Rae Bottrill Neil Byrne Ian Bowering</p>	<p>May 2016</p>	<p>Development and communication of access criteria leading to reduction in avoidable referrals</p>	<p>Criteria developed and implemented in April 2016. Team Leaders at the hospital approve all requests for short term services.</p>	
<p>Support people to achieve their outcomes on first contact with the City Council</p>	<p>19. Deploy "Intake" staff within Customer Services Centre to provide greater expertise at initial assessment stage</p>	<p>Ian Bowering Lizzie Edwards</p>	<p>June 2016</p>	<p>Reduction in number of referrals through the Adult Social Care front door, reduction in waiting times and reduction in percentage of people going on to further assessment.</p> <p>Improved customer satisfaction through being given the most appropriate advice at first contact.</p>	<p>Staff members deployed on 6th June 2016.</p>	

An effective Transitions process is in place	<p>20. Complete a stock-take exercise and make recommendations for how the transitions process can be improved encompassing quick wins and longer term actions</p> <p>Performance measure ASCOF 2A Part 1</p>	Sally Caren	August 2016	Better transition planning and feedback from people with care and support needs and their families	The All Age Disability Review has been completed and formal report received. Programme Board to deliver required improvements in place.	
Ensure appropriate range of support available for people using direct payment	<p>21. Review of direct payment support services and proposal developed to increase choice to be implemented in next round of direct payment support commissioning</p> <p>Performance measure ASCOF 1B & 1C Parts 2a & 2b</p>	Maxine Shakespeare Lizzie Edwards Kelly Lucas Paul McConnell Martin Rumble	September 2016	Improved range of support available for people in identifying their outcomes and making active choices about how these outcomes are met	Scoping meeting held and benchmarking exercise undertaken. Recommendations now being considered by Commissioning and Procurement.	

THEME 4 – Embedding personalisation in process

Theme Lead: Head of Commissioning and Provision

Objectives to create change	Actions	Lead	Timescale	Success measures	Progress update	BRAG
Ensure Direct Payments policy reflects broader principles of Care Act and is a tool to further personalised support	<p>22. Review of Direct Payments Policy, with Health and Education, in order to reflect Care Act changes and allow increased flexibility and creativity, then communicate with Adult Social Care teams</p> <p>Performance measure ASCOF 1C Parts 2a & 2b</p>	<p>Maxine Shakespeare Lizzie Edwards Kelly Lucas Gemma Tate Janice White</p>	December 2016	Updated Direct Payments' Policy	<p>Changes made in draft form, to be further refined to ensure sufficiently robust. Awaiting further instruction from legal.</p> <p>Staff guidance and public information to be reviewed and as required created in support of the policy implementation</p>	
Quality assurance mechanism in place in respect of social work practice	<p>23. Case file audit tool to be reviewed and reduced, then circulated and expectations set for completion of regular case file audits by Team Leaders, then work towards practitioners completing case file audits of their own cases to support reflective practice and self-learning</p>	<p>Andrew Errington Kelly Lucas</p>	July 2016 then ongoing	<p>Quality assurance and learning in place. Staff to complete own audit of their work. Team Leaders to complete one case file audit per month and to feedback recommendations to staff members. Examples of good practice to be shared through wider personalisation</p>	<p>Existing Quality Assurance tool reviewed and refined, Principal Social Worker has established a Working group to develop a comprehensive quality practice assurance framework with a focus both on individual</p>	

				champions group	<p>practitioner and organisational level Quality Assurance activity.</p> <p>Draft Framework under development with agreed consultation, approval and ratification process.</p> <p>Quality report under development to enable formal reporting to Adult Social Care Management Team (ASCMT)</p>	
Better understanding of the range of low level equipment available and how people can access	<p>24. Development and delivery of low level equipment training sessions, including new technology for all assessment staff</p> <p>Performance measure ASCOF 2D</p>	Sheila Stirling	August 2016	Delivery of sessions and increased direct ordering of equipment so that the number of internal referrals decreases and customer journey improved	All sessions complete.	
<p>Raise awareness of Care Act eligibility criteria</p> <p>Page 33</p>	25. Materials for two learning sets to be developed for on Care Act eligibility criteria for users and carers, linked to specific case examples. Although primary target group will	Lizzie Edwards Kelly Lucas Suzanne Lawlor	July 2016	Development of materials and delivery of four sessions underway. (two for staff and one for voluntary sector and one for providers)	Learning sets delivered to Team Leaders, and cascading to staff has started. Positive feedback received.	

