Coventry City Council

# Agenda

## Coventry Health and Well-being Board

**Time and Date**
2.00 pm on Monday, 10th July 2017

**Place**
Committee Room 3 - Council House

---

**Public Business**

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting** (Pages 5 - 16)

   (a) To agree the minutes of the meeting held on 10th April, 2017

   (b) Matters Arising

4. **Appointment of Deputy Chair of the Health and Wellbeing Board**

   To confirm the appointment of Dr Adrian Canale-Parola as Deputy Chair of the Health and Wellbeing Board for 2017/18

**Development Items**

5. **Progress Update on Coventry's Marmot City Strategy 2016-2019** (Pages 17 - 32)

   Report of Ben Diamond, West Midlands Fire Service and Co-Chair of the Marmot Steering Group

6. **Coventry and Warwickshire Sustainability and Transformation Plan Update** (Pages 33 - 42)

Report of Professor Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW). Brenda Howard, UHCW will report at the meeting on:

(a) Proactive and Preventative Care

(b) Urgent and Emergency Care

(c) Planned Care

(d) Maternity and Paediatrics

(e) Productivity and Efficiency

7. **Proactive and Preventative Work Stream - Public Health Preventative Framework**

Presentation by Gail Quinton, Deputy Chief Executive (People) and Jane Fowles, Public Health Consultant

8. **Improving Stroke Services - Consultation**

Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) will report at the meeting

**Governance Items**

9. **Improved Better Care Fund** (Pages 43 - 70)

Report of Gail Quinton, Deputy Chief Executive (People)

10. **Coventry Drug and Alcohol Strategy 2017 - 2020** (Pages 71 - 100)

Report of Liz Gaulton, Acting Director of Public Health

11. **Forward Plan Agenda Items and Health and Wellbeing Board Development Day**

The Chair, Councillor Caan will report at the meeting

**Information Item**

12. **Re-inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers** (Pages 101 - 138)

Report of John Gregg, Director of Children's Services

13. **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

Martin Yardley, Deputy Chief Executive (Place), Council House, Coventry

Friday, 30 June 2017

Note: The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services Officer, Tel: 024 7683 3073, Email: liz.knight@coventry.gov.uk

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), A Canale-Parola (Deputy Chair), G Daly, B Diamond, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, D Long, J Mason, C Meyer, G Quinton, M Reeves, Cllr E Ruane, Cllr K Taylor and D Williams

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

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

**Liz Knight**
**Governance Services Officer**
**Telephone: (024) 7683 3073**
**E-mail: liz.knight@coventry.gov.uk**

This page is intentionally left blank

**Coventry City Council**
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 10 April 2017**

Present:

Board Members:
Councillor Abbott
Councillor Caan (Chair)
Councillor Ruane
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
Professor Guy Daly, Coventry University
Ben Diamond, West Midlands Fire Service
Liz Gaulton, Acting Director of Public Health
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
Danny Long, West Midlands Police
Gail Quinton, Deputy Chief Executive (People)

Other Representatives:
Councillor Ali
Paula Deas, Coventry and Warwickshire Local Enterprise Partnership

Employees (by Directorate):

Place: L Knight
People: R Nawaz

Apologies:
Councillor Duggins
John Mason, Coventry Healthwatch
Martin Reeves, Coventry City Council
Professor Caroline Meyer, Warwick University

**Public Business**

108. **Declarations of Interest**

There were no declarations of interest.

109. **Minutes of Previous Meeting**

The minutes of the meeting held on 6th February, 2017 were signed as a true record. There were no matters arising.

110. **Employment , Economic Growth and Health - working with Coventry and Warwickshire Chamber of Commerce and Coventry and Warwickshire Local Enterprise Partnership**

The Board considered a joint report and received a presentation from Paula Deas, Coventry and Warwickshire Local Enterprise Partnership (LEP) which informed how partners were working together with Coventry and Warwickshire Chamber of Commerce and the LEP to create good growth and reduce health inequalities in Coventry.

The report highlighted that ensuring that people were able to get into work would reduce health inequalities, but they must be good quality sustainable jobs which provided a reasonable wage, opportunities for development and safe working conditions. The unemployment rate in the city was currently 6% compared to the national rate of 5.1%.

The Marmot Steering Group provided an effective mechanism for the LEP and Chamber of Commerce to work with other key statutory and voluntary organisations to address health inequality issues linked with growing economic prosperity in the city and to recognise and build upon the links between a healthy population, good work and economic growth. The vital role of employers was emphasised. Reference was made to the Strategic Economic Plan produced by the LEP and the Marmot Strategy which were aligned in some of their overall goals. The LEP worked across Coventry and Warwickshire in alignment with the Health and Wellbeing concordat. The report indicated that the focus of the LEP upon economic growth and development, if successful, would result in an increase of over 50,000 new jobs by 2031, improving the skills of the workforce and increasing the productivity of the area, so reducing health inequalities.

The report provided an update on Marmot to date. Since Coventry became a Marmot City in 2013 there had been progress in outcomes across health and across society including improvements in school readiness at 5, health outcomes, life satisfaction, employment and reductions in crime in priority locations. Key areas of focus for the next three years were detailed. Reference was made to the effective partnership working between members of the Marmot Steering Committee. All partners had signed up to the three year Marmot Action Plan and the priorities were outlined.

The Chamber of Commerce was a committed member of the Marmot Steering Group who worked with employers to educate them about the benefits of recruiting locally and also increase the number of apprenticeships. The Chamber was also keen to explore ways to encourage employees to maximise their use of funds to support the employment of people with physical disabilities and mental health issues. The Board were informed that the LEP was not a member of the Marmot Steering Group. Inclusion of a representative from the LEP would be beneficial to all Marmot partners and would enable practical discussions around ways of working that would bring together the aims and objectives of the Strategic Economic Plan with those of Marmot and other statutory and voluntary organisations.

The presentation set out the background to the development of the LEP; provided information on its governance arrangements; informed of the LEP's achievements to date which included over £300m of government investment in local priorities and 2,928 jobs created; and drew attention to the assets of the area. Further information was provided on the benefits to the Coventry and Warwickshire area. The presentation concluded with the issues for the next five years including the

Local Growth Fund; more devolution of powers and finance; the mayoral influence; and the changing political landscape.

Members expressed support for the work of the LEP and the opportunities for partnership working. Further information was requested about the funding opportunities available for local businesses and whether funding had been made available to support the health economy. A request was made for assistance for an individual company and the officer undertook to investigate.

**RESOLVED that:**

**(1) Approval be given for the LEP to become a member of the Marmot Steering Group and contribute to the Marmot Action Plan.**

**(2) Approval be given that the Chamber of Commerce continue to attend the Marmot Steering Group and contribute to the Marmot Action Plan.**

**(3) The Health and Wellbeing Board contribute to the LEP's Strategic Economic Plan.**

111. **Coventry & Warwickshire Sustainability and Transformation Plan Update**

The Board considered a progress report from Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) which provided an update on progress with the Sustainability and Transformation Plan (STP), with particular reference to the content and progress with the individual work streams.

**Urgent and Emergency Care**

The current work stream priority was right sizing hospital urgent and emergency care systems in the context of changes driven through other work streams and the national Urgent and Emergency Care Plan. It was anticipated that the proposed model of Urgent and Emergency Care would be presented to the STP Design Authority for internal clinical agreement in the autumn of 2017.

The Board were informed that the Coventry and Warwickshire Stroke Programme was at the pre-consultation stage, with the pre-consultation Business Case within the NHS England assurance process. It was anticipated that this would go to an Assurance Panel in the early summer.

**Planned Care**

The report informed that the current work stream focus was on the first elective pathway review, muscular-skeletal, with emphasis being on hip and knee replacements with a view to start to change in practice during 2017. A Clinical Reference Group had been established and had met several times and a clinical workshop was planned for April/May. A revised MSK pathway was now in place in North Warwickshire and, subject to approval, was due to start in Coventry at the end of quarter 1 2017. The review/ revision of other elective pathways would follow in quarterly waves including General Surgery, ENT, Ophthalmology, Specialist Surgery and other smaller specialities. Following pathway redesign, policies would be revisited.

In relation to cancer care, work was underway to achieve the cancer 38 day target.

**Maternity and Paediatrics**

Work was underway to refocus the work stream's programme in line with the national 'Better Births' strategy. A work stream 'away day' had been arranged for April.

**Proactive and Preventative Care**

The Out of Hospital Programme was progressing to plan with proposals developed by providers currently undergoing commissioner moderation, prior to a decision on procurement. The scope of the programme beyond the Out of Hospital was much broader and was currently being developed. The Board noted that this offered the major interface with Health and Wellbeing Boards and Local Authority led services relating to the promotion of healthy lifestyles and the building of community capacity. These were also key features of Health and Wellbeing Strategies and emerging transformational plans for local authorities. Reference was made to the three steps to be undertaken to support prevention. To date efforts had focused on the first phase in terms of developing an understanding of the level and nature of work in the system. To succeed prevention needed to feature in every element of work and become 'everybody's business'.

**Productivity and Efficiency**

Progress in this area had been slow. Individual organisations had just received feedback from the National Benchmarking and this was currently being collated to give an STP wide picture, so organisational differences could be examined.

Andy Hardy informed the Board of the recent appointment of Brenda Howard as the Programme Director. She would be establishing a Programme Management Team and would establish systems and processes to oversee progress and delivery of the STP. The programme team would be supporting the work streams to deliver their priorities. The Board were also informed about the new guidance from NHS England concerning next steps on the Five Year Forward View and STPs.

Members of the Board raised a number of issues in response to the report including:

- How the Programme Director post was funded and the actual costs involved
- Clarification about the 'Big Conversation' phase on pre-consultation relating to maternity care that had been due to commence at the end of November (Minute 112 below refers)
- Further information about the latest position relating to the proposals for stroke services which was with NHS England for assurance
- Clarification about the timings and schedules of the individual work streams and whether there had been delays
- Whether the STP would work in isolation or whether there would be implications for the STP if other STPs from the surrounding areas had failings

- The links between the individual work streams
- Further information about the thresholds and proposals for hip and knee replacements
- Support for all the hard work involved with progressing the STP work streams
- The importance of ensuring successful communication with the public when progressing the work streams including consideration of the terminology to be used.

Professor Guy Daly informed the Board about the work of the STP Design Authority and suggested that a report including the terms of reference and membership be submitted to a future meeting. He recommended that members be provided with a copy of the update on the Five Year Forward View.

**RESOLVED that:**

**(1) The report be noted and the direction of travel for the STP be supported.**

**(2) A report on the STP Design Authority be submitted to a future meeting.**

**(3) The update on the Five Year Forward View be circulated to Members.**

112. **Engagement Strategy Update**

Further to Minute 89/16, the Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which detailed progress on the Sustainability and Transformation Plan (STP) Engagement Strategy.

The report indicated that the three local Clinical Commissioning Groups, the City Council and Warwickshire County Council had formed a collaborative Engagement Team who developed the Engagement Strategy.

The initial activity was to start to hold some “Big Conversations” with local Mothers and Carers, to find out what was important to them in respect of Maternity services, as a new national strategy on Better Births had been released by NHS England, and local leaders were considering the sustainability and transformation of the service, as part of the local long term direction of travel for healthcare, the STP. Conversations were held with Mothers and their Carers at the venues they were attending to receive their antenatal and postnatal care. This first phase of engagement included completing 57 conversations, at venues, mainly Children’s Centres across Coventry and Warwickshire. The participants included people who already had children, those who had past miscarriages and/or, traumatic births as well as those who were first time Mothers.

The Board were informed that the outcome of this phase of discussions found that all those asked had very similar expectations of maternity services, but these were not always met. The key themes in the discussions were around consistency of care; being listened to; personalised care; family friendly care; professional attitude of staff; feeling reassured; support with aspects of caring for a new baby; access to information, antenatal and postnatal support.

The engagement identified some inequalities in the services available in antenatal and postnatal groups; breastfeeding support and continuity of care.

Andrea Green emphasised that this was the start of the process. The Board noted that the views and themes would be bought together with information from the 0 to 5s work undertaken by Coventry and Warwickshire Councils; data on local inequalities and access; and the national engagement work on maternity care currently underway, to inform the next stages of co-design which would produce a set of local views of critical success factors that the future services would need to address.

Members raised a number of questions about the work to date including:

- Did the 57 contacts reflect the diverse population of Coventry
- Whether 57 conversations was a sufficient number considering the size of the locality and the potential for significant service change
- A concern about the implications of Strep B infections in babies and if this was an issue for the city.

**RESOLVED that:**

**(1) The progress to date on the Engagement Strategy be noted.**

**(2) Details about the arrangements for screening for Strep B be circulated.**

113. **Coventry and Warwickshire System Wide Care and Health Peer Challenge Feedback**

Further to Minute 104, Liz Gaulton, Acting Director of Public Health introduced the Coventry and Warwickshire System Wide Care and Health Peer Challenge feedback presentation following on from the review which took place between 14th to 16th March, 2017. The focus of the review had been:
'To provide a constructive assessment of the current and potential value to the HWB system of the HWBBs of Coventry and Warwickshire, independently and together. To consider how the Boards can bring the spirit and commitment of the Coventry and Warwickshire Alliance Concordat to life'.

The presentation set out the brief and the products of the challenge. Membership of the Peer Challenge Team was detailed along with the process that was followed. The key messages for Coventry were highlighted which including the positive strengths of the Board; 'Marmot City' being a good brand with further potential; the development for joint working between the Boards without Coventry losing its identity; and the importance of working beyond different boundaries including the West Midlands Combined Authority. There was an acknowledgement that the STP had not 'landed well' but a line needed to be drawn under it and a coherent health and social care plan for Coventry and Warwickshire needed to be developed. The suggested next steps for Coventry were set out.

The presentation also referred to the key messages for both Coventry and Warwickshire with the Concordat being viewed as a huge asset. Members noted

both the barriers and enablers for implementing the next steps in Coventry and Warwickshire.

It was clarified that, from the feedback provided, the Board was operating well and areas for development were clear. The Board acknowledged the success of their joint working with Warwickshire.

**RESOLVED that:**

**(1) The feedback from the Peer Challenge be noted.**

**(2) Approval be given to progress the proposed next steps, continuing the joint working with Warwickshire.**

114. **Health and Wellbeing Strategy Update - Improving the Health and Wellbeing of People with Multiple Complex Needs**

The Board received a presentation from Chief Inspector Danny Long, West Midlands Police which provided an update on the Health and Wellbeing strategy priority 'Improving the Health and Wellbeing of People with Multiple Complex Needs'. A copy of the Project Initiation Document had been circulated as background information.

The Board were reminded of the purpose of the project, to improve the health and wellbeing of people facing Multiple Complex Needs (MCN), to make it as easy as possible so that they:

- Feel more resilient and connected
- Are empowered to lead productive lives, free from harm
- Reduce their dependency on intensive public services.

It aimed to enable people with MCN to manage their lives better through access to more person centred and co-ordinated services.

The project involved a five stage plan as follows:
i) Baseline data – characteristics of people facing MCN and service provision
ii) Future mode – identifying options for improving services
iii) Define changes needed – detailed definition of what changes were needed
iv) Plan and organise – implementation plan
v) Evaluation framework – understand the impact of proposed interventions.

Detailed information was provided on the research programme which had been split into two phases:
Phase I – to identify the extent and nature of MCN within the city
Phase II – to demonstrate how transforming the experience of people facing MCN could improve outcomes and reduce costs to the system.

The Board were informed of the various partner organisations used to gather baseline data and the key factors obtained. Findings taken from the baseline data, lived experiences and frontline professionals were outlined with detailed statistics from the Probation Service, Staffordshire and West Midlands Community Rehabilitation Company and West Midlands Police. In addition, individual case studies had been provided by West Midlands Fire Service, Aquarius, Citizens Advice Bureau, Ignite, Troubled Families, Swanswell and Whitefriars Housing.

The Board's attention was drawn to the combination maps which allowed comparing and contrasting different data sets. As expected most deprived areas saw more problems.

The Board were informed that there was now lots of data including evidence of local services and contract spend and much detailed local intelligence providing a comprehensive understanding of what it meant to experience MCN in Coventry and how factors related to one another. Examples of service scoping were also highlighted.

The presentation concluded with the next stage in the process, stage 3, and to become involved with:

- The opportunity to work with West Midlands Mental Health Commission and develop nationally funded pilots in Coventry
- Trial the MEAM approach by identifying a cohort of users who could be supported using a whole system
- An Operational Group being set up to develop these opportunities and implement.

The Board asked about 'wet' houses in the city and where people could access support to help them 'dry out'. It was determined that further work was required in this area.

**RESOLVED that:**

**(1) The work to date on the strategy to improve the health and wellbeing of people with multiple complex needs be noted.**

**(2) The Multiple Complex Needs Board, as part of their existing work, to look at those affected by alcohol misuses and to make suggestions as to how they can be supported.**

115. **Coventry Female Genital Mutilation (FGM) Programme**

The Board considered a report of Liz Gaulton, Acting Director of Public Health which provided an update on the progress made to tackle Female Genital Mutilation (FGM) in Coventry. The report also provided an update on the prevalence of FGM in the city and detailed progress against the recommendations endorsed by the City Council's Scrutiny Co-ordination Committee at their meeting on 9th September, 2015.

The report provided an explanation of FGM, detailed the reasons given for practising FGM and set out the background to the work being undertaken in Coventry to eradicate the practice.

Information was provided on the current position. The Board noted that data for FGM was limited both locally and nationally but the issue was being tackled nationally with the introduction of mandatory requirements for Healthcare Professionals to record FGM. It was estimated that 137,000 women and girls were living with FGM in the UK and that 60,000 girls aged 13 and under were at risk of FGM. A recent report by City University London and Equity now concerning FGM

in England and Wales estimated Coventry had a rate of more than seven per 1,000. Between April 2015 and March 2016 there had been 65 women accessing UHCW midwifery services who had been affected by FGM.

The report provided police data showing FGM referrals for West Midlands which showed a high percentage of referrals for Coventry during 2014-16 which was probably due to the well-established referral processes and reporting procedures in the city.

The Board noted that in June 2015 the City Council's Public Health team commissioned Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid (BSWA)) to provide a specialist FGM service to tackle FGM in Coventry. This service was the main vehicle through which the Scrutiny Co-ordination Committee's recommendations were being delivered. The report provided a progress report on the actions undertaken in respect of these recommendations:

- Preventing FGM from taking place by raising awareness and engaging with communities
- Supporting professionals to identify and support girls and women at risk of or affected by FGM
- Supporting victims of FGM throughout their lives
- Building knowledge and intelligence.

The report indicated that a significant amount of the work to tackle FGM had been provided by Coventry Haven in partnership. The contract for this work was due to end on 31st May, 2017 and there was no resource available to extend the contract beyond this date. However the service was designed to be self-sustaining through the recruitment of community champions.

Coventry's work to tackle FGM had been highlighted regionally and nationally as an example of good practice and the evidence from the work was being incorporated into national policy.

The report detailed the measures to be implemented over the coming months to ensure the service's work to engage with communities, train professionals and support women who have undergone FGM could be sustained beyond May 2017.

Members asked if there had been any convictions for FGM and expressed support for the new webapp 'Petals' developed by researchers at Coventry University to help protect young girls and women from FGM and their subsequent webapp 'Petals for Professionals'.

**RESOLVED that the progress update set out in section 5 of the report be noted.**

116. **Joint Pharmaceutical Needs Assessment (PNA) and Applications for Pharmacies Update**

The Board considered a report of Liz Gaulton, Acting Director of Public Health which sought approval for the plans to produce a revised Pharmaceutical Needs Assessment (PNA) for 2018.

The report indicated that as a result of the Health and Social Care Act 2012 the responsibility to develop and update PNAs passed to local Health and Wellbeing Boards. The PNA would be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considers whether the number of pharmacies would still be adequate in the next four years.

Coventry's first assessment was published in 2015. It was produced by evaluating the health needs of the local population with consideration of the existing services provided by pharmacies. It was a statutory requirement that the PNA be updated every 3 years.

The report provided detailed information on the purpose of the PNA along with information about what NHS Pharmaceutical services include.

The process of producing a PNA took around 12 months and involved a period of consultation concluding with the Board sign off. The Board were informed that to maximise the resources available and align with local planning footprints, officers were exploring a Coventry and Warwickshire PNA for 2018. This would also align with the Coventry and Warwickshire Alliance Concordat. The work was to be led by the Directors of Public Health and their teams from Coventry and Warwickshire. A small Steering Group was to be established. It was the intention to submit an update report to a future Board meeting with final approval being sought by February 2018.

Ruth Light informed of the recent work undertaken by Coventry Healthwatch about the public's use of pharmacies. Healthwatch has produced 9 recommendations arising from discussions with residents. The importance of publicising pharmacies to the Coventry public was emphasised.

**RESOLVED that:**

**(1) The update and progress on the Pharmaceutical Needs Assessment be noted.**

**(2) Approval be given for Coventry to conduct its revised PNA in partnership with Warwickshire County Council.**

117. **Coventry, Warwickshire and Solihull's Transforming Care Partnership**

Further to Minute 56/16, the Board noted a joint report, submitted to Members for information, which provided an update on Coventry, Warwickshire and Solihull's Transforming Care Programme. Details of progress made was set out in an appendix to the report.

The report indicated that partners had worked collaboratively to develop and implement a new model of care for adults to support the delivery of the Transforming Care programme locally. Work was currently taking place to ensure this effectively met the needs of adults with autistic spectrum disorders. Work was also taking place with stakeholders to develop a new model of care to support children and young people in the community preventing admissions to hospital and residential settings where appropriate.

Progress had been made regarding the financial arrangements to deliver the programme and work was ongoing to clarify the amount and mechanism for funds to be distributed to local areas from NHS England.

During 2016/17 the Transforming Care Programme had not met planned trajectories. It was anticipated that the programme would be back on track with trajectories in quarter two of 2017/18.

**RESOLVED that the content of the update report set out at the appendix and the key points relating to progress and local issues be noted and the Board continue to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.**

118. **Any other items of public business - Social Care Summit**

Professor Guy Daly, Coventry University informed of the intention to hold a Social Care Summit, organised by Coventry and Warwick Universities. A provision date of 26th June had been agreed and a number of early invitations had been circulated. It was the intention to invite members of the Health and Wellbeing Board once more details had been finalised.

(Meeting closed at 3.55 pm)

This page is intentionally left blank

Coventry City Council

# Report

**To:** Coventry Health and Wellbeing Board **Date:** 10th July 2017

**From:** Ben Diamond, West Midlands Fire Service (Co-Chair Marmot Steering Group)

**Subject:** Progress update on Coventry's Marmot City Strategy 2016-2019

## 1. Purpose

The purpose of this paper is to present a progress update to Coventry Health and Wellbeing Board on the movement made against the first priority of the Coventry Health and Wellbeing Strategy (Working together as a Marmot City to reduce health and wellbeing inequalities).

## 2. Recommendations

Coventry Health and Wellbeing Board is recommended to:

i) Endorse progress made to date against the Marmot Action Plan and contribute comments and suggestions to reduce inequalities in Coventry

ii) Agree to receive further progress updates from the Marmot Steering Group every six months

## 3. Background and context

In 2013 Coventry committed to delivering rapid change in health inequalities and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City. From 2013 to 2015, partners across the city worked together as part of the Marmot Programme to reduce health inequalities. There were improvements across health and across society, including a reduction in the gap in male life expectancy (11.2 years to 9.4 years), improvements in educational attainment, employment, life satisfaction and reductions in crime in priority locations.

In 2016, Professor Sir Michael Marmot and his team at University College London and Public Health England committed to working with Coventry for a further three years to enable Coventry to build on progress made in tackling health inequalities. Partners are continuing to

work together on a number of projects initiated as part of the first two years of Coventry's Marmot City programme. In addition, for the next three years, the Marmot City priorities are tackling inequalities disproportionately affecting young people and ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city.

The recent LGA peer review of Health and Care in Coventry reinforced that the 'Marmot' brand remains strong in Coventry and is well known and understood by partners. Interest in Coventry's work as a Marmot City continues to receive attention nationally.

## 4. Action plan, indicators and targets

There remains strong commitment to the Marmot programme from the City Council and its partners on the Steering Groups (People and Place directorates in Coventry City Council, West Midlands Police, West Midlands Fire Service, Coventry and Rugby Clinical Commissioning Group, Voluntary Action Coventry, the Coventry and Warwickshire Chamber of Commerce and the Department for Work and Pensions).

The Marmot City Action Plan sets out the ways in which partners and other stakeholders will work to achieve the key priorities of tackling inequalities disproportionately affecting young people, and driving good growth in Coventry. Progress can already be seen against the programme indicators, including:

- 92% of children and young people report an increased awareness of the risks of sexual violence and support services available following the sexual violence prevention programme being delivered in schools by CRASAC and Barnardos (through funding provided by Public Health);
- The Ambition Coventry programme has started strongly and is already providing employment and training support to over 500 young people who are not in education, training or employment;
- Inclusion of a question about the impact on health inequalities in the Equalities and Consultation Analysis means that all key policy decisions taken by Coventry City Council will now have to also consider the potential implications on inequalities across the city. West Midlands Fire Service are also currently implementing this approach;
- Voluntary Action Coventry and the West Midlands Fire service have both signed up to the Workplace Wellbeing Charter, further demonstrating their commitment to be an exemplar employer.

