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### **Health and Social Care Scrutiny Board (5)**

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**Time and Date**

10.00 am on Wednesday, 13th September, 2017

**Place**

Committee Room 3 - Council House

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

(a) To agree the minutes of the meeting held on 19th July, 2017

(b) Matters Arising

**4. Coventry Safeguarding Adults Board Annual Report 2016/17** (Pages 9 - 34)

Report of the Adult Safeguarding Board

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

**5. Adult Social Care Annual Report 2016-17 (Local Account)** (Pages 35 - 60)

Report of the Deputy Chief Executive (People)

**6. Coventry Drugs and Alcohol Strategy 2017-2020** (Pages 61 - 90)

Report of Liz Gaulton, Acting Director of Public Health

**7. Work Programme 2017/18** (Pages 91 - 98)

Report of the Scrutiny Co-ordinator

**8. 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

Tuesday, 5 September 2017

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

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on 13<sup>th</sup> September, 2017 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, R Lancaster, M Lapsa, T Mayer, C Miks, D Spurgeon and S Walsh

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

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

**Liz Knight**

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**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 19 July 2017**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor D Kershaw  
Councillor R Lancaster  
Councillor M Lapsa  
Councillor J Lepoidevin  
Councillor C Miks  
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillor F Abbott, Cabinet Member

Employees (by Directorate)

V Castree, Place Directorate  
L Gaulton, People Directorate  
L Knight, Place Directorate  
J Newman, Place Directorate  
A West, Place Directorate

Apologies: Councillor L Kelly and T Mayer, substitute Councillor J Lepoidevin

## **Public Business**

### **1. Declarations of Interest**

There were no declarations of interest.

### **2. Minutes**

The minutes of the meeting held on 15<sup>th</sup> April, 2017 were signed as a true record. There were no matters arising.

### **3. Better Health, Better Care and Better Value Programme**

The Board considered a report of Brenda Howard, Programme Director for the STP, which provided an update on the Better Health, Better Care, Better Value programme. Brenda Howard and Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report informed that the Sustainability and Transformation Plan (STP) programme had recently been re-named 'Better Health, Better Care, Better Value'

which reflected the triple challenges facing health and social care, as originally set out in the 'Five Year Forward View' report. Also, it expressed more clearly the shared ambition for the aspired outcomes.

The Board had agreed its support structure to enable the transformational and enabling work streams to deliver their priorities and objectives and recruitment was underway. The governance arrangements for the programme had been reinforced and further information was set out in an appendix to the report. The work of the Clinical Design Authority had been reframed and a Programme Delivery Group had been established to support the Board. The Board were informed that it had recently been decided that mental health services should be designated as a transformational work stream and arrangements were now progressing to establish this. In addition it had also been decided to establish a cancer work stream as part of the approach to planned care.

The report provided detailed information on progress, including individual priorities, with the following transformation work streams: maternity and paediatrics; urgent and emergency care; mental health; proactive and preventative; productivity and efficiency; planned care and cancer.

The report also referred to the enabling work streams. Work force challenges would be an issue for all work streams and the workforce group had established three key areas of focus: career pathways, leadership, and new roles and new ways of working.

In relation to Estates, the Estates Group had established three key areas of focus: premises stocktake, resources required to deliver the future model and the efficiency delivery of infrastructure functions. The group was progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and a workshop for partners across the system was hosted on 11<sup>th</sup> July. An updated briefing on the Estates Strategy was set out at a second appendix and included background information on the Naylor Report and referred to local plans and key priorities.

The report also highlighted the recent communication and engagement sessions which had taken place.

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

- Clarification about the engagement on improving stroke services in Coventry and Warwickshire, in particular that views from the event meetings would all be taken into account despite several of the meetings happening after the end of the engagement period on 16th July
- Concerns about the letter sent to all residents in the city explaining how their medical data would be shared and giving them the option to opt out via their GP at any time – incorrect contact telephone number, certain properties not receiving the letter and the over complicated content of the letter
- How would the views of the less heard groups in the city be obtained during future engagement/ consultation exercises

- Further details about the current position on delayed discharges from hospital
- Details about the good relationship between partners working together to reduce the numbers of delayed discharges
- Concerns at the expectations that the transformational work streams would be delivered by existing staff who were already struggling to meet demanding workloads
- With reference to the governance structure chart, how did the Health and Wellbeing Board and the Joint Health and Overview Scrutiny Committee have oversight of what was happening at all the various Board/Groups/Forums, how would outcomes be recorded and how would the public get information and feed into the process
- Clarification about the roles of the Health and Wellbeing Board and Scrutiny, especially in light of the powers of the Health and Overview Scrutiny Committee to hold the health service to account
- The suggestion to have a City Council representative on the STP Board
- Clarification about the acronyms in the report and the request for a glossary for future reports
- Further information on the plans to share medical data across the health system, how this would be achieved and details about data collection
- Concerns about a pod system now being used at a local GP practise for patients when ordering their prescriptions
- An understanding of the reasoning behind the change of name for the programme and how would the focus of the programme remain on health and quality rather than finance
- The inclusion of clinicians in the development of plans/proposals
- The importance of informing the Board of timelines for engagement/consultation on any new proposals which can then be built into the Board's work programme.

**RESOLVED that:**

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

**(2) Simon Gilby, Coventry and Warwickshire Partnership Trust to investigate the concerns raised about the circulation of the letter from the partner organisations concerning the sharing of medical data sent out to all Coventry homes including the incorrect contact telephone number, the numbers of properties who hadn't received the letter and the over complicated content of the letter.**

**(3) Reports/ presentations on the individual work streams of the Better Health, Better Care, Better Value Programme be submitted to future meetings of the Board as appropriate.**

**(4) The Chair, Councillor Gannon to discuss with Andy Hardy, University Hospitals Coventry and Warwickshire, the possible appointment of a Councillor representative on the STP Transformation Board.**

#### 4. **Joint Health Overview and Scrutiny Committee**

The Board gave further consideration to a report of the Deputy Chief Executive (People) on proposals to establish a Joint Health Overview and Scrutiny Committee (JHOSC) with Warwickshire County Council in line with the provisions set out in legislation and guidance. The recommendations in the report had already been approved by Council at their meeting on 11<sup>th</sup> July, 2017. Consideration of the report provided the opportunity for the Board to consider in more detail the development of the JHOSC including the relationship between the JHOSC and the Board.

The Board were reminded that legislation provided for local authorities to appoint a discretionary Joint Health Overview and Scrutiny Committee to carry out all or specified health scrutiny functions, for example health scrutiny in relation to health issues that cross local authority boundaries. Establishing a joint committee of this kind would not prevent the appointing local authorities from separately scrutinising health issues. However, there were likely to be occasions on which a discretionary joint committee would be the best way of considering how the needs of a local population, which happened to cross council boundaries, were being met.

Legislation also required that local authorities to appoint joint committees where a relevant NHS body or health service provider consulted more than one local authority's health scrutiny function about proposals for substantial development or variation of services. In such circumstances:

- only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).
- only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.
- only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

Increasingly, proposals from the National Health Services (NHS) were affecting larger geographical areas, particularly for local residents in Coventry and Warwickshire.

An appendix to the report detailed the terms of reference for the agreed JHOSC which had also been approved by Warwickshire County Council at their meeting the previous evening. Key points from the terms of reference were:

- Each authority will appoint five members from their own Health and Overview Scrutiny Committees reflecting the political balance of each authority – The Council's representatives were Councillors Clifford, Gannon, Kershaw, Mayer and Miks
- The host authority will alternate with each meeting. The Chair of the JHOSC from the host authority will chair that meeting and the support for the meeting will also come from the host authority

- Responses to consultations from the JHOSC must be signed by the Chairs of both authorities.

Mr Spurgeon, Co-opted Member informed of the concerns of Healthwatch that they did not have a co-opted representative on the JHOSC.

**RESOLVED that:**

**(1) The update on the new Joint Health Overview and Scrutiny Committee be noted.**

**(2) The Chair, Councillor Gannon to discuss with Councillor Wallace Redford, the Chair of Warwickshire Health Overview and Scrutiny Committee, the appointment of representatives from Healthwatch to the Joint Health Overview and Scrutiny Committee.**

**5. Establishment of Task and Finish Groups on Improving the Quality of Housing and the Health and Wellbeing of Coventry Residents and Quality Accounts**

The Board considered a briefing note of the Scrutiny Co-ordinator which requested consideration of the establishment of Task and Finish Groups on i) Improving the Quality of Housing and the Health and Wellbeing on Coventry Residents and ii) Quality Accounts – University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust.

The Board were reminded that the Health Impact of Living Conditions was discussed at the previous meeting of the Board on 5<sup>th</sup> April when it had been suggested that a Task and Finish Group be set up to consider the issue of improving the quality of housing in the city. The Quality Accounts were the reports about the quality of services offered by an NHS healthcare provider. They were published annually and scrutiny and Healthwatch were encouraged to provide a commentary. One option was for meetings to be held jointly with Warwickshire County Council Scrutiny members as well as Coventry and Warwickshire Healthwatches.

Terms of reference would be developed and agreed at initial meeting of the Task and Finish Group on Improving the Quality of Housing.

**RESOLVED that:**

**1) Councillors Clifford, Gannon, Lancaster, Miks and Walsh be appointed to serve on the Task and Finish Group on Improving the Quality of Housing and the Health and Wellbeing of Coventry residents.**

**2) Councillors Gannon, Lancaster and Miks to participate in meetings on the Quality Accounts for University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust.**

**6. Work Programme 2017-18**

The Board considered their work programme for the new municipal year.

**RESOLVED that:**

**(1) The work programme for 2017-18 be approved.**

**(2) Childhood obesity be included as an item on the work programme.**

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

There were no additional items of public business.

(Meeting closed at 11.40 am)





Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board (5)**

Date: 13<sup>th</sup> September 2017

**Subject: Coventry Safeguarding Adults Board Annual Report**

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### **1 Purpose of the Note**

- 1.1 To inform Health and Social Care Scrutiny Board (5) of the content of the Annual Report of the Coventry Safeguarding Adults Board 2015/16. A full copy of the report is attached as an appendix.

### **2 Recommendations**

- 2.1 Health and Social Care Scrutiny Board (5) is asked to consider the content of the Coventry Safeguarding Adults Board Annual Report and make any comments to the Independent Chair, which may assist the Safeguarding Board in fulfilling its assurance role of the effectiveness of safeguarding for adults in Coventry.

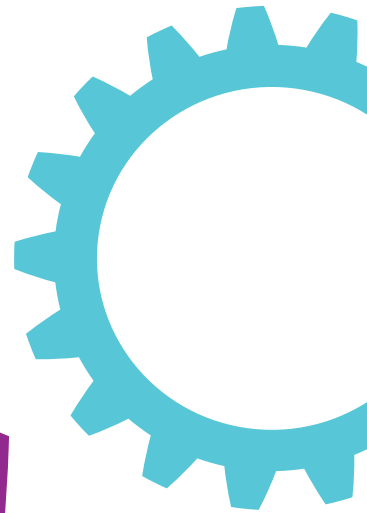
### **3 Information/Background**

- 3.1 The Coventry Safeguarding Adults Board is a multi-agency partnership made up of a range of organisations that contribute towards safeguarding in Coventry. Although Coventry has had an Adults Safeguarding Board in place for many years, it is now a statutory requirement under the Care Act.
- 3.2 The Board is required to publish an annual report and business plan. The report should summarise the key messages from the year and also include a business plan which enables the Board to plan upcoming work. The business plan is included in the annual report.
- 3.3 The annual report also includes the performance data for the year as an appendix. The Board monitors the performance quarterly at full Board meetings.
- 3.4 The Safeguarding Adults Board seeks to raise awareness of safeguarding adults, and the annual report is a key way of doing this. The annual report will also be presented to the Health and Well Being Board on 16<sup>th</sup> October 2017.

**Eira Hale, Safeguarding Boards Business Manager**  
**People Directorate, 024 7629 4704**

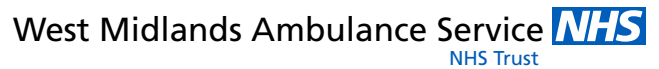
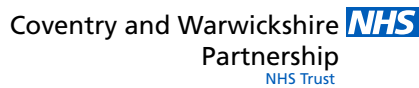
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**Coventry Safeguarding  
Adults Board**  
Annual Report 2016/17





## Board partners



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## Message from the Chair

I am pleased to be writing my third introduction as Independent Chair of the Safeguarding Adults Board.

It has been a busy year in which we have embedded the principles of the Care Act in practice and improved the way in which we safeguard people in a personalised way. We continue to learn from reviews of practice and have taken steps to ensure that this learning extends to providers who are contracted to provide services on our behalf. We have renewed our focus on listening to members of the public through a new engagement plan, but recognise that there is more that we can do in this area. Over the next year we will focus on responding to what members of the public tell us about their experiences of safeguarding issues. By doing this, we hope to build awareness of safeguarding in communities and empower communities to be safe places for everyone to live.

Towards the end of this report we have outlined our new strategy for 2017/18. Over the last two years, the Board has matured and developed. We felt the time was right to review our strategy and become more outwardly focused. This will enable us to ensure that adults with care and support needs in Coventry receive the very best safeguarding service from agencies across the city.

We have tried to make this report short and focused, if you would like more information on the Board then please contact the Board's Business Office on 024 7683 2568 or e-mail: [CoventrySAB@coventry.gov.uk](mailto:CoventrySAB@coventry.gov.uk)

Alternatively you can visit our [website](#)

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



**Joan Beck**  
Independent Chair  
Coventry Safeguarding Adults Board



## About us

### Who we are

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

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

### Who we help

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

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

### What we do

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

## How we have made a difference

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

### The Care Act drives improvement and is embedded in practice

The local authority has developed a quality assurance framework to be introduced in April 2017. The framework focuses on improving and maintaining quality of practice and will demonstrate how the principles of the Care Act 2014 and the Mental Capacity Act 2005 are embedded in practice.

In September 2016 an Adult Safeguarding Champions Forum was held to share lessons learned from Safeguarding Adult Reviews with practitioners in the statutory, voluntary and independent sectors.

Positions of Trust Policy and Best Practice Guidance were approved and published [\(to read a copy click here\)](#).

The safeguarding co-ordinator within the local authority works closely with the Local Authority Designated Officer (LADO) on cases where there is the potential for transferable risk between child protection and regulated adult workers.

The Community Rehabilitation Company (CRC) has embedded learning from safeguarding adult reviews by ensuring that a clear adult safeguarding policy is available for all frontline workers to use.

The Clinical Commissioning Group (CCG) has amended contracts to reflect learning from Safeguarding Adult Reviews, to ensure that there are contractual levers to drive quality and maintain safety. The CCG monitors progress at monthly Clinical Quality and Performance Meetings.