	<p>be social workers this can also be delivered to providers and the voluntary sector</p>			<p>Improved understanding of eligibility criteria evidenced through case file audits and linked to CWPT processes</p>		
<p>Adopt an approach to market development that is based on the experience of the end user as opposed to tasks.</p>	<p>26. Contracts specified in terms of outcomes for the end user and less task and time-based contracting. Contract management processes to focus on the experience of the end user, involving people with care and support needs, carers, operational teams, and providers.</p> <p>Performance Measure ASCOF 1A, 1B,1D, 3A & 3B</p>	<p>Jason Bejai Craig Dutton Paul McConnell</p>	<p>March 2017 and on-going</p>	<p>Specifications and re-commissioning of short and long-term services to focus on outcome based support</p>	<p>Short term support specification developed which focusses on wellbeing and prevention elements of the Care Act. Increased emphasis on how people are supported to have greater control over the support they receive.</p> <p>Service currently out to tender.</p> <p>Long term support service specification has been drafted along the same principles with increased emphasis on Individual Service Funds (ISFs).</p>	

					<p>Carers, service users and providers are part of the tender design and evaluation process for long term support.</p> <p>Residents/families/ Healthwatch engaged for comment on care home specification</p> <p>Long term home support discussed and approved at Cabinet in November 2016.</p>	
<p>An effective Resource Allocation system is in place</p> <p>Page 35</p>	<p>27. Review and streamline the process for Resource Allocation (FACE RAS and Care Fund Calculator) for people with care and support needs and carers, including suitability for allowing a personalised approach – reduce length of paperwork and ensure that RAS is recalibrated to reflect new support</p>	<p>Marc Greenwood Lizzie Edwards Melissa Cano Adam Davis</p>	<p>September 2016</p>	<p>Reduced level of bureaucracy for social workers and greater opportunity for users and carers to evidence more personalised approach</p>	<p>FACE recalibration is being undertaken in line with revised unit costs. Unit costs have been affected by changes in commissioned rates resulting from the introduction of the National Living Wage. Negotiations</p>	

	rates				<p>with providers have now concluded in the main and therefore average unit costs for services have been identified. These will be built into the recalibration.</p> <p>Needs and Wellbeing form has been reduced following consultation with frontline staff. This is currently out for testing, Principal Social Worker will then be reviewing the remaining suite of forms.</p> <p>FACE recalibration has been slightly delayed and is expected to be completed by end of November</p>	
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THEME 5 – Robust financial planning and programme management						
Theme Lead: Head of Business Systems and Continuous Improvement						
Objectives to create change	Actions	Lead	Timescale	Success measures	Progress Update	BRAG
Programme management	28. Ensure that each programme element to deliver savings is supported by a robust plan, is realistic in expectations and is monitored	Michelle McGinty	July 2016	Each element of savings programme has a plan to support with oversight and the scope for remedial action if progress slips	<p>Delivery plans now in place for key projects and aligned to budget savings.</p> <p>Delivery plans will be developed when new programmes of work are identified</p> <p>Frequent progress and monitoring mechanisms in place.</p>	
Market Sustainability	29. Ensure that provider and market management activity enables understanding of impact of market costs and that this is used to inform commissioning activity	Jon Reading	September 2016	Reliable market based information obtained to support commissioning activity in 2016	<p>A wider cross provider event took place on 25th October 2016 to inform revised MPS/commissioning activity.</p> <p>Regional Commissioning Group intelligence on care home market obtained. Care home fee rate</p>	

					intelligence was shared with Adults Joint Commissioning Board in September 2016.	
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Adult Social Care Vision

To enable people in most need to live independent and fulfilled lives with stronger networks and personalised support.