In October 2016, the Action Plan was presented to the Coventry Health and Wellbeing Board for their endorsement of the progress made to date. It was agreed that further progress updates from the Marmot Steering Group would be made every six months.

Progress against the action plan and indicators are outlined below, with year to date information relating to April 2016 to March 2017. Indicators are split into programme indicators (output focused) and overarching indicators (outcome focused). Data is reported against programme indicators on a quarterly basis and against outcome indicators on an annual basis. The Marmot Steering Group meets once per quarter to receive updates from partners, discuss progress and identify areas for development and partnership working.

Contact officer: - Hannah Watts, Programme Officer – Inequalities
Hannah.watts@coventry.go.uk

**Young People**

Inequalities in educational attainment, high numbers of 16-18 year olds not in education, employment and training and poor mental health in young people can lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry. In addition, high rates of teenage pregnancy can lead to poorer outcomes for both teen parents and their children, creating a cyclical affect which promotes further inequalities.

Tackling these issues involves building resilience in young people, so that they are able to cope with the pressures they face and develop the skills that will help them to flourish. The key areas of focus for the next three years are to build resilience, aspiration and mental health in young people and improve levels of education, employment and training so that young people are supported to live happy, healthy lives, whatever their background.

| **Action Plan: Tackling inequalities disproportionately affecting young people** | | | |
|---|---|---|---|
| **Aim** | **Actions** | **Lead** | **Progress / barriers** |
| 1. Develop an integrated model for school age children which builds on the *Acting Early* model for 0-5 year olds | • Evaluate the effectiveness of the *Acting Early* model<br>• Work with schools and other partners to implement 'perfect week' cycles to continuously improve team performance and integration<br>• Integrate *Acting Early* with the family hub model | Public Health in partnership with Education, Coventry City Council | **1 January 2017 to 31 March 2017**<br>The Acting Early Evaluation has now been completed and distributed. Currently undertaking a refresh of Acting Early. Acting Early for school aged children action learning sets have been combined with child case meetings and will be driven by schools. |
| 2. Support young people who are not in education, employment or training through a range of ways, including the *Ambition Coventry* programme | • Ambition coaches will support young people through their journey into sustained employment or learning<br>• Employer led programmes will strengthen young people's employability skills<br>• Personal development and support programmes will be delivered, such as the 'Boot Camp' delivered by Valley House<br>• Valley House and Positive Youth Foundation will use activities such as sports and peer-to-peer | Economy and Jobs Team, Coventry City Council, in partnership with other partners | **1 January 2017 to 31 March 2017**<br>Progress on the Ambition Coventry programme is excellent. The project is over-achieving on engagements of young people and supporting more young people with health issues or disability than forecast. |

| | | | |
|---|---|---|---|
| | networking to conduct outreach to those who are disengaged | | |
| 3. Support young people who are at risk of becoming NEET through extending the *Ambition Coventry* programme | • Submit a bid to the ESIF Growth programme to extend provision of *Ambition Coventry* to young people who are at risk of leaving education, employment or training<br>• If successful, implement extended provision and support | Economy and Jobs Team, Coventry City Council, in partnership with other partners | **1 January 2017 to 31 March 2017**<br>The Routes to Ambition programme (aimed at 15-24 year old pre-neets) is starting delivery now and this will continue to December 2019.<br><br>Additionally, work is underway to develop another Call for programmes, subject to ESIF Committee agreement, for a further programme to support Coventry young people from July 2018 onwards (when Ambition is due to close). |
| 4.Change attitudes and behaviour and prevent sexual violence through introducing a prevention programme in schools | • Raise awareness and provide definitions of sexual violence, CSE and other grooming<br>• Address attitudes to women, educate about consent, identify appropriate behaviour and keep safe online<br>• Evaluate the sexual violence prevention programme and extend the remit to include intimate partner violence | Public Health, Coventry City Council, in partnership with CRASAC and Barnados | **1 January 2017 to 31 March 2017**<br>The sexual violence prevention programme run by CRASAC and Barnados finished at the end of March. A robust evaluation of the programme's impact is now being undertaken. Further work is underway to develop an intimate partner violence prevention programme. The programme engaged with a total of 5.290 young people over 231 sessions, covering primary schools, secondary schools, SEN schools and colleges as well as other community locations. |
| 5. Improve mental health in young people and build resilience and self-esteem at an earlier stage | • Extend the scope of the Early Intervention Service beyond secondary schools to support primary school children and tackle issues at an earlier age<br>• Improve and extend primary mental health services for young people<br>• Implement a tool to measure wellbeing in schools | Public Health and Education, Coventry City Council in partnership with Compass and Coventry and Rugby CCG | **1 January 2017 to 31 March 2017**<br>The Compass EIS will be working with the Coventry Routes to Ambition Programme to ensure that young people who have substance misuse problems will also be able to access effective support around employment, education and training. |

| Programme Indicators: Tackling inequalities disproportionately affecting young people | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator & Definition** | **Organisation / Directorate**<br>**Contact** | **Baseline data (15/16)** | **Target 16/17** | **Target 17/18** | **Target 18/19** | **Actual Q4 16/17** | **Year to date 16/17** |
| PI1: Number of young people supported by Ambition Coventry into employment, education or training<br><br>The Ambition Coventry programme supports young people who are not in education, employment or training to access Ambition coaches who will work with them to support them into education, employment or training. | Coventry City Council<br><br>Place Directorate<br><br>Kim Mawby | 0 | **232** | 452 | 214<br><br>Ambition Coventry target: 898 young people over three years | 230 | **558** |
| PI2: Number of young people with disabilities or health problems accessing Ambition coaches<br><br>This indicator focuses on young people who are not in education, employment or training and have learning disabilities and / or special educational needs and who are supported by the Ambition Coventry programme | Coventry City Council<br><br>Place Directorate<br><br>Kim Mawby | 0 | **93** | 170 | 68<br>Ambition Coventry target: 254 young people over three years | 91 | **257** |
| PI3: Number of 16-24 year olds not in education, employment or training who are supported by the Ambition Coventry programme<br><br>This indicator focuses on all young people aged 16-24 who are not in education, employment or training and receive support from the Ambition Coventry programme. | Coventry City Council<br><br>Place Directorate<br><br>Kim Mawby | 0 | **401** | 777 | 331 | 340 | **806** |
| PI4: Percentage of young people reporting increased awareness of risks, support services, CSE and online safety<br><br>Self-reported results of surveys undertaken by CRASAC of school children following interventions to increase awareness, knowledge and confidence | Crasac | No reporting undertaken at present – programme commenced in 2016/17 | **90% increased awareness** | N/A (one year project only) | N/A (one year project only) | 94% | **93%** |

| Programme Indicators: Tackling inequalities disproportionately affecting young people | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator & Definition** | **Organisation / Directorate**<br><br>**Contact** | **Baseline data (15/16)** | **Target 16/17** | **Target 17/18** | **Target 18/19** | **Actual Q4 16/17** | **Year to date 16/17** |
| PI5: Implementation of system or tool to measure mental wellbeing in schools<br><br>Further indicator to follow around mental wellbeing once tool is implemented | Coventry City Council<br><br>Public Health<br><br>Sue Frossell | Indicators to be agreed once system is in place | **System in place** | Target to be agreed once system is in place | Target to be agreed once system is in place | System in development | **System in development** |
| PI6: Percentage of all children who are accessing Compass' Early Intervention Service who are aged 11 and under<br><br>Compass Aspire (Early Intervention Service) is a service for young people who are affected by substance misuse, poor sexual health, teenage pregnancy and / or poor and abusive relationships | Compass | 8% | **15%** | 17% | 20% | 22% | **23%** |
| PI7: Number of new clients accessing CRASAC's counselling service and helpline, aged 25 and under<br><br>CRASAC provide information, advice and support for anyone affected by sexual violence | Crasac | 183 | **183** | 183 | 183 | 129 | **443** |
| PI8: Reporting of sexual violence in young people<br><br>Reporting of sexual violence in young people (aged 24 and under) to West Midlands Police | West Midlands Police | 77 incidents (Q1 2016) | **308** | 308 | 308 | 126 | **363** |

| Outcome Indicators: Tackling inequalities disproportionately affecting young people | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Definition** | **Baseline data (15/16)** | **2016/17 Actual** | **16/17 Target** | **17/18 Target** | **18/19 Target** |
| OI1: Percentage of children achieving a good level of development at age 5 | http://www.phoutcomes.info/search/development | 63.9% | **65.4%** ↑ Improving | Better than or equal to national average 16/17: 69.3% | 66.3% (Target may change if national average changes) | 66.3% (Target may change if national average changes) |
| | | | The proportion of 5 years achieving a good level of development increased by 1.5% points to 65.4%. This improvement however, was at a slower rate than national which reached 69.3% and is now lower than our statistical neighbour average of 66.4% for the first time. | | | |
| OI2: Percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school | http://standards.esd.org.uk/?uri=metricType%2F892&tab=details | 78% | **49%** ⟷ New assessment | Better than or equal to national average 16/17: 53% | 80% (Target may change if national average changes) | 80% (Target may change if national average changes) |
| | | | Key Stage 2 expected outcomes for reading, writing and maths was 49%, 4% points below national but in line with the statistical neighbour average. Progress indicators for all subjects were slightly below national but not significantly. 2016 is the first year that pupils were assessed under the new primary national curriculum tests and assessment framework. | | | |
| OI3: Gap between the lowest achieving 20% and the highest achieving 80% in the early years (age 5) | http://standards.esd.org.uk/?uri=metricType%2F3657&tab=details | 36% | **35.1%** ↑ Improving | Better than or equal to national average 16/17: 31. 4% | 30% (Target may change if national average changes) | 30% (Target may change if national average changes) |
| | | | The gap narrowed by almost 1% point and is line with our statistical neighbours. It remains almost 4 points above the national average. | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| OI4: Hospital admissions as a result of self-harm (10-24 years) | http://www.phoutcomes.info/search/self%20harm | 552 per 100,000 | **525 per 100,000**<br>  <br>Improving | 500 | 450 | 399 |
| | | | England average 431 per 100,000 population. | | | |
| OI5: Percentage of 16-18 year olds not in education, employment or training | http://www.phoutcomes.info/search/NEET#pat/6/ati/102/par/E12000005 | 4.7% | **3.0%**<br>  <br>Improving | Equal to regional average 16/17: 2.9% | 4.2% (Equal to national average) | 4.0% (Better than national average) |
| | | | The March NEET figures for Coventry are in line with the national average and are above (better than) our statistical neighbours average of 3.6%. The final 2016-17 figures are not yet published but they will be much closer to national benchmarks than previously. However, they will not be comparable to previous years due to the change in reporting (16 & 17 year olds only) and the new combined single measures of NEET and Not Known. | | | |

**Good Growth**

Inequalities in employment, pay below the living wage, the decline in intermediate occupations and the rise of lower paid jobs are likely to lead to increases in health and social outcomes for the people of Coventry. There are economic as well as social benefits to addressing these issues. Investing in the workforce through paying employees a competitive wage, recruiting locally, providing attractive benefits, career progression, a good working environment and looking after the health of employees will increase recruitment and retention and improve productivity for businesses in Coventry.

Tackling these issues requires a broadening of the Marmot agenda to the private sector and businesses. Working with organisations such as the Local Enterprise Partnership, the Chamber of Commerce and businesses across the city is essential in order to nurture 'good growth' in Coventry. The key areas of focus for the next three years are to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces, so that growth in Coventry benefits everyone and contributes to a reduction, rather than an increase, in inequalities.

| **Action Plan: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city** | | | |
|---|---|---|---|
| **Aim** | **Actions** | **Lead** | **Progress** |
| 6. Work with primary care professionals to encourage and support people to enter employment | • Educate primary care professionals on the importance of employment for health and how they can support people to stay in employment<br>• Trial placements of employment support services in GP surgeries to help people access support<br>• Encourage GPs to signpost to the employment support services which are available | Department for Work and Pensions | **1 January 2017 to 31 March 2017**<br>Work coach based part time in GP surgery is working at capacity, and service is going well. The project will run until the end of March and will then be evaluated and any potential further actions will be identified. |
| 7. Review and develop employment support services to provide effective, targeted support to get people into good jobs that are right for them | • Review employment support allowance claimants using the Job Shop and other support available and implement improvements based on the findings<br>• Improve and promote awareness of available in-work benefits<br>• Develop the Job Shop offer for people at the initial point of claiming ESA, taking a holistic view of needs and support | Economy and Jobs Team, Coventry City Council, in partnership with Department for Work and Pensions and Public Health | **1 January 2017 to 31 March 2017**<br>Job Shop continues to host and co-facilitate introductory sessions for ESA claimants. PH has provided information about lifestyles services available for attendees. |

| | | | |
|---|---|---|---|
| 8. Act as organisational exemplars of good employment practices to drive up standards across the city and demonstrate economic benefits | • Devise and disseminate a 'social value' toolkit that enables other employers in Coventry to adopt the Council's approach to social value<br>• Act as champions for the workplace wellbeing charter<br>• Offer work experience placements to vulnerable people<br>• Update the Council's Equality and Consultation Analysis process to ensure Marmot implications are considered when decisions are made<br>• Embed a 'health in all policies' approach at West Midlands Fire Service | All organisations, led by Resources Directorate, Coventry City Council and West Midlands Fire Service | **1 January 2017 to 31 March 2017**<br>The Council has now successfully embedded consideration of health implications within all policy decisions by inclusion of a standard question within the ECA. |
| 9. Provide employers with information, skills and support to provide and promote good quality jobs in Coventry | • Create more supportive and productive work environments<br>• Understand the benefits (including economic) of recruiting locally<br>• Provide good quality jobs<br>• Increase opportunities for people with disabilities and maximise take-up of Access to Work fund<br>• Work with employers to increase the number of apprenticeship opportunities | Coventry and Warwickshire Chamber of Commerce | **1 January 2017 to 31 March 2017**<br>Coventry and Warwickshire Chamber of Commerce are working with employers to educate them about the benefits of recruiting locally and supporting them to do so, as well as to provide 'good quality' jobs and increase the number of apprenticeship opportunities. |
| 10. Continue to develop the reach and effectiveness of the workplace wellbeing charter | • Roll out the charter to all organisations who express an interest<br>• Adapt the evidence requirements of the charter to meet the needs of small businesses<br>• Evaluate the impact of the charter | Economy and Jobs Team, Coventry City Council | **1 January 2017 to 31 March 2017**<br>This quarter we had to prioritise the reaccreditations due, over assessments for new businesses as their award would expire. It therefore looks like we have fell short on the target for organisations achieving Charter status, but we are on target to achieve this by the awards event scheduled for 22 May.<br>Working with the business sectors to fulfil the ERDF requirements is proving to be more challenging than we thought. Firstly to engage the eligible sectors and secondly they seem to need a lot more of our time to support them to achieve the standards requirements so it is taking longer for them to achieve Charter status. |

| Programme Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator & Definition** | **Organisation / Directorate Contact** | **Baseline data (15/16)** | **Target 16/17** | **Target 17/18** | **Target 18/19** | **Actual Q4 16/17** | **Year to date 16/17** |
| PI9: Percentage of relevant Coventry City Council decisions which consider Marmot implications<br><br>Number of completed ECAs for major Council policy and commissioning decisions which consider Marmot implications | Coventry City Council<br>Public Health<br>Hannah Watts | 0% | **30%** | 80% | 100% | 100% | **100%** |
| PI10: Percentage of people recorded as unfit for work claiming ESA (and comparison with regional / national rate)<br><br>Fit notes are known as a 'statement of fitness for work' | DWP<br>Iona Old | 6.8% (15,010) | **6.5%** | 6.3% | 6.2% (Better than or equal to national average) | 6.5% | **6.5%** |
| PI11: Percentage of residents claiming Job Seekers Allowance<br><br>http://lginform.local.gov.uk/reports/view/thomas-evans/jsa-headline-data-table-last-24-months | DWP<br>Iona Old | 1.9% | **1.8%** | 1.7% | 1.6% | 1.7% | **1.7%** |
| PI12: Number of people supported into employment by the Coventry Job Shop<br><br>Support provided through the Job Shop to enable people into employment | Coventry City Council<br>Place Directorate<br>Kim Mawby | 1,844 | **1,420** | 2,000 | 2,000 | 353 | **1,641** |
| PI13: Number of workplaces signed up to workplace wellbeing charter<br><br>The award of a Workplace Wellbeing Charter is clear recognition of the positive way in which organisations run their businesses and support their work forces | Coventry City Council<br>Place Directorate<br>Sharon Lindop | 25 | **41** | 57 | 73 | 2 | **13** |

| Programme Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator & Definition** | **Organisation / Directorate**<br><br>**Contact** | **Baseline data (15/16)** | **Target 16/17** | **Target 17/18** | **Target 18/19** | **Actual Q4 16/17** | **Year to date 16/17** |
| PI14: Number of interactions and engagements with businesses to improve employment practices<br><br>Coventry and Warwickshire Chamber of Commerce are engaging businesses to improve working practices, workplace wellbeing, recruitment and retention | Chamber of Commerce<br><br>Martyne Manning | 0 | **1,000** | 1,000 | 1,000 | 940 | **2,220** |

| Outcome Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Definition** | **Baseline data (15/16)** | **2016/17 Actual** | **16/17 Target** | **17/18 Target** | **18/19 Target** |
| O6: Gap in the employment rate between those with a long-term health condition and the overall employment rate | http://www.phoutcomes.info/search/employment#page/3/gid/1/pat/6/par/E12000005/ati/102/are/E08000026/iid/90282/age/204/sex/4 | 30.5% | **24%**  Improving | Better than or equal to national average 16/17: **29%** | 28.9% (Target may change if national average changes) | 28.9% (Target may change if national average changes) |
| | | | The gap is lower than the national average because the overall employment rate is lower in Coventry. The employment rate amongst Coventry residents with long term health conditions or illnesses is similar to the rates across the West Midlands and England. The gap didn't change between 2015 and 2016 as the overall employment rate and the rate amongst residents with long term health conditions or illnesses both increased to a similar extent. | | | |
| O7: Working days lost to sickness absence | Indicator to be developed. Baseline data to be requested from organisations when they sign up to the Workplace Wellbeing Charter, and again 12 months later. | N/A | **N/A** | To be developed | | |
| | | | | | | |
| OI8: Gap in the JSA claimant rate between the most affluent and most disadvantaged areas. | Gap in the JSA claimant rate between wards with the highest and lowest employment rates in Coventry | 3.2% | **3.2%**  No change | 3.1% | 3.0% | 2.9% |
| | | | This is the percentage point difference between the claimant count in the Coventry ward with the highest rate (Foleshill) and the ward with the lowest rate (Wainbody). Over the 12 months since March 2016 the claimant count in Coventry has not changed notably. | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| OI9: Gap in earnings between those living and working in the city | Average earnings of those living in the city compared with average earnings of those working in the city | £506.20 average earning of residents / 94.8% of city workers | **£539 average earnings of residents / 96.5% of city workers**<br>  <br>Improving | £516.20 / 95.3% | £526.20 / 95.8% | £536.20 / 96.3% |
| | | | The gap between the average gross weekly earnings of those who work in Coventry and the residents of the city closed notably in 2016 due to an increase in the average earnings of residents. The average earnings of those working in the city also increased, but to a lesser extent. The average earnings of residents has been on an increasing trend for a number of years to the extent that what was once a relatively wide gap is now much smaller. The number of residents in employment has been increasing in recent years – the earnings gap closing at the same time is possibly an indication that local residents have been securing jobs in the city. | | | |
| OI10: Investment in training across organisations in Coventry | Average investment in staff training. Number of staff trained as a % of total staff and training days per year | 62.8% of staff trained as a percentage of total staff / 5.46 average training days per year | **Not available** | 63.8% / 5.96 | 64.8% / 6.46 | 65.8% / 6.96 |
| | | | The most recent data for this is taken from the Employer Skills Survey 2015. There is no update available because this survey usually takes place every two years. Furthermore, the future of this measure is unclear because the UK Commission for Employment and Skills was decommissioned and it is not clear whether another organisation will take over responsibility for the Employer Skills survey. | | | |

This page is intentionally left blank

Coventry City Council

# Report

**To:** Coventry Health and Wellbeing Board **Date:** 10th July 2017

**From:** Prof Andrew Hardy

**Subject:** Coventry & Warwickshire Sustainability and Transformation Plan Update

## 1. Purpose

The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and work streams, highlighting any key points as necessary.

## 2. Recommendations

The board is asked to note this report and its contents

## 3. Background

The Chief Executive and Accountable Officers of the Health and Local Authority Organisations within the Coventry & Warwickshire Sustainability & Transformation Partnership (STP) footprint meet twice monthly as a Board. The Board enjoys the support of both Coventry and Warwickshire Healthwatch as attendees.

The programme was recently renamed “Better Health, Better Care, Better Value” which reflects the triple challenges facing health and social care, as originally described in the “Five Year Forward View” report. This also expresses more clearly our shared ambition for the outcomes we aspire towards.

We have established a joint vision which all members have signed up to:

***“To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life”***

Whilst members of the Board will represent their organisations, it is recognised and accepted by members that strategic decision making for the purpose of developing a system-wide plan for Health & Social Care will require an approach, whereby overall system benefit is the primary consideration.

## 4. Progress since the last update

On 25th May, Board members met NHS England and NHS Improvement for a quarter one stocktake on progress. The meeting was positive with the strength of the collaborative being commended. The regional team commented that we have in place well defined governance and executive leadership structures. The formal feedback received is attached as Appendix 1 to this report. The next quarterly review will be in September.

The board has agreed its support structure to enable the transformational and enabling workstreams to deliver their priorities and objectives. Recruitment is underway and our ambition is, as far as possible, to attract applicants internal to partner organisations as secondments. External applications are also being invited to ensure that implementation and delivery can proceed at pace. We are keen to develop a cadre of staff who have the knowledge and skills to work across the health and care system seamlessly. As part of this ambition, we will establish a "System Leadership Academy" enabling participants to experience working in different organisations within our system.

We have reinforced the governance arrangements for the programme (Appendix 2). The Design Authority has been reframed, with greater representation from local clinical leaders (acting as a system-level senate) and this is progressing well. We also have established a Programme Delivery Group supporting the Board to ensure that agreed programmes of work are progressed and appropriately coordinated. All work streams have executive Leads agreed and they are represented on the Delivery Group. Following further debate, we recently concluded that mental health services should be designated as a transformational work stream and arrangements are now progressing to establish this. Given the emphasis highlighted in the recent Five-Year Forward View-Next Steps report, we have also agreed to establish a cancer work stream, as part of our approach to planned care. Progress in this area will be overseen by the regional Cancer Alliance.

The STP board agreed at a recent away day to participate in a developmental OD process led by Health Education England in partnership with Deloittes. This is about to conclude with a workshop in early July. This will provide feedback to support the board in its future progress. The board has already planned to work with a well-respected facilitator (John Bewick) who is known to several partners locally in carrying forward the outcome of the OD analysis.

## 5. Transformation Work stream updates

### 5.1. Maternity and Paediatrics

In February 2016, Better Births set out the Five Year Forward View for NHS maternity services in England. Better Births recognised that its vision could only be delivered through transformation that is locally led, with support at national and regional levels. A Maternity System Transformation Group is now in place with four key work streams:

- Implementing 'better births'
- Improving maternal safety and wellbeing;
- Reviewing and implementing the West Midlands Neonatal Review
- Implementing 'saving lives care bundle'.

An Action plan will be agreed by October.

**5.2. Urgent and Emergency Care**

The work stream has undertaken a stocktake to assess progress against implementation of the national A&E plan. An assessment of current capacity constraints has also taken place. Patient mapping exercise is now being undertaken to identify patient flows to emergency and urgent care centres.

**5.3. Mental Health**

A high level care model has now been devised which considers the different approaches required to meet the needs of those experiencing challenges with their mental health, including mental ill health – differentiating between episodic and severe and enduring illnesses. Workstreams have been established which cover:

- Community capacity and resilience;
- Primary care;
- Specialist care;
- Acute and crisis care.

A programme brief, blueprint and road map are now being developed for agreement at the Clinical Design Authority.

**5.4. Proactive and Preventative (P&P)**

A targeted proactive and preventative approach is the foundation for a wider system approach and has the potential to improve overall health and well-being

- Maintain quality of life for longer
- Reduce demand on services longer term
- Reduce costs and deliver return on investment

The P & P work stream enables us to scale up and build upon work already underway with an improved understanding of place-based need via the JSNA with a universal focus on self-help, early intervention.

Prevention is integrated into all aspects of the health and care model with agreed prevention priorities:

- Smoking prevention
- Obesity
- Falls prevention
- Thrive Mental Health Commission Report

The work stream has now agreed the out of hospital (OOH) model via the Clinical Design Authority and is moving into the procurement phase.

