

**Time and Date**

9.30 am on Thursday, 11th October, 2018

Place

Committee Room 3 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 6)
 - a) To agree the minutes of the meeting held on 4th July, 2018
 - b) Matters arising
4. **Exclusion of Press and Public**

To consider whether to exclude the press and public for the item(s) of private business for the reasons shown in the report.
5. **Adult Social Care Complaints and Representations Annual Report 2017/18** (Pages 7 - 30)

Report of the Deputy Chief Executive (People)
6. **Market Position Statement - Adult Care Services 2018** (Pages 31 - 94)

Report of the Deputy Chief Executive (People)
7. **Deprivation of Liberty Safeguards - Meeting the Challenges** (Pages 95 - 104)

Report of the Deputy Chief Executive (People)
8. **Adult Social Care - Market Cost Pressures and Fee Rates Uplift 2018/19** (Pages 105 - 112)

Report of the Deputy Chief Executive (People)
9. **Outstanding Issues** (Pages 113 - 116)

Report of the Deputy Chief Executive (Place)

Private business

10. **Adult Social Care - Market Cost Pressures and Fee Rates Uplift 2018/19**
(Pages 117 - 126)

Report of the Deputy Chief Executive (People)

(Listing Officer: Jon Reading tel: 02476 294456)

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

Martin Yardley, Executive Director, Place, Council House Coventry

Wednesday, 3 October 2018

Note: The person to contact about the agenda and documents for this meeting is Michelle Rose Tel: 024 7683 3111 Email: michelle.rose@coventry.gov.uk

Membership: Councillors F Abbott (Cabinet Member)

By invitation Councillors T Mayer (Shadow Cabinet Member)

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.

Michelle Rose

Tel: 024 7683 3111 Email: michelle.rose@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Cabinet Member for Adult Services held at 9.30 am on
Wednesday, 4 July 2018

Present:

Members: Councillor F Abbott (Cabinet Member)

Employees (by Directorate):

People P Fahy, J Reading, M Shakespeare
Place M Rose, J White

Apologies: Councillor Mayer

Public Business

30. Declarations of Interest

There were no Disclosable Pecuniary Interests.

31. Minutes

The minutes of the meeting held on 29th March, 2018 were agreed and signed as a true record.

32. Managing Care Market Failure

The Cabinet Member considered a report of the Deputy Chief Executive (People) regarding managing care market failure. The report noted that the Council was committed to ensuring that it commissions or delivers the best quality services possible within the available resources.

A key requirement of the Care Act (2014) was a duty on local authorities to ensure safe and sustainable care and support provision through effective market shaping. In addition local authorities were required to have plans in place to be used should there be failure of either a single provider organisation or a number of organisations.

The Council's approach addresses market/provider failure in relation to social care provision. This included services that may also cater for people supported solely through the NHS through, for example, using Continuing Health Care funding. Services covered include provision regulated by the Care Quality Commission for example, nursing and residential homes, housing with care and home support agencies and non-regulated services such as day opportunities and community meals suppliers. The approach was not intended to cover provision which was commissioned by the NHS such as hospitals and community health services.

In order to meet its legal duties in respect of Market Failure the Council developed a process for responding to situations ranging from large scale disruption, including failure of a major care provider affecting many service users, to smaller

scale difficulties, such as the temporary unavailability of a particular service, for example, a small care home affected by flood or fire. This process was endorsed by the Cabinet Member for Health and Adult Services on 14th December 2015 (minute 16/15 refers).

The Care Quality Commission (CQC) had a parallel responsibility for maintaining a Market Oversight regime designed to respond to significant care market failures likely to affect large numbers of vulnerable people in multiple authorities or smaller numbers supported in services that were very specialist and therefore difficult to replace. The Council worked closely with CQC to ensure appropriate sharing of intelligence and alerts around the potential for market failure.

There had been three exits from the local market over the last 3 years (two care homes and 1 home support provider) from a total of around 120 registered services, however, these had all been small scale and well managed in cooperation with the agencies involved along with CQC and Coventry and Rugby Clinical Commissioning Group (CRCCG) colleagues.

However, the Local Government Association (LGA), Association of Directors of Social Services (ADASS), CQC, Local Authorities and care market organisations recognise an ongoing risk around the potential for major market failure given well documented concerns about financial sustainability of the market in the context of ongoing austerity.