Adults and carers at the heart of everything we do:
People we work with are involved as equal partners in planning and decision-making.



High quality, person centred and effective support:
We deliver high quality, person centred effective care and support to service users, their carers and families. Empowering people with the right support, at the right time in the right way using the resources that are available to them.



Reflective and responsive to change:
The support we provide reflects and responds to the changing needs of Coventry's diverse population of adults and older people.



Outcome driven and meaningful:
Support is outcome driven and we are clear about the impact we are having on the people we support.



Support around people and their families:
People are supported to live at home wherever possible. When people cannot live at home they will be supported to live in the most appropriate and least intrusive alternate setting.



Effective enablement and prevention and wellbeing:
We provide support to people in cost effective ways, to enable them to reach or regain their maximum potential so that they can do as much as possible for themselves.



Mature partnerships:
Our partnerships are mature, trusting and effective at both a strategic and operational level. In all our work with partners, the focus remains on the people that need our support.



Committed workforce:
Our workforce is stable, skilled, motivated and committed to delivering excellent services. They feel supported to make decisions, assess and manage risk and work with people to achieve their outcomes.



Innovative:
We will develop new ways of supporting people and use innovation as a key way to deliver good outcomes for people and manage our resources.



High performing:
The outcomes we achieve for adults and older people compare favourably with similar local authorities. We make an active contribution to the delivery of the Council Plan.

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Coventry City Council

Briefing note

Date 23 November 2016

To: Health and Social Care Scrutiny Board (SB5)

Subject: Provision of Home Support Services

From: Pete Fahy, Director of Adult Services

Jason Bejai, Commissioning Manager

1 Purpose

1.1 This note outlines the role that home support plays in the delivery of effective social care. It also provides an overview of the service changes expected as a result of the forthcoming tender as agreed by Cabinet on 1 November 2016.

2 Recommendations

2.1 It is recommended that Scrutiny Board provides comment to Cabinet Member for Adult Social Care regarding specific issues to consider in the progression on the tender for home support

3 Background

3.1 Adult social care provides personal and practical support that helps people live their lives. It is an area where it is possible to have a hugely positive impact on individuals, their family and carers.

3.2 The primary legislation relevant to Adult Social Care is the Care Act 2014 which established a national eligibility criteria for support from Adult Social Care based on a set of described needs. Underpinning the Care Act are the principles of prevention, well-being and integration. The Care Act also places a responsibility on the Local Authority to provide a sustainable market for social care.

3.3 Home support is the term given to a social care service that is used to meet eligible needs under the Care Act 2014. It is used meet a range of needs including support with personal care, eating and drinking, going to bed at night and getting up in the morning. It is support that is delivered within the privacy of people's own homes, and keeps people living independently within their own communities.

3.4 A number of people in receipt of home support have a combination of both health and social care needs and are therefore often also known to Community Nursing services. As needs fluctuate over time some people become eligible for fully health funded support

which currently may result in a change of care provider, equally, should the health condition then improve to be no longer eligible a switch back to local authority funded support will ensue.

- 3.5 Although home support supports people to remain at home it needs to be recognised that there are a number of people for whom remaining at home is not viable due to the complexity of needs and levels of dependency. In instances such as these people may require residential care or housing with care where there is on-site support 24 hours a day, 7 days a week.
- 3.6 Although home support can be provided as a standalone service it is often provided alongside a combination of other types of support including telecare, day opportunities and support to a family carer. As part of the assessment process used by social workers to determine eligibility for support a number of aspects are explored including the support available (or that may be available) through informal networks of family, friends and community groups. The approach taken is to seek to maximise the extent to which eligible needs can be met through means other than funded support as often people would rather their care and support needs be met by people that are familiar to them as opposed to an external organisation.
- 3.7 The City Council charges for home support under its charging regime for non-residential care services. In order to establish the charge a financial assessment is undertaken which takes into account income and capital (excluding the home in which the person lives). The charging regime is such that a person could be required to pay the 'full cost' of home support.