**5.5. Productivity and Efficiency**

There is now a focus on progressing the work in this work stream. The governance structure including the scope of the work is being developed and will be agreed shortly. The initial focus will be based upon the initial assessments by individual organisations against the opportunities identified in the Carter report.

**5.6. Planned Care**

Musculo–skeletal pathway: a workshop took place on 26th May to look at effective hospital discharge and reduction in patient follow up management. Three workstreams have been confirmed: primary care pathway; implementing the principles of the early discharge model;

and reducing demand for patient follow up through virtual fracture clinic and group follow ups.

**5.7. Cancer has three confirmed priorities:**

- Prevention
- Screening;
- Early diagnosis

Low Priority Procedures: consultant connect is currently being piloted in Coventry and Warwickshire South. Consultant connect aims to reduce acute referrals by providing advice, guidance and support to GP's regarding patients they are considering referral to surgery.

Reducing patient follow ups appointments: the first pilot is being undertaken in ophthalmology and will commence in July in Coventry and Warwickshire North.

**6. Enabling work streams**

**6.1. Workforce**

Workforce challenges will be an issue for all work streams. The workforce group has established three key areas of focus:

i. Career pathways
ii. Leadership and OD
iii. New roles and new ways of working

The group is now completing an outline workforce strategy

**6.2. Estates**

The estates group provided a recent report to the board outlining its key priorities relating to a premises stocktake, resources required to deliver the future model and the efficiency delivery of infrastructure functions. Further work is required to better understand the issues such as backlog maintenance.

The group is progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and will host a workshop for partners across the system to consider this further on 11th July.

**6.3. Information management and technology (IM&T)**

The IM&T group has signed off a data sharing agreement between all partners. All residents of Coventry and Warwickshire have received a leaflet to their homes explaining how data will be shared and giving them the option to opt out via their GP at any time.

**6.4. Communications and engagement**

A number of communication and engagement sessions have taken place since the last report to the Health and Wellbeing Board:

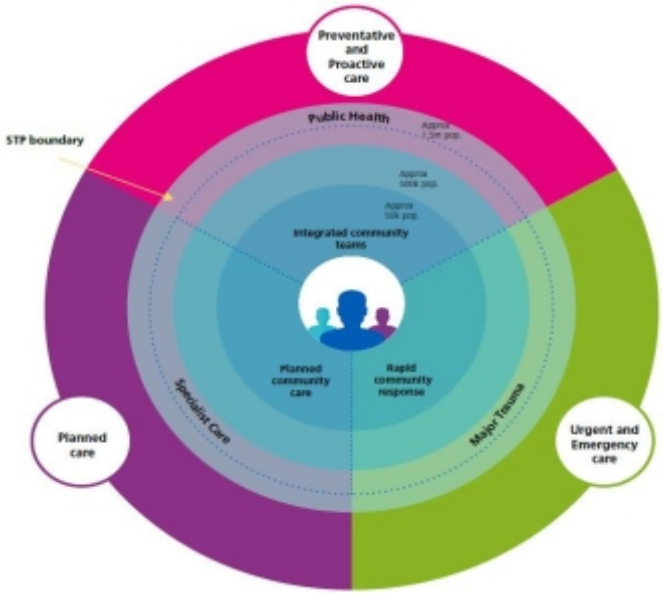
- 50 members of Warwickshire County Council attended a session on 30th May
- Warwickshire health and well-being board executive held a workshop on 14th June.
- A Health and Social Care Summit took place on the 26th of June at Warwick University. Attendees from Coventry and Warwickshire were joined by national, local and regional experts.
- A workshop took place on 27th June facilitated by The Consultation Institute for representatives across the health and care system to explore responsibilities for

public, patient and stakeholder involvement and effective partnership and co-creation of service models.

### 6.5. Primary care development

The primary care development work continues to progress. The General Practice Forward View was Published 21st April 2016. A clear direction for primary care is set, with strong emphasis on practices coming together to work at scale with the common currency of populations of 30,000 – 50,000. The intention is to deliver a "new version of what general practice can be".

**Potential Model for Primary Care**




This year's Shared Planning Guidance included a requirement for every CCG to develop a General Practice Forward View Plan. All three plans have now been rated 'Green' (assured) by NHS England.

## 7. Options Considered and Recommended Proposal

The Health and Well-being Board is asked to note this report and its contents

**Report Author(s):**

**Name and Job Title:**
Brenda Howard, Programme Director
Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust

**On behalf of:** Better Health, Better Care, Better Value Board

**Telephone and E-mail Contact:**

brenda.howard3@nhs.net
josie.spencer@covwarkpt.nhs.uk

Appendix 1: **Quarter 1 Stocktake letter**

NHS Improvement NHS England

Dale Bywater
Executive Regional Managing Director
Cardinal Square
10 Nottingham Road
Derby DE1 3QT

Tel: 0300 123 2540

12 June 2017

Andy Hardy
STP Chair
Coventry and Warwickshire STP

***Sent via e-mail***

Dear Andy

**Quarter 1 Stocktake 2017**

Thank you for meeting with us on 25 May 2017 to discuss progress you have made on the Coventry and Warwickshire STP.

It is clear that the STP structure has settled within the footprint and that you enjoy the support of stakeholders in leading the next phase of development.

We discussed the changes to the STP requirements since its inception, and that you are undertaking further marketing of your work, agreeing that the title "**Better Health, Better Care, Better Value**" represents your collective work moving forward. Whilst this is helpful to have a branding, could you ensure that you make your vision and collective work as localised and specific to your patch as possible as it could appear in this regard to be very generic. The STP plan was at such a high level it did not provide any details on the changes or ambitions you had locally. This needs to move forward now.

The strength of the collaborative is demonstrated by system partners who have signed up to a shadow shared control total for 2017 \ 2018, however we note that you currently have differing assumptions on how risk will be mitigated within your system, this will be a good test of your maturing approach.

You have outlined how governance and executive leadership structures are strengthening in your partnership. You have fortnightly meetings as a Board and are moving to recruitment of the PMO. You have established a Design Authority with local clinical leadership (a sort of internal senate) and this is progressing well. You also have a Programme Delivery Group beneath the Board to support senior leaders. Local Authority partners voiced their support and engagement in this partnership.
You confirmed that all work streams have Executive Leads agreed and have established a Mental Health work stream and are reviewing whether you require a separate Cancer work stream.

To date the STP has not thought about how it will approach performance management as an STP as this was not previously part of the ask of STPs. We agreed that this should be given some attention over the next few months, along with the delivery plan.

You are keen to develop as an ACS and have a workshop set up with the New Care Models Team in July 2017.

You have established an OD programme with transformation facilitation from Health Education England. All your STP Board members have filled in a 360 and the feedback from this will form the basis of STP OD going forward.

You have welcomed the support offer from NHS England (NHSE) and are keen to understand the offer more and integrate NHSE staff as part of STP Programme Team.

We discussed whether the STP had delivered any concrete benefit so far and you confirmed that some issues that have needed tackling for a long time in the system are now front and centre of the conversation.

We discussed Stroke as an example of your approach to reconfiguration. You have already had a strategic sense check and are ready to finalise the finance model. We support your commitment to reframe for maximum localisation. You are looking for full engagement over summer. Expecting HOSC agreement. We confirmed that the proposal is for a single HASU and ASU at UHCW is the preferred model.

We identified that there are tough conversations to be had on future service changes that will deliver sustainable acute services. Whilst short term mitigations are in place to support clinical rotas, you referenced the longer term networked solutions that are required to sustain specific services, for example Neonatal and Paediatrics. You are working with John Bewick as an independent Transformation Director to support some of these more difficult conversations and have also sought NHSE support in the clinical review.

We asked you about your top risks to the delivery of your plan and you identified:-

- Human behaviour as a risk if key people fall back into organisational defensive behaviour
- Risk of regulators not providing the right support for the system to adopt a control total approach
- A & E performance - it was noted that you have two Hospitals in the Group achieving the right level of performance but that UHCW is still underachieving. You were looking mitigate this by doing work on reshaping your system and had identified the link between your UEC performance and the OOH model and preventative work. We recognised the A & E Delivery Board being the same footprint as STP as a unique opportunity for sharing good practice and adopting a standard operating model. It is not clear whether the opportunities for this are being optimised in the STP

- The interface with Specialist Commissioning is a challenge also. To date Specialist Commissioning involvement has been patchy and inconsistent. You indicated your intention for the STP to take on the role of Specialist Commissioning for the Coventry and Warwickshire STP
- You further indicated the need to use the wider Acute Networks, and Specialist Networks with Hereford and Worcester to clarify delivery structures

**Accountable Care Organisation and \ Accountable Care System Aspirations**

We asked about the intentions of the STP. You confirmed that Coventry and Warwickshire STP is interested in becoming the ACS and consider separate timeframes for accreditation of an ACO within this footprint when ready to take on some of the risk.

Currently most effort on ACS development is through the development of the Out of Hospital contract first – then add some acute and Primary Care incentives to work differently and deliver improved outcomes.

We discussed the support that NHSE and NHS Improvement (NHSI) could offer, which you indicated includes:-

- Moving away from transactional contracts and learning on accountable care
- Maturing toward this new model and system development
- Governance which includes Board expansion for GP \ NEDs – we would Chairs, Executives and Federation representatives are on a single board with an independent chair.
- Performance measurement and system management development for a system as functions transfer to the ACS
- Assistance with system financial strategy and modelling – please contact Brian Hanford as he is expanding his offer in this regard
- Support for capital bids where this is available

We believe that you are working well as a partnership; you have a sound foundation to build upon. In particular the work you have done on developing shared leadership and governance. But it is now time to bring this to life, firstly ensure you have a strong delivery plan that provides improved performance across your Group, secondly that you tackle long standing clinical quality and sustainability issues. This will ensure you stand ahead of others and can be an early accountable system.

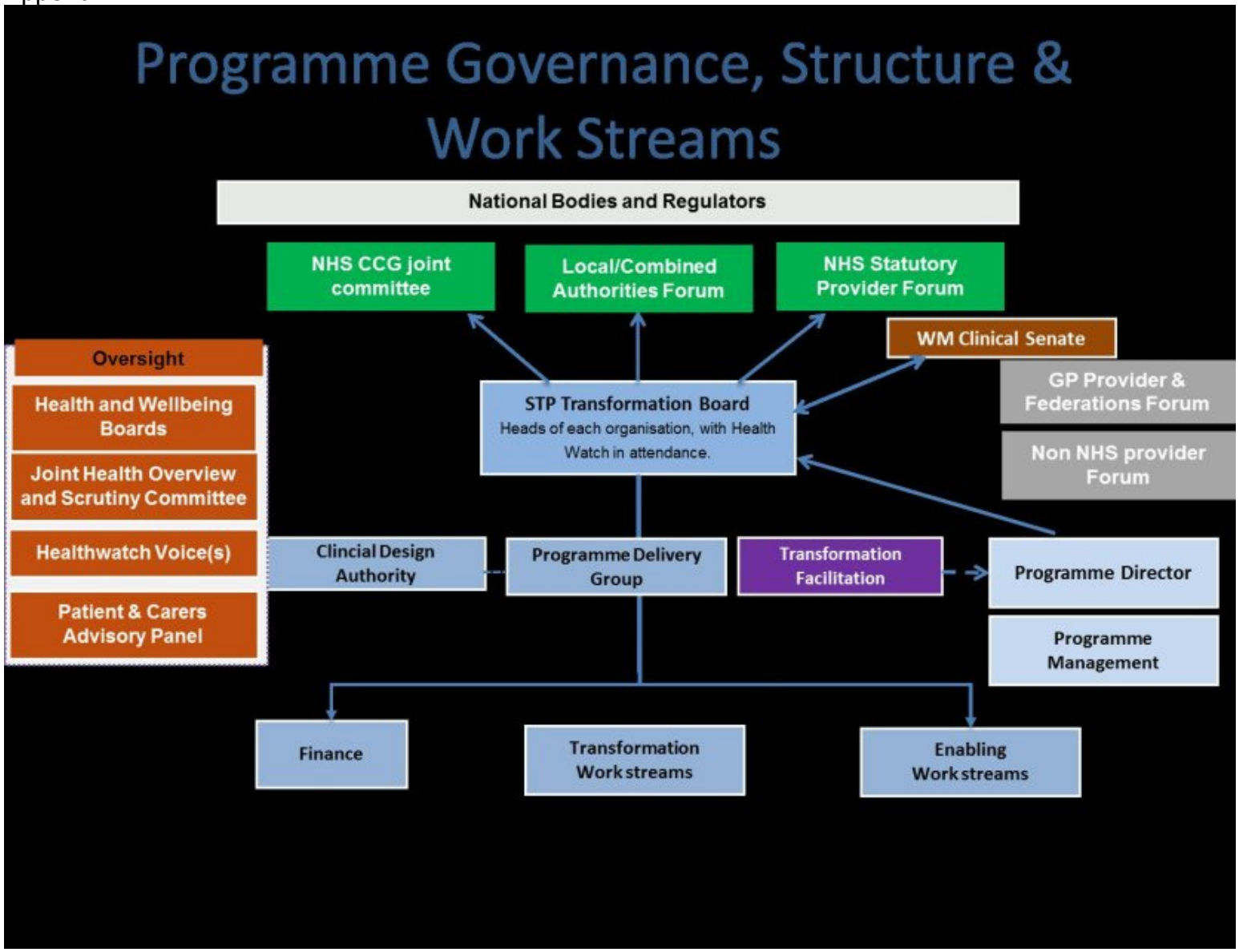
We will, of course, continue to work with you over the coming months and look forward to seeing you at our next formal review which has been set for **Wednesday 13th September 2017** and Mandy Wilson from Alison Tonge's office will be in touch with further information shortly.

Yours sincerely

**Dale Bywater**
**Executive Regional Managing Director (Midlands & East)**
**NHS Improvement**

cc: Alison Tonge, Director of Commissioning Operations, NHS England

Appendix 2:


Programme Governance, Structure & Work Streams
National Bodies and Regulators
NHS CCG joint committee
Local/Combined Authorities Forum
NHS Statutory Provider Forum
WM Clinical Senate
GP Provider & Federations Forum
Non NHS provider Forum
Oversight
Health and Wellbeing Boards
Joint Health Overview and Scrutiny Committee
Healthwatch Voice(s)
Patient & Carers Advisory Panel
STP Transformation Board
Heads of each organisation, with Health Watch in attendance.
Clincial Design Authority
Programme Delivery Group
Transformation Facilitation
Programme Director
Programme Management
Finance
Transformation Work streams
Enabling Work streams

Coventry City Council

**Public report**
Cabinet

---

| | |
|---|---|
| Health and Well-Being Board | 10 July 2017 |
| Cabinet | 1 August 2017 |
| Council | 5 September 2017 |

**Name of Cabinet Member:**
Cabinet Member for Adult Services – Councillor Abbott

**Director Approving Submission of the report:**
Deputy Chief Executive (People)

**Ward(s) affected:**
**All**

**Title:**
Improved Better Care Fund

---

**Is this a key decision?**

Yes, due to level of spend and City-wide implications

---

**Executive Summary:**

The integration of health and care has been a long standing policy ambition based on the premise that more joined up services will help to improve the health and care of local populations and make more efficient use of available resources.

Whilst the Sustainability and Transformation Programme (STP) is the primary planning tool for health and care, the Better Care Fund is the only mandatory policy to facilitate integration. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

In March 2017 a new policy framework for the Better Care Fund covering the period 2017 to 2019 was issued at the same time as significant additional funding being made available to councils in order to protect adult social care. These sums arise from the 2015 spending review and the 2017 spring budget. Taken together these sums comprise the Improved Better Care Fund (iBCF).

This additional funding, which is being made available by the Department for Communities and Local Government direct to councils is intended for three purposes:

1. to meet adult social care need

2. to provide support to the NHS (especially through application of the 8 High Impact Changes)
3. to sustain the social care provider market

Plans for use of the grant need to be agreed by the City Council with the relevant CCG (in this case Coventry and Rugby Clinical Commissioning Group (CRCCG) and with the local Health and Well-being board. Once plans are agreed the resources can start to be spent but must be done so through a pooled budget arrangement (unless ministerial exception is granted).

Since the implementation of the Better Care Fund (BCF) in 2015, the Council has had a BCF plan facilitated by the Health and Wellbeing Board supported by a section 75 partnership agreement with Coventry and Rugby Clinical Commissioning Group (CRCCG). A new plan is required covering the period to 31 March 2019 with a supporting section 75 partnership agreement identifying how the additional resources identified in the spring budget are to be used. Once the planning tools are made available this new plan will be developed followed by the required section 75 partnership agreement.

This report and associated appendices seek approval for the use of the additional Better Care Fund resource against the three stated purposes. The use of the grant without the associated planning tools being provided, completed and assured is permissible on the basis that spend plans have been agreed by the Local Authority and the CCG through the Health and Well-Being Board

**Recommendations:**

Health and Wellbeing Board is recommended to:

1. Support the programme plan for the resources made available through the iBCF against the areas identified
2. Accept a further report on the BCF plan once the planning tools have been provided and completed

Cabinet is recommend to:

1. Approve the programme plan for the resources made available through the iBCF against the areas identified for 2017/19.
2. Approve entering into a new Section 75 Partnership Agreement with CRCCG for the delivery of the BCF plan once the plan is completed. This will include the governance arrangements for the operation of the Section 75 Partnership Agreement and maintain the City Council as the host for the pooled budget to enable the delivery of the BCF plan.
3. Delegate authority to the Director of Adult Services and Director of Finance and Corporate Resources, as Section 151 officer, following consultation with the Cabinet Member for Adult Services and Cabinet Member for Strategic Finance and Resources to finalise the section 75 agreement with Coventry and Rugby Clinical Commissioning Group following approval of the plan.
4. Recommend that Council approve acceptance of a grant in excess of £2.5m in relation to the additional BCF grant.

Council is recommended to:

1. Approve acceptance of grant income in excess of £2.5m in relation to the additional BCF grant.

**List of Appendices included:**

Appendix One: iBCF programme plan

**Other useful background papers:**

None

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

No

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

Yes – Health and Wellbeing Board – 10th July 2017

**Will this report go to Council?**

Yes – 5th September 2017

This page is intentionally left blank

**Report title: Improved Better Care Fund**

## 1. Context (or background)

1.1 The integration of health and care has been a long standing national policy ambition based on the premise that more joined up services will help improve the health and care of local populations and make more efficient use of available resources. There is no single way to integrate health and care and no single methodology about what elements should be integrated and what good integration looks like in terms of impact for the person that comes into contact with health and care.

1.2 Nationally, the primary planning tool being used to deliver improved and sustainable health and care is the Sustainability and Transformation Programme (STP), which provides a system level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service.

1.3 Prior to, and subsequently alongside the STP the Better Care Fund was launched in 2013 as part of a government drive to integrate health and care. The Better Care Fund was valued at a minimum of £3.8bn nationally and has covered two financial years, 2015/16 and 2016/17 (£5.3bn was pooled nationally in 2015/16 and £5.8bn in 2016/17). The resources covered by the BCF required the development of a Section 75 agreement which is a partnership agreement whereby NHS organisations and local authorities contribute an agreed level of resource into a single pot (the pooled budget) that is then used to drive the integration and improvement of existing services. In Coventry a total of £52m for 2015/16 and £56m for 2016/17 was pooled between the City Council and Coventry and Rugby Clinical Commissioning Group (CRCCG) across a series of project areas. The City Council is currently the host of the section 75 Partnership Agreement and it is proposed that this arrangement continues once the new BCF plan is completed and approved, the timescale for which is uncertain as it is dependent on planning guidance being issued by government.

1.4 In March 2017 the Department of Health and the Department for Communities and Local Government issued a new Integration and Better Care Fund policy framework covering the period April 2017 to March 2019. This made an additional £2bn available to councils arising from the 2017 spring budget which taken together with the previously announced Better Care Fund monies comprise the Improved Better Care Fund (iBCF).

1.5 Nationally, the additional funding made available through iBCF is a welcome response to the acknowledged national funding pressures facing Adult Social Care. However, the 2016/17 budget survey undertaken by the Association of Directors of Adult Services identified that for 2016/17 £941m of additional savings were required nationally. These additional savings equate to approximately half of the £2bn made available through the spring budget.

1.6 The funding pressures facing Adult Social Care in Coventry have resulted in a position where year on year the City Council has experienced significant overspends in Adult Social Care which have been offset by a combination of one off reserves and savings elsewhere in the City Council. These overspends have been incurred as a result of costs of delivering the statutory requirement under the Care Act 2015

1.7 In recognising these pressures on social care the CRCCG have transferred to the local authority the various sources of funding identified nationally to protect adult social care as outlined in the previous BCF guidance.

1.8 **iBCF Policy Framework**

1.8.1 The policy framework for iBCF was issued by the Department of Health and Department for Communities and Local Government in March 2017. Following the publication of this policy framework there has been a significant delay in the issuing of the planning guidance from the LGA and the NHS on the use of this funding. This has caused a degree of uncertainty over the precise requirements relating to iBCF, the submission of plans and how progress will be monitored. Nevertheless, the grant determination has been issued and the funds are being paid monthly to the City Council via a section 31 grant so are available for use once agreement on use has been reached. .

1.8.2 This report and associated appendices contain a number of proposals for the use of the funding. These are categorised against each of the three purposes described in the grant determination, these being:

a. Meeting adult social care need
b. Providing support to the NHS
c. Sustaining the social care provider market

1.8.3 In addition to meeting these purposes four national conditions also exist that need to be satisfied in producing a plan for the use of the additional money, these being:

a. Plans to be signed off by the Health and Wellbeing Board, and by the constituent councils and Clinical Commissioning Groups
b. NHS contribution to adult social care is maintained in line with inflation, as part of the wider BCF resourcing
c. Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
d. Managing transfers of care

1.8.4 The manner in which conditions (b) to (d) are met are described in each of the proposals below and the associated appendices. Condition (a) will be met through ensuring the relevant approvals are in place before spend is committed.

1.8.5 In delivering against the purpose and meeting the national conditions the iBCF does create an opportunity to invest over a three year period in changes that will have a long term and sustainable impact on the health and care system in Coventry and the people that use it (however it must be recognised that whilst the funding has been identified for 3 years, the planning window at this stage is only for the first two years). This is particularly important as there is no indication of the availability of further funding following year three.

1.9 **iBCF Programme Plan**

1.9.1 The programme plan for iBCF contained in Appendix One contains a series of project areas which deliver against the three purposes of the funding as described in sections 1.10 to 1.12 below

1.10 **Meeting adult social care need**

1.10.1 Ensuring that people who require Adult Social Care have the relevant care and support available in a timely and effective manner is critical to preventing further deterioration as well as helping to ensure that people's individual outcomes are met. This is recognised through iBCF through the 'meeting adult social care need' purpose. In meeting this purpose it is important that we do not just provide more of the same as this creates

financial risk in the years following expiry of the iBCF. Therefore it is proposed that we use the iBCF resource in a manner that reduces as much as possible the ongoing care and support needs of people that would otherwise require long term social care.

1.10.2 To this end it is proposed that a Community Promoting Independence service is developed. The purpose of this will be to support people, identified through Community Social Work teams, for a short term period to enable them to the point where social care is not required or, if this is not possible, is at a lower level than would otherwise have been the case.

1.10.3 In Coventry there are already Short Term Services to Maximise Independence (STSMI) in place, however the demand is such that virtually all of this resource supports hospital discharge meaning that people identified as needing social care direct from the community do not have the same opportunity to regain their independence and move away from an ongoing requirement for social care.

1.10.4 As the people that will be targeted for this approach would otherwise be in receipt of ongoing social care, and therefore a cost would already be incurred by the local authority, the iBCF will be used to fund the additional costs associated with the greater level of input required to make a Community Promoting Independence service a success. This includes additional Occupational Therapy and Social Work input plus a recognition that additional provider costs may be incurred through the increased input required.

1.10.5 In addition to maximising the independence of people when they first come into contact with social care, the iBCF provides an opportunity to invest in preventative services that reduce the requirement for health and/or social care in the longer term. Aligning this to the Proactive and Preventative workstream of the Sustainability and Transformation Programme is important to ensure overall system fit and avoid duplication. In doing this, preventative initiatives are proposed that focus on areas including support for people experiencing mental ill health, interventions to develop volunteer capacity to reduce social isolation and interventions that will enable people to take a more active role in managing their health and well-being in the community.

1.11 **Providing support to the NHS**

1.11.1 The improved Better Care Fund provides the requirement for local authorities to use part of the additional funding to support the NHS. The CRCCG currently commissions residential capacity to support the Discharge to Assess pathway, this was originally commissioned on a short term basis due to availability of funds but demand has been such that to remove this capacity at this point in time would have a significant and detrimental impact on numbers of discharges. Therefore, the iBCF resource will be used to support the CCG in maintaining the existing level of discharge to assess beds. In addition to this, people awaiting a care package in their own homes is a common reason for delays so the iBCF will also be used to support an increase in short term home support capacity to facilitate discharge.

1.11.2 In addition to this, additional capacity will be commissioned for the period covering November to March for both years of the plan (peak seasonal pressures) to help ensure that hospital system flow is maintained over this period which is often the most challenging for the health and social care system.