University Hospital Coventry & Warwickshire (UHCW) has introduced a newsletter and revised training to inform staff of key adult safeguarding issues, including lessons learned from Safeguarding Adult Reviews.

West Midlands Police have appointed two members of staff to review continuous professional development training (CPD) and ensure that lessons learned from Safeguarding Adult Reviews are appropriately embedded in training.



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

We have produced a communication and engagement plan which will continue to shape the way in which we speak with, and listen to, members of the public, voluntary sector and small providers.

Safeguarding awareness within communities and small providers has been raised through work with the Interfaith Forum, Voluntary Action Coventry and the Providers Forum.

Practitioners from across our partners attend Adult Safeguarding Champions Seminars throughout the year – exploring a range of safeguarding issues, including modern slavery, female genital mutilation and making referrals.

University Hospital Coventry & Warwickshire has started to visit families involved in safeguarding enquiries to understand their experience of the process.

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

We launched our newsletter, aimed at professionals and the public, which is available on our website.



### Real life story Enhanced Care Team

The **Enhanced Care Team** at University Hospital Coventry & Warwickshire has received national recognition from NHS Improvement for its work to support the most vulnerable patients in the hospital who are expressing distress. The team is made up of staff with backgrounds in mental health, learning disability, care of people with dementia and intensive care. Patients and families benefit from having ECT workers who build up a consistent and meaningful relationship with the person they are caring for.

**Read more** about the project and the outcomes it has achieved

## The Board works effectively with key strategic boards

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

We have reported the impact of practice improvements following Safeguarding Adult Reviews to the Scrutiny Committee at Coventry City Council.

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

We continue to be actively involved in working across the West Midlands region, particularly in the development of policy and procedure and in developing effective partnership working with organisations who have responsibility across multiple safeguarding adult boards.

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



### Real life story Say No To Infection

**Say No To Infection** is one of the quality improvement campaigns introduced across the care providers in Coventry and Rugby, by Coventry City Council and the Coventry and Rugby Clinical Commissioning Group. The campaign helps care staff understand the principles of minimising the spread of infection. The campaign has a range of supporting information and documents that providers can download and use. Providers who meet the best practice criteria can gain an accreditation to demonstrate their commitment to improving outcomes for residents within their care.

## Transforming Care and Making Safeguarding Personal are put into practice

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

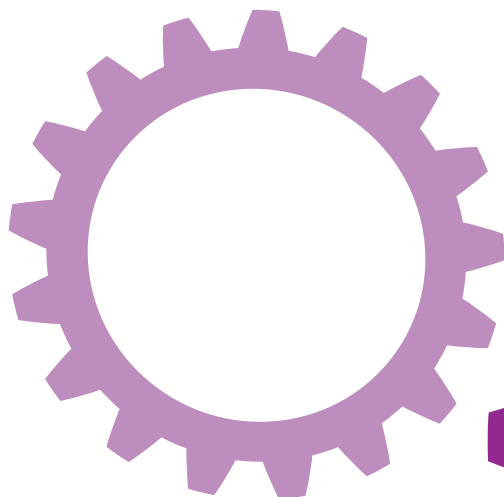
The local authority has developed a toolkit to assist the delivery of Making Safeguarding Personal and trained over 20 staff. Key principles include: working with adults to achieve what is important to them; adults are given the opportunity to feedback on their safeguarding experience; and ensuring adults who have substantial difficulty in participating in their safeguarding have a representative or advocate. An evaluation of the project is underway and will be published in the coming months.

Inspired by the work of the local authority, we have challenged all partners to develop a Making Safeguarding Personal action plan for their own organisations.

We have developed our performance dashboard to be more outcome focused, including several measures to monitor how well partners are doing in their efforts to make safeguarding personal.

The work of the Enhanced Care Team at University Hospital Coventry & Warwickshire continues to support patients who express distress in their behaviour and has improved ability to provide person-centred care through seeking guidance from both the learning disability and dementia teams.

The Forget-me-not Care Bundle, introduced to support people with dementia admitted to University Hospital Coventry & Warwickshire, now captures more person-centred information on the 'getting to know me' form.



## Performance information drives improvement

When we hold learning events following Safeguarding Adult Reviews, wherever possible, we use direct testimony from people who have direct experience of our services.

After a Safeguarding Adult Review has been published, we check the progress of any required changes in policy or practice at regular intervals. This is reflected by partner agencies who have established processes for checking the progress of change internally and with commissioned providers.

We regularly consider the effectiveness of the Board using our performance dashboard. You can see our report for 2016/17 in **Appendix 1**. We have developed a new, more outcome focused performance dashboard which we have used from April 2017.

We have completed a multi-agency audit, focusing on how effectively information about an individual's care and support needs are shared between partners, as the lead for their care and support changes.

Following learning from a multi-agency audit, University Hospital Coventry & Warwickshire has developed a new discharge policy to ensure that important information about a patient's care and support needs leaves hospital with them.

Coventry City Council has conducted a Making Safeguarding Personal Thematic Review. This has led to a review of the process for gathering feedback on the individual's experience of safeguarding, greater promotion of independent advocacy and establishing a risk enablement panel to support positive risk taking.

The Clinical Commissioning Group has led on improving quality of safeguarding practice across primary care. As a result there is a significant increase in engagement between GP Practices and the safeguarding system, with improved information sharing, risk assessment, multi professional communication and enhanced knowledge.

## Real life story Wave Rave

**Wave Rave.** Think swimming and then make it fun with music, lights and splashing around rather than ploughing up and down, and that's Wave Rave. It's an after-hours disco with a child DJ.

This came about from a combination of community passion alongside Grapevine Coventry and Warwickshire, Coventry Sports Network and Public Health to think about how swimming could be more inclusive in the city. The last Wave Rave saw over 100 people take part, with ages varying from babies to people in their 70s. Wheelchair users have attended with others commenting on how they are surprised how easy it is to use a hoist to facilitate them getting into the pool and having a good time alongside everyone else. The event sees people with a variety of abilities attending but with the community involvement and casual environment, everyone feels comfortable and has a good time. Equal provision is made for those who don't swim (the hope is that they might) provided in the form of socialising around the pool and taking part in eating and socialising together afterwards. The project not only now has backing to create a year-long programme at various swimming pools in the city, but has enabled a successful bid to Sport England to expand our swimming offer more widely.

**[Click here to find out more.](#)**



## Safeguarding Adult Reviews

### What is a Safeguarding Adult Review?

Safeguarding Adult Reviews (SARs) are opportunities to review practice and improve the way agencies work. Until the Care Act came into place, we referred to them as Serious Case Reviews and used a range of different methods, depending on the case. Within the period of this annual report no Safeguarding Adult Reviews were published.

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

Last year we developed a toolkit for conducting SARs, introduced by the Care Act. This is still used as a basis for our work and will ensure that there is consistency in practice for all reviews we undertake and that all reviews are conducted to a high standard.

### Learning from reviews

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

The learning from previous reviews is now well embedded and the Board is assured that significant improvement has been made. In particular, this annual report has described how partners are working to ensure that safeguarding services are delivered in a more person-centred way and that hospital discharge procedures are reviewed and improved.

There is more that we can do to ensure that the learning from previous reviews has been embedded, particularly around ensuring the quality and consistency of safeguarding training. This work is being led by the Workforce Development Sub-group of the Board and will be completed in the coming year. The development of a multi-agency quality assurance programme will also provide us with evidence of the extent to which learning has been embedded into practice.

## Looking Forward – 2017/18 Priorities

Boards are required to publish a strategy. We have refreshed our strategy for 2017/18, to reflect our developing maturity as a Board. The outline below is supported by a more detailed business plan that will be owned and delivered by Board members and their organisation, who will be responsible for making the plan a reality.

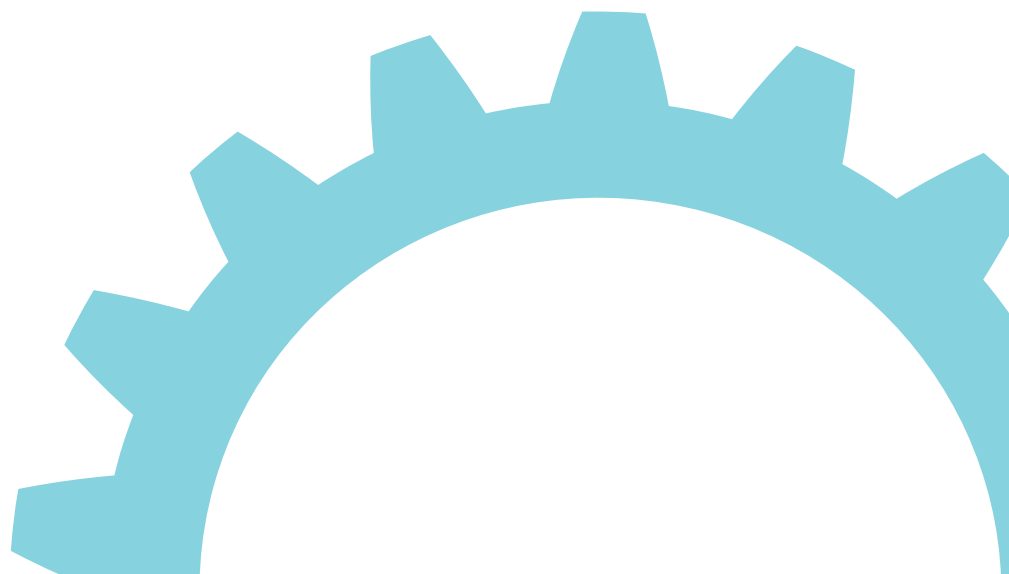
Through the year, we will add to the business plan, as we respond to things we learn and do.

<b>The Board ensures that complex safeguarding issues, such as self-neglect, modern day slavery, Child Sexual Exploitation and transitions, and domestic violence are understood</b>	<b>We will...</b>
	Carry out a multi-agency audit to ensure that all partners are compliant with the requirements of the Care Act 2014 in respect of their safeguarding arrangements
	Develop a series of real life stories to raise awareness of complex safeguarding issues
<b>Why?</b> To ensure that outcomes improve for people with care and support needs because professionals that support them understand these safeguarding risks.	

<b>The Board communicates and engages with members of the public, third sector and small independent providers, including raising awareness of safeguarding</b>	<b>We will...</b>
	Publish a communication and engagement plan
	Work with existing carer and service user groups to help people with care and support needs, and their carers, to influence the safeguarding agenda
<b>Why?</b> To help people be better informed about safeguarding and the route to take to resolve any issues in relation to safeguarding.	

<p><b>The Board ensures that the Making Safeguarding Personal agenda is championed and improves outcomes for people with care and support needs and carers</b></p>	<p><b>We will...</b></p>
	<p>Agree minimum standards for training in relation to Making Safeguarding Personal</p>
	<p>Ensure that all relevant professionals across the partnership understand and can apply the principles of Making Safeguarding Personal through appropriate workforce development</p>
<p><b>Why?</b> So that safeguarding is tailored to individual needs and outcomes improve as a result.</p>	

<p><b>The Board to ensure that the city's learning and development offer is sufficient to ensure the workforce is suitably skilled and equipped to safeguard people with care and support needs in Coventry</b></p>	<p><b>We will...</b></p>
	<p>Create a multi-agency workforce strategy</p>
	<p>Develop a multi-agency training plan</p>
	<p>Agree minimum standards for safeguarding awareness training</p>
	<p>Improve the way in which we quality assure our training</p>
<p><b>Why?</b> So that the workforce across the city is suitably skilled.</p>	



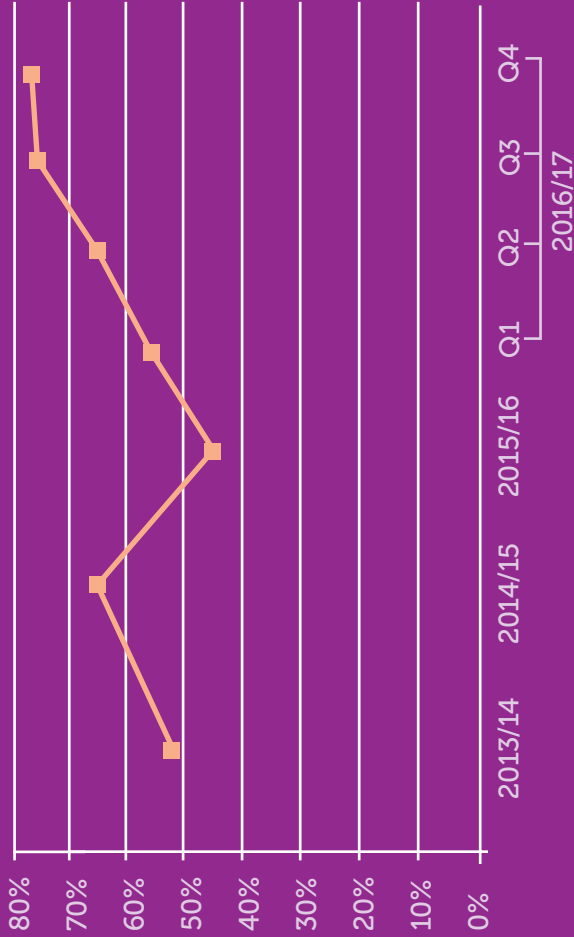


Appendix 1  
Performance Dashboard



# Empowerment - Presumption of person-led decisions and informed consent

Percentage of adults with concluded safeguarding enquiries who lack capacity who were supported by an advocate



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

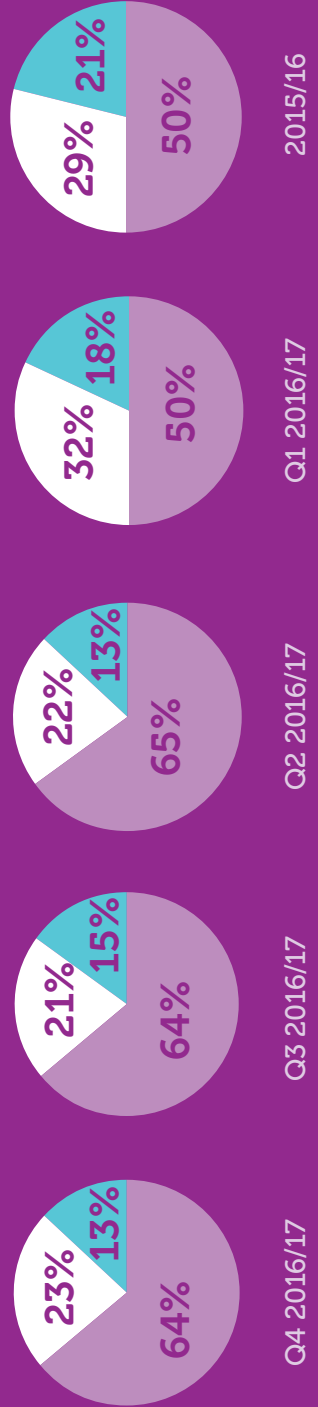
2014/15	Coventry		Trend	Comparator 2015/16 Average	England 2015/16 Average
	2015/16	2016/17 Target			
75.8	70	68.6	▲	68.7	68.8