4. Current arrangements for home support

- 4.1 Coventry City Council supports approximately 950 people per week through home support and approximately 12,000 hours of adults' home support per week is delivered to this group at an approximate cost, for 2016/17 of £8.4m gross. Approximately 100 hours per week of this total supports children with disabilities living at home at a cost of approximately £0.1m
- 4.2 The majority of adults in receipt of long term support are aged over 75 with almost 40% aged 85 or over as illustrated in the following table.

Percentage of people in receipt of home support by age band as at October 2016:

Age	18-64	65-74	75-84	85+	All
% of customers	18%	14%	29%	39%	100%

- 4.3 The current arrangements for the provision of home support in Coventry are based on contract let in 2010 through a City-wide contractual framework. Under these arrangements providers are made aware of new requirements for home support and can offer a service against these requirements. The nature of a framework is that there is no obligation on the City Council to place work and no obligation on providers to provide a service.
- 4.4 When the framework contracts were issued the market for home support was relatively strong and competitive on both quality and price which resulted in 40 organisations being placed on the framework. Although this is a significant number of organisations savings of approximately £675k per annum were realised at day one of the framework coming into

place. A feature of how the framework operated was that the organisations who evidenced the best quality and the best price were given first opportunity for any new work. This mechanism created an incentive to keep quality high and price low and was achievable in what was then a more competitive supplier market.

4.5 Since 2010 a number of factors have influenced the operation of home support including:

- Austerity in local government reducing the ability to increase fees (and thus eroding fees in real terms and reducing margins)
- Increase costs of delivery including costs associated with regulation and staff turnover (further eroding fees in real terms and reducing margins)
- Increasing levels of complexity of people referred for support (45% of people have difficulty with 5 or more Activities of Daily Living) (see note 1)
- Challenges in offering contracts of employment that are attractive to staff (resulting in recruitment and retention issues impacting on ability to provide a service)

4.6 The net effect of these factors has been that the City Council is facing increasing challenges in sourcing home support services and a number of providers from the existing framework have ceased delivery resulting in currently 23 organisations still operating. The City Council works with providers to support them to continue to deliver services wherever possible, and in 2016 following the introduction of the National Living Wage increased fee levels from an average of £12.48 to £13.78 to recognise the costs that providers were incurring as a result of changes outside of their control and that were essential to them being able to continue to provide services in Coventry.

4.7 Due to the low volume of business only one provider of home support works with children (approximately 100 hours per week). This is a small but essential service to support children with disabilities living at home. This is a reduction from the three providers initially contracted in 2010.

4.9 Home support is regulated by the Care Quality Commission with the City Council responsible for ensuring the quality of service is satisfactory and where issues arise with quality that these are addressed. This function is delivered in the City Council by contract officers within the commissioning function in the People Directorate.

5. Re-tendering of home support

5.1 At its meeting on 1 November 2016 Cabinet approved the re-tendering of home support. This process is scheduled to commence in December 2016 with new providers and contracts commencing during June 2017.

5.2 The re-tender is required at this time due to the length of time existing contracts have been operating (which have been extended for 3 years beyond the original end date of 2014) and to address some of the issues identified in 4.5 above.

5.3 The re-tender will seek to achieve a more sustainable and secure provider base through offering larger contracts of 1200 – 1500 hours per week for a longer period of time of five years plus the option to extend by a further two years. This will support provider sustainability through allowing for margin reductions to be compensated for by increased volume of business and will also enable providers to employ more staff on contracted

hours and therefore improve retention (evidence shows that turnover reduces when staff are contracted for in excess of 20 hours per week).