In September 2017, The Association of Directors of Adult Social Services (ADASS) produced a guide for local authorities in respect of regional responses to provider failure outlining key principles, and a checklist of prompts and questions for Regions to use in the event of market failure. This was followed in May 2018 by a briefing designed by ADASS in conjunction with the Local Government Association (LGA) and included a series of top tips for responding to market failure in the context of 3 priorities:

- Ensuring continuity of care and support for people using the services
- Supporting the failing provider to retain its workforce
- Communicating with service users and their relatives to provide reassurance that continuity of care was the priority

The Council's proposed contingency planning approach had been updated to reflect this additional guidance and ensure that the approach remained robust in the context of a changing landscape.

The Cabinet Member discussed with officers present the following:

- Procedure
- Mapping capacity and provision in the city
- Early warnings
- The 3 exits from the local market over the last 3 years
- Service user support
- Resource implications
- Reviewing the plan annually

RESOLVED that the Cabinet Member

- 1) **approve the updated contingency plan to be used in cases of market failure.**
- 2) **approve the Plan be reviewed annually as part of the Business Plan at the Adult Commissioning Board and any significant policy changes to be considered by the Cabinet Member**

33. **Review of the City Councils Direct Payment Policy 2018**

The Cabinet Member considered a report of the Deputy Chief Executive (People) regarding reviewing the City Council's Direct Payment Policy 2018.

The underlying principle of self-directed support was to enable adults, carers, young carers and parents of disabled children to take greater control of their lives and the support they receive so that they can make decisions, manage their own care and support arrangements and risks. This puts people at the centre of assessing their own needs and tailoring their own support.

Direct Payments enabled adults, carers, young carers and parents of disabled children to have control over spending their social care funding and facilitate a greater degree of choice than would otherwise be available in how their support is delivered. This can be achieved for example through employing one or more personal assistants or through spending all or part of a personal budget with an agency who supply support workers to assist with meeting social care eligible needs.

A review of the existing Direct Payments Policy 2013 had been undertaken to ensure the policy enabled Coventry City Council to embed personalisation in practice giving adults, carers, young carers and parents of disabled children more choice, control and flexibility over their care and support improving life chances, and leading to independent and fulfilling lives. A key mechanism for delivering choice and control was by offering and arranging direct payments for adults, carers, young carers and parents of disabled children. It was recognised that the 2013 Policy needed to be reviewed to ensure it was more user friendly for the public, service users and staff. This had taken some time to complete due to the amount of work involved in amending the policy. Any changes made to the policy had been made in line with the Care Act (2014) and the Children and Families Act (2014). This report outlined the changes to the policy.

The Cabinet Member discussed with officers the following:

- Direct payment popularity
- Monitoring
- Progress
- Reviewing the policy

RESOLVED that the Cabinet Member

- 1) **approve the revised Direct Payment policy updated in line with legislation.**

- 2) **request that the Policy be reviewed annually as part of the Business Plan at the Independent Living Steering Group and any significant policy changes to be considered by the Cabinet Member.**

34. **Outstanding Issues**

The Cabinet Member considered a report of the Deputy Chief Executive (Place) that contained a list of outstanding issue items that would be submitted to future meetings and summarised the current position in respect of each item.

RESOLVED that the Cabinet Member for Policing and Equalities approves the future consideration of matters relating to the outstanding issue items listed in the report.

35. **Any other public business which the Cabinet Member decides to take as a matter of urgency because of the special circumstances involved.**

There were no other items of business.

(Meeting closed at 10.20 am)



Coventry City Council

Cabinet Member for Adult Services

11 October 2018

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor Abbott

Director approving submission of the report:

Deputy Chief Executive (People)

Ward(s) affected:

All

Title:

Adult social care complaints and representations annual report 2017/18

Is this a key decision?

No

Executive summary:

Adult services have a statutory duty arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. There is also a duty under the regulations to produce and publish an annual report.

This report sets out the details of the complaints and representations across Coventry's adult services in 2017/18. It highlights the service improvements and learning from feedback and includes information on future developments in complaint handling and reporting.

Recommendations:

The Cabinet Member is recommended to:

- (1) Approve publication of the Council's annual report in relation to complaints and representations in adult social care in 2017/18.