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

2014/15	Coventry		Trend	Comparator 2015/16 Average	England 2015/16 Average
	2015/16	2016/17 Target			
85.6	86	84.1	▲	84.2	85.2

# Engagement of the adult in the process – outcomes achieved

■ Fully achieved ■ Partially achieved ■ Not achieved



Safeguarding - MSP Wishes		As at end of month
Number of concluded enquiries (YTD)		965
Number of wishes recorded		663
% of wishes recorded		68.7%

# Prevention - It is better to take action before harm occurs

## Provision of awareness training by statutory partners



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



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



Current CWPT staff have been trained to Level 1 in Safeguarding Adults in the last three years



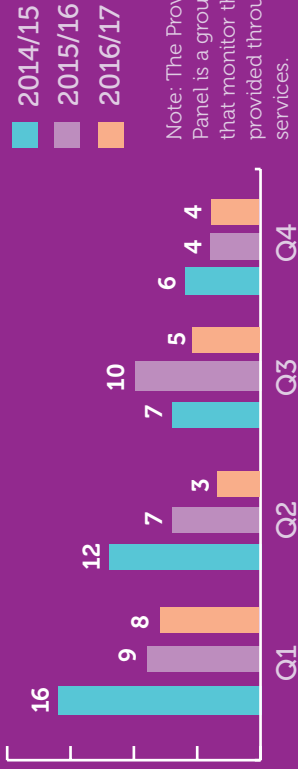
Coventry City Council staff received basic adult safeguarding awareness training in the last two years

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

## Current large scale investigations underway

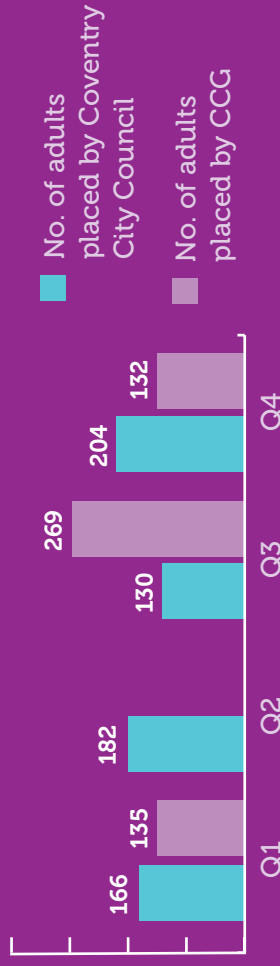
As at 31 March 2017 there are no large scale investigations underway.

## Number of providers in PEP process



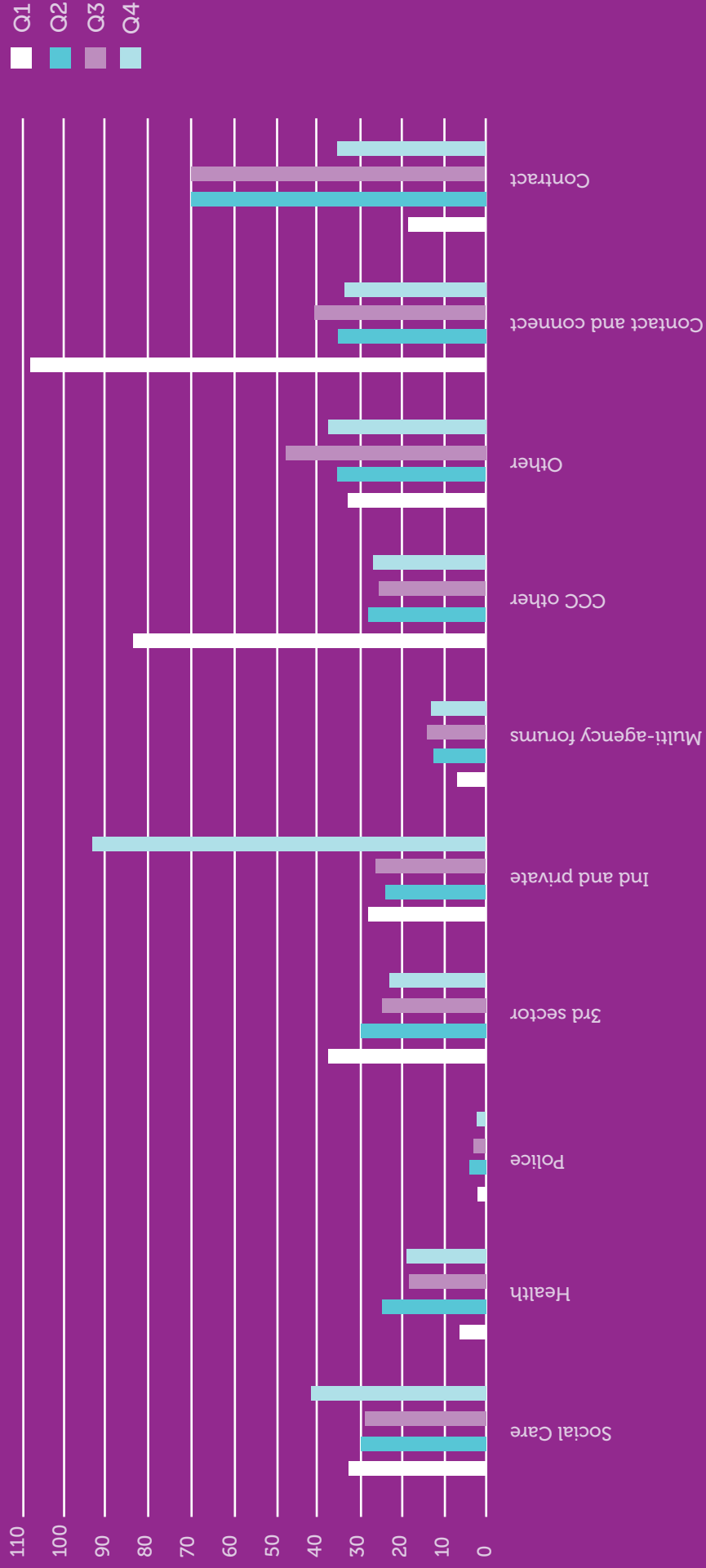
Note: The Provider Escalation Panel is a group of professionals that monitor the quality of care provided through commissioned services.

## Number of adults placed out of city



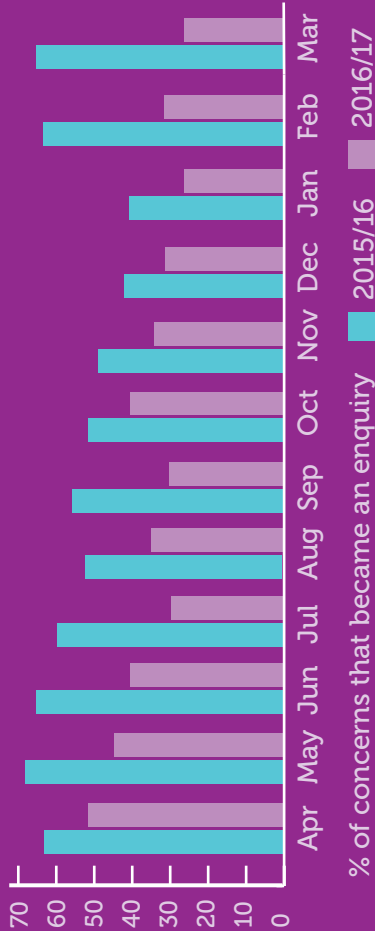
# Prevention - It is better to take action before harm occurs

## Safe and Well Visits

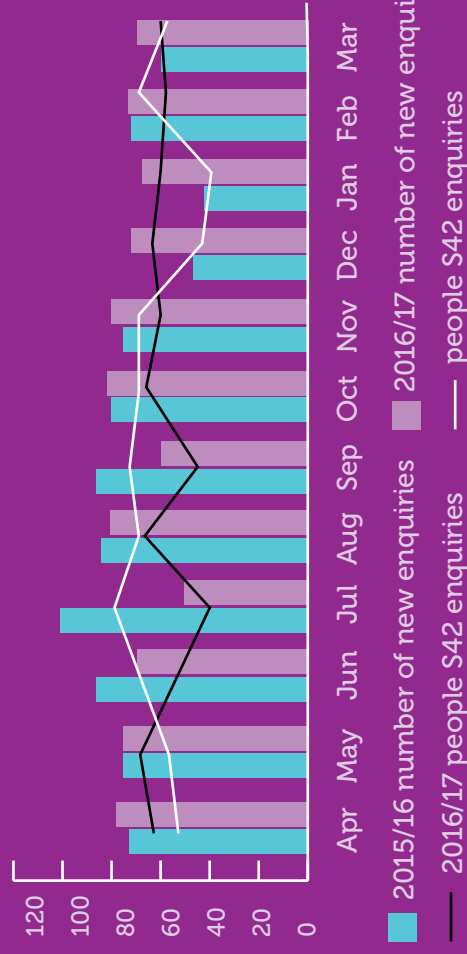


# Proportionality - Proportionate and least intrusive response appropriate to the risk presented

## Concerns and enquiries

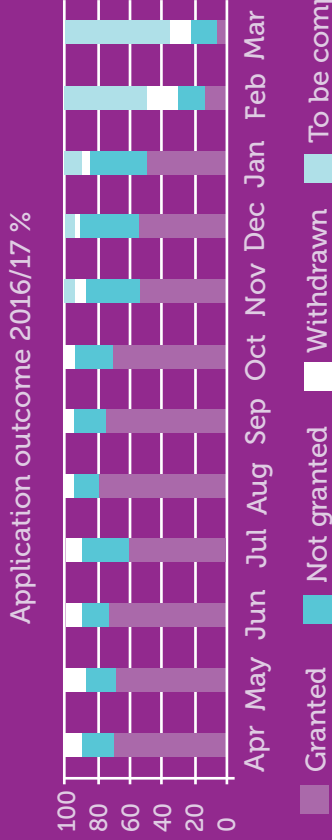


## Number of people and number of new enquiries



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

## Deprivation of Liberties (DoLs) requested / granted



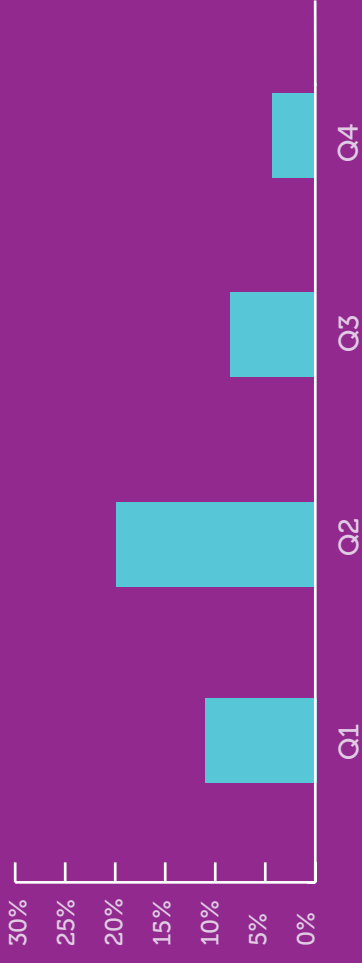
## Deprivation of Liberties applications

	Applications granted within 3 months of being received	Applications granted after 3-6 months of being received	Applications granted after 6 months of being received	Total
15-16	125	315	310	750
15-16 carried over	32	246	68	344
16-17	514	221	0	735
<b>Total 16-17</b>	<b>546</b>	<b>467</b>	<b>66</b>	<b>1079</b>
	<b>50.6%</b>	<b>43.3%</b>	<b>6.1%</b>	

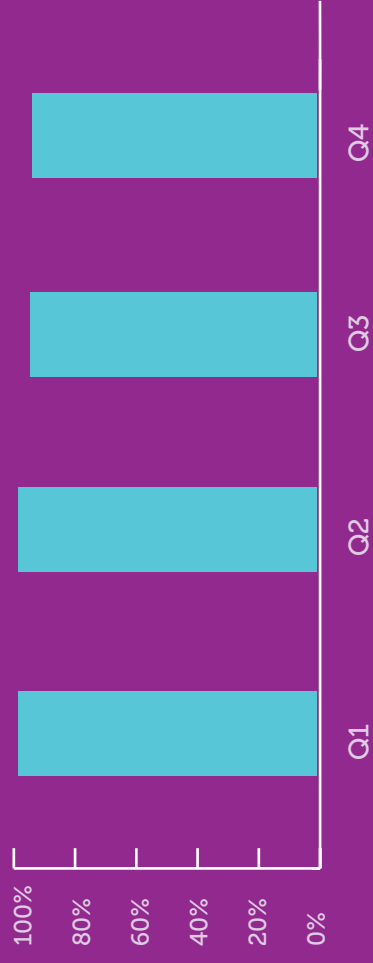
## Proportionality continued

### BME concerns reporting

% Safeguarding concerns from the BME community

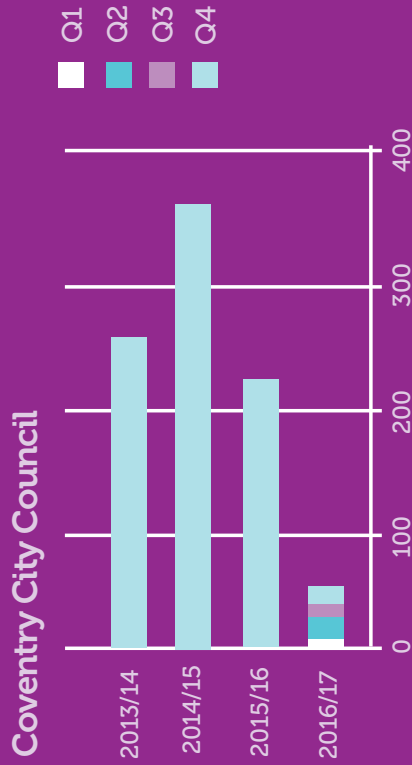


### % safeguarding concerns with an initial decision made within 2 days



## Protection - Support and representation for those in greatest need

### Number of pressure ulcers (due to neglect) reported



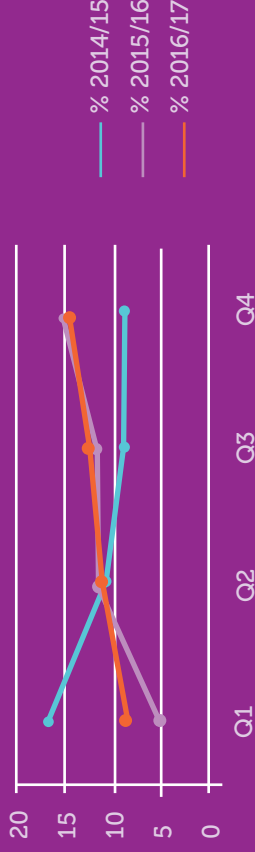
### Clinical Commissioning Group



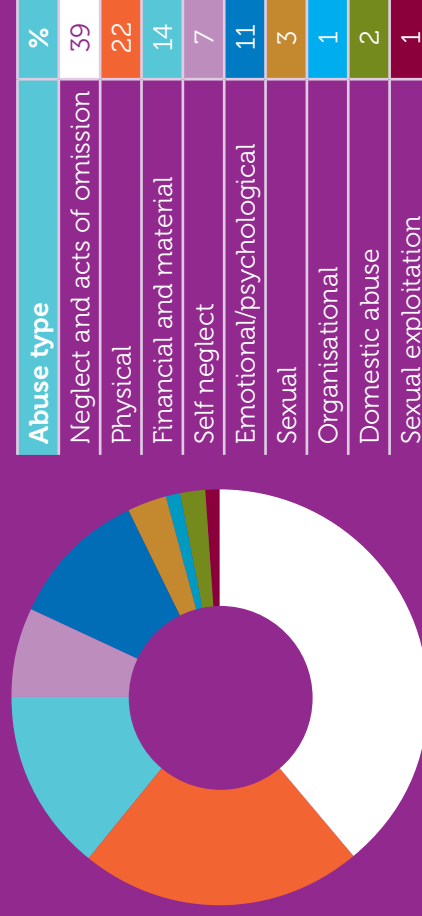
### Results of action at enquiry conclusion