1.11.3 As well as capacity to facilitate hospital discharge the iBCF provides an opportunity to support a system change that improves long term performance. To this end it is proposed that an element of the available resource is identified to support a programme of work to improve system performance through pre-admission, whilst in hospital and then

discharge. The details of this work are to be developed through the Accident and Emergency delivery board and external capacity may be required in order to deliver the required improvements.

1.12 **Supporting the sustainability of social care**

1.12.1 Supporting the sustainability of social care through recognising the ongoing pressures on Adult Social Care as a result of reductions in local government funding and the impact this has had on wider city council resources is an important element of the iBCF grant. In order to meet its statutory responsibilities in respect of Adult Social Care the City Council has experienced overspends against its Adult Social Care budget which have been met through the delivery of savings in other areas and reserves. This is in addition to £5.99m of savings being delivered by Adult Social Care since 2015/16.

1.12.2 In order to set a balanced budget the City Council, through its budget setting in February 2017, identified that a proportion of BCF resources were required in order to deliver a balanced budget along with additional savings to be delivered from 2018/19. In order to resource the growing demands in ASC and deliver a balanced budget for the City Council, a proportion of the additional resources were identified as required in the Councils budget setting report in February. This is in addition to savings targets that will also need to be delivered.

1.12.3 In addition to this there are market sustainability pressures associated with costs, such as increases in the national living wage and changes to pension legislation. Where these can be evidenced, not meeting these additional costs could result in provider failure and the social care provider market becoming unsustainable. If this was to happen, this may lead to closures which would have a direct impact on the health and social economy resulting in more delayed transfers of care and possibly more admissions to hospital if providers withdrew services at short notice and no alternatives were readily available. There are also anticipated additional financial demands on the City Council as a result of Continuing Health Care reviews undertaken by CRCCG.

1.12.4 Although the provider market has remained relatively stable with only one closure of a care home since 2015/16 the number of providers requesting additional package costs has increased, and is expected to increase further. The City Council will continue to recognise a genuine sustainability issue as a result of costs increasing outside of the providers control. The resources available through the iBCF will support the City Council to meet these additional costs where required without further impacting on the need to use reserves or make other cuts to support social care.

1.13 **Integrating commissioning**

1.13.1 As the only mandated policy for integration the iBCF provides a policy impetus to consider areas of health and social care that could be more closely integrated. In Coventry the focus of this integration activity under the iBCF will be in our commissioning activity. There are a number of enablers already in place to support the progression of this including:

- The Health and Well-Being Board Concordat agreed in October 2016 set out a number of principles for commissioning across Coventry and Warwickshire

- The establishment of a Commissioning Collaborative group across Coventry and Warwickshire which brings together the Accountable Officers for CCGs, the Director of People (Warwickshire) and the Deputy Chief Executive (People) for Coventry to consider and align commissioning issues across the STP footprint. Aligned to this a

commissioning collaborative document has been produced that outlines how commissioners across Coventry and Warwickshire will work together on significant issues to achieve better integration and improve outcomes.

- In Coventry there has been a Joint Adult Commissioning Board in place for a number of years which is chaired by the Director of Adult Services and attended by colleagues across the Coventry and Rugby Clinical Commissioning Group to agree on areas of joint commissioning. As a further step towards integration lead officers have been identified to lead on behalf of both organisations on significant areas of joint commissioning across both organisations.

- Although formal structural integration is not being progressed at this time a number of joint commissioning posts do exist across Learning Disabilities and Mental Health/Dementia. It is proposed that an element of the iBCF funding is used to ensure that the commissioning capacity is in place to work across both organisations to ensure the projects under the iBCF are delivered and impacts are evidenced.

1.14 **Delivering the High Impact Change Model**

1.14.1 The High Impact Change Model is a model endorsed by the Local Government Association, Secretaries of State for Health and for Communities and Local Government which identify eight areas that work well in ensuring that people do not stay in hospital for longer than they need to. This covers areas including early discharge planning, multi-agency discharge teams, discharge to assess, trusted assessors and enhancing health in care homes.

1.14.2 Significant progress has been made in implementing this model in Coventry which is overseen through the Coventry and Warwickshire Accident and Emergency Delivery Board. The iBCF is intended to support acceleration of the High Impact Change Model although it can be used to support the wider health economy in delivering the model where this is likely to result in savings for social care.

1.14.3 Some of the proposals described above will further support delivery of the model through increasing Discharge to Assess capacity which is often a barrier to effective discharge. As implementation of the model locally progresses the City Council will work with its health colleagues using iBCF resources where appropriate and required to ensure the model continues to be implemented and patient/service user benefits are realised.

1.15 **Governance of iBCF**

1.15.1 A set of governance arrangements are associated with the BCF including the need to produce a BCF plan which is subject to approval by NHS England (NHSE). The publication of the planning guidance associated with this has been delayed and as at 12 June 2017 had not been published. However, the policy framework was issued by the Department of Health and Department for Communities and Local Government in March 2017, and the grant determination was issued on 24 April 2017. When the planning guidance is issued it is likely that the plan will require sign off through the Health and Well-Being Board.

1.15.2 Although provider agreement is not required for the iBCF as the impact of the resource will be felt across the health and social care system the contents of the plan have been shared and commented on by the Coventry Accident and Emergency Delivery Group which includes representatives from University Hospital Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT).

1.15.3 Use of the grant will be subject to a monitoring process which, in the absence of the planning guidance will be overseen by the Department for Communities and Local Government and requires quarterly returns on progress against the national conditions.

1.15.4 It is not proposed that a separate BCF board is established for Coventry to oversee activity but that the Preventative and Proactive workstream of the STP becomes the main oversight group with an annual report to the Health and Well-Being Board to ensure system oversight. On a day to day basis the Joint Adult Commissioning Board will oversee progress in line with the existing Better Care Fund Programme. Specific spend decisions will be made through the appropriate governance structures of CRCCG and the City Council. Updates on progress will also be provided periodically to the Accident and Emergency Delivery Board as a key stakeholder group.

1.15.5 A key role of these governance arrangements for BCF will be monitoring performance against the National Performance Metrics associated with the iBCF, these being:

- Delayed Transfers of Care
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes; and
- Effectiveness of reablement

1.16 **Developing the Partnership Agreement – Section 75**

1.16.1 The grant determination further associated with the iBCF requires that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006. In Coventry a Section 75 partnership agreement was established to oversee the previous Better Care Fund.

1.16.2 The purpose of this Partnership Agreement was to support the delivery of the Better Care Fund by setting out the governance and practical management arrangements specifically associated with the Better Care Fund pooled budget.

1.16.3 It is recommended that once the planning guidance is available and plans completed and approved that the City Council continue to pool resources including the additional iBCF resource into a revised section 75 Partnership Agreement covering the two years from 2017-2019 with the City Council to remain as host. As an alternative the City Council could seek written ministerial exemption from this but there are no particular circumstances in respect of Coventry that would indicate that such approval would be sought if granted.

1.16.4 In revising the use of the existing pooled budget, which is created from allocations from Coventry and Rugby Clinical Commissioning Group and the Council, this does not constitute a delegation of statutory responsibilities and all statutory responsibilities are retained by Coventry and Rugby Clinical Commissioning Group and the Council. Any future financial implications will be reported through each organisation's existing financial reporting arrangements.

1.16.5 The regulations require that one of the partners is nominated as the host of the pooled budget and this body is then responsible for the budget's overall accounts and audit. In Coventry, it is proposed that the Council continues to be host for the Better Care Fund pooled budget.

## 2. Options considered and recommended proposal

2.1 The proportionate spend of the iBCF grant against each of the local conditions is a matter for local determination between the City Council, and the Coventry and Rugby Clinical Commissioning Group. The proposals put forward in this report represent a combination of additional capacity required to improve the effectiveness of health and social care plus schemes that will further transform the system and contribute to longer term sustainability beyond the current three years for which iBCF funding is applied.

2.2 In recommending the proposals in this document it does need to be acknowledged that variations in projects may be required in order to adapt to the changing circumstances across the health and social care economy. Governance arrangements will be put in place to appropriately oversee any such changes.

2.3 As an alternative to agreeing spend proposals at this time the City Council could wait until full planning guidance has been issued and completed and approved by NHSE. As the timescales for this are unknown and the grant conditions regarding the iBCF are clear that spend can begin once proposals are agreed, this is not recommended.

2.4 Health and Wellbeing Board is recommended to:

- Support the programme plan for the resources made available through the iBCF against the areas identified
- Accept a further report on the BCF plan once the planning tools have been provided and completed

2.5 Cabinet is recommend to:

- Approve the programme plan for the resources made available through the iBCF against the areas identified for 2017/19.
- Approve entering into a new Section 75 Partnership Agreement with CRCCG for the delivery of the BCF plan once the plan is completed. This will include the governance arrangements for the operation of the Section 75 Partnership Agreement and maintain the City Council as the host for the pooled budget to enable the delivery of the BCF plan.
- Delegate authority to the Director of Adult Services and Director of Finance and Corporate Resources, as Section 151 officer, following consultation with the Cabinet Member for Adult Services and Cabinet Member for Finance and Resources to finalise the section 75 agreement with Coventry and Rugby Clinical Commissioning Group following approval of the plan.
- Recommend that Council note the receipt of a grant in excess of £2.5m.

2.6 Council is recommended to:

- Approve acceptance of grant income in excess of £2.5m in relation to the additional BCF grant.

## 3. Results of consultation undertaken

Formal consultation has not been undertaken however key stakeholders including health partners have been engaged in the development of plans through the Accident and Emergency delivery board and Sustainability and Transformation Programme board.

## 4. Timetable for implementing this decision

Implementation of plans will commence immediately. Full implementation will be subject to a number of factors including market capacity and ability to recruit.

## 5. Comments from Director of Finance and Corporate Services

5.1 Financial implications

The City Council and Clinical Commissioning Group have pooled budgets as part of the Better Care Fund since April 2015. The pooled budget for 2016/17 and the proposed pooled budget for 2017/18 (excluding iBCF) are shown in the table below.

| Better Care Fund | 2016/17 £m | 2017/18 £m |
|---|---|---|
| Coventry City Council | 20.0 | 20.5 |
| Coventry & Rugby Clinical Commissioning Group | 35.9 | 36.2 |
| Total Pooled Budget | 55.9 | 56.7 |

The iBCF is additional to the existing pooled resources, and the supporting planning arrangements cover differing periods of time to the identified resource. Whilst the funding is for a 3 year period, the plan requiring approval is currently only for the 2 year period from 1st April 2017 to 31st March 2019.

The grant conditions state that the iBCF grant may be used only for the purpose of meeting adult social care needs, reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and ensuring the local social care market is supported.

They also state that the local authority must:

- pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- provide quarterly reports as required by the Secretary of State

The table below identifies the additional iBCF resources for the 3 year period, however the 2019/20 figures at this stage are for information only as they are outside the scope of the current planning timescales.

| Coventry Allocation of iBCF | 2017/18 £m | 2018/19 £m | 2019/20 £m | Total iBCF |
|---|---|---|---|---|
| Spending Review 2015 | 1.0 | 6.7 | 11.6 | 19.3 |
| Spring Budget 2017 | 7.1 | 4.4 | 2.2 | 13.7 |
| **Total iBCF Resources** | **8.1** | **11.1** | **13.8** | **33.0** |
| Included in February 2017 Budget Report | (1.0) | (6.7) | (6.7) | (14.4) |
| **Additional Resource over and above Budget** | **7.1** | **4.4** | **7.1** | **18.6** |

Due to the late publication of guidance and the time it will take to commission new services, it is expected that local authorities will be unable to spend the whole of the first years grant in year 1 enabling it to be transferred across years. The proposed programme of spend in the table below reflects the likely spend profile.

| BCF Workstream | Category | 2017/18 £m | 2018/19 £m | 2019/20 £m | Total iBCF |
|---|---|---|---|---|---|
| Whole Population Prevention | Providing Support to NHS | 0.3 | 0.5 | 0.5 | 1.3 |
| Improving System Flow | Providing Support to NHS | 0.2 | 0.3 | 0.0 | 0.5 |
| Discharge to Access Support | Providing Support to NHS | 1.3 | 1.3 | 1.3 | 3.9 |
| Community Promoting Independence | Meeting asc need | 0.3 | 0.6 | 0.6 | 1.5 |
| Integrating commissioning - improving Capacity | | 0.2 | 0.2 | 0.2 | 0.6 |
| Protecting Social Care | Meeting asc need/sustaining the provider market | 1.4 | 3.6 | 5.8 | 10.8 |
| Included in Budget Report | Meeting asc need/Sustaining provider market | 1.0 | 6.7 | 6.7 | 14.4 |
| Reprofiling | Transfers to/(from reserves) | 3.4 | (2.1) | (1.3) | 0.0 |
| **Total iBCF Resources** | | **8.1** | **11.1** | **13.8** | **33.0** |

In addition to the existing pooled budget arrangements this means the total pooled budget for 2017/18 will be £64.8m

The iBCF is payable as a s31 grant and is only currently confirmed until the end of 2019/20. This creates a potentially significant financial risk for the City Council and the local health system should the funding be ceased after this period. The proposals being considered will not commit all the funding on an ongoing basis to help mitigate against this risk.

5.2 Legal implications

Section 75 of the National Health Services Act 2006 allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources. A Section 75 agreement can only be entered into if such arrangements are likely to lead to an improvement in the way functions are exercised. The types of arrangements permitted by Section 75 include:

- The formation of a fund (pooled budget) out of which payments are made towards spending incurred in the exercise of prescribed NHS and prescribed local authority functions

- The exercise by an NHS body of the council's health related functions (and vice versa)

- The provision of staff, goods or services or the making of payments in connection with these arrangements

Regulations made under the Act set out the functions of NHS bodies and local authorities which can be the subject of a Section 75 and which may not.

## 6. Other implications

### 6.1 How will this contribute to achievement of the Council's Plan?

The integration of health and social care services, supported by the formation of a pooled budget will support the Council's plan to improve the health and well-being of local residents.

### 6.2 How is risk being managed?

Risks will be reported and managed through the Preventative and Proactive workstream of the STP and the Coventry Joint Adult Commissioning Board. Although the CRCCG and Local Authority will have a section 75 joint finance agreement in place to manage the BCF pooled budget fund in 2017/19 there will be no formal financial risk share agreement in place for 2017/19 within the Better Care Fund. While no specific risk share is in place the partner organisations will work closely together to mitigate against any financial impacts across the health and social care economy.

### 6.3 What is the impact on the organisation?

The iBCF provides recognition of the funding issues in social care that have been known for some time. The grant will support the City Council in meeting its statutory duties for the delivery of Adult Social Care plus wider aims of improving the overall health and well-being of the population.

### 6.4 Equalities / EIA

On-going consideration will be given to equality impacts and consultation requirements as the delivery programme progresses. It should however be noted that the programme contents are largely scaling up, extension and acceleration of existing elements of effective practice.

### 6.5 Implications for (or impact on) the environment

None

### 6.6 Implications for partner organisations?

The proposals in respect of the iBCF will have positive impacts across a number of partner organisations within the local Health and Social Care economy including improved patient flow and sustainable social care capacity.

**Report author(s):**

**Name and job title:**
Pete Fahy – Director of Adult Services

**Directorate:**
People Directorate

**Tel and email contact:**
024 76833555 Peter.Fahy@coventry .gov.uk

Enquiries should be directed to the above person.

| Contributor/approver name | Title | Directorate or organisation | Date doc sent out | Date response received or approved |
|---|---|---|---|---|
| **Contributors:** | | | | |
| Mike Holden | Programme Delivery Manager | People | 13.6.17 | 15.6.17 |
| Michelle McGinty | Head of Involvement and Partnership | People | 13.6.17 | 15.6.17 |
| Jon Reading | Head of Commissioning and Provision | People | 26.6.17 | 27.6.17 |
| Lara Knight | Governance Services Co-ordinator | Place | 22.6.17 | 27.6.17 |
| Other members | | | | |
| | | | | |
| **Names of approvers for submission:** (officers and members) | | | | |
| Finance: Ewan Dewar | Finance Manager | Finance & legal | 13.6.17 | 15.6.17 |
| Legal: Julie Newman | Legal Services Manager (People) | Finance & legal | 13.6.17 | 15.6.17 |
| Deputy Chief Executive: Gail Quinton | Deputy Chief Executive (People) | People | 19.6.17 | 27.6.17 |
| Members: Cllr Faye Abbott | Cabinet Member for Adult Services | | 19.6.17 | 23.6.17 |

This report is published on the council's website:
www.coventry.gov.uk/meetings

This page is intentionally left blank

**Appendix One:**
**iBCF programme plan**

| **Scheme One: Targeted Prevention** |
| --- |
| **Overview** |

This project will involve a variety of interventions aimed at reducing demand on the health and social care system through targeting effort at a number of areas of activity.

This benefit of intervening early and supporting people to be more resilient is recognised through the STP programme which has established a Proactive and Preventative workstream. The work progressed under the BCF will link to and support the delivery of the aims of this important workstream of the STP which has set four priority areas:

- Smoking prevention
- Obesity
- Falls
- Thrive mental health commission report

More detailed work is to be completed as the STP develops to ensure that the resource available through the BCF is effectively targeted and promotes sustainability, however, at this point the following areas have been identified:

1. Reducing isolation and loneliness in Older People.

Loneliness and social isolation can have a negative effect on both physical and mental health. Stress hormones, immune function and cardiovascular function are impacted by chronic loneliness and it can also lead to anxiety and depression. Research shows that lacking social connections can be as damaging to our health as smoking 15 cigarettes a day.

An initial pilot project to reduce isolation was initiated by the City Council and CRCCG in 2016/17 which brought together Age UK and Hope Coventry. Options will be reviewed for how this approach and the capacity achieved can be used to further support the priorities of the Preventative and Proactive workstream and develop in a manner that can:

- Identify people with support needs, and at risk of developing support needs, and prevent them from entering crisis
- Grow capability in the people who impact on services the most to develop and maintain their own networks without the need for more intensive support from Health and Social Care

2. Developing resilience in respect of Mental Ill Health.

The risk of people developing mental health needs increases with age. There are a number of conditions that people are more likely to experience that impact on mental health, particularly as they age as this group are prone to social isolation, financial difficulty, chronic physical health problems (long term conditions) and loss/bereavement.

There are a range of potential opportunities for supporting people with mental ill health, including those who may not necessarily meet the thresholds for health or social care support.. These include social prescribing, which can lead to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety including a reduction in the prescribing of anti-depressants and the use of technology through on-line support forums.

3. Non-social/clinical care support which enables people to return home from hospital.

It is recognised that some people may be delayed in hospital for reasons other than requiring social care or health interventions. These may be matters to do with their domestic living environment and the impact these can have on the health of the person. It is possible that focussing on these areas, that are often more challenging to resolve, will support individuals to live successfully as part of their community. This could include, for example, providing a deep clean of a property ahead of someone returning home, or simply providing support to settle someone back home should family or friends be unavailable.

4. Supporting healthier choices.

Encouraging and helping people to make healthier choices to achieve positive long-term behaviour change by supporting people discharged from hospital or in social care, or those at risk of doing so, to adjust lifestyle behaviours. The behavioural / health issues will be tailored and will be likely to include:

- Diet, nutrition and hydration
- Physical activity, including strength and balance
- Warm homes
- Smoking
- Seasonal 'drives' including flu vaccination

Particular areas of focus will be working with people in care settings, in hospital and clients / patients who have been discharged from social care / hospital and also include specific training for domiciliary care workers to assist people receiving domiciliary care to have access to healthier, nutritious food.

**Objectives**

Objectives of this scheme are:

- Influencing behaviour and lifestyle changes to increase adoption of preventative activities
- Proactively seeking to intervene early and reduce health risk for individuals
- Influencing the way services are designed to maximise prevention for those at risk of mental or physical ill health and maintain quality of life.
- To improve nutrition among people at greater risk of re-referral / re-admission to social care and health services.

**Benefits**

Benefits for this scheme include:

- Improved range of health outcomes
- People encouraged to improve their lifestyle behaviours and live healthier lives
- Promote and enable independence, choice and control in the population
- Help improve the quality of life of older people
- Preventing / delaying re-entry to health and social care system
- Reducing isolation and loneliness
- People having stronger support networks

**Appendix One:**
**iBCF programme plan**

| |
|---|
| **Metrics** |
| This project will contribute to the following BCF metrics:<br>• Non-Elective Admissions (General & Acute) All age per 100,000 population<br>• Older People discharged at home 91 days later per 100,000 population (ASCOF 2b)<br>• Delayed Transfers of Care All Adults 18+, Days of Delay per 100,000 population<br>• Permanent Admissions of Older People to Residential & Nursing per 100,000 population (ASCOF 2a) |

| **Scheme Two: Improving Whole System Flow** |
|---|
| **Overview** |
| How people are supported through the health and care system from pre-admission, admission, whilst in hospital and at discharge has a direct impact on the quality of outcome for the individual as well as system cost and efficiency. Therefore, ensuring that at each stage people are supported in the most appropriate and efficient way can both improve the customer experience and contribute to delivery of the metrics associated with the BCF.<br><br>How services are accessed, when and where assessment and treatment is available, and who it is provided by, can have as significant an impact on the quality of care as the actual type of care received. Focussing on these areas has achieved increasing traction within the health economy, especially in relation to reductions in patient waiting times for emergency and elective care.<br><br>Much work has been done in Coventry to deliver improvement in this area, this is as a result of previous interventions and partners recognising that improvements can be made. There is however more to be done.<br><br>Through this project it is intended that some of the pressures across the health system in Coventry including increasing levels of attendance and longer waiting times at A&E, rising numbers of emergency admissions to the University Hospital combined with continuing high rates of delayed discharge can be improved. These factors contribute to increasing social care activity overall and divert capacity from responding proactively to support people more effectively in the community. The need to shift activity 'upstream' is accepted and understood by partners, however realising the shift in resources and activity to deliver this remains challenging.<br><br>As one of the purposes of the BCF is to support NHS organisations it is proposed that an element of the BCF funding is used to support work to improve flow, and therefore outcomes and efficiency. The exact scope of this work is to be determined but is potentially a significant change project which will lead to sustained system improvement beyond the timescale for the BCF. It is currently proposed that this work will be led by CRCCG with the involvement of all key partners. A specification for this work is under development, following which the most appropriate way to source the required outcomes will be considered. This may lead to a formal decision to procure and engage the |

appropriate external expertise or alternatively it may provide an opportunity for partners to secure the appropriate skills and capacity internally to increase the pace of delivery.

This project has strong connections to the work of the Accident and Emergency Delivery Board and the Urgent Care workstream of the STP.

**Objectives**

The draft objectives of this scheme are:

- Ensuring more people receive the support they need in the most appropriate place at the right time
- Establishing and managing the relationship between flow, quality and cost
- A more effective system with co-ordinated activities and processes that facilitate effective health and social care delivery

**Expected Benefits**

The expected benefits for this project include:

- Improved work processes and culture
- Improved patient flow through the whole health and social care system
- Improved service delivery
- Enhanced quality of patient care

**Metrics**

This project will contribute to the following BCF metrics:

- Non-Elective Admissions (General & Acute) All age per 100,000 population
- Older People discharged at home 91 days later per 100,000 population (ASCOF 2b)
- Delayed Transfers of Care All Adults 18+, Days of Delay per 100,000 population
- Permanent Admissions of Older People per 100,000 population (ASCOF 2a)

**Scheme Three: Discharge Support**

**Overview**

Discharge to Assess is one of the elements of the High Impact Change model which is advocated nationally as a tool to improve discharge performance. Effective Discharge to Assess (D2A) services help those who might need support on leaving hospital, by facilitating a support package, either at home or in a residential setting that enables a period of recovery and a more considered assessment of ongoing support needs to be made. Doing this effectively both speeds up discharge from hospital

and ensures that long term care and support decisions are not made in a hospital setting. The primary purpose of Discharge to Assess is to enable a period of enablement to minimise the possibility of ongoing care and support being required.

Using the Discharge to Assess approach hospital beds are vacated earlier than may otherwise be the case and benefits for the individual are also realised as health often improves further once they are outside of hospital.

Currently a range of support is commissioned that comprises the Discharge to Assess pathway (Note this is otherwise referred to as 'Short Term Support to Maximise Independence' or reablement) as follows:

**Pathway 1 - Home Based Support**

- 1750 hours per week rising to 1,995 per week by the end of July 2017
- 100 hours a week specialist dementia "Discharge to assess"

**Pathway 2 - Bed Based support**

- 48 care home places (residential and dementia residential beds)
- 35 places in housing with care schemes.