- 5.4 Larger and longer term contracts will also give the greater security required for providers to invest in delivering good quality services within the City. For example, successful providers will be expected to invest in staff completing the Care Certificate which was developed jointly by Skills for Care, Health Education England and Skills for Health and has five levels ranging from induction through to advanced level 5 Diploma.
- 5.5 As the contracts will be larger there will be less providers that the City Council will be doing business with as a result of this tender. Whereas currently 23 organisations are contracted, post tender this will reduce to a maximum of 9. Seven of these contracts will be let based on General Practice clusters with two being City-wide to provide specialist support to people with learning disabilities and mental ill health.
- 5.6 The tender will include both adults and children's elements plus home support commissioned by the Coventry and Rugby Clinical Commissioning Group (CRCCG) for people with needs that meet the threshold for continuing healthcare. Although the purchasing arrangements will remain separate for the City Council and CRCCG the joint tender should reduce the need for people to receive support from different providers as a result of different funding streams.
- 5.7 Until the tender is complete the extent to which existing providers are successful will not be known. It is however the case that a number of people will be supported by a different organisation as the result of this tender. Wherever possible the City Council will support, but cannot compel, providers in achieving a transfer of staff from the outgoing provider to the new organisation. Once the outcome of the tender is known there will be communication to those affected explaining the process.
- 5.8 In terms of wider improvements expected as a result of the tender the service specification has been updated to reflect the Wellbeing and Prevention elements of the Care Act 2014. This focusses of quality of health, promoting greater interaction, independence and reducing (where possible) dependency on support. Additionally, technology to support the delivery of effective support to people in their own homes is a developing and changing market which providers will be expected to adapt to over the life of the contracts. Providers will be expected to demonstrate how they will deliver these requirements through the tender process and delivery will be evidenced to meet these requirements throughout the contract term.

AUTHORS NAME, DIRECTORATE AND TELEPHONE NUMBER

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Notes:

1. Activities of Daily Living (ADL's) These are routine **activities** that people tend do everyday without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 23rd November 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
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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 CWPT 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 CWPT 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	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)/ Alan Butler/ Liz Gaulton	Request sent to Andrea Green.

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 Learning and Improvements arising from Adults Safeguarding Reviews Overview and Improvements expected from the procurement for the provision of Home Services
7 December 2016
Sustainability and Transformation Plan Sustainability and Transformation Plan Engagement Strategy
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
UHCW Transformation Plan UHCW Virginia Mason
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

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	(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	Learning and Improvements arising from Adults Safeguarding Reviews	To feedback on the learning and improvements which have resulted from the Adult Safeguarding Reviews which have taken place in the City.	Joan Beck / Elizabeth Edwards
23 November 2016	Overview and Improvements expected from the procurement for the provision of Home Services	To look at the role that home support plays in the delivery of effective social care. To get an overview of the service changes expected as a result of the forthcoming tender as agreed by Cabinet on 1 November 2016.	Pete Fahy
7 December 2016	Sustainability and Transformation Plan	The Board will have the opportunity to scrutinise the full STP document.	Andy Hardy
7 December 2016	STP Engagement Strategy	To scrutinise and comment on the STP Engagement Plan.	Andrea Green
3 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
3 January 2017	Health impact of living conditions –	To consider how physical environments in residential areas can improve the health and wellbeing of citizens. Include how these factors will be considered	Public Health/ Planning/

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	the impact of the physical environment outside the home	as developments come forward as part of the local plan.	Environmental Health
3 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
3 January 2017?	Multiple Complex Needs	To look into the work being done, but the Council and Partners, to assist those with Multiple Complex Needs.	Liz Gaulton
1 February 2017	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
1 February 2017	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 will be requested.	David Eltringham
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 inspection.	Simon Gilby
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	To receive information on the new Adults Autistic Spectrum Disorder service.	Matt Gilks

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	service.		
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	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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