Concluded where harm/abuse identified	2016/17 YTD	
	Number	%
Risk remains	41	9%
Risk reduced	264	59%
Risk removed	143	32%

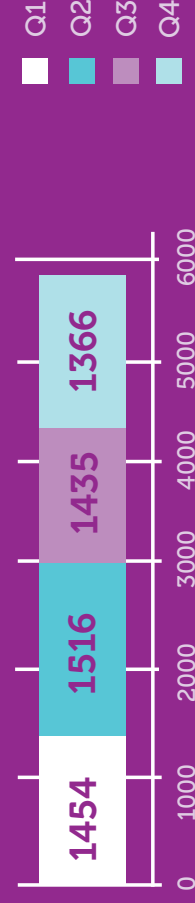
### % of repeat safeguarding enquiries



### Safeguarding activity by type of abuse



### Domestic violence incidents reported to Police 2016/17



Note: Total offences reported are 3.4% lower than the previous year

## Partnership - Local solutions through services working with their communities

### Communities have a part to play in preventing, detecting and reporting neglect and abuse

#### Source of enquiry


Enquiry Source	No. of concluded enquiries
Residential Care	190
Ambulance Service	117
Hospital Ward Staff	97
Family Member	69
Nursing Home	62
Domiciliary Care	55
Nurse (non-hospital)	49
Extra Care Housing	47
Not Listed	38
Self (Adult at Risk)	32
Social Worker/Care Manager	18
Community Based Professional Allied to Medicine	19
A&E Hospital	17
Anonymous	16
Mental Health Staff - Joint Teams	16
Other Hospital Staff	14
Care Quality Commission	12
Supporting People Accommodation	12
Friend/Neighbour	11
Other Social Care Staff	10
GP	10
Police	9
Education/Training/Work Place Establishment	9
Day Care	8
Advocate	7
Member of the Public	6
Acute PCT	6
Housing	4
Voluntary Organisation	3
Volunteer/Befriender	2
Partner/Ex- Partner	1
<b>Grand Total</b>	<b>965</b>

#### Attendance at Board meetings

Organisation	Meetings attended	Attendance expectation	% attendance
Independent Chair	4	4	100
Coventry & Rugby CCG	4	4	100
CWPT	4	4	100
UHCW	4	4	100
Coventry City Council	4	4	100
Public Health	3	4	75
Health Watch	3	4	75
West Midlands Fire Service	3	4	75
West Midlands Police	2	4	50
Hereward College	2	3	67
GPs	1	1	100
Housing	1	1	100
NHS England	0	4	0
CRC Probation	0	4	0
National Probation Service	0	4	0
West Midlands Ambulance Service	0	1	0

Note: Data covers 1 April 2016 to 31 March 2017





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

**024 7683 3003**

or e-mail

**[ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)**

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



## **10 categories of abuse:**

**Physical**

**Domestic violence**

**Sexual**

**Psychological**

**Modern slavery**

**Financial or material**

**Neglect & Acts of Omission**

**Discriminatory**

**Organisational**

**Self-neglect**

**Coventry Safeguarding Adults Board**

Tel: 024 7683 2568

[www.coventry.gov.uk/csab](http://www.coventry.gov.uk/csab)

E-mail: [CoventrySAB@coventry.gov.uk](mailto:CoventrySAB@coventry.gov.uk)

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## Public report Cabinet Member Report

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

13th September 2017  
5th October 2017

**Name of Cabinet Member:**

Cabinet Member for Adult Services – Councillor F. Abbott

**Director Approving Submission of the Report:**

Deputy Chief Executive (People)

**Ward(s) affected:**

All

**Title:**

Adult Social Care Annual Report 2016/17 (Local Account)

---

**Is this a key decision?**

No.

This is a report of performance for 2016/17 and no recommendations are made that have significant financial or service implications.

---

**Executive Summary:**

The Adult Social Care Annual Report 2016/17 (Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year and specifically considers examples of the operational activities to support service users and carers under the ten themes of the Adult Social Care Vision.

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

The production of the 2016/17 report has drawn on the pool of feedback and information that was gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Reference Group, providers and people that have been in contact with Adult Social Care. As a departure from previous years this report is aligned around the Adult Social Care values and principles as a mechanism of demonstrating what we are doing in practice to deliver what we sign up to strategically.

Additionally the feedback on readability and content from previous years has been noted and as a result the 2016/17 Annual Report is once again in a shorter format.

**Recommendations:**

1. Health and Social Care Scrutiny Board (5) is asked to:
  - (i) Consider the report and submit any comments to Cabinet Member for their consideration on the content of the report
2. Cabinet Member is asked to:
  - (i) Consider comments from the Health and Social Care Scrutiny Board (5)
  - (ii) Approve the Adult Social Care Annual Report 2016/17 (Local Account)

**List of Appendices included:**

Appendix One - Adult Social Care Annual Report 2016/17 (Local Account)

**Background papers:**

None

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

Yes – Health and Social Care Scrutiny Board (5) on 13th September 2017.

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

No

**Will this report go to Council?**

No

## **Report title: Adult Social Care Annual Report 2016/17 (Local Account)**

### **1. Context (or background)**

- 1.1 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This approach was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation, improvement and innovation. As part of this approach to Sector Led Improvement the expectation is that an Annual Report is produced by all local authorities with Adult Social Care responsibilities. The production of an Annual Report is not a statutory requirement, nor has any statutory guidance been issued by Central Government on its content or style.
- 1.2 The Annual Report describes the performance and achievements along with considering the challenges for Adult Social Care in Coventry. It is intended to provide assurance to the people of Coventry, Elected Members and partners, that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry within the resources available.
- 1.3 In producing the report it is important that the Council understands whether the support offered to people is making a difference. The focus of Adult Social Care is to provide personal and practical support to help people live their lives by promoting their independence and wellbeing. We remain committed to providing personalised support at the earliest opportunity and supporting people in our communities who have the highest level of need. To address these priorities, the Annual Report is structured around the ten themes that contribute to the Adult Social Care vision and provides commentary on what has been done to make progress against each one of these.
- 1.4 The content of the Annual Report is informed by what people who come into contact with Adult Social Care tell us about the support they receive. A number of case studies and direct quotes have been used to demonstrate the impact that Adult Social Care, and its partner agencies, has on individuals and their families. Those who have commented on previous reports have consistently stated that case studies are an important aspect of the report, as they help to demonstrate positive outcomes for individuals and the difference it has made to their lives.
- 1.5 The Annual Report also identifies the key challenges for Adult Social Care and the key areas of activity that are being progressed. Although an annual report is produced it needs to be recognised that the work of Adult Social Care does not fit neatly within a twelve month period and delivery of the Adult Social Care vision through promoting independence and providing personalised care and support is very much ongoing. It also needs to be recognised that although this is an Adult Social Care report the successful delivery of Adult Social Care is increasingly intertwined with health services, and, as we progress, how support is brought together across health and adult social care to deliver positive outcomes will be an increasing focus.

### **2. Options considered and recommended proposal**

- 2.1 An Annual Report provides the opportunity to evidence and communicate Adult Social Care's performance in an accessible and transparent way as part of an overall approach to Sector Led Improvement. It is therefore recommended that the Annual Report for 2016/17 is endorsed by Cabinet Member (Adult Services).

### **3. Consultation undertaken**

- 3.1 The Annual Report for 2016/17 was not subject to specific consultation. The content has been drawn from feedback gathered from people who come into contact with Adult Social Care together with comments from other partner organisations and stakeholders in the city.

#### **4. Timetable for implementing this decision**

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

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

##### **5.1 Financial implications**

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

##### **5.2 Legal implications**

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

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

#### **6. Other Implications**

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

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

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

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

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

There is no direct impact on the organisation.

##### **6.4 Equalities / EIA**

An Equalities Impact Assessment is not appropriate for this report. Equality Impact Assessments have been built into the development and delivery of work within Adult Social

Care. There has been a continued drive to embed equality and diversity within operational practice, commissioning plans and performance monitoring.

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

None

#### 6.6 Implications for partner organisations?

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

#### Report author(s):

##### Name and job title:

Andrew Errington, Principle Social Worker  
Mike Holden, Programme Delivery Manager

##### Directorate:

People

##### Tel and email contact:

Andrew Errington on (024 7683) 1542 or [andrew.errington@coventry.gov.uk](mailto:andrew.errington@coventry.gov.uk)  
Mike Holden on (024 7683) 2613 or [michael.holden@coventry.gov.uk](mailto:michael.holden@coventry.gov.uk)

Enquiries should be directed to the above people.

Contributor/approver name	Title	Directorate	Date doc sent out	Date response received or approved
<b>Contributors:</b>				
Pete Fahy	Director of Adult Services	People	14/07/2017	26/07/2017
Michelle Rose	Governance Services Officer	Place	14/07/2017	20/07/2017
<b>Names of approvers for submission:</b> (Officers and Members)				
Ewan Dewar	Finance Manager	Place	14/07/2017	14/07/2017
Janice White	Team Leader, Legal Services	Place	14/07/2017	31/07/2017
Gail Quinton	Executive Director	People	29/08/2017	29/08/17
Councillor F. Abbott	Cabinet Member (Adult Services)		29/08/2017	07/08/17

This report is published on the Council's website:

[www.coventry.gov.uk/meetings](http://www.coventry.gov.uk/meetings)

#### Appendices

Adult Social Care Annual Report Summary 2016/17 (Local Account)

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# Adult Social Care Annual Report 2016/17 (Local Account)

Produced  
August  
2017



Coventry City Council

[www.coventry.gov.uk](http://www.coventry.gov.uk)  
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Coventry City Council

## What is the Local Account?

Every year Coventry City Council produces a report which tells people what its adult social care service is doing to help improve the lives of vulnerable people and how well as a service it's performing. This report is usually referred to as the 'Local Account' but is also referred to as the 'Annual Report' for Adult Social Care.

We hope you find this account of interest and that it provides you with an insight into adult social care in Coventry and the work that is being done to further improve.



Cllr Faye Abbott

## Foreword

### Cllr Faye Abbott – Cabinet Member for Adult Services

I am pleased to introduce this Annual Report for adult social care.

This report has been written so that local residents, people with care and support needs and carers can understand more about the support provided to adults and older people and their carers in Coventry.

The focus of Adult Social Care is to provide personal and practical support to help people live their lives by promoting their independence and wellbeing. In doing so we remain committed to providing support based around the individual at the earliest opportunity and supporting people in our communities who have the highest level of need.

During the period covered by this report, 2016/17, we have continued working to ensure we embed the principles of the Care Act (2014), which was introduced on 1 April 2015 into our everyday work. Perhaps unsurprisingly our focus remains similar between years, we are here to help the most vulnerable remain safe and healthy in their own homes and communities for as long as possible. The services we provide and how we do our work will continue to have this focus although how we deliver this will inevitably vary as we constantly seek to improve and work ever closer with our health colleagues.

Please do get in touch if you would like to provide feedback on the Annual Report by emailing [abpd@coventry.gov.uk](mailto:abpd@coventry.gov.uk).

## Introduction: About Adult Social Care

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

In 2016, a revised vision and simple strategy underpinned by values and principles in delivering Adult Social Care in Coventry City Council was established. This describes what we are trying to achieve, our purpose and our approach.

In a simple sense all of our work, at whatever level, should support the strategy of:

'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people.'



# Adult Social Care Vision

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

Strategy: Provide support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people.

 <p><b>Adults and carers at the heart of everything we do:</b> People we work with are involved as equal partners in planning and decision-making.</p>	 <p><b>High quality, person centred and effective support:</b> We deliver high quality, person centred effective care and support to service users, their carers and families. Empowering people with the right support, at the right time in the right way, using the resources that are available to them.</p>	 <p><b>Reflective and responsive to change:</b> The support we provide reflects and responds to the changing needs of Coventry's diverse population of adults and older people.</p>	 <p><b>Outcome driven and meaningful:</b> Support is outcome driven and we are clear about the impact we are having on the people we support.</p>	 <p><b>Support around people and their families:</b> People are supported to live at home wherever possible. When people cannot live at home they will be supported to live in the most appropriate and least intrusive alternate setting.</p>
 <p><b>Effective enablement and prevention and wellbeing:</b> We provide support to people in cost effective ways, to enable them to reach or regain their maximum potential so that they can do as much as possible for themselves.</p>	 <p><b>Mature partnerships:</b> Our partnerships are mature, trusting and effective at both a strategic and operational level. In all our work with partners, the focus remains on the people that need our support.</p>	 <p><b>Committed workforce:</b> Our workforce is stable, skilled, motivated and committed to delivering excellent services. They feel supported to make decisions, assess and manage risk and work with people to achieve their outcomes.</p>	 <p><b>Innovative:</b> We will develop new ways of supporting people and use innovation as a key way to deliver good outcomes for people and manage our resources.</p>	 <p><b>High performing:</b> The outcomes we achieve for adults and older people compare favourably with similar local authorities. We make an active contribution to the delivery of the Council Plan.</p>

Adult Social Care supports people aged 18 and over who have care and support needs as a result of an illness or impairment. Support is also provided to carers who spend time providing necessary care to someone else.