**In summary the system has: -**

- 83 STSMI bed places
- 1850 home support hours which are block funded

**Additional complimentary support services exist through: -**

- Coventry & Warwickshire Partnership Trust (CWPT) therapists
- Occupational Therapy (specific to dementia D2A project)
- Dementia locksmiths (specific to dementia D2A project but also working with dementia bedded step down provision )

The above capacity experiences high utilisation rates indicating that there is not an excess of supply, and, for example, data for May 2017 shows utilisation rates as follows:

| Pathways 1 & 2 | Home support | Housing with care | Residential Reablement | Dementia Residential Reablement |
|---|---|---|---|---|
| Occupancy | 100% | 91%-100% | 90%-100% | 90%-100% |

The above figures include CRCCG funding of £750k of additional capacity on a short term basis which began in 2016/17 to meet the increased pressure on the D2A pathways. However the increased demand has not abated and as the additional funding identified by CRCCG was time limited there is a significant risk that Delayed Transfers of Care (DTOC) figures would increase should the capacity reduce. In addition, some of the resources identified to increase short term home support hours in 2017/18 are no longer available and without these extra hours, there is likely to be a further impact on DTOC.

If this capacity was reduced it would equate to a reduction of approximately 430hrs per week of home support and 12 residential care home places per week. This workstream looks to maintain the increased capacity to sustain and improve DTOC rates.

**Appendix One:**
**iBCF programme plan**

| |
|---|
| Recognising that there are seasonal peak demands for health and social care particularly in winter months this project will also allocate resource to ensure that should additional Discharge to Assess capacity be required over winter months this will be able to be resourced.<br><br>Progressing this project directly meets one of the grant purposes of supporting NHS organisations, particularly to support discharges.<br><br>It should also be noted that although three year funding is proposed the way this funding is used across the D2A pathway may change, particularly as an outcome of project two, above. |
| **Objectives** |
| Objectives of this scheme are:<br>• Maintain D2A capacity in the community<br>• Maintain system flow<br>• Maintain enablement capacity<br>• Meet additional winter pressures |
| **Expected Benefits** |
| Benefits for this scheme include:<br>• Reduced delays<br>• Speeds up hospital discharge times<br>• Helps improve outcomes for older people<br>• Improved discharge planning<br>• Better patient flow |
| **Metrics** |
| This project will contribute to the following BCF metrics:<br>• Delayed Transfers of Care All Adults 18+, Days of Delay per 100,000 population<br>• DToC % of occupied beds<br>• Older People discharged at home 91 days later per 100,000 population (ASCOF 2b)<br>• Sequel to short term service (ASCOF 2d) |

**Appendix One:**
**iBCF programme plan**

| **Scheme Four: Community Promoting Independence** |
|---|
| **Overview** |
| There has been significant investment in developing Discharge to Assess services to ensure that on discharge from hospital people have the opportunity for a short term service to provide reablement and prevent/reduce the need for ongoing support.<br><br>These same opportunities do not currently exist for people that come into contact with Adult Social Care direct from the community meaning that opportunities to reable people to improve outcomes and reduce long term costs are not being taken.<br><br>It is therefore proposed to develop a Community Promoting Independence service for people coming direct to social care from the community. This service is intended to provide a cost effective preventative intervention to people who, by virtue of ill health or disability have lost skill in managing daily living activities, to enable them to regain skill and confidence and reduce their potential dependency upon long term care and support.<br><br>This approach will be applied across all service user groups including older people, people with physical impairments and those with learning disabilities who are ordinarily resident in Coventry.<br><br>Recognising that the cohort of people targeted for this service would otherwise, in many cases, go direct into an ongoing social care package only the additional costs associated with providing a Community Promoting Independence service are sought from iBCF. These additional costs will include staffing costs in order to provide the additional social work and therapy capacity plus management oversight at Team Leader level.<br><br>In terms of anticipated service impact the average number of people commencing a long-term support package per week, from the community, without receiving a short-term service over the 12 months between February 2016 and February 2017 was approximately 1150.<br><br>Of those people who benefit from a reablement service on discharge from hospital approximately 50% do not require ongoing social care support. It needs to be recognised that the support needs of people on discharge from hospital will not be directly comparable to people contacting social care from within the community so the likelihood of achieving a 50% reduction in the community is unlikely.<br><br>Nevertheless, as the additional cost of providing a Community Promoting Independence service is approximately £570k per annum, should only a 10% success rate be realised in terms of people not requiring ongoing support the service will have almost covered its cost. In addition to this, even if people do require an ongoing service following a period of promoting independence this will often be at a lower level than would otherwise have been the case which would further contribute to the benefits to be realised from this service. |
| **Objectives** |
| Objectives of this scheme are:<br><br>• Promote independence<br>• Prevent or delay deterioration of wellbeing<br>• Delay the need for more costly and intensive services |

- Reduce unnecessary hospital admission or admission to residential care
- Provide the right care, of the right quality, at the right time, as close to home as possible

**Expected Benefits**

Benefits for this scheme include:

- Timely and appropriate interventions.
- Helps improve outcomes and quality of life
- Promote and enable independence, choice and control
- More care and more support provided in people's own homes/the community
- Supporting long term financial sustainability of Adult Social Care

**Metrics**

This project will contribute to the following BCF metrics:

- Older People discharged at home 91 days later per 100,000 population (ASCOF 2b)
- Sequel to short term service (ASCOF 2d)
- Permanent Admissions of Older People per 100,000 population (ASCOF 2a)
- Re-admissions to hospital

**Scheme Five: Integrated Commissioning**

**Overview**

There a number of enablers in place to support the integration of commissioning activity across the City Council and CRCCG. These enablers include the Health and Well-Being concordat, the collaborative commissioning arrangements and the Coventry Adult joint commissioning board through which leads for key pieces of work on behalf of both organisation have been identified.

Over the two years of the BCF plan this project will focus on embedding a collaborative approach to commissioning in order to manage demand, capacity and market risk through pooling capacity, expertise and knowledge and minimising professional, cultural and organisational barriers within commissioning.

In order to progress with this and provide the commissioning capacity required to deliver other elements of the BCF programme it is intended to recruit 2.5 FTE posts to work across the council and CRCCG to support the management of the BCF programme work streams and provide additional capacity to the integration of commissioning functions.

**Objectives**

Objectives of this scheme are:

- Improve the understanding and management of the provider market within the health and social care economy
- To collectively ensure the best use of combined resources and expertise so enabling value for money service provision
- Increasing, (through better integration and reduced duplication) the capacity across commissioning organisations to plan, develop and deliver safe, accessible and high quality care and support services

**Expected Benefits**

Benefits for this scheme include:

- Effective management and coordination of limited resources
- Better management of risks, issues and changes
- Improved management of projects interdependencies
- Enhanced stakeholder engagement
- Strengthened relationships

**Metrics**

This project will contribute to the following BCF metrics:

- Work streams delivered to plan
- BCF programme issues and risks mitigated
- Reduced duplication of specifications

**Scheme six: Protecting Social Care**

**Overview**

In April 2017 the Institute for Fiscal Studies reported that overall local authority spending on social care fell by 11% in real terms between 2009/10 and 2015/16. It also found that six in every seven councils had made at least some level of cut to its care spending per adult resident over the same period.

In Coventry Adult Social Care has saved £5.99m since 2015/16 with a further £7.61m savings required by 2018/19. In addition, an overspend of £3.4m was incurred in 2016/17 as a result of meeting demand. The City Council has also made provision for £7m of additional investment in Adult Social Care for 2017/18 through its budget setting process. Where these additional resources are required from the local authority to fund Adult Social Care they are taken from reserves or savings elsewhere in the Council.

**Appendix One:**
**iBCF programme plan**

Further pressures are expected on Adult Social Care through continued fee pressures from the market as a result of increasing costs as well as the impact on the City Council as a result of other projects including CRCCGs reviews against Continuing Health Care guidance.

Protecting Adult Social Care is one of the purposes of the iBCF funding in recognition of the significant budget pressures that local authorities have experienced in this area and that, should these pressures continue without additional resources being found, then reductions will be sought that are likely to impact on the health economy overall.

The element of iBCF funding proposed against Protecting Social Care provides some mitigation of these impacts and helps to ensure that the City Council has capacity to respond to issues of provider sustainability on a case by case basis and can meet its statutory duties in respect of Adult Social Care.

**Objectives**

Objectives of this scheme are:

- To collectively ensure the best use of combined resources and expertise so enabling value for money service provision
- Promote joint working with partner organisations to manage and protect current and future social care provision
- Maintaining capacity across the market to deliver safe, accessible and high quality care services

**Expected Benefits**

Benefits for this scheme include:

- Ensure a sustainable social care market
- Protection of difficult to replace services for the future as well as present day
- Improved partnership working with more joined up services which will be aligned and designed around the needs of the service user

**Metrics**

This project will contribute to the following BCF metrics:

- Delayed Transfers of Care All Adults 18+, Days of Delay per 100,000 population(due to awaiting social care)
- Older People discharged at home 91 days later per 100,000 population (ASCOF 2b)
- Sequel to short term service (ASCOF 2d)
- Permanent Admissions of Older People to Residential & Nursing per 100,000 population (ASCOF 2a)

**Appendix One:**
**iBCF programme plan**

This page is intentionally left blank

Coventry City Council

# Report

**To:** Coventry Health and Wellbeing Board **Date:** 10th July 2017

**From:** Liz Gaulton, Director of Public Health, Coventry City Council

**Subject:** Coventry Drug and Alcohol Strategy 2017 - 2020

## 1 Purpose of the Note

1.1 The purpose of this paper is to present the Coventry Drug and Alcohol Strategy 2017 – 2020 to Coventry Health and Wellbeing Board, update members of the Board on progress made to address alcohol and drug misuse against the previous strategies and provide an opportunity for members of the Board to offer contributions and suggestions to tackle drug and alcohol misuse in Coventry.

## 2 Recommendations

2.1 The Health and Wellbeing Board are recommended to:

1) Note the report summarising actions to date on the current Coventry Drug Strategy and Coventry Alcohol Strategy (Appendix 1).

2) Endorse the Coventry Drug and Alcohol Strategy (Appendix 2).

3) Contribute any further comments or suggestions for further work to tackle drug and alcohol misuse in Coventry.

## 3 Information/Background

3.1 Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community. Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of new psychoactive substances by clubbers, drugs are available and misused by a wide range of people.

3.2 Alcohol and drug misuse is a significant issue for individuals and communities alike. The harms caused by excessive drinking and drug taking are complex and wide ranging. Using drugs or alcohol may cause or exacerbate existing problems, harms may be acute or chronic and issues may arise from recreational use or binge drinking as well as problematic use or dependency.

3.3 While drinking is most common among many of Coventry's more affluent communities, those who drink at the greatest levels, and suffer the greatest health harms live in some of the city's most deprived neighbourhoods. Alcohol and substance misuse can be found amongst homeless populations and those with mental health problems. Problematic drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns. Alcohol and drug misuse are both causes and symptoms of health inequalities.

3.4 The Coventry vision is to reduce the harms caused by alcohol and drug misuse and make Coventry a healthier, wealthier and happier place to live, where less alcohol and fewer drugs are consumed and where professionals are confident and well-equipped to challenge behaviour and support change. This links to all three of the priorities within Coventry's 2016-2019 Health and Wellbeing Strategy:

- **Reducing health and wellbeing inequalities (the health and wellbeing gap) – with a specific focus on building young people's resilience and good economic growth for the city.**
- **Improving the health and wellbeing of individuals with multiple complex needs.**
- **Creating a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry.**

## 4 Local Needs

4.1 The 2016 Coventry Drug and Alcohol Needs Assessment found that nationally, there has been a fall in the proportion of men and women who are frequent drinkers over the last ten years, and the number of alcohol related deaths is decreasing. There has also been a long term downward trend in drug use over the last decade.

4.2 Coventry has a considerably larger abstinent population than many other areas. Almost 21% of the adult population do not consume alcohol (compared to 18% nationally), which is likely to be due to the cultural diversity in Coventry. Trend data across the city also indicates that drug use is falling, and the proportion of Coventry school children who reported trying drugs fell from 20% to 10% over the last 15 years. Offences where alcohol is a factor have shown marked falls in recent years in Coventry.

4.3 However, there are still sections of the population who are drinking at harmful levels. Coventry's Household Survey shows an increase in older adults drinking five or more days a week, with men three times more likely than women to drink on at least three days per week. Coventry's rate of hospital admissions for alcohol related conditions is significantly

worse than the average for England, but similar to comparable areas of deprivation, and has reduced year-on-year for the last three years faster than the national average.

4.4 Approximately 14,000 people in Coventry are high risk drinkers, however only 6% of high risk drinkers access treatment services. In addition, it is estimated that only 46% of opiate and / or crack users in Coventry are in treatment, which is below the national average (52%), and there are indications that the average age of those accessing treatment services is increasing.

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

4.6 In addition, while the use of opiate and crack substances is falling, the use of new and emerging substances, such as new psychoactive substances, synthetic cannabinoids and anabolic steroids are on the rise. Nationally synthetic cannabinoids were most likely to leave people needing to seek emergency medical treatment, and nationally the number of drug poisoning related deaths has been steadily increasing over recent years.

## 5 Coventry Drug and Alcohol Strategy

5.1 Coventry City Council is responsible for co-ordinating the city's approach to reducing harm caused by the misuse of alcohol and drugs on individuals, families and communities and is responsible for commissioning drug and alcohol recovery services and for drug and alcohol policy within the city. The development of the strategy coincides with the re-commissioning of drug and alcohol recovery services in the city.

5.2 As drug and alcohol misuse is a cross-cutting issue, it requires a multi-agency response. The strategy is one that involves our partners and it covers a wide range of issues such as multiple complex needs, prevention, early intervention, education, training, employment, housing, finances, crime, recovery and support.

5.3 Coventry's Drug and Alcohol Strategy was developed by, and is being implemented by a wide range of partners, including Coventry City Council, Coventry and Rugby Clinical Commissioning Group, West Midlands Police, Probation, Youth Offending Service, drug and alcohol treatment providers, and the Coventry Recovery Community.

5.4 The Drug and Alcohol Strategy is a three-year strategy (2017 - 2020), appendix 2. It covers both young people and adults and is a citywide strategy for both drug and alcohol use.

5.5 The three strategic priorities are to:

- **Prevent** people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm
- **Support** those with drug and/or alcohol problems and those with multiple complex needs
- **Promote sustainable recovery** and enable people to live healthy, safe and meaningful lives

5.6 The Strategy will be reviewed on a quarterly basis by the Drug and Alcohol Strategy Steering Group and have an Action Plan that sits underneath it, detailing the specific actions to be undertaken. The Drug and Alcohol Management Group, a sub-group of the Drug and Alcohol Steering Group, will work to the Action Plan.

5.7 The main milestones to be met in the first 12 months include:

- Mobilisation of the new Drug and Alcohol Recovery Services
- Ensuring robust transition pathways in place between different services
- Continuing to promote and support the work of the Coventry Recovery Community, including investigating options for future sustainability.
- Use appropriately targeted campaigns to transform the culture in Coventry towards drugs and alcohol
- Review and update training programmes to maximise effectiveness

## 6 Governance

6.1 The Strategy will be owned and driven by the multi-agency Drug and Alcohol Steering Group, which is chaired the city's lead champion for drugs and alcohol. The group includes representatives from Police, Probation, Clinical Commissioning Group, service users, Licensing, Community Safety, CWPT/UHCW and Primary Care.

6.2 The Steering Group reports to the Health and Wellbeing Board, and feeds into the Police and Crime Board.

**Appendix 1**
**Progress against Coventry's Drug and Alcohol Strategies (2014 – 2017)**

The previous Drug and Alcohol Strategies were based on three priorities: providing effective prevention and recovery focused treatment, changing and challenging attitudes and behaviour, and controlling supply and promoting safe environments. Partners have made significant progress against all three priorities over the last three years.

**1. Providing effective prevention and recovery focused treatment**

Over the last three years, Public Health has commissioned a range of evidence based services which deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement. The majority of funding is spent on treatment for adults. Approximately 2,000 adults a year in Coventry receive treatment.

- The latest figures from the Public Health Outcomes Framework show that 5.8% of opiate drug users left drug treatment successfully and did not represent to treatment services within six months. This is below the average for England (6.7%) but is higher than the average for the West Midlands (4.9%).
- The figures also show that 37.1% of non-opiate users left treatment successfully, which is in line with the average for England (37.3%) and higher than the West Midlands (32.2%). This has increased from 31.1% in 2015.
- 43.3% of those receiving alcohol treatment left treatment successfully, which is significantly higher than the average for England (38.4%) and the West Midlands (35.2%), and has increased from 36.5% in 2014.
- Outreach provision has been delivered at MIND and the Caludon Centre to support people with mental health needs to recover from their addictions.
- Partners have worked together to create a new panel, chaired by Aquarius, which awards funding provided by Public Health to peer-led community recovery projects to support asset-based community development and mutual aid in Coventry. A number of applications have been granted which enable the recovery community to provide peer support outside of structured treatment.
- The Early Intervention Service has widened its remit to include primary school as well as secondary school aged children. Co-location with other services (e.g. Child and Family First), has commenced and this has led to an increase in referrals to both the Early Intervention and Young People's treatment services.
- Partners from the Court Service, Social care, legal services, Public Health and drug and alcohol treatment providers have contributed to setting up a new Family Drug and Alcohol Court (FDAC). This is a pioneering initiative specialising in tackling drug and alcohol issues in families whose children are subject to care proceedings. Coventry's FDAC works with families whose children are subject to care proceedings as a result of parental drug and alcohol misuse.
- In order to improve treatment for dual diagnosis patients, pathways between mental health and alcohol and drug treatment services as well as other support services have been reviewed, and a joint working protocol has been implemented. Dual diagnosis leads have been identified in specific agencies, and a joint training programme has been delivered by

Addaction and CWPT to provide substance misuse training for mental health workers and mental health training for substance misuse workers. In addition, the Mental Health Street Triage pilot has secured further funding and will continue to operate to ensure that people suffering from mental health issues who come into contact with the Police receive the appropriate support.

- The Alcohol Liaison Nurse Service at UHCW sees individuals across the spectrum of alcohol-related needs, and has worked closely with The Recovery Partnership in Coventry to ensure patients receive follow up care and support after they have been discharged from hospital. The service has enabled more patients with alcohol issues to be identified, educated all staff about how to help these patients and about how alcohol withdrawal can be managed, and has provided a resource for nursing and medical staff to get advice with more complex patients.

**2. Changing and challenging attitudes and behaviour**

- Provision of Alcohol IBA has been expanded to include settings outside of primary care, such as the Police, Fire Service, nurses, healthcare assistants and pharmacists. Since April 2014, approximately 400 staff across West Midlands Police, Citizens Advice Bureau, Health visitors, Kairos and Age UK have been trained.
- In order to generate greater awareness among the public and staff about safer drinking, health and community safety issues, a communications strategy is being delivered which targets different social groups with different messages. A radio campaign started in January 2015 with adverts aimed at women about drinking and calories, and Aquarius are targeting employers of low-paid, manual workers to provide alcohol IBA training, as recent research has shown that males in low paid, manual jobs are most likely to end up in hospital with alcohol related conditions.
- A number of actions have been taken to tackle street drinking in priority locations, such as the management and enforcement of a city wide designated Place Protection Order, and an increase in the number of referrals to the multi-agency local case management forum to agree measures, interventions and enforcement action.
- In order to encourage more adults in treatment to have Hepatitis B and C tests and vaccinations, a contingency management scheme has been introduced at the Recovery Partnership to incentivise behaviour change.
- Young People's Housing provider staff have attended substance misuse training with Compass and The Recovery Partnership in order to support them to constructively and positively challenge drug use on their premises, referring people to treatment or calling the Police where appropriate.
- Public Health carried out research into the use of new psychoactive substances locally to establish high risk groups and the need for support. The findings from the research have been embedded into local service provision.
- The Recovery Partnership is now delivering non-opiate / club drug sessions for Coventry University to support the student community who may not otherwise access treatment.

**3. Controlling supply and promoting alcohol and drug free environments**

- Using initiatives trialled in other areas, partners have being working together to investigate the use of Public Space Protection Orders and licensing action against head shops to see whether Coventry can reduce the selling and use of new psychoactive substances in the City.
- Community Safety, West Midlands Police and Public Health have found that shops can be closed due to Anti-Social Behaviour issues, so West Midlands Police are now recording where an Anti-Social Behaviour issue occurs near shops or in the city centre where there is a link to the sale of NPS.
- The number and type of licences in key locations is being reviewed to identify if further licensing control is needed in line with the licensing objectives. 924 alcohol licensed premises have been identified in Coventry. These have been split into on-sales and off-sales and a mapping project is now underway.
- Trading standards are undertaking intelligence led, underage test purchasing exercises for alcohol and are taking appropriate action where necessary (e.g. issuing fines and written warnings).

**Appendix 2**
**Coventry Drug and Alcohol Strategy 2017 – 2020**

**Appendix 3**
**Coventry Drug and Alcohol Strategy 2017 – 2020 Summary Sheet**

**AUTHOR'S NAME, DIRECTORATE AND TELEPHONE NUMBER**
Liz Gaulton, Acting Director of Public Health, People Directorate
Karen Lees, Programme Officer – Inequalities, People Directorate (02476 787455)

This page is intentionally left blank

Coventry
Health and Wellbeing

# Coventry Drug and Alcohol Strategy 2017-2020

# Contents

# Foreword

Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community.

Drinking is most common among many of Coventry's more affluent communities, but those who drink at the greatest levels (and suffer the greatest health harms) live in some of the city's most deprived neighbourhoods.

Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of new psychoactive substances by clubbers, drugs are available and misused by a wide range of people.

Alcohol and drug misuse are significant issues for individuals, families and communities alike. The harm caused by excessive drinking and drug taking is complex and wide ranging. Using drugs or alcohol may cause or exacerbate existing problems; harm may be acute or chronic and issues may arise from recreational use or binge drinking as well as problematic use or dependency.

Alcohol and substance misuse can be found amongst homeless populations and those with mental health problems. Problematic alcohol and drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns.

Some drug and alcohol concerns are familiar and long-standing – for example inter-generational substance misuse and the negative impact of parental drug and alcohol misuse on children – however there are new concerns as well, especially around young adults and the purchasing of drugs over the internet.

Building on the emerging local themes, partners in Coventry have identified three strategic priorities:

- Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm
- Support those with drug and/or alcohol problems and those with multiple complex needs
- Promote sustainable recovery and enable people to live healthy, safe and meaningful lives

These priorities and the actions set out in this strategy aim to achieve the following objectives:

- Reduce the number of people drinking at harmful levels and misusing drugs
- Reduce the health, social and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society
- Reduce the health inequalities associated with misusing drugs and drinking at harmful levels
- Reduce the prevalence of alcohol and drug-fuelled crime
- Provide the multi-faceted help needed by people with multiple complex needs, empowering individuals to enable them to build their confidence and self-esteem
- Reducing the risk of people developing multiple complex needs (focus on adverse childhood experiences), prioritising prevention and early intervention.

The purpose of this strategy is to bring partners together to transform health and wellbeing in Coventry, prevent drug and alcohol misuse, and support people to recover and to build healthy, fulfilled lives.

I would like to thank everyone that has contributed to the development of this strategy including Cllr Ali and Cllr Clifford; stakeholders, partners, providers, members of the Drug and Alcohol Management Group, members of the Drug and Alcohol Strategy Steering Group, Police and Crime and Health and Wellbeing Boards.

**Cllr Kamran Caan**

# Coventry's Vision

Coventry's vision is to reduce the harms caused by alcohol and drug misuse and make Coventry a healthier, wealthier and happier place to live, where less alcohol and fewer drugs are consumed and where professionals are confident and well-equipped to challenge behaviour and support change. This means developing a recovery system that not only focuses on getting people into treatment, but also supports people to make permanent changes to their lifestyle to improve their health and wellbeing and to successfully contribute to society.

Alcohol and drug harms are not evenly spread across the country and as an urban, industrial city with more residents living in neighbourhoods that are amongst the 10% most deprived in England, the harms of alcohol and drug misuses are greater than many other local authority areas.

Coventry's vision is to:

- Take a holistic approach that focuses on the whole person and whole family
- Support people to choose not to drink alcohol at harmful levels and take drugs
- Reduce the impact of drug and alcohol misuse on others
- Empower individuals and communities to have resilience and strength
- Focus on diversion, early intervention, treatment and recovery
- Identify, challenge and prevent substance misuse where possible
- Provide treatment and help for people when they want it
- Help people recover fully and rebuild healthy, positive lives

Partners across the city will work collaboratively to minimise the number of people starting to drink at harmful levels or to use drugs, and to identify those with multiple complex needs and provide them with appropriate support. Through making changes at a city-wide level, a community level and an individual level, partners will support people not to drink alcohol at harmful levels or take drugs, to change their lives and to successfully contribute to society.

# The Current Position

Coventry has a population of 345,400, with an average age of residents of 33 years. This is lower than the average age for the UK, mainly due to the growing student population, which itself leads to considerations with the night time economy. Coventry is also a diverse city, with a growing percentage of residents of Black and Minority Ethnic Group (33.4% in Coventry, higher than the national average). Coventry's life expectancy at birth is 82.3 years for women and 78.6 years for men, lower than the national average. There is however a wide inequality gap: a man from the most deprived area can expect to die 9.4 years younger than a man from the least deprived area; and for a woman, the difference is 8.7 years.