List of appendices included:

Appendix I – Adult social care complaints and representations annual report 2017/18

Appendix II – Coventry City Council Complaints Handling Guidance

Background papers:

None

Other useful documents

Adult social care comments, compliments and complaints

https://www.coventry.gov.uk/info/194/have_your_say/562/

Complaints Managers' Group (May 2016) Good Practice guidance for handling complaints concerning adults and children social care services <https://www.adass.org.uk/media/5360/good-practice-guidance-final-09062016.pdf>

Local Government and Social Care Ombudsman Guidance for bodies in our jurisdiction to support good complaint handling <https://www.lgo.org.uk/information-centre/reports/advice-and-guidance/guidance-notes>

Has it been or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

Report title:

Adult social care complaints and representations annual report 2017/18

1 Context (or background)

1.1 Adult services have a statutory duty arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. The system provides a means for resolving issues and listening to the views of those who use or are affected by adult services. Where things have gone wrong it enables the Council to put things right, learn from the experience and make the necessary improvements.

2 Options considered and recommended proposal

2.1 There were **59** statutory complaints made within the year, compared to 67 in 2016/17 and 54 in 2015/16. **35** (60%) of these complaints were fully or partially upheld, compared to 37 (55%) in 2016/17 and 61% in 2015/16.

2.2 In addition to the figures above, 10 informal complaints were received in 2017/18, down from 13 in 2016/17. These are complaints resolved/handled at the point of delivery. In line with our complaints policy and in line with best practice, most concerns are dealt with on an informal basis, for example, by social care providers; and may not be reflected in the figures in this report.

2.3 In 2017/18, the Local Government and Social Care Ombudsman (LGO) considered 8 complaints or enquiries to adult social care, of which one was investigated and upheld. This is a decrease from 13 complaints or enquiries and eight investigations and seven upheld in 2016/17.

2.4 Adult social care services are committed to learning from customer feedback. Where complaints highlight that things have gone wrong, managers must identify any remedial and developmental action required to improve service delivery. Feedback from compliments provides an equally valuable message; clearly affirming when services make a difference and personal qualities have added value to the outcome for users and carers.

2.5 While there are no externally prescribed timescales for the resolution of complaints, the Council's internal guideline is to resolve complaints within 20 working days. Performance on this standard is monitored by the Adult Social Care Management Team. It is normal practice to inform complaints should an extension be required. Most often, extensions are sought due to the complexity of particular complaints, including where the complainant supplies additional information/evidence part way through an investigation. In 2017/18, 52.5% of complaints (31 of 59) were resolved within 20 working days, up from 48% a year ago (32 of 67).

2.6 Appendix I sets out the trends in complaints and representations across Coventry's adult services in 2017/18. It highlights the service improvements and learning from feedback and includes information on future developments in complaint handling and reporting. Key issues for 2017/18 include: improving communication between commissioning and providing bodies, responsibilities of providers in relation to service users making "unwise" decisions; and delays / waiting time for assessment decisions.

2.7 Appendix II sets out the Council's complaints handling guidance.

3 Results of consultation undertaken

3.1 None identified or undertaken.

4 Timetable for implementing this decision

4.1 Areas for development and improvement have been included within the divisional and relevant team plans for 2018/19.

5 Comments from Director of Finance and Corporate Services

5.1 Financial implications

There are no direct financial implications associated with this report. Financial remedies resulting from any complaints are typically paid out of service budgets. In 2017/18, one complaint to the Local Government and Social Care Ombudsman was investigated and upheld. This did not incur financial remedy or reimbursement. All complaints relating to financial issues were investigated and rectified accordingly.

5.2 Legal implications

This report meets the legal requirement for the Council to prepare an annual report for each year which must: (a) specify the number of complaints received; (b) specify the number of complaints which were decided to be well-founded; (c) specify the number of complaints which the responsible body has been informed have been referred to the Local Commissioner to consider under the Local Government Act 1974; and (d) summarise (i) the subject matter of complaints that the responsible body received; (ii) any matters of general importance arising out of those complaints, or the way in which the complaints were handled and (iii) any matters where action has been or is to be taken to improve services as a consequence of those complaints.

6 Other implications

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

This annual report sets out the progress made by the service towards the Council Plan vision to be locally committed, by improving the quality of life for Coventry people, by contributing to the priority to protect our most vulnerable people.

6.2 How is risk being managed?

There are reputational as well as financial risks when things go wrong. It is, therefore, important that the Council takes action and learns from the outcome of complaints. The Adult Social Care Management Team routinely considers complaints as part of regular performance management.