On 1 April 2015 the Care Act (2014) came into force and the primary focus over the last two years has been on embedding the required changes to practice and policy set out by the Act. These included improvements when people first make contact with us, and in how we assess people and plan their support.

Our activity has been concentrated throughout this recent period of change on promoting wellbeing and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their agreed outcomes.

## Facts and Figures

### Supporting people with ongoing care and support needs

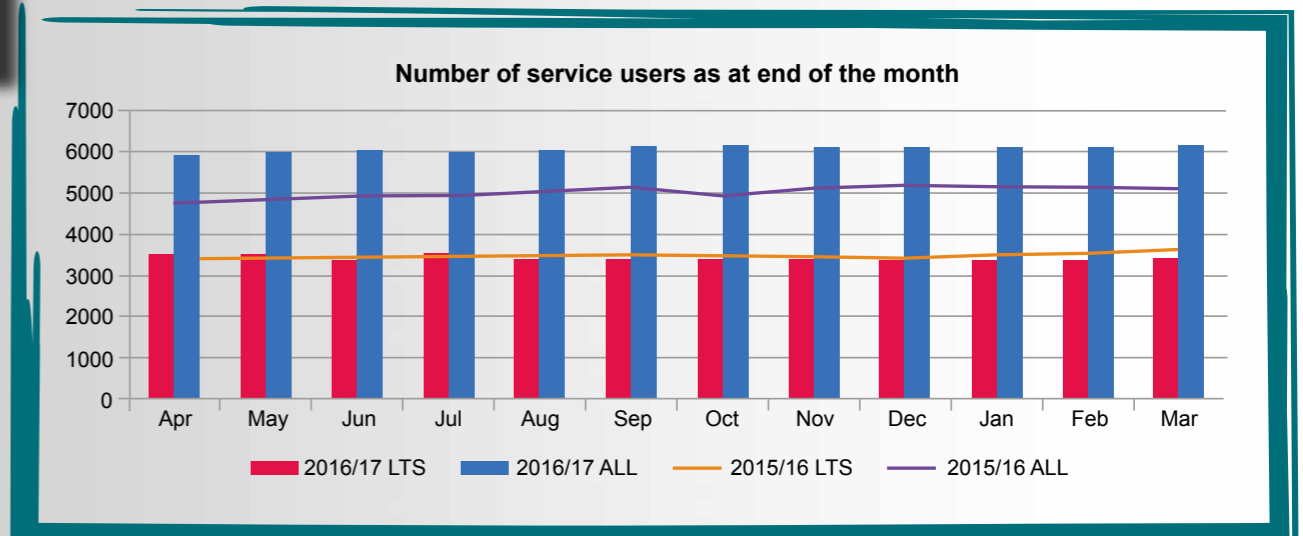
There has been an increase of 4% in new requests for adult social care support from 9,296 in 2015/16 to 9,691 in 2016/17. However there has been a reduction in numbers of people supported during the year (7% from 4,889 to 4,531).

This may be explained by a combination of factors including increased awareness of Adult Social Care and taking an approach that works with people to meet eligible needs in ways other than the provision of services.

Another reason behind this is that there has been an increase in new people who received Short Term Support to Maximise Independence (STSMI) in comparison to 2015/16, with the same proportion of people continuing to live at home following the end of this support (67%).

Over the same period the level of delays from hospital that are due to adult social care have also reduced.

Table 1: People in receipt of ongoing support



Based on CareDirector data only. LTS = people receiving long term support only. ALL - includes low level support and excludes carer services

Despite the overall marginal reduction in overall numbers of people being supported they are being supported for longer periods of time. The number of people who have received social care support for over 12 months has increased by 18% in 2016/17 to 2646 people, which is 77% of those who received support as at 31st March 2017.

Comparison with statistically similar and neighbouring councils indicates that Coventry is supporting:

- fewer people in nursing care overall
- fewer people aged 18-64 in ongoing support
- a similar rate of people aged 65+ in ongoing support

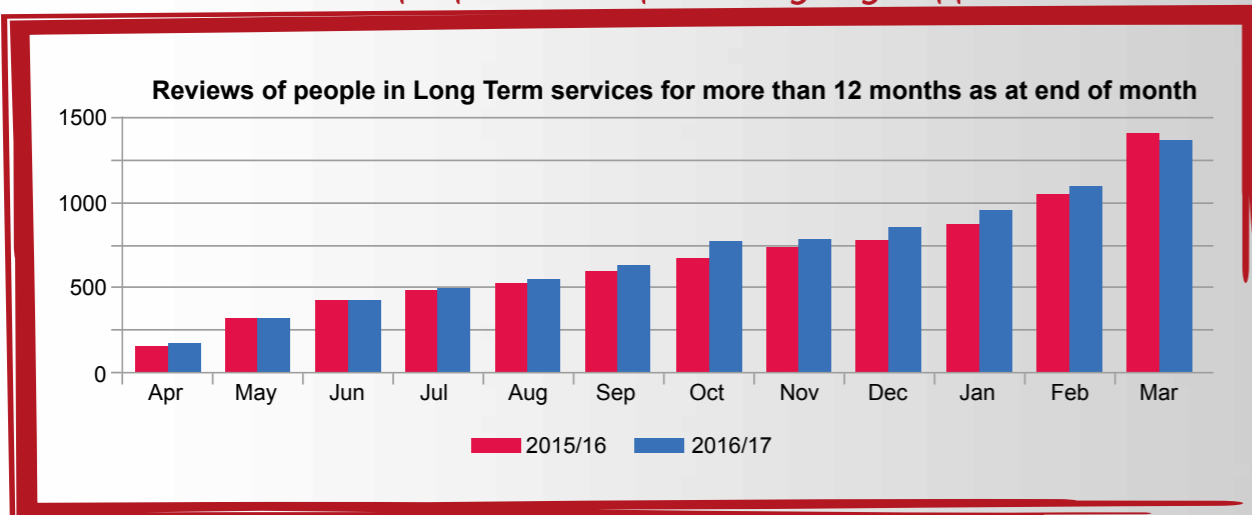
These performance highlights are attributed to a continuing focus on supporting more people to live in the community and ensuring that residential options are only used for those who cannot be effectively supported in their own homes.

The number of planned transitions from children's social care continued to increase with 55 young adults transitioning in 2016/17 compared to 48 in 2015/16.

### Completion of reviews

The proportion of people in ongoing support for over 12 months who were reviewed reduced from 54% to 51% in 2016/17. This minor variation was mainly due to the prioritisation of resources on increased assessment activity as a result of more requests for Adult Social Care support. Table 2 identifies cumulative reviews which have been undertaken over the year.

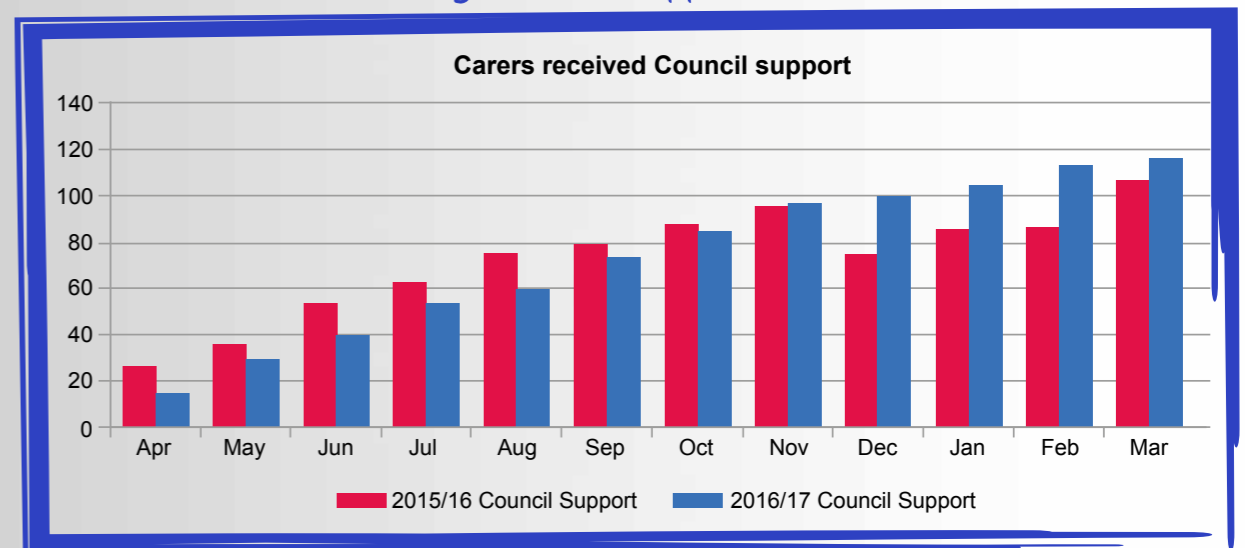
Table 2: Reviews of people in receipt of ongoing support



### Supporting Carers

During 2016/17 we completed both the Adult Social Care Survey and Carers Survey with responses received from 422 service users and 305 carers. Responses to the survey indicated generally positive responses from people in receipt of ongoing support with results indicating that a higher proportion of people feel safe as a result of the support they receive from the Council and also show an improvement in the reported quality of life. However, and despite these positives, the overall number of carers' responses declined in comparison with 2014/15 when the survey was last completed, as did levels of satisfaction, which mirrors a reduction in carers' satisfaction nationally.

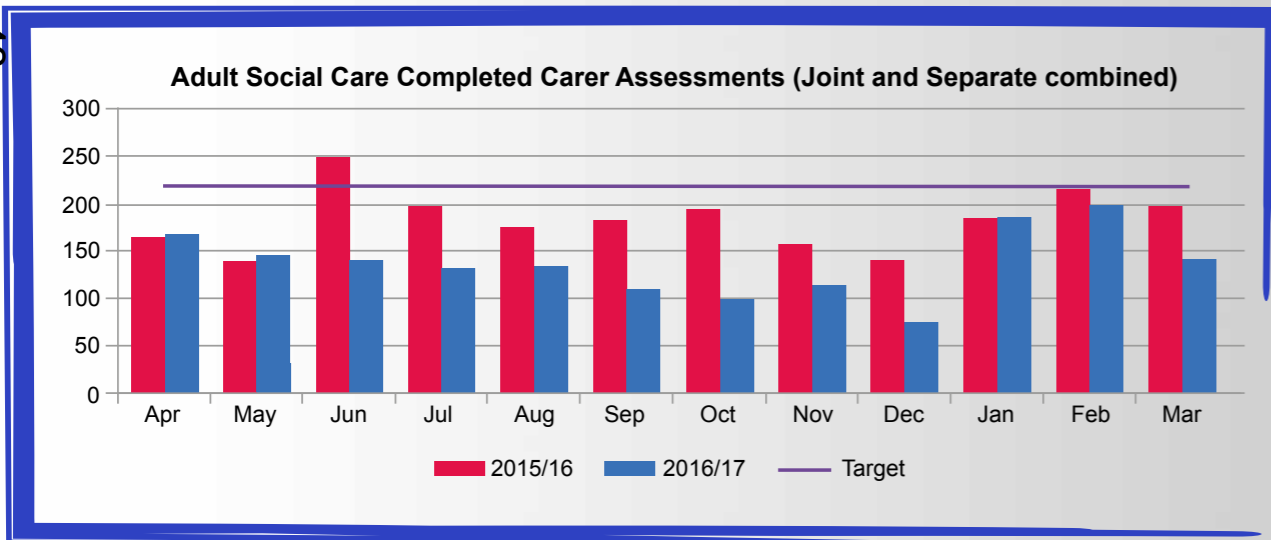
Table 3: Carers receiving Council support



There has been a significant reduction in the number of separate carer assessments, direct payments, and support funded by adult social care compared with previous years. When this is considered alongside the decline in the performance of the satisfaction measures sourced from the Carers Survey this suggests that carers have experienced a change in how they have been supported.

Some of these factors can be explained by services that were previously considered carer support (short breaks and respite) now being considered support for the cared for, as receiver of the service, and the fact that Heart of England Carers Trust is completing some carers assessments and finding ways to support people without referring to Adult Social Care.

Table 4: Carer Assessments



Considering the vital role of carers in supporting both health and social care it is critical that we continue to provide support that is meaningful and beneficial to carers and this will be an area of increased focus going forward.

Early regional benchmarking indicates that there is a wide difference of approaches provided to carers, with Coventry being similar to Wolverhampton, Shropshire and Dudley in providing a lower rate of direct payments per population compared with others in the region.

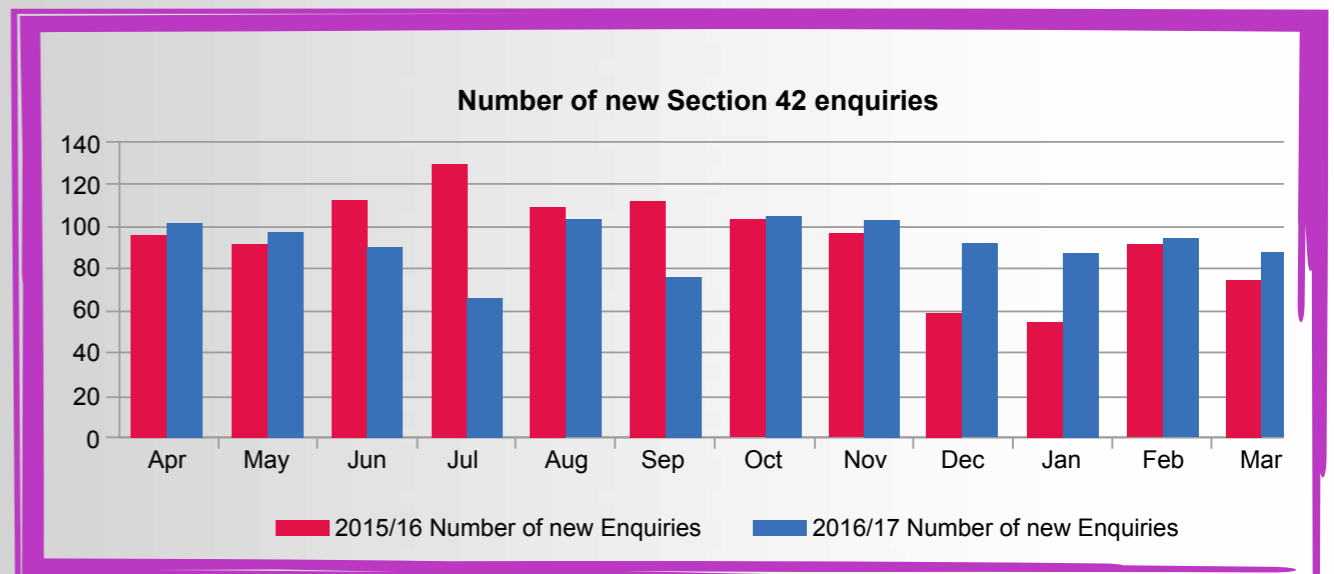


## Safeguarding

Improvements have been made in how we undertake safeguarding with more people having their identified outcomes fully or partially achieved than in 2015/16, more advocates being provided to those who lack capacity and more enquiries completed during the last 12 months than in 2015/16. This improvement will be partly due to the increased emphasis and activity in respect of 'Making Safeguarding Personal' undertaken in 2016/17.