The 2016 Coventry Drug and Alcohol Needs Assessment found that nationally, there has been a fall in the proportion of men and women who are frequent drinkers over the last ten years, and the number of alcohol related deaths is decreasing.

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

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

Approximately 14,000 people in Coventry are high risk drinkers, however only 6% of high risk drinkers access treatment services. In addition, it is estimated that only 46% of opiate and/or crack users in Coventry are in treatment, which is below the national average (52%), and there are indications that the average age of those accessing treatment services is increasing.

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

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

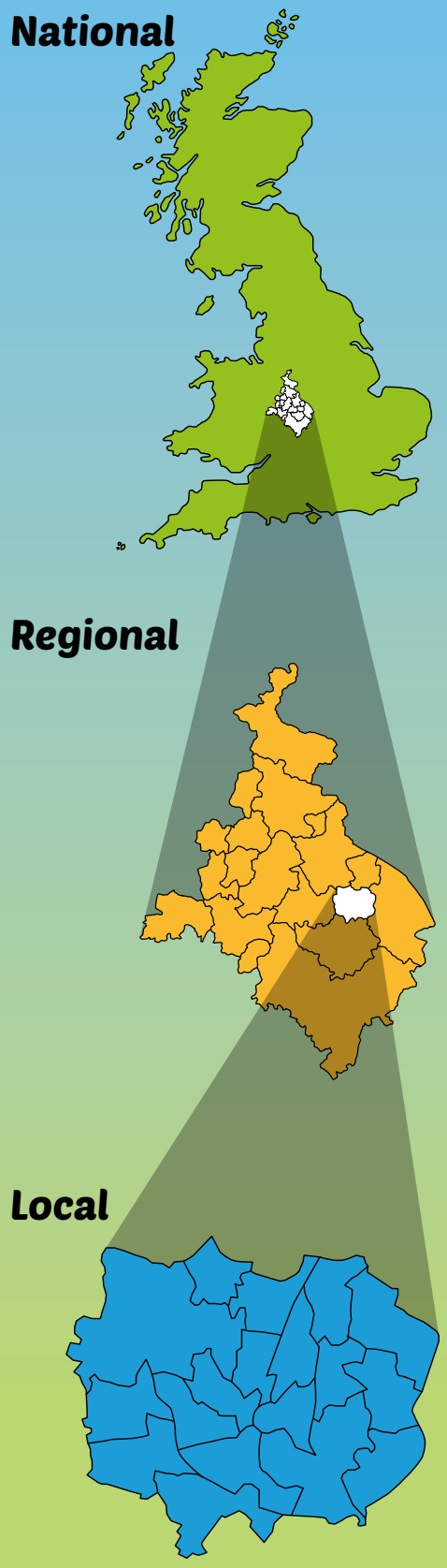
"the use of new and emerging substances, such as new psychoactive substances, synthetic cannabinoids and anabolic steroids are on the rise"

"there is an increase in older adults drinking five or more days per week"

"approximately 14,000 people in Coventry are high risk drinkers, however only 6% of high risk drinkers access treatment services."

"there is a strong link between high risk substance misuse and deprivation"

# Emerging Themes




# National

## Reducing alcohol related harm

The national Alcohol Strategy, published in 2012, outlined the government's ambitions in addressing alcohol-related harm. The strategy includes a number of areas for action, including for people to understand that it is not acceptable to drink in ways that could cause harm to themselves or others and partnership working and supporting people to change. In Coventry, preventing alcohol related harm, intervening early, facilitating partnership working and integrated services are priorities for both the treatment services and partnership strategy for the next three years.

## Providing recovery focused treatment

The national Drug Strategy, published in 2010, outlined the ambition to provide recovery-focused treatment in the UK rather than a maintenance programme focused on harm minimisation as previously advocated. It also strengthened the focus on families, carers and communities, to build recovery in the communities. It recognises that the causes of dependence are complex and solutions need to be holistic. In Coventry, promoting recovery and empowering families, carers and communities are priority areas for both the treatment services and partnership strategy for the next three years.

# Regional

## Working together to reduce the burden of mental ill health across the West Midlands

The West Midlands Combined Authority (WMCA) has identified poor mental health and wellbeing as a significant issue for the region, not only in terms of the effects for individuals and families, but more widely on their communities and the economy of the area. The WMCA Mental Health Commission Report, launched in 2017, has several suggested actions including supporting people into work, providing safe and stable places to live and engaging the community. Several areas within the Drug and Alcohol strategic priorities align with these actions, which will contribute to supporting the recovery of those taking drugs or drinking at harmful levels who also have mental health issues.

# Local

To ensure that the Health and Wellbeing Board maximises the health, wealth and happiness of residents in Coventry, the Health and Wellbeing Strategy for Coventry (2016 –2019) focuses on three priorities:

## 1) Working together as a Marmot City to reduce health inequalities

Since 2013, partners across Coventry, including the Council, Police, Fire Service, NHS Coventry and Rugby Clinical Commissioning Group and the voluntary sector, have been working together as a Marmot City to reduce health inequalities, and are committed to continue to do so until 2019. Through a number of different projects and interventions, and different ways of working, partners are improving the health, wellbeing and life chances of Coventry's most vulnerable residents and are contributing to a reduction in health inequalities.

The harms from alcohol and drug misuse are greatest in the more deprived areas of the city. Intervening early, with 'at-risk' groups and when people are in greatest need of support is critical to successfully empower individuals to take control of their own lives. As well as the population in more deprived areas, 'at risk' groups also include a diverse range of individuals who are particularly susceptible to either the physical or psychological harm of drug and/or alcohol misuse and are more likely than others to experience adverse outcomes of alcohol and/or drug misuse.

Having the Marmot principles embedded into this strategy (as well as core functions of the council and its partners) will support proportionally targeted interventions, which will help to reduce health inequalities in Coventry.

## 2) Improving the health and wellbeing of individuals with multiple complex needs

By working in partnership we will enable people with multiple complex needs to manage their lives better through services that are person-centred and co-ordinated. This will contribute toward improving the health and wellbeing of individuals with multiple complex needs. This will also lead to a reduction in offending, anti-social behaviour and demand for services. Through managing demand, delivering better co-ordinated services and empowering and enabling individuals to maximise control over their lives, this work can deliver financial savings for public services, as well as improved outcomes for the most vulnerable people in Coventry. By working together we will be better able to identify and respond to safeguarding concerns with children and vulnerable adults.

## 3) Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

The Coventry and Warwickshire Sustainability and Transformation Plan aims to deliver the NHS Five Year Forward View and make health services sustainable for the future. Preventing people from becoming ill and intervening early to manage conditions are crucial to managing demand. Preventing alcohol related hospital admissions, working across the health and care system to deliver alcohol interventions and brief advice and delivering this drug and alcohol strategy will help to prevent long term conditions and improve health and wellbeing, reducing the pressure on health and care services and contributing to the delivery of the Sustainability and Transformation Plan.

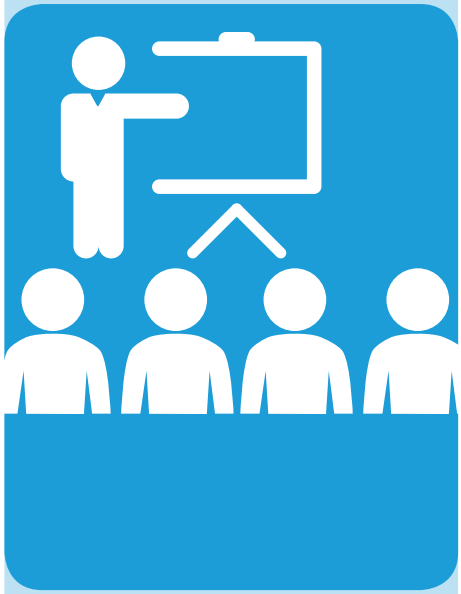
These local priorities align with the vision in the Council plan 2016 – 2024, which is for Coventry to become a Top Ten City by, amongst other factors, improving the quality of life for Coventry people (other indices that allow the city to be compared include the gross value added of the city's economy, perceptions of the city as a good place to live and the city's reputation and representation on the national and international stage).

# Strategic Priority 1:

## Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm

***The early identification of people engaged in drug or alcohol related risky behaviour is a key first step in delivering effective interventions, and the promotion of positive and responsible behaviours around alcohol and drug misuse is crucial, enabling individuals to make informed choices.***

***Targeted prevention services are central to this approach in Coventry. Information will be provided to those at risk of drug and alcohol misuse through skilled frontline workers who are able to have challenging conversations about harmful levels of use and addiction.***



### Provide targeted and comprehensive education and training

- Train front line professionals working with young people to spot the signs of alcohol and drug misuse in young people and raise awareness of potential risk factors and what action to take.
- Increase awareness of what support is available including services and community support
- Ensure education and information reaches all groups, including schools, universities and employers
- Educate people about the impact of their behaviours, especially on their families
- Develop Coventry population wide understanding of alcohol and substance misuse

### Transform Coventry's culture in relation to drugs and alcohol

- Engage with communities to build strength and resilience at a local level, and work in partnership, including with the community, to promote safe drinking and prevent the use of drugs, using appropriately targeted campaigns and licensing powers as appropriate
- Control the supply of alcohol and promote safe drinking environments.
- Map alcohol and drug related health incidents along with licensed premises, to inform the provision and density of licenses in key locations and to identify the need for targeted licensing control
- Challenge the public perception of services and of drug and alcohol problems

- Work together to change cultural and social norms in relation to drugs and alcohol
- Work with the universities to tackle students drinking in harmful ways
- Adopt a zero alcohol in pregnancy approach

## Tackle alcohol and drug related crime

- Work with all partners, including the community, to gather intelligence and restrict the supply of illegal drugs
- Work in partnership to tackle supply and drug-dealing in Coventry, particularly in the city's deprived areas, including working with businesses in the night-time economy to take a zero-tolerance approach to drug use on the premises
- Use Conditional Cautioning for those drug-offenders (18 years old and over) that are deemed suitable, offering the offender a rehabilitative condition. For those under 18, manage the offender appropriately to look at rehabilitation or education, rather than a court appearance
- Reduce substance misuse related crime and re/offending

## Reduce the risk of people developing multiple complex needs

- Prevent adverse childhood experiences through supporting parents and developing robust safeguarding pathways
- Intervene with younger children identified as being at risk of substance misuse, poor sexual health, poor or abusive relationships and teenage pregnancy to prevent problems escalating
- Monitor the changing patterns of drug use, including new psychoactive substances and problematic use of medicines and use multi-faceted responses
- Identify and work with those at risk of developing multiple complex needs

# Strategic Priority 2:

## Support those with drug and/or alcohol problems and those with multiple complex needs

***The misuse of alcohol and drugs can have a detrimental effect on a person's physical and mental health and wider wellbeing. It accounts for poor health outcomes, health inequalities and significant demands on the resources of many public services.***

***Re-commissioning of drug and alcohol services in Coventry will enable a robust approach to outcome based and recovery focused services from November 2017. The new service model will have four integral parts, consisting of Adults Drug & Alcohol Recovery; Young Person's Substance Misuse (to be commissioned separately post April 2018); City Centre Late Night Triage; and Prevention, Advocacy & Family Support.***

***Services will be characterised by the ability to motivate and support people to achieve both short and longer term recovery goals through evidence based and innovative approaches. Recovery will be explicit in everything done to support people to make the changes they need to lead purposeful and fulfilling lives. The services will support people to recover and to live happy and healthy lives free from harmful drug and alcohol use.***

### Person centred and accessible support

- Professionals from a wide range of services aware of the support available and delivered to encourage engagement and not create barriers to any sections of the community
- Significant city centre presence, with additional community based services including active outreach, community venues and home visits for people in crisis, co-locating services with partner agencies where appropriate
- Services will be welcoming and non-judgemental, with clearly visible information about the support and services available.

### Reducing harm

- Use Identification and Brief Advice (IBA) to reduce drinking among people consuming alcohol at increasing risk levels
- Train front line professionals to identify and support young people that may turn to drugs or alcohol
- Support those that have the greatest influences on young people to prevent harmful drinking. Work across the board to increase engagement and keep people engaged
- Provide a street-side, mobile injury service in Coventry city centre to reduce the number of non-emergency alcohol-related attendances at A&E and the ambulance trips needed and to prevent drug and alcohol related deaths

- Work with the Alcohol Liaison Nurse to improve the pathway from hospital to community treatment
- Educate individuals, families and carers on the risks of overdose and how to respond in an emergency (including the use of naloxone by those trained) to prevent drug related deaths

## Continuously improving and developing services

- Encourage all providers and staff to make best use of local services, both statutory and voluntary agencies, as well as community groups and faith organisations, so that individuals are aware of, and can access, a full range of local support
- Work collaboratively to continually develop and improve the local recovery system in line with local need and the health and wellbeing strategy priorities
- Develop good working relationships with community based statutory and voluntary services to support delivery of positive outcomes
- Commit to innovation, service development and continuous improvement to provide the best treatment and support possible for the people of Coventry.
- Develop and adhere to a clear transition pathway between adults and young people's treatment services

## Supporting individuals with multiple complex needs

- Improve links between services to support those with multiple complex needs (for example homelessness services, probation, youth offending services, domestic violence services, sexual health services, sexual violence services, safeguarding and mental health services)
- Provide outreach in homeless shelters
- Automatically discuss referrals to substance misuse services for offenders with a known history of substance misuse
- Establish clear and robust pathways into and between services, including, but not limited to, safeguarding, domestic violence and mental health services
- Implement any future recommendations from Coventry's Health and Wellbeing Strategy to improve outcomes for people with multiple complex needs.

# Strategic Priority 3:

## Promote sustainable recovery and enable people to live healthy, safe and meaningful lives

***Recovery is a pathway through which an individual is able to progress on from their problem drug or alcohol use, towards a life as an active and contributing member of society. It incorporates the principle that recovery is most effective when individuals' needs and aspirations become the central core of their care and treatment. Recovery is an aspirational, person-centred process.***

***In practice, recovery will mean different things, at different times to each individual person. The 'road to recovery' might mean a combination of developing the skills to prevent relapse, rebuilding broken relationships, forging new ones or actively engaging in meaningful activities.***

### Provide specialist treatment to help people to recover

- Focus on helping and providing specialist treatment for people to recover and live healthy and happy lives, free from harmful alcohol and drug use
- Improve the health and well-being of family members and carers affected by someone else's substance misuse
- Enable the family to have a role in supporting the individual and promoting resilience to reduce future problematic drug, alcohol and substance misuse issues
- Facilitate peer support and mutual aid networks so that communities become empowered and individuals who have exited services can continue to receive support that enables them to sustain their recovery.

### Support people into employment

- Enable individuals to become work ready (supporting them to access employment services, education or training) and capable of sustained employment
- Advise and support employers to have the confidence to offer work to individuals in recovery
- Work with employer organisations such as the Chamber of Commerce and The Employer Hub (Job Shop) in order to increase employers' knowledge about alcohol and drug recovery, as well as associated mental health issues

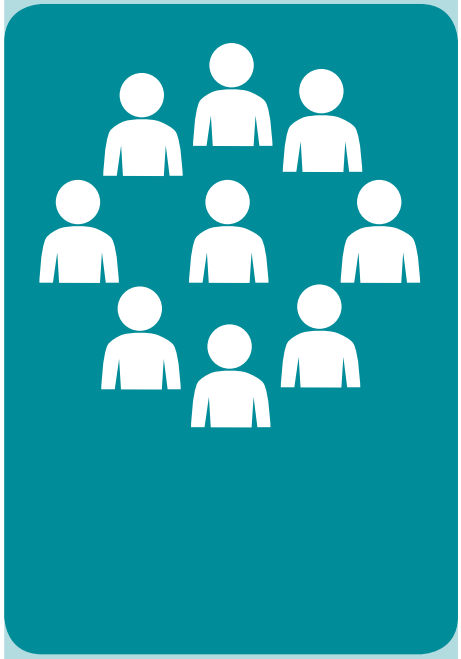
- Increase opportunities for work placements and volunteering for individuals in recovery
- Support employers to identify employees at risk and encourage these employees to engage with the available services, to keep employees in work

## Provide skills to enable financial stability

- Facilitate successful integration into the community by providing financial support, and linking in with appropriate community organisations to provide a seamless pathway to the individual going through recovery

## Support access to suitable and sustainable accommodation

- Ensure service users move away from sleeping on the streets and in unstable accommodation and access more stable accommodation
- Tenancy support to be offered to people moving from recovery into sustainable housing provided by registered social landlords
- Enable access to Safe and Well Checks by West Midlands Fire Service for vulnerable people



## Support the development of a robust recovery community

- Help people who are on their journey through recovering from drug and alcohol misuse to sustain their recovery, through developing and supporting the recovery community
- Provide a range of peer support options and groups, building capacity to do more to support people at every stage of their journey, and utilising Recovery Champions
- Support with peer mentoring and volunteering opportunities
- Take an asset-based community development approach to mobilising existing assets
- Deliver activities around and beyond the treatment system, which help individuals to build personal, social and community recovery capital

# Delivering the strategic priorities

Alcohol and drug issues and the associated positive outcomes that have already been achieved will be strengthened by continuing to make the best use of resources by working together across the public, private and voluntary sectors.

Members of the Health and Wellbeing Board and the Police and Crime Board are accountable for delivering this strategy in partnership with other organisations across the city. By utilising innovative approaches to tackle alcohol harm and drug misuse we can ensure that Coventry expands on the successes of our services to date.

An action plan will be created to successfully deliver the vision and strategic priorities set out in this document, in line with the Health and Wellbeing Strategy. Through this action plan, partners in Coventry will:

- Ensure health, and the conditions which affect health, are considered in all policies and decision making across Coventry City Council and other organisations in Coventry.
- Commission in new ways, which maximises health outcomes and social value from investments.
- Enable and empower local people, communities and groups to use and develop their own skills and potential to take control over their own lives.
- Target resources based on need, and targeting interventions in the right places
- Prioritise prevention and early intervention.

# Notes

# Notes

# Coventry Drug and Alcohol Strategy 2017-2020

Coventry Health and Wellbeing

**Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm**

- Provide targeted and comprehensive education and training
- Transform Coventry's culture in relation to drugs and alcohol
- Tackle alcohol and drug related crime
- Reduce the risk of people developing multiple complex needs

**Support those with drug and/or alcohol problems and those with multiple complex needs**

- Person centred and accessible support
- Reducing harm
- Continuously improving and developing services
- Supporting individuals with multiple complex needs

**Promote sustainable recovery and enable people to live healthy, safe and meaningful lives**

- Provide specialist treatment to help people to recover
- Support people into employment
- Provide skills to enable financial stability
- Support access to suitable and sustainable accommodation
- Support the development of a robust recovery community

**An action plan will be created to successfully deliver the vision and strategic priorities set out in this document, in line with the Health and Wellbeing Strategy.**

- Ensure health, and the conditions which affect health, are considered in all policies and decision making across Coventry City Council and other organisations in Coventry.
- Commission in new ways, which maximises health outcomes and social value from investments.
- Enable and empower local people, communities and groups to use and develop their own skills and potential to take control over their own lives.
- Target resources based on need, and targeting interventions in the right places
- Prioritise prevention and early intervention.

Coventry City Council

# Briefing note

**To:** **Health and Well-Being Board** **10th July 2017**

**Subject: Re-inspection of services for children in need of help and protection, children looked after and care leavers.**

## 1 Purpose of the Note

1.1 To inform the Health and Well-Being Board of the re-inspection of services for children in need of help and protection, children looked after and care leavers specifically in relation to partners.

## 2 Recommendations

2.1 The Health and Well-Being Board (2) are recommended to:

1) Consider the recommendations highlighted in the inspection report

2) Endorse the agreed approach of multi-agency engagement and support to improve outcomes for children

3) Identify any recommendations for the Cabinet Member Health and Wellbeing

## 3 Information and Background

3.1 Children's Services were re-inspected by Ofsted 6-30 March 2017.

3.2 The Ofsted re-inspection of services report published on ***13th June 2017***, judged overall Children's Services in Coventry "***requires improvement to be good***." Services for Children are no longer inadequate, this marks a key point in the improvement journey and demonstrates the improvements made. The Ofsted judgements received are as follows:

- Children who need help and protection ***Requires improvement***
- Children looked after and achieving permanence ***Requires improvement***
  - Adoption performance ***Requires improvement***
  - Experience and progress of care leavers ***Good***
- Leadership, management and governance ***Requires improvement***

3.3 The Department for Education DfE removed Children's Services from intervention on the 13 June 2017, the service are no longer subject to an improvement notice. Supervision and support will be provided by the DfE for the next 12 months, which will include two six month reviews.

3.4 The inspection report attached in **Appendix 1** identifies nine recommendation for improvement. Recommendation 2 and 3 below specifically relate to partners.

- Recommendation 2 - Ensure that the Local Safeguarding Children Board supports partners to understand and consistently apply appropriate thresholds to levels of need at every stage of the child's journey, including the early-help pathway.
- Recommendation 3 - Ensure that the introduction of the risk management methodology across the authority includes partners and the authority at all stages.

3.5 The areas of partnership strength highlighted in the Ofsted report include:

**Supporting timeliness of assessments** - Quality of assessments has improved over the last 6 months. Good partnership work means that social workers receive early alerts from health colleagues, and this provides the necessary time to complete comprehensive assessments.
**Attendance at conference meetings -** Child protection conferences are well attended by relevant partners.
**Contribution to Child In Need Plans** - The majority of children supported under children in need arrangements have plans in place monitored by regular multi-agency meetings.
**Addressing radicalisation** - Partnership arrangements are well established and provide an effective response to the risk to young people from radicalisation.
**Joint Commissioning of mental health** - Joint Commissioning of dedicated mental health services for looked after children is developing with the co-location of a mental health practitioner in the children looked after social worker teams to ensure that assessments are carried out promptly and that children have a clear and easy pathway in to the most appropriate service.
**Meeting the health needs of LAC** - The vast majority of children's health needs are met.
**Care Leavers Health Assessments and Support** - The majority of care leavers have an up to date health assessment. This ensures that most young people benefit from regular access to a range of health professionals. Care leavers who are parents of expectant parents benefit from effective partnership working between their personal advisor, midwives and other specialist support partners. A local charity provides confidential drop in sessions that offer advice and guidance regarding substance misuse and access to sexual health services.
**LAC Education -** The proportion of children looked after who are now attending a good or better school has increased over time, from 62% in 2013−14 to 82%.
**Care Leavers Education -** The educational progress of care leavers studying beyond school-leaving age is good. For example, the proportion of care leavers who successfully progress to positive employment, education, and training destinations has rapidly improved over time from 35.9% (2013−14) to an in-year figure of 66.7%.
**Needs Assessment and Children and Young People's Plan -** The joint strategic needs assessment and the children and young people's plan identify cross-borough needs, based on comprehensive data and analysis.

## 4 Options Considered and Recommend Proposal

4.1 A Children's Services Improvement Plan has been developed in response to the Ofsted recommendations and areas for development.

4.2 The report identifies a number of issues for partners including the application of thresholds and the appetite for risk across the strategic safeguarding partnership. The Improvement Board will work to strengthen and provide assurance and governance role of partners and the LSCB. The LSCB will report on progress made in respect of the required areas of improvement that relate to partners. The areas for partners have been identified as follows:

**Risk averse approach across partners** –

- A historical risk-averse approach and culture in the city has meant that, when partner agencies have concerns about a child, they refer the matter to children's social care, with the result that the local authority undertakes too many assessments of need and too many child protection enquiries. Many of these lead to no further intervention.
- Partners who undertake less complex assessments of need remain uncertain about the application of thresholds, both at the CAF level and higher levels of need, and this has contributed to high numbers of both contacts and referrals to social care. (Recommendation)
- The authority has invested in a nationally recognised methodology for understanding and management of risk to children. However, although in operation for a year, it is not yet fully embedded. Partner agencies have only recently agreed to jointly use this way of working. This has meant a level of inconsistency in how risk is understood and measured across the partnership. A shared, cross-partnership understanding of risk should contribute to a lessening of the current risk-averse culture in Coventry. (Recommendation)

**Timeliness of some initial health assessments** - There are delays the completion of initial health assessments for a minority of children. The impact of these delays is minimal for most children.

**Care Leaver Health Histories** - At the time of the inspection, only approximately half of care leavers had an up-to-date health history. This means that, at the point at which they leave care, young people may not have full information about their health profiles from birth, including their immunisation status. Plans are in place to ensure that all care leavers have access to their complete health profiles.

## 5 Next steps

5.1 The final Improvement Plan will submitted to Ofsted and the DfE by 20 September 2017.

5.2 The report and revised Improvement plan will be shared with staff and partners and progress against the plan reported on a regular basis.