6.3 What is the impact on the organisation?

The co-ordination and management of complaints involves considerable officer time. Therefore, where things have gone wrong, it is important for the Council to put things right, learn from the experience and make the necessary improvements. The feedback that is received from complaints and other representations is reported to managers on a regular basis to inform service planning and improvements.

6.4 Equalities and equality and consultation analyses (ECA)

ECAs have been built into the delivery of work within adult social care services. As part of continuous improvement, the service will continue to review the integration of equality and diversity into operational practice and performance monitoring.

The complaints officer will collect data on complainants by protected characteristics such as ethnicity, sex and disability status from 2018/19 onwards. This will enable the Council to

identify if its complaints policy is operating as intended, eliminate discrimination and advance equality of opportunity in line with the public sector equality duty.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Although the Council directly provides some adult services, the majority of provision is commissioned from independent organisations in the private or voluntary sector. Although the Council retains responsibility for the quality of contracted services, there is equally a responsibility of partner agencies to comply with specified quality standards and, in the case of regulated services meet the requirements of national care standards inspected by the Care Quality Commission.

Report author(s):

Name and job title:

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Complaints Officer

Directorate:

People

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Enquiries should be directed to the above person.

03/10/2018 13:31:31

Contributor/ approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Sally Caren	Head of Social Work Services (Mental Health and Sustainability)	People	12/09/2018	17/09/2018
Ian Bowering	Head of Social Work (Prevention & Health)	People	12/09/2018	17/09/2018
Jaspal Mann	Equality and Diversity Officer	People	12/09/2018	13/09/2018
Wendy Ohandjanian	Equality and Diversity Officer	People	12/09/2018	13/09/2018
Jon Reading	Head of Commissioning and Provision	People	12/09/2018	17/09/2018
Michelle Rose	Governance Services Officer	Place	12/09/2018	17/09/2018
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance Manager	Place	12/09/2018	12/09/2018
Legal: Katrina Reynolds	Lawyer	Place	12/09/2018	13/09/2018
Gail Quinton	Deputy Chief Executive (People)	People	18/09/2018	18/09/2018
Pete Fahy	Director of Adult Services	People	12/09/2018	18/09/2018
Members: Councillor Faye Abbott	Cabinet Member (Adult Services)		12/09/2018	12/09/2018

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

Adult social care complaints and representations annual report 2017/18



Adult social care 20 17/ 18 complaints & representations key facts & figures

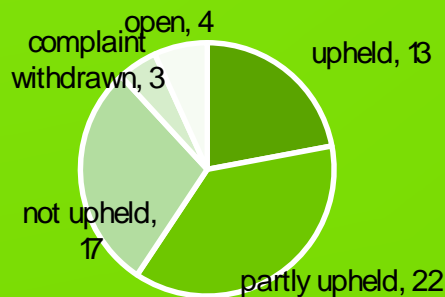


There were **3,230** adults in long-term support as of 31 March 2018.



In 2017/18, the Council received **59** complaints about adult social care, compared to 67 in 2016/17.

Of the 59 complaints, just over half were at least partially upheld:



The Council aims to resolve complaints within 20 working days. In 2017/18, **53%** were resolved within 20 working days, up from 48% in 2016/17 and from 28% in 2015/16.

The most common things people complained about were...



In 2017/18, we received **135** compliments; up from 66 last year. These were all about the standard of care provided at care homes for older people.

If a complainant remains unhappy after completing the Council's complaints process, they may take their complaint to the Local Government and Social Care Ombudsman (LGO). In 2017/18, the LGO received **8** adult social care complaints. They investigated (and upheld) **1** complaint.

Listening to service users' complaints helps services improve by helping managers identify changes that are required. Key learning points from 2017/18 include: communication between commissioning and providing bodies; responsibilities of providers in relation to service users making "unwise" decision; and delays / waiting time for assessment decisions.

Comments, compliments and complaints about adult social care

You have the right to receive a good level of service. Listening to your views helps adult social care services to put things right and improve things for the future, so your comments, compliments, complaints and suggestions are important and always welcome. You can contact the adult social care complaints officer by phone to **0800 269851** or online at www.coventry.gov.uk/form_speakup/ or by email to AdultSocialCareCustomerRelations@coventry.gov.uk

Introduction

Local authorities are required by law, via the National Health Services and Community Care Act 1990 and the Local Authority Social Services and National Health Services Complaints Regulations (England) 2009, to have a system for receiving representations by or on behalf of people in need of adult social care support who have a range of support needs due to a disability or frailty. Services cover assessment and case management, direct service provision or the arrangement of a range of services, including: support at home, day opportunities, supported housing, intermediate, residential and nursing care or provision of equipment. This report provides information about comments, compliments and complaints received in relation to adult social care services responded to under Coventry's complaints procedures, from 1 April 2017 to 31 March 2018. It makes reference to the range of representations received and any trends and issues that emerged.