The number of safeguarding contacts has increased by 55% in comparison to 2015/16 to 3,107. This is largely attributable to a change in how data is captured. 1,106 of these contacts went on to become a Safeguarding Enquiry which is consistent with 2015/16 and so remains at a higher rate per population than our comparators. This is to be seen as a positive indicator in terms of both people reporting suspected safeguarding and our efforts to ensure that concerns raised are properly considered.

Table 5: Safeguarding Enquiries



## Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

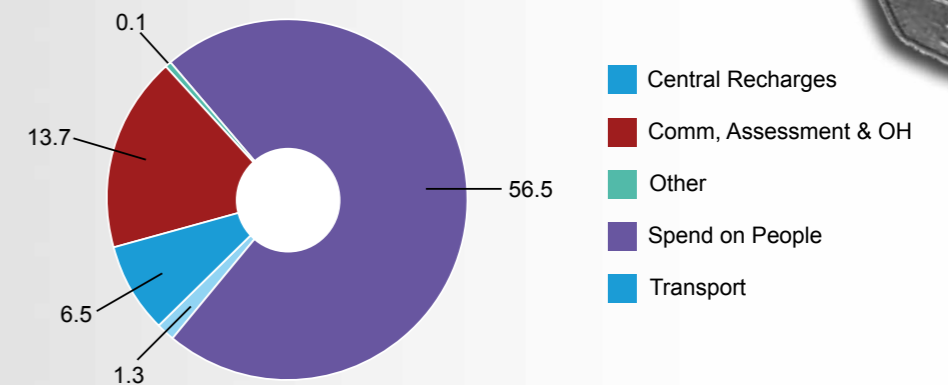
There has been significant improvement made in the timeliness of applications granted in comparison with 2015/16. The number of applications granted within 3 months of being received has significantly increased from 17% in 2015/16 to 52% in 2016/17. The number of applications received has significantly increased from 17% in 2015/16 to 52% in 2016/17, while those waiting over 6 months reduced to 6% from 42% in 2015/16.

There continues to be a year on year increase in new applications received, with a 19% rise in comparison with 2015/16 to 1382 in 2016/17. Of these 205 (12%) are in progress which is an improvement on 354 (23%) in 2015/16.

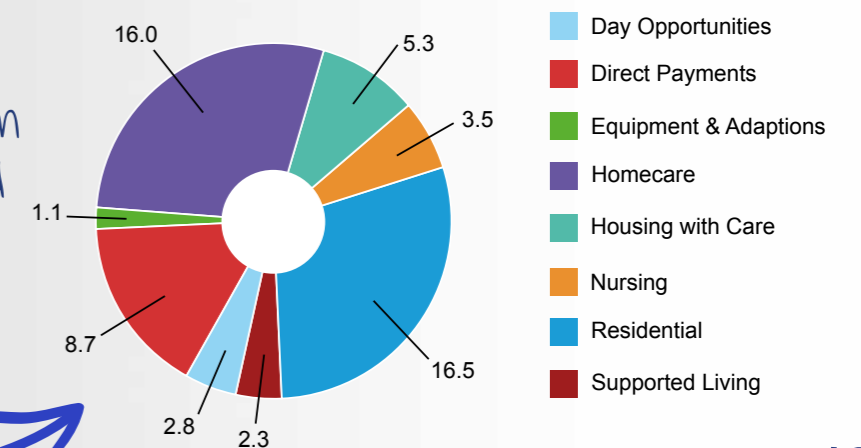
## Money - Coventry City Council

The council is a large organisation spending a net £234.4m on revenue activity during 2016/17 with Adult social care being the biggest single area of city council spend at £78.1m net. The breakdown of this spend for 2016/17 is shown below:

2016/17 Adult Social Care Spend (£78.1m)



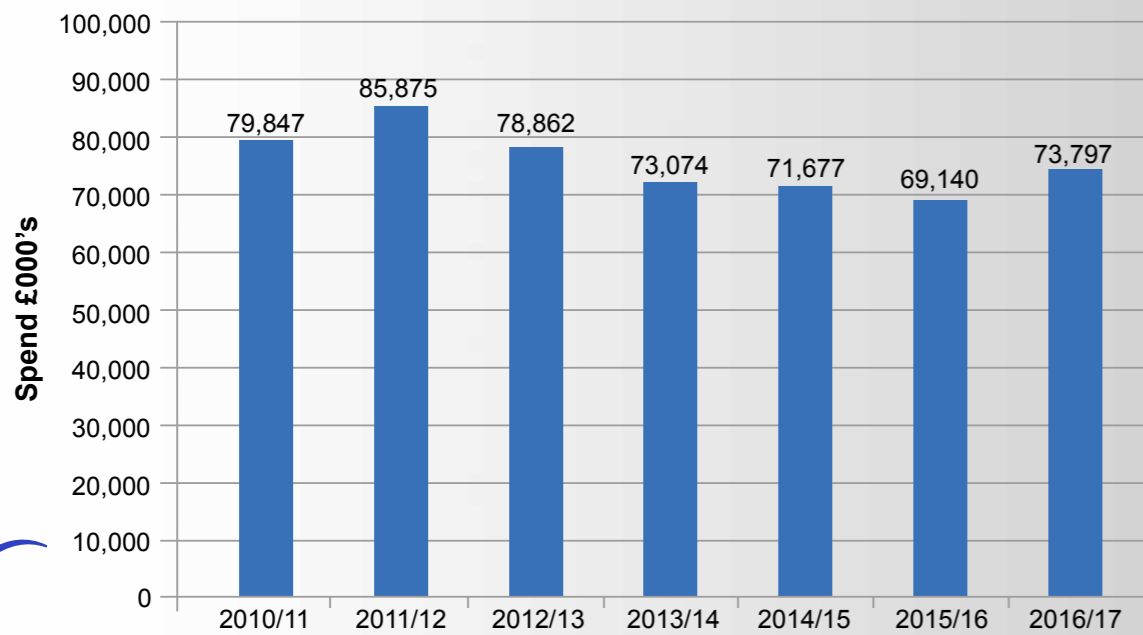
2016/17 Net Spend on Services (£56.5m)



The 'Spend on People' referred to in the previous chart has increased from £53.5m in 2015/16. 'Spend on People' is money spent directly on the following support:

Since 2010/11 the net spend by the City Council on Adult Social Care has changed by the amounts shown in the graph below:

Adult Social Care Spend  
(Excluding Capital and Specific Grants)



This increase in spend between 2015/16 and 2016/17 was largely attributable to the cost of care as a result of factors including the introduction of the National Living Wage. The City Council made the decision to implement the Adult Social Care Council Tax Precept as a means to assist in meeting the increasing costs of providing Adult Social Care.

The Adult Social Care budget was overspent in 2016/17 by £3.4m – This overspend is included in the above graph. Although significant, this overspend has reduced from £5.2m in 2015/16 when Coventry also had the lowest % of overall spend on social care in the West Midlands region (29%).

# DRIVERS of Demand

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

- An ageing population. We can expect a general increase in the age of the population, particularly those aged over 75, which is estimated to grow by 37% between 2015 and 2030
- As the population ages more people will be living with multiple health conditions that require support
- The numbers of people with severe physical or learning disabilities living into adulthood will continue to increase as long term survival rates improve
- More people are living alone, with a projected increase of 10% for those aged 75 years+ from 2015 to 2020. Those who are socially isolated are 2-5 times more likely to die prematurely than those with stronger social ties
- The levels of deprivation in the city, although improving, remain relatively high and those living with lower levels of wealth are more likely to develop poor health

With demand expected to increase we will continue to look for ways to manage this demand and deliver the aspirations of our strategy through developing initiatives including greater use of technology to enable people to identify what support they may be eligible for and increasing our deployment of promoting independence approaches in order to reduce requirements for ongoing care and support.



# Workforce

(As at 31 August 2016)

The number of Adult Social care jobs in England was estimated at 1.58 million, an increase of 1.5% and 20,000 jobs since 2015. In the same period the number of people in the Council's internal Adult Social Care workforce has reduced by 7% from 1029 to 953, this reflects an 18.9% reduction when compared with the Full Time Equivalent (FTE) figure.

This is in line with the continued national shift away from local authority jobs. Since 2009 this has seen a reduction in Local Authorities of 37% (65,000 jobs) and towards independent sector jobs (+27% and 260,000 jobs).

Demographically the make-up of the Council's Adult Social Care workforce has stayed similar to 2015 with 82% being female, 46% aged over 50 and 3% disabled. In terms of ethnicity 77% are white, 20% from a black or minority ethnic (BME) background and 3% are not known. This compares with 26.9% of Coventry's 18-64 population being BME (2011 Census). Other information:

- The number of vacancies has increased by 47% from 38 in 2015 to 56 in 2016
- The number of leavers has decreased by 37% from 284 in 2015 to 178 in 2016
- The number of new starters has remained consistent with 146 in both 2015 and 2016



i. Adults and carers at the heart of everything we do

## Adult Social Care Stakeholder Reference Group

We have developed a stakeholder reference group since our Peer Challenge in 2016. People and carers who currently receive support or have had previous experience of adult social care were invited to become participants in the group. The role of the group is to influence the future direction of service delivery and they have played a part in helping us shape the:

- Community-based Preventative Support Grant
- Adult Safeguarding Board priorities for 2017/18
- Adult Social Care Information Directory and online Self-Assessment

The group is still developing and two of the key activities going forward are to encourage new membership and input from a wider audience as well as developing the confidence of existing members in contributing to the agenda for how support is best delivered in the future.

## Developing our approach to carers

Coventry has developed a Multi-Agency Carers Strategy with partner organisations which covers the period 2016-19 and relates to carers of all ages. The Strategy is accompanied by a comprehensive implementation plan which is overseen by the multi-agency Carers Strategy Steering Group. Key improvement priorities within the plan fall under four areas:

- Identification and Recognition
- Realising and Releasing Potential
- A Life Alongside Caring
- Supporting Carers to Stay Healthy

The plan is available on the Council website so that members of the public can view the current position.

[http://www.coventry.gov.uk/downloads/76/carers\\_support](http://www.coventry.gov.uk/downloads/76/carers_support)

Additionally a new National Carers Strategy is expected in 2017 and our local strategy will need to be reviewed in this new context.



## ii. High quality, person centred, and effective support

### Making Safeguarding Personal

In 2016-17 a "Making Safeguarding Personal" (MSP) project was undertaken in adult social care with over 200 staff trained. In addition to the training the project included focussed groups of staff, managers and advocates and the collation of key data. A MSP Toolkit was developed for staff which is also available on the Council website. Key priority areas were: working with adults to achieve what was important to them, ensuring that adults are given the opportunity to feedback on their safeguarding experience, and ensuring adults who have substantial difficulty in participating in their safeguarding had a representative or advocate. An evaluation of the project was undertaken by Coventry University which will be available on the Council Website in 2017-18. This identified that there had been a positive impact on practice in relation to mental capacity and the use of advocates.

Adult Safeguarding awareness-raising Champions Seminars and Forums have been held during the year which were open to multi-agency partners, independent and voluntary sector staff. The expectation is that attendees cascade learning and information to their agencies. Topics included:

- Modern Slavery,
- Making referrals to the Police,
- Making Safeguarding Personal,
- Learning Lessons from Safeguarding Adult Reviews, and
- Female Genital Mutilation.

### Developing our capacity to deliver more personalised support

An Individual Service Fund (ISF) is where people have choice and control over their personal budget from the Council by requesting that this budget is managed by a third party provider. This is usually the agency or organisation that is going to be providing some or most of their care and support to these people. The individual remains in control of what the money is spent on and agrees this with the provider, but does not have the responsibility of managing the budget themselves.

ISF's are already providing a small number of people in Coventry with choice and control over their personal budget and we are continuing to develop this approach.

One of the contracted providers that predominately supports people with learning disabilities is reviewing their processes, so that all of the people they support could potentially receive ISF's instead of directly arranged services. Any changes to the support will be co-produced with the people being supported ensuring that they have choice and control.

An example of an ISF is a person banking their support hours to enable more flexibility to participate in activities of their choice at a time that suits them. Another is purchasing support from a day centre of a person's choice to meet their eligible needs which cannot be supplied by the local authorities contracted providers.

An ISF steering group made up of internal and external stakeholders, including service providers, has been established to provide governance, evaluate the success of a pilot and to develop the new approach for the future roll out of ISF's. An event is planned during 2017 to raise awareness for all home support providers and we will be developing more consistent mechanisms for engagement with people with care and support needs and their carers so that more people are aware of how ISF's can be used to provide more person centred and effective support.



### iii. Reflective and responsive to change

#### Voluntary and Third Sector Support

We are currently changing the way in which adult social care and health provide funding to our voluntary and third sector partners. Working with Coventry and Rugby Clinical Commissioning Group (CRCCG) and the sector themselves we have co-produced a new Community-based Preventative Support Grant.

This grant will be used to commission support from the voluntary and third sector and is intended to replace current funding arrangements.

This work has enabled us to refocus how funding is used to ensure that organisations support those people most in need to live well, stay independent and reduce or delay the need for formal support from the Council and/or the health services.

We have developed an outcomes framework which focuses on supporting people to develop their own strengths and resilience with the ability to access support from their community which is timely and responsive to their needs.

#### Re-tendering for home support

Coventry City Council in partnership with CRCCG has completed a re-commissioning exercise for long-term home support/home based continuing health care. The contract was developed using wellbeing and prevention principles of the Care Act (2014).

There are many positives for these new arrangements, including:

- Fewer providers contracted, resulting in improved sustainability and closer working relationships to improve quality and oversight
- Providers operating in line with guidelines including quicker referral turnaround times, and providers working to maximise independence, even within ongoing support packages
- Greater efficiency as each provider will be assigned to a geographical area of the city (aside from Learning Disabilities and Mental Health which are city-wide)
- Reduced handovers as the contracts also provide for CRCCG commissioned home support to meet continuing health care needs



### iv. Outcome driven and meaningful

#### The initial contact with social care

The social care initial contact service has been further improved over the past twelve months. Social Work and Occupational Therapy staff are now co-located with customer service staff, enabling people to have a more timely and tailored response, along with effective signposting. The online offer has also been improved, along with the development of a services directory, and an online self-assessment and signposting tool. This means that people are instantaneously signposted to tailored support services according to their needs. Over the coming twelve months, work will be undertaken to develop an online carers' self-assessment, and an electronic calendar booking system so that people are given a date for their initial social care visit on first contact.