Authors:

Sonia Watson, Children's Services Programme Manager
John Gregg, Director of Children's Services

**Contact details**: john.gregg@coventry.gov.uk Tel: (024) 7683 3402
sonia.watson@coventry.gov.uk Tel: (024) 7683 1890

This page is intentionally left blank

# Coventry City Council

**Re-inspection of services for children in need of help and protection, children looked after and care leavers**

Inspection date: 6 March to 30 March 2017

Report published: 13 June 2017

| **Children's services in Coventry require improvement to be good** | | |
|---|---|---|
| **1. Children who need help and protection** | | Requires improvement |
| **2. Children looked after and achieving permanence** | | Requires improvement |
| | 2.1 Adoption performance | Requires improvement |
| | 2.2 Experiences and progress of care leavers | Good |
| **3. Leadership, management and governance** | | Requires improvement |

## Executive summary

Services for children in Coventry are no longer inadequate and they now require improvement to be good. Senior leaders and elected members have, in the last 12 months, worked with intense focus to improve the quality of children's social care services and to ensure that children receive the help and protection that they need. While these improvements are evident and are benefiting children and their families, they are not yet fully embedded. Securing a stable and permanent senior management team has made a significant contribution to achieving this.

The local authority is aware of and has a detailed view of the strengths and weaknesses of its services for children. Senior leaders had already identified and made plans to remedy many of the deficits seen in this inspection. Elected members and senior managers are aware that their improvement journey must continue at pace. The children's services transformation plan is ambitious, and is appropriately focused to mitigate outstanding deficits, in relation to providing responsive, consistently good-quality support for children and their families.

The local authority has succeeded in establishing a robust initial response to children in need of services through its multi-agency safeguarding hub (MASH), and this is resulting in children receiving an improved response. Early-help services are effective and benefit families and children. Work remains to be done to ensure that partner agencies fully understand and apply local thresholds of need to consistently match the provision of services to levels of need.

A risk-averse culture of partners has resulted in too many referrals being accepted by children's social care that would more appropriately be dealt with by community-based services. As a result, some children are subject to social work assessments and intrusive child protection enquiries that result in no further action.

Quality assurance activity is established and has, until recently, focused largely on compliance. As a result, a firm baseline has been established, and managers have now appropriately begun to focus on the quality of practice. Further work is needed to fully embed this change in focus across the service.

For children who need immediate protection, the identification of and response to risk have improved, and actions taken to protect them are appropriate and effective. The quality of assessments and child protection planning is improving, strengthened by the use of a risk-management model to support child-focused practice. However, more work is required to support partner agencies in fully understanding and applying the methodology.

Planning for children requires focused attention to be good. Some plans meet children's needs well and reflect their changing circumstances, but, in those of poorer quality, progress is not being monitored effectively. A historical legacy of weak practice in relation to planning means that, for some children, the time taken

to improve their outcomes has been too long and further delayed by poor-quality interventions and a lack of relevant historical information.

The majority of children who become looked after are assessed appropriately, placed very swiftly and make positive progress towards early permanence. However, some children come into care too late. Adoption is considered for all children who need it, and the majority of children are placed for adoption without delay.

Children who have disabilities receive a good service, in which their wishes and feelings are fully taken into account. They are well supported by effective plans and, when they are looked after, they live in good-quality placements. Some children live in shared care arrangements, enabling them to maintain positive attachments with their families.

The vast majority of care leavers receive a good-quality service. They stay in safe, suitable homes and enjoy positive relationships with their personal advisers who keep in touch with them.

Despite some recent improvements, independent reviewing officers (IROs), child protection chairs and managers are not yet consistently ensuring that concerns about case progression are challenged effectively. In some cases, this means that delay in ensuring improved outcomes for children has continued. There is a robust and well-established strategic partnership approach to child sexual exploitation. The understanding of, and work with, children who are assessed to be at low risk of sexual exploitation, is less consistent. Return home interviews (RHIs) for children who go missing from care are leading to appropriate support.

A well-considered workforce strategy is now in place. The local authority understands the fragility of its staffing profile, and staff development is a priority.

The corporate parenting board is an active advocate for children looked after and care leavers. The Children in Care Council is well supported by elected members and senior managers. This work positively influences service response and design.

The current arrangements for ensuring the safeguarding of privately fostered children are poor, and the local authority is not meeting its statutory duties in this area.

Arrangements to ensure the management of allegations of professional abuse are underdeveloped. More needs to be done to ensure an effective response.

# Contents

# The local authority

## Information about this local authority area[1]

### Previous Ofsted inspections

- The local authority operates three children's homes. Two were judged to be good or outstanding in their most recent Ofsted inspections.
- The previous inspection of the local authority's services for children who need help and protection was in January 2014. The local authority was judged to be inadequate.
- The previous inspection of the local authority's services for children looked after and achieving permanence was in January 2014. The local authority was judged to require improvement.

### Local leadership

- The director of children's services has been in post since November 2015.
- The chief executive has been in post since April 2009.

### Children living in this area

- Approximately 75,085 children and young people under the age of 18 years live in Coventry. This is 22% of the total population in the area.
- Approximately 25% of the local authority's children aged under 16 years are living in low-income families.
- The proportion of children entitled to free school meals:
  - in primary schools is 18% (the national average is 15%)
  - in secondary schools is 17% (the national average is 14%).
- Children and young people from minority ethnic groups account for 47% of all children living in the area, compared to 22% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Black African and Asian Indian.
- The proportion of children and young people who speak English as an additional language:
  - in primary schools is 33% (the national average is 20%)
  - in secondary schools is 30% (the national average is 16%).
- Coventry City is one of the national 'Prevent' duty priority areas.

[1] The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

## Child protection in this area

- At 31 January 2017, 3,252 children had been identified through assessment as being formally in need of a specialist children's service. This is a reduction from 3,695 at 31 March 2016.
- At 31 January 2017, 489 children and young people were the subject of a child protection plan (a rate of 66 per 10,000 children). This is a reduction from 494 (67 per 10,000 children) at 31 March 2016.
- At 31 January 2017, 10 children lived in a privately arranged fostering placement. This is a reduction from 14 at 31 March 2016.
- In the two years before inspection, five serious incident notifications were submitted to Ofsted and five serious case reviews were completed.
- There was one serious case review ongoing at the time of the inspection.

## Children looked after in this area

- At 31 January 2017, 599 children were being looked after by the local authority (a rate of 81 per 10,000 children). This is an increase from 580 (78 per 10,000 children) at 31 March 2016. Of this number:
  - 315 (or 59%) live outside the local authority area
  - 79 live in residential children's homes, of whom 75% live out of the authority area
  - no children live in residential special schools
  - 453 live with foster families, of whom 50% live out of the authority area
  - 14 live with parents, of whom none lives out of the authority area
  - 39 children are unaccompanied asylum-seeking children.

## Recommendations

1. Continue to monitor and develop services through the work of the improvement board so that all children in Coventry receive the help and support that they need and their outcomes improve.

2. Ensure that the Local Safeguarding Children Board supports partners to understand and consistently apply appropriate thresholds to levels of need at every stage of the child's journey, including the early-help pathway.

3. Ensure that the introduction of the risk management methodology across the authority includes partners and the authority at all stages.

4. Improve the quality of chronologies to ensure that they provide relevant detail relating to children's histories and the impact of previous interventions.

5. Improve the quality of children's assessments and the focus of plans, so that all children at every stage of their journeys have their needs fully recognised and met.

6. Ensure that managers, independent chairs of child protection conferences and IROs improve their practice, by robustly chairing children's meetings and challenging any delays in their plans being progressed.

7. Review the authority's arrangements for privately fostered children and ensure that those arrangements and associated practice comply with statutory guidance.

8. Strengthen arrangements to ensure that the management of allegations of professional abuse is robust and safeguards children effectively.

9. Ensure that the progress of prospective adopters is tracked effectively so that the potential for children to be placed without delay is maximised.

## Summary for children and young people

- Children's services have improved and they are no longer inadequate.
- Managers are working hard to make sure that all children in Coventry are safe and that they receive help when they need it.
- Social workers, teachers, doctors, nurses, health visitors and the police act together quickly to understand the problems faced by children and they make the right decisions to keep them safe from harm.
- Social workers get to know children very well. They listen to what they have to say. Social workers understand what is happening in children's lives and work out how best to help them.
- Sometimes, social workers take too long to understand what children need. Plans to help children do not always cover the right things, and it can take too long to obtain the right help for some children when they need it.
- Children who have disabilities have plans that ensure that they receive the right help and support when they need it.
- When children come into care, social workers find them good homes with caring adults. Sometimes, children need to live outside Coventry, as there are not enough carers in Coventry. Social workers make every effort to find the best possible adopters for children. Social workers always try to keep brothers and sisters together, and they help children to see people who are important to them.
- IROs are not always good at making sure that things are moving along as they should. This means that some children looked after have delays before they move to live with their permanent families. When children cannot return home to their own families, they understand the reasons for this.
- Managers listen carefully to what children have to say and use their ideas to improve services. The Children in Care Council is making sure that children get clear information about their rights.
- Care leavers receive good support to help them to take care of themselves and to be happy, safe, healthy and confident. Care leavers have safe places in which to live that are right for them. Personal advisers stay in touch with care leavers and make sure that they receive the right support when they need it.

| The experiences and progress of children who need help and protection | Requires improvement |
|---|---|

**Summary**

The MASH has strong partnership arrangements, ensuring that the front door to children's social care services works well. Children benefit from a timely, child-focused and appropriate response that protects them when concerns require immediate help and protection.

Early-help services are child-focused, and families are engaged effectively to understand the problems they face. Team around the family (TAF) work is of a good quality, and children's views influence plans that meet their needs. The wide range of early-help services enables more children to benefit from effective early support.

Partner agencies make too many referrals to children's social care that do not meet the threshold for a statutory children's social care service. As a result, some children are subject to unnecessary social work assessments and child protection enquiries that result in no further action.

The quality of assessments and child protection planning is improving, strengthened by the use of a risk assessment methodology that supports child-focused practice effectively. However, planning for children in need is not yet consistently robust, and the majority of plans do not respond to changing circumstances to ensure positive and timely outcomes. The legacy of ineffective historical interventions is still evident, and this means that some children have had their needs unmet for an unacceptably long time.

Children who have disabilities receive a child-centred, good-quality service, whether they are children in need or subject to a child protection plan. They are well supported by skilled social workers, and their outcomes improve.

Children's voices are routinely heard and recorded in assessments, but children's views do not always clearly feature in their plans. Advocacy services are not used enough to enable children to attend or be represented in meetings. For a small number of children, the focus on their parents' needs and difficulties diverts attention from their own lived experiences.

The current arrangements for ensuring the safeguarding of privately fostered children are poor. The local authority is not meeting its duties in this area.

Greater attention is required to ensure that the local authority fully discharges its responsibilities for managing allegations of professional abuse.

## Inspection findings

10. There is an established early-help offer providing effective early support and help for children and families. Early-help assessments are child-focused, informed by the child's and family's history, and families are engaged effectively to understand the problems that they face. Children are seen quickly and frequently, and practitioners see them alone. Children's views are sought and listened to through direct work with them. TAF meetings take place routinely to review and adapt plans to ensure that they continue to address concerns and identified needs.

11. Good work by common assessment framework (CAF) coordinators, who are aligned with schools, supports community-based partnership working and has a wide reach to provide advice and guidance. However, more needs to be done in this area to embed a comprehensive understanding of the local threshold for referrals to statutory children's social care services. Social workers based in the local authority early-help service are having a positive impact on and making a difference to children's outcomes as a result of their focus on how the application of this threshold is applied. Their detailed and appropriate case discussions are ensuring that step-up and step-down arrangements are improving, are appropriate and are seamless.

12. A well-established MASH responds effectively to referrals to social care. Decision-making is timely, and consistently robust practice ensures that consent is always obtained appropriately. Multi-agency enquiries in the MASH, including domestic abuse triage, are thorough, and detailed family information is gathered from partners and used to inform assessments of concern and risk. Safeguarding concerns and risks are consistently recognised, which ensures that children receive swift and appropriate intervention. Management oversight of decision-making is routine and always recorded on children's case records. In the majority of cases, the rationale underpinning decisions is recorded well, but in some cases the detail is limited due to the volume of work entering the system.

13. When children may need immediate protection, timely strategy meetings appropriately analyse presenting concerns and degrees of risk and appropriately decide what actions need to be taken. The meetings make good use of historical information, and the majority are well attended by all of the relevant professionals. Partner agencies routinely receive written records of the meetings, and in most cases the record provides a thorough account of events.

14. The local authority's out-of-hours service is effective in safeguarding children and offering expertise and advice, and it provides timely interventions. The service has good access to a range of support, including legal advice, crisis intervention/edge of care services and placements for children in need of care. Social workers in the out-of-hours service are notified when children are

missing. They are also made aware of, and respond effectively to, children who are at risk of child sexual exploitation.

15. A historical risk-averse approach and culture in the city has meant that, when partner agencies have concerns about a child, they refer the matter to children's social care, with the result that the local authority undertakes too many assessments of need and too many child protection enquiries. Many of these lead to no further intervention. Recently, and to address this issue, when assessments are completed managers have started to make clear and appropriate recommendations for a child's needs to be met by community-based/early-help services and step the case down. However, this work is at an early stage and has yet to demonstrate the desired impact.

16. Overall, the quality of assessments has improved over the past six months, but they are not yet consistently good. Pre-birth assessments, however, are of good quality and are effective in informing future intervention. Good partnership work means that social workers receive early alerts from health colleagues, and this provides the necessary time to complete comprehensive assessments. The vast majority of all assessments are completed in a timely way. When assessments of need are required, the majority offer appropriate analysis and recommendations based on findings. Use of a recognised methodology to identify and assess risk, when used in some assessments, supports a more in-depth analysis and this, in turn, results in better plans.

17. The voice of children is evident in many assessments. Children are seen alone, and purposeful, direct work is done to gather their wishes and feelings. However, although children are involved effectively in assessments, their views do not always clearly inform planning. The views of birth parents, including absent parents, are routinely sought and they are recorded and considered well in assessments. Not all chronologies are up to date or give sufficient focus to the most relevant issues. This means that some assessments do not take full account of, or benefit from a consideration of, past events. Many assessments, although not all, recognise and understand the impact that cultural issues have on children and their families. (Recommendation)

18. Management oversight in the social work teams is evident in children's case records, and the quality of case recording is improving. However, some managers have been slow to challenge delay in progressing plans, which results in some children having remained in circumstances in which all of their needs have not been met in a timely way. Many case records now evidence effective use of an established risk assessment methodology, and this is helping managers to improve practice. Managers have access to a wide range of management information and now use performance data well to manage their team's work, improving timeliness of assessments, visits and plans.

19. Decision-making in the area of child protection is robust, and no children are subject of a child protection plan unless the appropriate threshold has been

met. The facilities for holding child protection case conferences are good, and sensitive arrangements are made to support parents and carers to be fully involved, although it remains the case that too few children attend their own conferences. Child protection conferences are well chaired and attended by relevant partners, so that all relevant information can be considered. The benefits of using a risk assessment methodology at conferences have been limited, as partners are not yet fully familiar with this framework and struggle to contribute effectively.

20. Children who are the subject of child protection plans are seen regularly by their social workers, and their views and opinions are sought and taken into account. Core groups are well attended and are appropriately focused on progressing the child protection plan and reducing risks. Monthly discussions between child protection chairs and social workers are starting to support swifter progression of plans, and fewer children in Coventry remain subject to child protection plans for too long without positive change. These measures have led to a 29% reduction in the overall numbers of child protection plans, from 695 in March 2015 to 489 plans at the time of the inspection. Additionally, the effectiveness of escalation and challenge by chairs has been limited until recently, but is starting to support and demonstrate improved scrutiny and challenge.

21. Children who live in families in which adult mental ill health, misuse of substances and domestic abuse feature are not always at the centre of planning. This means that multi-agency intervention is often too adult-focused. A range of effective support services are available for children, victims and perpetrators. However, support is not always available when children need it and, in some cases, this leads to a minimisation of risk and an over-optimistic view of the child's lived experience. More recently, the local authority has started to focus on these children to ensure that the help that they receive has the desired impact. In contrast, good, effective work to help parents to realise the impact that behaviour such as alcohol misuse has on their children is undertaken by social workers in the children with disabilities team.

22. Multi-agency risk assessment conference arrangements are mature, and conferences are well attended by a range of appropriate agencies. Evidence seen by inspectors demonstrates an appropriate focus on children, and their experiences are given due consideration.

23. Well-embedded arrangements are in place to plan for high-risk adults through multi-agency public protection arrangements. As a result, children at risk of harm are safeguarded.

24. The majority of children supported under children in need arrangements have plans in place monitored by regular multi-agency child in need meetings. However, the majority of plans lack the rigour and focus of the risk assessment methodology seen within child protection plans. Social workers

and managers do not always recognise and challenge false compliance effectively and this, in turn, can result in over-optimistic planning. Children who have disabilities are well supported by good plans that fully include their wishes and feelings. Impressive direct work ensures that their impairment is not a barrier to their wishes being known and taken account of. (Recommendation)

25. Children who are at potential risk of child sexual exploitation are protected by proactive and effective interventions. Those who are assessed as being at high or medium risk of harm benefit from a good service from the specialist Horizon team, which provides wraparound support from a range of professionals. This work reduces risk effectively by helping children to recognise signs of exploitation so that they can better protect themselves. Children who are assessed as being at low risk of child sexual exploitation receive help that is not as focused and is inconsistent. This is an area for development that has been recognised by the local authority and is being addressed by the child sexual exploitation champions, who are taking their knowledge and expertise into the children's social care and early-help teams. The local authority partnership has successfully prosecuted perpetrators and prevented other potential victims from exploitation. Children are supported effectively and safely to give evidence in court, which has helped them to tell their stories and to be heard.

26. Children who go missing are protected by well-coordinated multi-agency activity. RHIs enable children to be listened to, and risks and the reasons behind missing episodes to be understood. The learning from RHIs reduces the risk of repeated missing episodes for a number of children. The links with child sexual exploitation and other vulnerabilities is understood, and, when appropriate, information is gathered to plan effective disruption activity, resulting in an improved safeguarding response.

27. Effective and responsive culturally sensitive work with relevant partners ensures that risks of female genital mutilation are recognised and suitable action is taken. Threats of forced marriage are responded to sensitively, and young people are actively involved in the planning. Court orders are secured when required, ensuring that children remain safe.

28. Partnership arrangements are well established and provide an effective response to the risk to young people from radicalisation. Work between social workers and partners is proportionate and sensitive and based on good intelligence. However, social workers do not regularly attend or make referrals to the Channel panel. Further training is under way to ensure that social workers fulfil their roles in this respect.

29. A clear and effective pathway ensures that homeless 16- and 17-year olds receive a thorough assessment that identifies their needs. Young people have access to a range of safe and suitable accommodation, including to temporary accommodation on an urgent basis. Risks are clearly identified and inform

decisions about placement and support plans. Young people, when appropriate, are taken into care. Effective management oversight ensures that the local authority fully complies with its statutory duties.

30. Effective arrangements are in place to support children who are electively home educated, including the undertaking of appropriate checks. The approach to children missing education is robust. A central register is monitored on a regular basis, and continuing enquiries about the whereabouts of children who are not attending school are made to other local authorities, health agencies, children's social care and the police.

31. The local authority does not meet its responsibilities for privately fostered children. There is insufficient rigour in the arrangements to assess and support children placed within private fostering placements, and the local authority cannot be assured that privately fostered children are adequately safeguarded. (Recommendation)

32. The management of allegations against professionals is improving from a low base, but is not yet effective. Decision-making is appropriate, but more work is required to ensure a consistent follow-up of agreed actions. (Recommendation)

| The experiences and progress of children looked after and achieving permanence | Requires improvement |
|---|---|

**Summary**

Children looked after continue to receive services that require improvement. While there are no children looked after who should not be looked after, too many children have entered care in an unplanned way or too late. More recently, children entering care are benefiting from improved services. The majority of children are assessed appropriately, placed very swiftly and make positive progress towards early permanence.

Social workers visit children looked after and know them well. However, this valuable knowledge is not always reflected as well as it could be in case records or assessments. Care plans do not always address the full range of a child's needs.

The vast majority of children looked after live in good-quality foster placements. However, many children live outside of the local authority area and at a distance from their families. This is as a result of there being too few locally based foster placements.

Most children looked after have their care plans reviewed on a regular and timely basis, but IROs do not consistently provide effective challenge to ensure that care plans are progressed without delay.

Adoption is considered for all children who need a permanent alternative family. Children are swiftly identified, matched and placed with their adoptive families. The tracking of how long it takes for prospective adopter assessments to be completed needs to improve to ensure that delays in placing children with adopters do not occur.

The response to children looked after who are at risk of sexual exploitation is effective and reduces risks. RHIs for children who go missing from care lead to appropriate support and risks being minimised.

Educational outcomes for children looked after are improving at key stage 1 and 2. At key stage 4, the proportion of children who achieve at least the expected level of progress in their studies is similar to both the regional and national rates.

Care leavers live in good-quality accommodation and enjoy positive relationships with their personal advisers who stay in touch with them. A high number of care leavers are in education, employment or training.

## Inspection findings

33. When children are at risk of being accommodated, the good quality and accessible crisis intervention service supports them to remain at home when it is in their best interest. Children who have a plan to return home from care are appropriately assessed and they are supported to return home safely. This is resulting in fewer children returning to care, which is positive.

34. Recent improvements in the understanding and application of pre-proceedings work means that more timely action is being taken, with an increased response to risks, and the progression of key actions without delay. Children who are likely to become subject to a care order are being identified early in the process by effective use of the Public Law Outline, including effective letters before proceedings. However, when the risks of care are high, family group conferences are not yet being used frequently enough to identify potential carers within the child's own network. The burden of completing these unnecessary assessments is contributing to some delays in permanence planning for a very small number of children.

35. The judiciary reports that the quality of social work reports from the city's court-based assessment service (CBAS) is consistently good and work is of a high standard. Additionally, the work of the family drug and alcohol court (FDAC) is effective. The CBAS and FDAC work hard to gain the views of children, by arranging meetings between children and judges when appropriate. Good court care plans clearly identify children's needs, resulting in children achieving improved outcomes.

36. The timeliness of care proceedings being completed is too slow, at an average of 32 weeks, compared to a national target of 26 weeks. Managers recognise this and have implemented a tracking tool to address this issue. IROs are starting to escalate concerns formally. However, it is too early to see the impact of this corrective action.

37. Assessments for children looked after are not always updated when their circumstances change, and some plans do not address new or emerging issues. However, the vast majority of children contribute to, or attend, their children looked after reviews, and their needs are clearly identified through that process. Most care plans presented at the second review are not sufficiently focused to identify what route to permanence may best suit a particular child and, in some cases, are based on over-optimistic viability assessments. For a small number of children, this means that permanence decisions are delayed. Overall, care plans are not sufficiently outcome-focused and some do not detail the full range of an individual child's needs.

38. A range of permanence options are routinely considered for all children who cannot return home. Special guardianship assessments are timely and child-focused and include good-quality partnership work. When children are placed

with special guardians, they receive regular support from their social workers, and their guardians are provided with relevant training.

39. Some children do not yet have a choice of a local or in-house placement when they become looked after. More children than the authority would wish live outside of the local authority boundary in foster care and residential care. Managers are aware that more children would benefit from being placed nearer their families and friends within the city area. An ambitious foster carer recruitment campaign is under way, but it has yet to deliver the desired impact.

40. Commissioning work is starting to meet the needs of children looked after. Good progress is being made on key projects, including edge-of-care services, recommissioning of independent residential services, the redesign of internal residential provision, supported accommodation and fostering, with reasonable timescales for the completion of the work. Joint commissioning of dedicated mental health services for children looked after is developing with the co-location of a mental health practitioner in the children looked after social worker teams to ensure that assessments are carried out promptly and that children have a clear and easy pathway into the most appropriate service.

41. The assessment and support of foster carers is effective. Foster carer assessments are of a good quality and enable the fostering panel and the agency decision-maker to reach clear, appropriate decisions. A wide-ranging programme of training is provided, and all carers are supported to attend relevant courses. Foster carers value the 24-hour support available to them when issues arise out of office hours. They actively support each other through regular support groups and mentoring arrangements for new foster carers. The local authority has reviewed its offer to local authority foster carers by increasing fees and offering improved training. Carers reported that they feel valued for the work that they do.

42. Carers receive good-quality information about children who live with them. The arrangements for delegated authority are clear and regularly reviewed. This enables carers to make appropriate decisions about children's lives. Children are encouraged to engage in a range of leisure and sporting activities, supported by their carers, including dancing, swimming lessons, football and clubs. Young people told inspectors that as well as having access to a wide range of leisure activities, they receive free leisure and gym passes and enjoy a large number of events for all age ranges run by the children's participation service. All children, regardless of where they live, are able to access the same services and receive a consistent level of support.

43. Social workers take the time to get to know their children well. Children told inspectors that they have positive relationships with their social workers, whom they see alone. A small number of children experience frequent changes of social workers, and this results in their having reduced

opportunities to build the trusting and enduring relationships with their social workers that most of their peers have.

44. Children looked after who have disabilities benefit from relationships with skilled social workers who understand their needs and know them well. The service that they receive is responsive to their needs and takes account of their views. Assessments and plans in this service are of good quality and support improved outcomes effectively for children and young people. Management oversight is good, and an established risk assessment methodology is well embedded in the service.