Summary

There were 59 statutory complaints made within the year, compared to 67 in 2016/17. 60% of these complaints were fully or partially upheld, compared to 55% in 2016/17.

In addition to the figures above, 10 informal complaints were received during 2017/18, compared to 13 received in 2016/17. These are complaints resolved/handled at the point of delivery. In line with our complaints policy and in line with best practice, most concerns are dealt with on an informal basis, for example, by social care providers; and may not be reflected in the figures in this report.

Promoting access and responding to feedback

Representations from people who came into contact with adult social care and their families provide a useful source of information about quality of service delivery, professional practice and the outcome of decisions we make that affect their care and support. A key part of the complaints process is how the Council learns from negative experiences and use this to improve what we do. Adult social care services always welcomes feedback, whether this is positive or negative and there are a number of ways in which people can make their views known.

Ways in which people can provide feedback about adult social care include telephoning or emailing the contact centre; direct contact to the service area or team; or writing to AdultSocialCareCustomerRelations@coventry.gov.uk.

The Council's website also provides information on how to make a complaint, advocacy services and the statutory complaints process.

About the complaints

Where possible, issues/complaints are handled at the point of delivery. It is when a person feels that they are still not satisfied, then it is recorded as a formal complaint and investigated as such. The length of time to investigate and resolve complaints depends on their complexity. Where there are particular complexities that will require an elongated period of investigation, a timescale is agreed with the complainant.

The number of complaints has decreased from 67 in 2016/17 to 59 in 2017/18. There is no single identifiable reason for this decrease. The number of complaints and their outcomes are detailed below.

Complaints 2017/18 vs 2016/17

Outcome	2017/2018		2016/2017	
<i>Upheld</i>	13	22%	15	22%
<i>Partly Upheld</i>	22	37%	22	33%
<i>Not upheld</i>	17	29%	22	33%
<i>Complaint withdrawn</i>	3	5%	6	9%
<i>Open</i>	4	7%	2	3%
Total	59		67	

How people complained

Method	2017/2018	2016/2017
<i>Email</i>	32	53
<i>In Person</i>	0	0
<i>Letter</i>	5	8
<i>Online form</i>	20	6
<i>Phone</i>	1	0
<i>Not categorised</i>	1	0
Total	59	67

Summary of Complaints by Service Area:

Service Area	2017/18	2016/17
<i>All Age Disability</i>	16	13
<i>Adult Commissioning</i>	9	10
<i>Older People</i>	8	0
<i>Community Services 65+</i>	6	9
<i>Mental Health</i>	5	7
<i>Not recorded</i>	5	0
<i>Occupational Therapy Service</i>	4	2
<i>Prevention & Health</i>	1	0
<i>Independent Living Team</i>	1	1
<i>Opal</i>	1	3
<i>START Team</i>	1	1
<i>Dementia & short term</i>	1	0
<i>Customer services</i>	1	0
<i>Deprivation of Liberty Safeguards</i>	0	1
<i>Elsie Jones House</i>	0	1
<i>Emergency Duty Team</i>	0	1
<i>Finance</i>	0	1
<i>Front Door & Intake</i>	0	10
<i>Hospital Social Care Service</i>	0	3
<i>Knightlow Lodge</i>	0	1
<i>Monitoring and Response Service (ESU)</i>	0	1
<i>Safeguarding</i>	0	2
Total	59	67

Statutory complaints regarding external providers

There is a statutory responsibility for providers of residential and domiciliary care services to have a complaints procedure that complies with the Care Homes Regulations 2001, the Care Standards Act 2000 and the National Minimum Standards stipulated by the Care Quality Commission. There is an expectation that the client pursues a complaint with provider organisations through the providers own complaints procedures. However, if the client is dissatisfied with the response of the provider or, if they wish to pursue the complaint through the statutory adult social care complaints process, they have the right to do so. Where

possible, we encourage complainants to utilise the providers' complaints procedures in the first instance as this enables the complaint to be dealt with at source as opposed to through the Council.