#### Safeguarding Performance

Following the Adult Social Care Peer Challenge in February 2016 we committed to making real and demonstrable progress on our implementation of Making Safeguarding Personal. This is a way of working that puts the individual at the centre of safeguarding and starts with what they want to achieve through the safeguarding process.

As safeguarding is everybody's business the Coventry Safeguarding Adults Board (CSAB) was engaged in this agenda with each member organisation making a pledge on what they would do to make safeguarding personal in their own organisation.

Progress on this can be seen through our safeguarding performance, where of the 423 concluded enquiries in which people had expressed an outcome they wished to achieve, 59% went on to fully achieve and 29% to partially achieve these outcomes. This is only one measure and therefore for the 2017/18 local account we will report on the findings of the Coventry University study of success in implementing Making Safeguarding Personal in Coventry.

### Case Study 1: Mr G

Mr G has dementia and his wife is committed to continuing to support him to live at home despite this becoming more challenging due to Mr G arising several times in the night and going downstairs, impeding his wife's ability to rest and therefore her ability to support him longer term. Residential care was being considered.

Through the Community Locksmith service we were able to work with Mr G and understand what it was that was urging him to get up so often in the night. It transpired that he was getting up for work and was worried about being late – he used to work shifts which required non-standard working patterns.

A white board was installed at the top of the stairs with the simple message 'you are not at work today so can go back to bed'. On arising Mr G would read the message understand he didn't need to get up and would go back to bed. This apparently simple solution has a great impact on the lives of Mr G and his wife, who can now get proper rest that enables her to support him more effectively and no longer has to consider residential care.



v. support around people and their families

### Supporting families

There has been a review of a number of support packages funded jointly by Health and Social Care, together with higher cost single funded support by the City Council. This included a particular focus on assisting those placed out of the city to return to local provision closer to family and other support networks.

By September 2016 a number of reviews had been undertaken which resulted in individuals having support arrangements put in place that enabled them to have greater independence and access to community resources. This allowed them to access daily living activities that had previously been unavailable.



## Case Study 2: Mr H

'H' has a diagnosis of a severe Learning Disability and Autism. He has limited verbal communication and uses sign to indicate his basic needs. He also has a diagnosis of epilepsy which is controlled by medication. Measures had been taken to protect H and protect the items that he owns, locks were placed on the cupboards and on the fridge and risk management plans were put in place so that H did not burn himself whilst cooking but this meant he did not participate in this activity either. Working with his family helped us to see what his skills could be and we involved them as his advocates to ensure that H remained at the centre of support with his wishes being considered from the start.

We worked with the family and service provider to find a house that could become a home for H, close to family and community connections. Finding a suitable property was not easy and took time. The whole family were involved in the recruitment of staff and this meant that they met the provider and any potential staff being recruited.

We planned week by week to enable H to participate in life. We continued to increase existing skills in activities of daily living that included cooking, washing and cleaning and developed new ways in which H can travel, using a step by step approach to develop skills, reduce anxiety and enable him to connect to his community.

*'My son is not the same person as he was in his care home and moving has made a big difference for him, showing his true personality. This has proved that with the correct support and understanding of an individual a true account can be captured of an individual's personality' - H's Mum*

## Growing our Shared Lives scheme

The Council-run Shared Lives scheme has had a successful year recruiting and approving new Shared Lives Carers, with 46 now employed and 66 people being supported. This is a flexible personalised service which provides people with the level of support they need to live independently in the community.

The support is provided by the Shared Lives Carers using their family home which enables someone to live an ordinary life at the heart of their community. The Carers value the person and promote their independence and choice and provide them with support in day-to-day living, their own personal space, emotional as well as physical support and a sense of belonging. The placements are made by the City Council Shared Lives Scheme.

The scheme approves and trains the Shared Lives Carers, matches the needs of people seeking a service with Shared Lives Carers, and monitors their placements which can be for an extended stay or a short break.



### Case Study 3: Mr I

The Shared Lives Scheme is particularly proud of their success in supporting Mr I to return back to Coventry after many years in a residential home in Devon.

The Scheme used innovative methods of communication to maintain links between the gentleman and professionals in Coventry and Devon, reducing the need for long distance meetings. Skype was used to make regular contact introducing the person and the Shared Lives Carer, making the first face to face contact more familiar and relaxed as he stated he felt he already knew everybody.

This has given Mr I the opportunity to return to his home town, re-establish old friendships and familiarise himself with his local community. The carer has invested time and support with Mr I by reintroducing some independent living skills that had been restricted in the residential home. This return also provided a more cost effective package of care than the expensive residential placement. The Shared Lives placement has not compromised the level of support he receives, but further enhanced his independence and lifestyle choices.



vi. *Effective enablement, prevention and well-being*

### Discharge to Assess

People who are admitted to hospital may potentially need support when they are discharged, but it is possible to get an inaccurate view of their care needs in a hospital setting when they are often at a low point in terms of their health. This might mean that they leave hospital and move into a care setting that could be unsuitable for them, or they may be provided with services that they do not need.

Therefore we have worked with NHS colleagues to design new pathways out of hospital into short term services which better suit people's immediate care needs, and which presents an opportunity to assess whether they need any longer term help, and what this might be.

These "Discharge to Assess" pathways comprise services delivered to people in their own homes, in Housing with Care schemes, or in residential care homes. They provide the best opportunity to assess a person's needs so they can be provided with appropriate longer term support if required, and avoid unnecessary delays in an acute hospital setting.

### Case Study 4: Mr S

Mr S has dementia and was admitted to hospital following a fall in which he suffered a fractured hip and consequently had a hip replacement. Prior to hospital admission Mr S lived with his wife and was fully independent. Due to his hip replacement Mr S's mobility had deteriorated during his stay in hospital and it was identified that he would require support when discharged. He was referred to the dementia reablement service and following the initial assessment it was agreed that he would receive 2 care calls each day, one in the morning to support him with personal care and medication and one in the evening to support him to get ready for bed.

Once Mr S was discharged from hospital an Occupational Therapist worked with him to practice his mobility, initially within his home and then out in his community and to identify suitable walking aids to support him to be able to go out for walks with his wife. He now has a 4 wheeled walker which he uses safely when outdoors.

The reablement service has proved to be a positive experience with good outcomes for Mr S. With this support, he has now settled back at home with the appropriate equipment and resources in place and is now independently accessing his local community and can complete most activities of daily living without support.



### vii. Mature Partnerships

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

The integration of health and social care has been a long standing policy ambition of central government 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.

In this respect the Council has been working closely with partner organisations across the health and social care system in Coventry and across Warwickshire to develop plans and implement projects that facilitate the joining up of, and the efficient investment in, health and care services.

This has been taking place across two overlapping but complimentary change programmes. Firstly, the Better Health, Better Care, Better Value programme is focusing on the triple aims of the Sustainability and Transformation Plan (STP) for improving health, reducing the care and quality gap and addressing the financial sustainability of health and care across the wider geographical footprint of the Coventry and Warwickshire.

Secondly, the Better Care Fund (BCF) programme which was first implemented in April 2015 is a partnership agreement between the City Council and the CRCCG whereby the NHS and local authority contribute an agreed level of resource into a single pot, called a pooled budget, that is then used to drive integration and lead to the development, improvement and joining up of new and existing services.

Delivering our Better Care programme is an important step in the achievement of the local commitment to the integration of health and social care.



## viii. Committed Workforce

### Workforce Development Board

We have established an Adult Services Workforce Development Board which enables an increased focus on the workforce development needs within adult services. This is much more than training and includes recruitment, retention, development, workforce planning and practice development.

A training needs analysis was completed and an internal 'learning and development' brochure has been produced which identifies a range of learning opportunities. The training on offer will fully support staff across adult services to meet all regulatory and personal requirements and support their professional development.

During 2016/17 a number of training events have been held regarding adult safeguarding, palliative, end of life and bereavement support and assessing capacity and 'best interests' decision making. This training activity is now complimented with a number of team based action learning sets to support staff to be up to date with legal frameworks and to support the adoption of more personalised approaches, thinking creatively with individuals and their families when planning their care and support.

### Practice Quality Assurance

We have developed a Practice Quality Assurance Framework which aims to support a consistent approach to how we assure, evidence and improve our social work and social care service. The Care Act 2014 and The Mental Capacity Act 2005 set clear expectations for adult social care practice and enhancing the way we work with customers and carers is at the heart of the Care Act 2014.

The framework proposes the specific methods that we will use to provide assurance that social work and social care practice is of a satisfactory level of quality. The framework uses a combination of approaches and varying degrees of audit at both practitioner and organisational levels.

Following a series of briefings to team leaders and senior practitioners we formally commenced the use of the framework in early 2017.

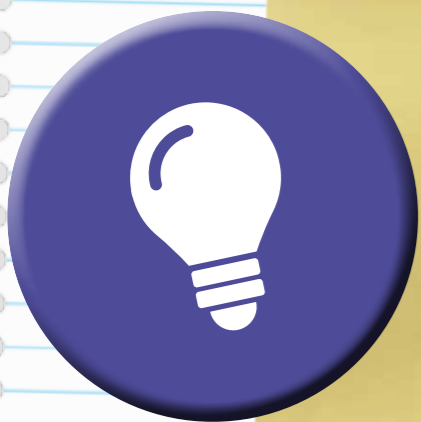
### Communicating and engaging with our staff

Communication is one of the most important aspects of being able to work effectively with immediate colleagues and as part of a wider team of people that work to deliver effective adult social care. We have started a regular monthly email newsletter to improve staff knowledge of what's going on in adult social care both in the Council and beyond.

This is just one of the things we have implemented to improve our communication and engagement. Other activities include regular 'Adult Service Roadshow' Events designed to raise awareness of the Adult Social Care agenda including key activities, developments, promote the involvement and engagement of all staff and celebrate success. We have also introduced a range of other approaches including; developing front line practice engagement forums, supporting mechanisms to value and celebrate the work of staff such as the City Council 'Phoenix Awards' and capturing examples of best practice via 'storyboards' and creating an evidence bank of best practice.







## ix. Innovative

### Information Directory and Self-Assessment

Members of the public have told us that they want to be able to easily access information at a time that suits them. This has been our driving intent behind the development of our information directory and self-assessment tools. The directory provides information about the variety of support available across Coventry including voluntary, third, private and public sector provision. The self-assessment tool allows individuals, or their carers, to complete a series of short questions. The system then advises whether they would benefit from a further assessment of need with a professional. Since the launch of the self-assessment over 500 have been completed, of which 75% have resulted in no further follow up, with people choosing to self-support using the information available in the directory.

### Financial Assessment Advisory Tool

As part of the Council's drive for digital innovation we in adult social care are always looking at opportunities to provide the public with digital tools that enable them to self-support. The financial assessment advisory tool has been designed so anyone can complete a series of quick questions about their financial circumstances. Following this the system will advise whether they would be likely to have to contribute to the cost of care services. This information will help people make a decision about how they access support as and when they need it. Within the first two months of the tool being live it had been used by over 40 people.



## x. High Performing

### Adult Social Care Outcomes Framework (ASCOF)

Coventry's performance across the Adult Social Care Outcomes Framework (ASCOF), which reports annually across a range of national indicators, has improved in comparison with 2015/16. There has been improvement in 14 (54%) measures, 3 (11%) have remained the same and 9 (35%) measures have declined compared with 2015/16. Performance has improved in:

- higher proportion of people receiving a personal budget or direct payment,
- more people with a learning disability as their primary support reason are in employment and living in their own homes;
- reducing number of nursing/residential care admissions
- higher proportion of people aged 65+ still at home 91 days after receiving STSMI following discharge from hospital

There was positive improvement on several measures sourced from the Adult Social Care Survey including those under the headings of 'Enhancing quality of life for people with care and support needs' and 'Ensuring people are safe and protected from avoidable harm'. This demonstrates that the various actions undertaken within Adult Social Care in the past year are having a positive impact in improving the experience of people in receipt of services.

## Improving our response

Work has progressed on reducing waiting lists and response times for assessments, and there has been a marked improvement in both the number of people waiting and the speed of completion. This has focused on social worker and team leader performance and through-put including setting out clear expectations, in terms of the professional contact they have with people they are working with.

Social care managers now have access to performance reports, enabling people to be allocated a social worker more quickly, and improving customer service. Additionally a public-facing document has also been produced, detailing what members of the public can expect from Adult Social Care:

[http://www.coventry.gov.uk/info/78/care\\_and\\_support/980/assessments\\_eligibility\\_and\\_support\\_planning/7](http://www.coventry.gov.uk/info/78/care_and_support/980/assessments_eligibility_and_support_planning/7)

In addition to this we are establishing a consistent adult social care approach and have developed common responses to contacts between the Older People Service and the All Age Disability Service for Younger Adults. Whilst our delivery may need to differ, the process that we all follow is now aligned and common expectations and operating procedures have been implemented. The results show a 20% reduction in cases that are waiting for a social worker to respond following an initial contact.



## Awards

## Awards

In the recent Coventry City Council Phoenix Awards the following Adult Social Care staff celebrated success.

### Team of the year - Eric Williams House

The team of 77 provides a residential dementia care service, adapting to each person's unique needs and helping to keep many out of hospital.

The team works with others across healthcare and runs many fantastic services and is no stranger to awards, having earned many over the years for work in promoting each person's sense of control and self-worth.

### Manager of the year - Sue York

Sue has been a manager within Learning Disability Day Opportunities for the past 10 years and regularly shows her outstanding leadership skills and flexible approach by managing three very different centres.

Sue has led by example and inspires confidence throughout the whole team.

Her team says she is open and honest and supports staff and volunteers with their own personal development, helping them to be the best they can be.

Sue has led all three services through times of change and has confidently and successfully managed difficult situations. She makes everyone feel their input is valued and respected and it's not just the team that benefits, but the communities who use the centres.



## What's next - Key areas of development for Adult Social Care 2017/18

The work of Adult Social Care is a process of continuous change and improvement as we strive towards delivering support based around the individual and their carers within the resources we have available. Making further progress on the delivery of our strategic intent is the focus for 2017/18 and beyond along with working ever closer with health colleagues on areas where there are clear benefits to be gained from integration.