45. The local authority is successful in placing children together with their brothers and sisters. However, 'together or apart' assessments do not give sufficient consideration to the nature and type of attachments that brothers and sisters have to one another and the significant adults in their lives. As a result, it is sometimes difficult to understand how significant decisions have been reached, and often the final decision is left to the courts. The vast majority of children have regular and meaningful contact with their families, when it is in their best interests.

46. Children looked after know about their rights and entitlements. They are supported to complain and they have access to independent advocates. However, this resource is not well used by children looked after. Children have been fully involved in the design and development of the new complaints process. When there is a concern that a child looked after is being bullied, professionals and foster carers are effective at reducing this risk.

47. Independent visitors are successfully supporting a significant number of children to establish positive and enduring relationships outside of their birth families. Every effort is made to identify independent visitors for children. As a result, the local authority has successfully ensured that every child who is identified as requiring an independent visitor has that opportunity. Fifty-three children have independent visitors, and a further 10 are matched and undergoing introductions.

48. Not all children in long-term foster care benefit from life story work. When life story work is undertaken, the quality is not sufficiently good to ensure that all children are able to explore their childhood experiences fully or to the extent that they have a clear understanding of what has happened to them and why. For a small number of children, life story work is of good quality and is meaningful, having the desired impact of supporting them to understand why they are looked after.

49. Children looked after who go missing are offered and make good use of well-coordinated RHIs. Information gathered is used to manage and minimise risks and helps social workers and carers to understand the reasons why children and young people go missing. Support is then offered at a level proportionate

to individual circumstances and, as a result, their incidence of going missing is reduced.

50. Children placed in Coventry benefit from effective work to reduce the risk of child sexual exploitation. Risk assessments are based on a thorough understanding of children's experiences. Proactive disruption work is undertaken with partners. A very small number of children live at a distance from home to protect them; consequently, they are separated from their networks and do not always benefit from seeing their families frequently enough.

51. The vast majority of children's health needs are met. There are delays in the completion of initial health assessments for a minority of children. The impact of these delays is minimal for most children. However, when children present with needs relating to their emotional well-being, the results of strength and difficulties questionnaires are not shared with health agencies. Managers are fully aware of this issue and have taken action to remedy it by co-locating specialist practitioners with social work teams. Although this is positive progress, it is too early to see the impact of these changes for individual children.

52. The head of the virtual school is providing effective support for the 405 pupils on roll and has initiated a number of improvements across the school, including the development of an early years personal education plan (PEP) for younger children and a post-16 PEP. The majority of PEPs are of a good standard. Most children looked after are now achieving 'good levels of development' in the early years foundation stage. However, at key stage 2, too few children who are looked after make the necessary level of progress in reading or writing. At key stage 4, the proportion of children who achieve at least the expected level of progress in their studies is similar to both the regional and national rates. The proportion of children who left school at the end of year 11 and progressed to education, employment or training declined from 91% in 2013–14 to 85% in 2015–16.

53. The proportion of children looked after who are now attending a good or better school has increased over time, from 62% in 2013–14 to 82%. Children placed in schools that are less than good are regularly monitored by the virtual school to ensure that they receive the support that they need.

54. Social workers and managers understand their responsibilities for unaccompanied asylum-seeking children. This means that the 28 children, who are currently appropriately looked after by the local authority, are receiving effective support. The diverse needs of children in Coventry are understood and responded to well by social workers and carers. Sensitive work is undertaken, such as supporting children to make positive and enduring links with member of their own faith and community and ensuring that placements meet their cultural needs.

55. An active and effective Children in Care Council, known as 'Voices of Care', is supported well by specialist workers and includes representatives from all age groups of children looked after. The Children in Care Council is consulted on a wide range of issues and meets regularly with elected members and senior managers. Its work results in frequent events for children looked after, which children benefit from. It has also designed welcome packs for children as they come into care, and it regularly reviews and comments on social work policies. All of this work is making a difference to the lives of children looked after in Coventry.

**The graded judgement for adoption performance is that it requires improvement**

56. Adoption is considered for all those children who need a permanent alternative family, when it is in their best interests. The authority has worked hard to improve its performance and to ensure that children are offered the opportunity of a secure and well-matched adoptive placement in as short a time as possible. Its tenacious practice is evident through the improvements in the timeliness measured by the national adoption scorecard. The average time for a child entering care and moving in with their adoptive family is much lower than the national threshold. This demonstrates that children are being placed for adoption without unnecessary delay. Increasingly, social workers are appropriately referring children for adoption at an early stage, to ensure that the opportunities for successful family finding are maximised, and children who may benefit from a plan of adoption are tracked effectively to ensure that their plan can be achieved without delay.

57. The local authority is ambitious to seek adoption for all children who may need it, including those who might be considered as challenging to place. These children have a range of needs that include being older, diversity of cultural heritage, having complex health needs and larger family groups. High numbers of brothers and sisters live together successfully. Children who have diverse needs, by virtue of age, brother or sister relationships or ethnicity, achieve permanence through adoption.

58. The local authority has made significant progress in reducing the number of adoption decisions rescinded in the past 12 months to only one child. The local authority is successful in achieving alternative permanence plans, such as long-term fostering for children when adoption is not in their best interests.

59. A range of options are pursued for family finding, including exchange events, activity days, collaboration with regional partners and access to national adoption links. Adopter and children profiles are of a high standard, and provide sensitive and engaging information. The profiles successfully promote and assist family finding for Coventry children and adopters. There are internal exchange mornings once a month that enable the early identification of children and prospective adopters.

60. Fostering for adoption needs greater promotion. In the past year, only two children have benefited from living in a foster to adopt placement. The number of fostering to adopt arrangements has declined since the last inspection. The local authority recognises that more needs to be done to ensure that there are sufficient adopters for very young babies.

61. The local authority has worked hard to reduce the numbers of children waiting for adoption. In October 2016, active family finding was under way for 19

children, and no child was waiting unnecessarily. The local authority uses regional and partnership arrangements to identify appropriate adopters. Inspectors saw a number of successful matches through the use of exchange events. A number of children have been adopted by their foster carers.

62. Social workers help children and young people to understand their family circumstances and their identities as they prepare for adoption. Children receive 'life story' and 'moving on' work, which is child-centred, sensitive and purposeful. As a result, children are prepared well for their adoption journey. The vast majority of this work is completed within the child's timescale. Later life letters are not always completed for children. The local authority acknowledges that supporting birth parents in writing later life letters will strengthen practice.

63. The recruitment, preparation, assessment, training and support of adopters are undertaken by appropriately skilled and experienced social workers. Not all adopter assessments are completed within timescales, and action has been taken to improve the quality and timeliness of adopter assessments. The adoption team has completed a wide range of relevant specialist training to support their work; adopters describe the advice and practical support available to them as invaluable.

64. The preparation of Coventry's own adopters does not always prepare them to meet the needs of the children who are waiting to be placed. As a result, 38 adopters are waiting to be matched, and a small number have been waiting in excess of a year. All adopters are encouraged to join the adoption register, and they are appropriately supported to access Link Maker, facilitating adopter-led adoptions.

65. Management information systems in the adoption service are heavily reliant on manual processes. Data is not comprehensive and does not provide a clear overview that supports accurate understanding or easy understanding of where blockages in the system might be. For example, the authority does not know exactly what progress prospective adopters are making. This is an area of current vulnerability and does not place the authority in a position of strength, moving into regional arrangements. The authority has a clear and well-understood vision for the development of the service, but not all of the necessary systems are in place to support consistent practice. (Recommendation)

66. The adoption panel is chaired well. Arrangements are robust, and appropriate processes are in place to consider recommendations for approval and matching. Agency decisions are appropriate and timely. There have been some delays in the timeliness and quality of reports presented to panel, and, while this has improved, the quality assurance role of panel adviser could support social workers and managers to develop their knowledge of good practice further. The high profile of adoption in the council is evident, and

elected members take an active role in promoting adoption as a positive permanence option.

67. The authority responds to and identifies learning from placement disruption. Disruption meetings are independently chaired and well-minuted. Features that contribute to disruption include poor prospective adopter reports, poor preparation for children and adopters and rushed introductions. The authority has, however, been slow in providing disruption reports to the adoption panel, and this impedes early learning opportunities for the adoption panel and the wider service.

68. When children and their adopters require support, social work assessments are succinct, sensitive and thorough. They demonstrate an appropriate understanding of the needs of children and their adopters. Adoption support plans are not always comprehensive, and not all are updated to formally reflect the child's placement with their adoptive family. However, social workers can clearly articulate the needs of children and adopters. Inspectors saw appropriate and creative use of the adoption support fund in providing bespoke therapeutic help. The vast majority of adopters spoken to reported feeling well supported. Adopters' families and friends receive training in how to help settle adopted children into their new homes.

69. The authority has arrangements in place to provide support and counselling to birth parents whose children have a plan of adoption. This valuable work supports birth parents in accepting adoption as the right plan for their child. As a result, they are more willing to provide relevant information and to meet their child's adopters.

70. The authority is an active participant in the development and implementation of Adoption Central England Regional Adoption Agency. There is a clear project plan to develop adoption services in Coventry. Integrated working with the sharing of resources is evident across the region.

**The graded judgement about the experience and progress of care leavers is that it is good**

71. Care leavers feel safe in their homes and are well supported by personal advisers who know and understand them. Personal advisers take an active interest in helping them at times of transition in their lives. As a result, most care leavers develop into independent and resilient adults.

72. Care leavers are aware of the importance of, and have received guidance on, how to keep themselves safe while on line, including how to recognise the signs of cyber-bullying and grooming. Personal advisers benefit from regular professional training and use their extensive range of relevant expertise so that they are alert to and vigilant for any signs that young people may be at risk.

73. The quality of pathway plans for care leavers requires further improvement to improve their focus and provide clearer detail about the range of support that young people can expect to help them to achieve their goals. Plans contain essential identity information, such as national insurance, health information and driving licence numbers. However, they do not always record in sufficient detail the next steps that may encourage or motivate young people to attain qualifications or broaden their horizons. Reviews of progress against previously set targets are too often cursory, and many plans have targets that are not easily measurable. The introduction of the 16-plus PEPs is a very positive addition to the planning for care leavers and, at this stage, a very few require the same improvements. (Recommendation)

74. The local authority is effective at staying in contact with care leavers. Personal advisers have manageable caseloads of approximately 25 young people and visit them at least in line with statutory requirements. At the time of the inspection, the proportion of care leavers whom staff were in touch with was 97.6%, and contact rates have improved in each year since the previous inspection in 2014. Similarly, the percentage of pathway plans completed on time has improved and is equally high, at 94.9%. Personal advisers are tenacious at making good use of a range of approaches to make contact with care leavers, particularly the few that are hard to reach or difficult to engage. Advisers use a variety of online text and messaging services, both to establish contact and to remind care leavers of their entitlement to ongoing support until they reach 21 years of age or, where appropriate, until they are 25. As a result, care leavers know how to access help and have confidence in their personal advisers who know them well.

75. The local authority has an effective staying-put policy that encourages young people to remain with their foster carers beyond the age of 18 or until they

feel ready to move on to a more independent setting. Currently, just over a quarter of care leavers have chosen to stay put.

76. The very large majority of care leavers live in suitable accommodation. Relevant pre-placement checks ensure that accommodation is safe and that young people feel secure. Care leavers have a degree of choice about where they live. Approximately a quarter are living in semi-independent accommodation with an attached key worker who provides additional help and support. Personal advisers and key workers jointly assess the level of support needed to ensure that it meets the young person's specific needs. The local authority gives care leavers priority in providing accommodation; as a result, the care leavers are successful in making the transition into independent living and gaining a tenancy of their own. At the time of the inspection, no young people were living in bed and breakfast accommodation or houses in multiple occupation.

77. Care leavers who are parents or expectant parents benefit from effective partnership working between their personal adviser, midwives and other specialist support partners. These specialist services prioritise care leavers and support them in developing their emotional resilience and parenting skills to look after their children. Young people who are expectant parents are actively encouraged to engage in a range of carefully considered activities and programmes that equip them with the skills to plan for their futures and to meet the health, welfare and emotional needs of their unborn children.

78. Personal advisers are skilled at encouraging care leavers who self-disclose that they are misusing drugs or alcohol, to access appropriate help. A local charity provides confidential drop-in sessions that offer advice and guidance regarding substance misuse and access to sexual health services.

79. Most care leavers understand their rights and entitlements contained in the Coventry pledge; this includes advocacy, involvement in decisions that affect them personally, such as where they live, and access to their personal files. Information on the pledge is readily available on the internet and through leaflets and posters.

80. The majority of care leavers have an up-to-date health assessment. This ensures that most young people benefit from regular access to a range of health professionals. The local authority has been slow in ensuring that all care leavers receive a summary of their health histories. At the time of the inspection, only approximately half of care leavers had an up-to-date health history. This means that, at the point at which they leave care, young people may not have full information about their health profiles from birth, including their immunisation status. Plans are in place to ensure that all care leavers have access to their complete health profiles.

81. Planning and progress towards independence for care leavers are good. Young people benefit from an effective handover from their social worker to

their allocated personal adviser; this enables them to develop trusting relationships during this key transition stage. Most care leavers attend an independence support programme, consisting of budgeting skills and cooking courses. This support equips them well. However, for some care leavers the independence support package is arranged late in their transition pathway and does not focus enough on the emotional challenges and coping strategies that they may need to employ when living alone. A few care leavers do not successfully develop the emotional maturity or the practical skills that they need for successful independent living. As a result, they have suffered a loss of tenancy due to rent arrears or unsocial behaviour. Care leavers who need additional support or further opportunities to succeed are promptly supported by their personal advisers who intervene to minimise disruption, including ensuring that they are rehoused quickly.

82. The educational progress of care leavers studying beyond school-leaving age is good. For example, the proportion of care leavers who successfully progress to positive employment, education, and training destinations has rapidly improved over time from 35.9% (2013–14) to an in-year figure of 66.7% (2016–17). Similarly, the number of care leavers who now progress to higher education has increased from 11 young people in 2014 to 24 at the time of the inspection. Care leavers who go to university are supported financially in line with the national minimum bursary levels. Accommodation is available during holiday periods for those who are not able to return to their former carers.

83. The local authority, as a major local employer, has committed itself to creating suitable vacancies for any care leaver who expresses an interest in an apprenticeship, thus enabling more young people to develop and gain valuable work-related training skills. To date, eight care leavers are now employed as apprentices by the authority, and they are working across a range of departments. One care leaver who is employed as an apprentice with the authority described to inspectors with pride how their self-esteem and confidence had rapidly grown as a result of the apprenticeship programme, which they described as a 'great experience'.

84. The local authority has recently commissioned an external provider to work with care leavers who are not in education, employment or training (NEET). As a result of a more strategic focus, overall NEET figures have declined from 64.1% (2013–14) to an in-year figure of 32% (2016–17), indicating a good level of performance in comparison with similar authorities.

85. The achievements of children looked after and care leavers are regularly celebrated by the local authority through an annual celebratory event. The event includes care leavers, foster carers and others who have had a significant impact on the lives of young people.

| Leadership, management and governance | Requires improvement |
|---|---|

**Summary**

The senior management team in Coventry has a clear vision for service improvement. Together with the chief executive and elected members, it demonstrates strong strategic leadership. Senior managers are well aware of the strengths and weaknesses of children's services, having already identified and taken action on many of the deficits seen in this inspection. They know what 'good' services should look like and how outcomes for children and families need to be improved. The improvement board now challenges the speed and quality of service development, but progress has been slow and the pace of improvement has only gained momentum in the last 12 months. Significant challenges remain. Not all areas for improvement identified at the last inspection in 2014 are complete. The local authority is not yet providing good enough services for all children in Coventry.

The authority has succeeded in establishing a robust initial response to children and families in need of services, through its MASH. There is an effective early-help offer, but partner agencies do not yet fully understand all the thresholds to services and their role in provision of services at an early preventative stage. An overcautious approach to risk has meant that some children experience unnecessary intervention.

Social work practice is not as effective as it should be in ensuring timely outcomes for children. As a result, some children have experienced delay. Poor management oversight and lack of challenge have led to drift in some cases. However, for children who need protection, there is a focus on reducing risk. Almost all children who come into the care of Coventry now achieve good outcomes. Adoption is achieved in a timely manner. Planning and progress for care leavers towards independence is good.

There is a robust and well-established strategic partnership approach to child sexual exploitation. Disruption activity is successful, and Coventry has a history of prosecution of offenders and support of victims. Despite a robust approach to young people at medium and high risk of child sexual exploitation, through a well-regarded specialist Horizon team, the understanding of, and work with, children who are assessed to be at low risk of sexual exploitation is less consistent in other fieldwork teams.

The local authority has struggled to establish and maintain workforce stability in children's services in recent years. A well-considered workforce strategy is now in place. Staffing is showing signs of stability, and the authority has been successful in the recruitment of qualified staff. Many staff are relatively inexperienced, but the authority understands the fragility of its staffing profile, and staff development is a priority.

## Inspection findings

86. The senior management team in Coventry has a clear vision for service improvement. Together with the chief executive and elected members, senior managers demonstrate strong strategic leadership. They are well aware of the strengths and weaknesses of children's services, having already identified many of the deficits seen in this inspection. They know what 'good' services should look like and how outcomes for children and families need to be improved. They are seeking to ensure continued progress through a robust improvement board and have now established an improvement trajectory after initial slow progress. However, significant challenges remain, and the local authority is not yet providing good enough services for all children in Coventry.

87. The local authority has strengthened the frontline response to children and families in need of services with the establishment of a robust MASH. This is ensuring a timely response to contacts and the identification of risk to children. The early-help offer is substantially stronger through the involvement of social care services in undertaking more complex CAFs, Partners who undertake less complex assessments of need remain uncertain about the application of thresholds, both at the CAF level and higher levels of need, and this has contributed to high numbers of both contacts and referrals to social care. (Recommendation)

88. Social work practice is not always effective in ensuring timely outcomes for children. In some cases, this has meant that plans do not clearly identify actions and outcomes. There has been slow progress towards establishing a quality practice base, partly because of a need to establish compliance with policy and practice standards first. This, together with a risk-averse culture in social care services and across partners, has meant that too many children are subject to an unnecessary level of intervention. Too many social care assessments and child protection enquiries lead to little or no further social care intervention.

89. For the majority of those children who need protection, there is a focus on achieving good outcomes through effective partnership working. For children in need, the focus of work is less clear, and this means, for some, delays in achieving better outcomes. When children come into the care of the local authority, the outcomes for the vast majority of children are positive. Progress towards permanence for some children in care has historically been slow and has not always met children's timescales. However, all children who should be considered for adoption are, and they are placed with adopters in a timely manner. For many children who remain in the care of the local authority, services in preparation for their leaving care lead to better outcomes as a result.

90. Social workers identify children's wishes and feelings. Children's views are incorporated in assessments of need. Advocacy support is increasingly supporting children's voices, although the number of advocates remains low.

91. Performance data is comprehensive and made widely available to all managers and individual teams. Performance focuses on achievement against targets and compares to local and national averages. On this basis, managers are aware of underperformance internally, in relation to neighbours and nationally.

92. Senior leaders and managers are aware that effective quality assurance is key to improving core practice and outcomes for children. Their initial and appropriate focus was on compliance and, to achieve that, they developed a good-quality audit tool that has supported their improvements to date. A recent revision to the quality assurance programme, with a greater focus on quality of practice, now requires all levels of management to participate in audit activity. The authority acknowledges that the revised framework is too recently implemented to evidence substantial impact on the quality of practice.

93. The quality of management oversight of casework is too variable. For some children's cases, there is a lack of focus on timely progression of plans. While supervision is regular, and some good examples were seen of consideration of complex situations, there is often a lack of reflection and analysis. This means that the Coventry message about 'getting to good' is not being reinforced in supervision and is not yet making the impact that it should. (Recommendation)

94. The Child and Family Court Advisory and Support Service has identified that the timeliness of proceedings has recently shown some deterioration from an average of 26 weeks in 2016 to a current average of 32 weeks. Delays in assessment completion, particularly the assessment of family members, contribute to this delay. The family court judge considers that the overall quality of reports to court has improved. The judge has commended the high quality of work completed by the court team. Despite some recent improvements in the overall quality of challenges made to poor work, IROs, child protection chairs and managers are not yet consistently ensuring that concerns about case progression and delay are recorded and actioned. In some cases, this means that delay in ensuring improved outcomes for children has continued.

95. As an indicator of increasing confidence, Coventry is now more active on a regional level, including in the development of a regional adoption agency and membership of the West Midlands social work teaching partnership. The local authority has recently been successful in its innovations bid, a bid to improve independent support to children looked after and care leavers, known as 'life-long links'. The joint strategic needs assessment and the children and young people's plan identify cross-borough needs, based on comprehensive data and

analysis. Links with commissioning intentions and actions are less clear. The local authority's children looked after sufficiency statement clearly outlines commissioning intentions in social care. The supporting transformation plan is ambitious, and it demonstrates a broad depth of senior management understanding of deficits and needs, both in relation to provision of better-quality support and provision of services that are more responsive.

96. The authority has invested in a nationally recognised methodology for understanding and management of risk to children. However, although in operation for a year, it is not yet fully embedded. Partner agencies have only recently agreed to jointly use this way of working. This has meant a level of inconsistency in how risk is understood and measured across the partnership. A shared, cross-partnership understanding of risk should contribute to a lessening of the current risk-averse culture in Coventry. (Recommendation)

97. The local authority has struggled to establish and maintain workforce stability in children's services in recent years. There is a legacy of high agency staff levels, high turnover of staff and high caseloads. The director of children's services has sought to increase stability in the workforce with some success. This includes ensuring permanent staff at all senior levels and the implementation of an ambitious recruitment and retention strategy. Recruitment and retention have improved, overall, with turnover of staff at 15.9% in the year to date. The use of agency staff has reduced significantly. Caseloads for the majority of social workers have reduced to manageable levels, averaging 20 cases per worker. Teams are now fully staffed, except for the referral and assessment teams. These teams are significantly challenged by vacancies and recently higher caseloads, partly because of poor maternity succession planning. This has limited social workers' capacity to ensure timeliness of assessments and overall responsiveness. The authority acknowledges this shortfall, and during the inspection it took steps to increase staffing in this area.

98. There is a detailed workforce strategy in place, designed both to attract and retain qualified staff in Coventry. While recruitment has been successful, with 61 new social workers in the last 12 months, this has meant a significant reliance on inexperienced staff. Fifty per cent of current social workers have been qualified for less than two years. The local authority understands the inherent fragility of the current staffing profile and the need to ensure that there is sufficient support for staff in place. The workforce strategy has put in place a greater focus on staff development, including a career progression pathway, a comprehensive training and development programme and competitive salaries. The principal social worker reinforces practice standards and ensures that newly qualified staff benefit from support, including that provided by three practice educators. There is a focus on the continuing development and education of staff with coaching for team managers and an early professional development programme for staff in the second year after qualification. Arrangements are under way with Coventry University to support

a proposed establishment of an assessed and supported year in employment academy.

99. The lead member for children's services chairs the corporate parenting board. Membership is appropriate, and the board is able to demonstrate a broad scope of interest. Although no young people sit on the board, members are active in seeking to hear from young people, including the Children in Care Council, Voices of Care. The board is able to demonstrate challenge to senior officers and impact, including raising the profile and importance of work experience and apprenticeships for those leaving education. It has also been central to a policy decision to exempt care leavers from council tax. The board has access to a range of reports and data concerning services to children looked after and care leavers. This enables members to scrutinise performance on a regular basis.

100. Voices of Care, is championing effectively the voices of children looked after and care leavers. Senior officers and elected members hear their views of current services to children. Young people on the council have taken part in the redesign of services. They have also produced a series of good practice guides for a range of staff, including social workers, managers, elected members and foster carers, which are used to remind those who work with children and young people of the importance of their wishes and feelings. Voices of Care has helped to design the Coventry pledge, which details a set of promises and commitments to children looked after and care leavers. Not all are aware of these commitments, however, and further work is required to ensure that all young people have a copy of the pledge.

101. The authority has a clearly defined complaints process and almost all issues are resolved at an informal level. Very few complaints require a formal investigation, and there has been only one complaint that required a stage 3 independent investigation in 2016–17. The annual report provides brief analysis of the main themes from complaints. Separate action plans arising from complaint outcomes are undertaken, but the annual report does not cover actions taken and completed in sufficient depth to ensure wider learning.

## Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference that adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people whom it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of eight of Her Majesty's Inspectors (HMI) from Ofsted.

**The inspection team**

Lead inspector: Jenny Turnross HMI

Deputy lead inspector: Peter McEntee HMI

Team inspectors: Margaret Burke HMI, Joy Howick HMI, Pauline Higham HMI, Victor Reid HMI, Kate Malleson HMI, John Roughton HMI, Nick Veysey SCRI

Shadow inspectors: Nick Gadfield HMI

Senior data analyst: Neil Powling

Quality assurance manager: Lynn Radley Senior HMI

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'Raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.gov.uk/government/publications/complaints-about-ofsted. If you would like Ofsted to send you a copy of the guidance, please telephone 0300123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.



This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store St
Manchester
M1 2WD
T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

This page is intentionally left blank