Complaints regarding external providers are monitored through contract monitoring purposes and, where required, providers produce action plans to deliver service improvements.

In July 2018, the Local Government and Social Care Ombudsman set out a new statement which sets out best practice in receiving and dealing with comments, complaints and feedback about their services. Councils and care providers are being encouraged to adopt the new statement. This can be found at: <https://www.lgo.org.uk/information-centre/news/2018/jul/adult-social-care-guides-launched-to-help-providers-deal-with-complaints-better>.

Timescales

There are no externally prescribed timescales for the resolution of complaints. The only stipulation within the regulations is that timescales should be reasonable and that the complaints process should be concluded within six months. It is acceptable to extend this deadline with the agreement of the complainant.

As there is no specific required, the approach taken is to agree a timescale with the complainant. It is normal practice to inform complaints should an extension be required. Most often, extensions are sought due to the complexity of particular complaints, including where the complainant supplies additional information/evidence part way through an investigation. In these instances the complainant is contacted with an explanation for the delay and the likely revised timescale.

As a benchmark for monitoring the timescale for completion of complaints, adult social care has an internal guideline that complaints should be completed within 20 working days. Performance on this standard is monitored by the Adult Social Care Management Team. This year's performance against the target is shown in the table below:

Complaint Stage	Timescales	2017/18	2016/17
<i>Stage 1</i>	Within 20 working days	31 (52.5%)	32 (48%)
	Over 20 working days	28 (47.5%)	35 (52%)
TOTAL		59	67

Where the 20 working days timescale has been exceeded, this is generally in association with the more complex cases, a number of which include safeguarding issues across more than one agency.

Timeliness of complaints (within 20 working days) have improved with 52.5% of complaints resolved within 20 working days in 2017/18, compared to 48% in 2016/17.

A number of cases are expected to exceed timescales significantly as they are subject to court proceedings and therefore timescales are outside of the control of the local authority.

Ombudsman Enquiries

The Local Government and Social Care Ombudsman (LGSCO) considered 8 complaints or enquiries to adult social care, of which one complaint was investigated and upheld. This is a reduction from 13 complaints or enquiries in 2016/17 of which 8 were investigated and 7 upheld.

Messages, learning points and service improvements

Adult social care services are committed to learning from customer feedback. Where complaints highlight that things have gone wrong, managers must identify any remedial and developmental action required to improve service delivery.

Compliments

Feedback from compliments provides an equally valuable message, clearly affirming when services make a difference and personal qualities have added value to the outcome for users and carers. 135 compliments were received in 2017/18. These were all related to the quality and standard of care provided at care homes for older people. Compliments came from service users and their family members, thanking individual members of staff and teams for the ongoing support and care provided by social workers, care teams and departments. Compliments are received by forms, thankyou cards, letters and emails.

Most common areas of feedback

A complaint will usually cut across multiple themes and will have more than one complaint category recorded. The themes of these complaints can be summarised as follows:

Category	2017/18		2016/17	
<i>Standard of service</i>	46	48%	45	67%
<i>Communication</i>	32	33%	14	21%
<i>Financial issues</i>	15	16%	8	12%
<i>Environment/property</i>	3	3%	0	-

Standard of service

48% of complaints received were related to the standard of service. This is a reduction from 67% in 2016/17. This includes service delivery, assessment of eligibility for services and timeliness in receiving services. A challenging element of working in adult social care is notifying people that they are not eligible for support, or explaining to them that their needs can be met in other ways to support being provided by the Council. These are often emotive and challenging situations which can stimulate complaints where people do not agree with the social workers views or level of service received. Also, where people are eligible for support from the Council there can be a delay in support being put in place due to service availability. This again is an area that can stimulate complaints.

Communication

When users and their families are referred for support they require information on subjects they may have not encountered before. They also need to be kept informed of progress and decisions in processes that often appear confusing. Representations of this nature are categorised in terms of the provision, quality, method and timelessness of information as well as accuracy. The most common complaints are from users or family members who feel they have not been kept informed, when there has been a delay to information being provided, or feel officers are not getting back to them or they do not have a direct line of communication to the person they have been dealing with. 32% of complaints received were about communication and information, as compared to 21% in 2016/17.

Financial issues

The complaints received around financial issues were varied. These included continuation of payments being received when services had ceased and direct payments missed. Although varied, complaints commonly related to a breakdown in information flowing from one team to another and system errors which impacted on finance processing. Where this occurred matters were rectified and payments were amended accordingly.