The key areas we are developing in are:

- Increasing use of technology to make it easier for people to find out about Adult Social Care and how they can be supported
- Developing a community promoting independence approach which will support people to meet their outcomes at the earliest opportunity, through being preventative and proactive
- What we are doing and will do to provide effective and relevant support to people with learning and physical disabilities and their families and carers
- How people interact with social care and how we will work with them at each point this is often referred to as the 'customer journey'
- Focusing on the quality of practice and the workforce
- Our areas of joint working with health linked to both the Better Health, Better Care, Better Value programme and the Better Care Fund

## Glossary

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

Short-term support to maximise independence	Page 7	Support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council. At the end of the time limited support package a review or assessment for ongoing future need will take place to determine what will follow.
Ongoing Support	Page 8	Any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of national eligibility criteria and policies (i.e. an assessment of need has taken place) and is subject to annual review.
Direct payments	Page 9	A direct payment is the sum of money that you (or someone acting on your behalf) receive on a regular basis from your Council so you can arrange your own care and support, instead of the Council arranging it for you.
Safeguarding Enquiry	Page 11	A Safeguarding Enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult.
Deprivation of Liberty Safeguards (DoLS)	Page 12	The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.
Joint Strategic Needs Assessment (JSNA)	Page 15	The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within a local area.
Making Safeguarding Personal	Page 18	Engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
Individual Service Fund (ISF)	Page 19	If you want to use your personal budget from the Council to pay for support (such as home care) from a particular provider, the money can be held by that provider in an Individual Service Fund. You remain in control of what the money is spent on, but you don't have the responsibility of managing the budget yourself.

# Glossary continued

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

Discharge to Assess	Page 27	Discharge to Assess aims to help those who might need support on leaving hospital earlier, by arranging a care package to support them at home.
Housing with Care	Page 27	Housing designed for frailer adults and older people, with various levels of care and support available on site. People who live in Housing with Care have their own self-contained flats, their own front doors and a legal right to live in the property. Housing with Care is sometimes known as Extra Care Housing.
Sustainability and Transformation Plan (STP)	Page 29	STP's are five-year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based. In Coventry this is now referred to as the 'Better Care, Better Health, Better Value' programme.
Better Care Fund (BCF)	Page 29	The Better Care Fund 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.
Action Learning Sets	Page 30	Action learning sets are a simple way for individuals to learn from each other. Using the knowledge and skills of a small group of people, they involve stopping to reflect back on actions taken, drawing out learning from that reflection, and applying that learning to planned practice.
Financial assessment	Page 32	Once a local authority or trust has carried out a care needs assessment and worked out what care services people need, they'll carry out a financial assessment. This will work out if a person will need to contribute towards the cost of their care, and whether the local authority will pay for all or some of the care costs.
Adult Social Care Outcomes Framework (ASCOF)	Page 33	The ASCOF measures how well care and support services achieve the outcomes that matter most to people. The framework supports Councils to improve the quality of care and support services they provide and gives a national overview of adult social care outcomes.

## Contact us

POSTCARD

Adult Social Care



You can contact us about this report at:  
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**Telephone: 024 7683 3003**

More information about Adult Social Care can be found at:  
**www.coventry.gov.uk/adultsocialcare**



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**To:** Health and Social Care Scrutiny Board (5)

**Date:** 13<sup>th</sup> September 2017

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

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### **1 Purpose of the Note**

- 1.1 The purpose of this paper is to present the Coventry Drug and Alcohol Strategy 2017 – 2020 to the Health and Social Care Scrutiny Board (5), 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 & Social Care Scrutiny Board (5) 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 2017 -2020 (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. The group includes representatives from Police, Probation, Clinical Commissioning Group, service users, Coventry City Council elected member, Public Health, 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 been 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**

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Karen Lees, Programme Officer – Inequalities, People Directorate (02476 787455)

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# Coventry Drug and Alcohol Strategy 2017-2020





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# 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.”**

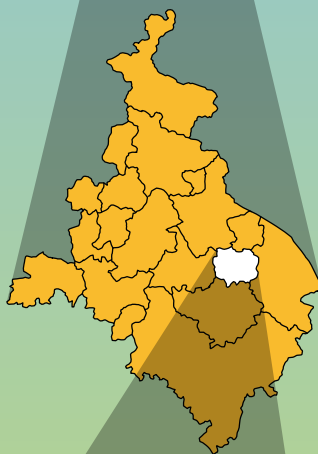
**“there is a strong link between high risk substance misuse and deprivation”**

# Emerging Themes

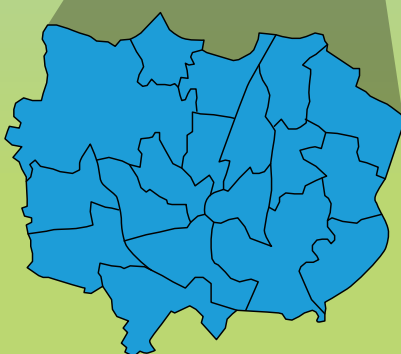
## National



## Regional



## Local



## 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.

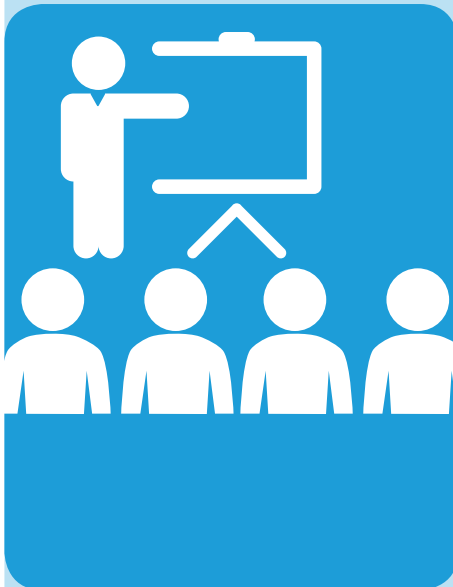
These local priorities align with the vision in the Council plan 2016 – 2024, which is for Coventry to become a Top Ten City by, amongst other factors, improving the quality of life for Coventry people (other indices that allow the city to be compared include the gross value added of the city's economy, 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.











# Coventry



# Drug and Alcohol Strategy 2017-2020



**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.
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- Target resources based on need, and targeting interventions in the right places
- Prioritise prevention and early intervention.

Please see page 2 onwards for background to items

<b>19<sup>th</sup> July 2017</b>
<ul style="list-style-type: none"> <li>- Update on Better Health, Better Care and Better Value Workstreams (STP)</li> <li>- Update on Joint Health and Overview Scrutiny Committee</li> <li>- Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts</li> </ul>
<b>13<sup>th</sup> September 2017</b>
<ul style="list-style-type: none"> <li>- Drugs and Alcohol Strategy</li> <li>- Safeguarding Adults Board Annual Report</li> <li>- Adult Social Care Annual Report (Local Account) 2016/17</li> </ul>
<b>11<sup>th</sup> October 2017</b>
<ul style="list-style-type: none"> <li>- System Performance, Winter 2017/18</li> <li>- Maternity and Paediatrics Work Stream Update</li> <li>- Better Care Fund</li> </ul>
<b>1<sup>st</sup> November 2017</b>
<ul style="list-style-type: none"> <li>- Visit to Coventry University</li> </ul>
<b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b>
<ul style="list-style-type: none"> <li>- Primary Care Sustainability and Planning</li> <li>- Out of Hospital</li> <li>- Proactive and Preventative Update</li> </ul>
<b>31<sup>st</sup> January 2018</b>
<ul style="list-style-type: none"> <li>- NICE Treatment Guidelines</li> <li>-</li> <li>-</li> </ul>
<b>7<sup>th</sup> March 2018</b>
<ul style="list-style-type: none"> <li>- Child and Adolescent Mental Health Services (CAMHS) Transformation Update</li> <li>- Coventry and Rugby CCG Financial Position</li> <li>-</li> </ul>
<b>25<sup>th</sup> April 2018</b>
<ul style="list-style-type: none"> <li>-</li> <li>-</li> <li>-</li> </ul>
<b>Date to be determined</b>
<ul style="list-style-type: none"> <li>- Better Health, Better Care, Better Value</li> <li>- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report</li> <li>- Stroke Services</li> <li>- Accountable Care Systems</li> <li>- Accessing Adult Social Care and managing demand</li> <li>- Adult Social Care Workforce</li> <li>- Director of Public Health Annual Report</li> <li>- Childhood Obesity</li> <li>- Medium Term Financial Strategy</li> <li>- Female Genital Mutilation</li> <li>- Employment and Mental Health</li> <li>- UHCW Transformation Plan</li> </ul>

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
19 <sup>th</sup> July 2017	- Update on Better Health, Better Care and Better Value Workstreams (STP)	There are 5 main strands to the work – proactive and preventative care, urgent and emergency care, planned care, maternity & paediatrics and productivity and efficiency. This will provide BS5 with an opportunity to identify further items for the work programme.	Andy Hardy/ Brenda Howard	Better Health, Better Care, Better Value Programme
	- Update on Joint Health and Overview Scrutiny Committee	To enable the Board to find out more about the purpose of the Joint Health and Overview Scrutiny Committee and how it links to SB5.	Julie Newman	Request from Scrutiny
	- Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts	SB5 to decide whether to establish a task and finish group to consider areas of work to improve the quality of housing and the health and wellbeing of Coventry residents.  To appoint Members to a Joint Coventry and Warwickshire Task and Finish Groups with Healthwatch and WCC to look at CWPT and UHCW Quality accounts. First meeting of each October 2017 Date TBC	Liz Gaulton	Request from Scrutiny
13 <sup>th</sup> September 2017	- Drugs and Alcohol Strategy	The strategy is due to be agreed at the Health and Wellbeing Board on the 10 <sup>th</sup> July. This will provide scrutiny with the opportunity to comment on and contribute to the action plan before the official launch.	Liz Gaulton Cllr Caan	Organisational requirements - CCC
	- Safeguarding Adults Board Annual Report	To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board.	Eira Hale	Organisational requirements – Adults Safeguarding Board

Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Adult Social Care Annual Report (Local Account) 2016/17	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Andrew Errington/ Mike Holden	Organisational requirements - CCC
<b>11<sup>th</sup> October 2017</b>	- System Performance, Winter 2017/18	To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.	UHCW/ CWPT/ Coventry and Rugby CCG/ CCC	Supports the Better Health, Better Care, Better Value Programme
	- Maternity and Paediatrics Work Stream Update	Brenda Howard will bring a report on the Maternity and Paediatrics work stream which forms part of the Better Health, Better Care, Better Value programme. Professor Meghana Pandit and Carmel McCalmont, UHCW and Jo Dhillon, Coventry and Rugby CCG have been invited to the meeting.	Brenda Howard	Better Health, Better Care, Better Value Programme
	- Better Care Fund	To provide an explanation of what the fund is, and how it will be used to enable existing strands of work including social care capacity, investment in prevention, supporting the NHS with delayed discharge, urgent care and sustaining a wider market around fees and transactions. There is also a piece of work planned to look as system change from pre-admission to admission which the Board may wish to look at.	Pete Fahy	Supports the Better Health, Better Care, Better Value Programme

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
<b>1<sup>st</sup> November 2017</b>	- Visit to Coventry University	Guy Daly will host a visit at Coventry University, giving Members the opportunity see the new Health Sciences Building and find out about the University's role in the Health Economy in Coventry.	Guy Daly	Request from Scrutiny/ Partnership Working
<b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b>	- Primary Care Sustainability and Planning	To include GPs and Community Pharmacies. Look at the CCG strategic plan to support primary care and how GP networks are developing across the City. There will be a particular focus on workforce and estates planning. Public Health are due to review the role of community pharmacies this year which provides an opportunity to input into the services provided in the future. Invite CCG, GPs and Community Pharmacy representatives.	Andrea Green	Supports the Better Health, Better Care, Better Value Programme
	- Out of Hospital	To look at the development of the infrastructure which supports the delivery of a more integrated model of care.	Andrea Green	Supports the Better Health, Better Care, Better Value Programme
	- Proactive and Preventative Update	A brief item to update the Board on the work being undertaken as part of the Proactive and Preventative workstream.	Brenda Howard	Better Health, Better Care, Better Value Programme
<b>31<sup>st</sup> January 2018</b>	- NICE Treatment Guidelines	To ask the CCG to explain which treatments are not offered according to NICE Guidelines, and the rationale behind these decisions.	Andrea Green	Request from Scrutiny

Health and Social Care Scrutiny Board Work Programme 2017/18

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
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	-			
<b>7<sup>th</sup> March 2018</b>	- Child and Adolescent Mental Health Services (CAMHS) Transformation Update	Following a meeting in March 2017, it was agreed an update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, An update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, Members to be given a viewing of the new website/ app being developed to provide information to children, young people and their carers including self-help and online counselling.	Jak Lynch, Alan Butler, Matt Gilks	Supports the Better Health, Better Care, Better Value Programme
	- Coventry and Rugby CCG Financial Position	To look at the finances of the CCG to include a review of financial year 2017/18 and a look forward at the organisations financial plans for 2018/19.	Andrea Green	Organisational requirements - CCG
	-			
<b>25<sup>th</sup> April 2018</b>	-			
	-			
	-			
<b>Date to be determined</b>	- Better Health, Better Care, Better Value	To consider the Better Health, Better Care, Better Value work strands at appropriate points throughout the year.	Andy Hardy/ Brenda Howard	Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report	A progress report on the outcome of the next CQC Inspection due in June 2017 be submitted to a future meeting of the Board.	Simon Gilby	Organisational requirements - CWPT
	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit/ Andrea Green	Better Health, Better Care, Better Value Programme
	- Accountable Care Systems	NHS England has recently outlined ambitions for sustainability and transformation partnerships (STPs) to evolve into 'accountable care systems' (ACSs). The Board will scrutinise what these are and what this could mean for Coventry.	Andy Hardy/ Andrea Green	Better Health, Better Care, Better Value Programme
	- Accessing Adult Social Care and managing demand	To look at how we manage demand and expectations when people first approach Adult Social Care. The service has introduced new technology to help people manage their own support and improve the response time for those who are eligible for assessment/support.	Pete Fahy	Organisational requirements - CCC
	- Adult Social Care Workforce	To consider workforce planning for the service including recruitment and retention and to consider how we manage quality within social work practice.	Pete Fahy	Organisational requirements - CCC



Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Director of Public Health Annual Report	To present information on the annual report for 2017/18 and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Childhood Obesity	To look at the work going on across the city to reduce rates of childhood obesity.	Liz Gaulton Cllr Caan	Request from Scrutiny
	- Medium Term Financial Strategy	To consider savings proposed in the MTFs at an appropriate time.	Gail Quinton/ Pete Fahy/ Liz Gaulton	Organisational requirements - CCC
	- Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.	Liz Gaulton Cllr Caan	Organisational requirements - CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme
	- UHCW Transformation Plan	To discuss the UHCW Transformation Plan including the work being done with the Virginia Mason Institute to improve patient experience. The Virginia Mason programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous	Andy Hardy/ David Eltringham	Organisational requirements - UHCW

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		improvement. This will be an opportunity to hear and possible see, the benefits of the programme.		