Environment/property

2 complaints were received and were in relation to standards of work carried out regarding home renovations, and also a request for an amendment to bathroom facilities for a service user. One complaint was upheld and one not upheld.

Conclusions

The number of complaints has reduced from 67 in 2016/17 to 59 in 2017/18. Early indications show that this reduced level of complaints is continuing in 2018/19. It is important not to draw too many conclusions from the volume of complaints, as this is as much an indicator of people feeling more able to complain as it is of an overall declining standard of service.

Service improvements and learning for 2018/19

Compliments

The improvement initiative is continuing whereby compliments are captured by the complaints team and sent on a monthly basis to the principal social worker.

Responding to and learning from complaints

The learning elements from complaints are captured in service areas on a regular basis as part of the business management process and further evaluation of complaint data is to be reviewed for ongoing learning and improvements. Issuing social workers with business cards to be given to clients so there is a direct line of communication.

There is a need to implement a formal learning process from the outcome of complaints and a quality assurance framework for adult social care, to include complaints, in under development. A way to review this and have oversight has been introduced in the all age disability and mental health teams

There needs to be a consideration of an achievable and deliverable timescale for responses to complaints with monitoring of achievement against this, with the continuation of the RAG reporting process and quarterly data capturing. This is improving timeliness in 2018/19.

Adult commissioning

The key theme from the 7 complaints investigated by Adult Commissioning/Provider staff during 2017/18 and where elements of complaints were fully or partially upheld was communication between providers and customers and/or their families. Although small in number compared with the large number of people supported, there were some issues related to basic communication breakdowns. The main learning in this is around a relentless focus on getting the basics right for service users and their families. In all cases improved practice was prescribed and is monitored by the commissioning team.

A second theme that presented was in relation to the responsibilities of providers in relation to service users making “unwise” decisions, for example in relation to retaining food past its “best before” or “use by” date or failing to have clothes laundered appropriately or “vulnerable” adults living in supported living whose whereabouts was not always known. In such instances a very delicate balance has to be drawn between safeguarding adults and allowing people to take risk. Occasionally this balance has proved not have been appropriately struck with service users potentially left vulnerable. Commissioning staff have worked with providers to ensure appropriate positive risk taking is followed and that service users make choices with the benefit of appropriate staff support and advice

Community social care (65+), hospital social care and equipment and therapy services

Of the complaints in this area which were upheld, the most prevalent issues generating complaints were waiting time for assessments or delivery of services, and dissatisfaction with decisions made about financial matters, for example, the levels of support provided or queries about charges. Perceived difficulty in communication between staff and service users and family carers, and disagreements about the conclusions of assessment also featured in a number of complaints.

Outcomes arising from complaint investigations included

The most common outcome of complaints was work with individual staff to improve practice, through supervision or training activity.

On a number of occasions the conclusion of assessments or service decisions were changed to more accurately address needs of people being supported.

Training was delivered on specific topics to wider audiences where themes emerged, for example, to ensure compliance with Data Protection regulations.

In terms of waiting times, these were improved significantly by implementing system changes, for example, by introducing an online booking system. This provides appointments to people requiring assessment at times which suit them and their carers.

Other changes to systems and processes included the implementation of service standards to ensure quality of service and timeliness of response.

Improvements to information available to people accessing services were made following complaints, including information leaflets for recipients of "Discharge to Assess" services.

All age disability and mental health

The All Age Disability and Mental Health Services have continued to progress improvements in the management of complaints. Complaints are a regular feature of discussion in the General Managers meetings where themes are considered and timeliness in resolution monitored. Regular updates on progress are shared across services and reported as part of the quality monitoring for the ASC Directorate.

Mental Health Service complaints are progressed via the formal agreement in place with Coventry and Warwickshire Partnership Trust. Complaints managed via ASC concern the professional practice or legislative responsibilities (including finance) that relate to the City Council functions. Complaints have related to professional practice, delays in assessment or resolving funding and Mental Act requirements. 50% of complaints relating to the All Age Disability Service were resolved to the complaints satisfaction and within informal process.

Key themes and outcomes in relation to all ages disability service complaints

Delay in response times for assessments or in relation to responding to requests for review were key factors in complaints. This has resulted in increased oversight and monitoring of awaiting times. Some additional staffing (3) being put in place to reduce delays for the period of a year. This will be monitored alongside referral and activity flows to identify activity needed to ensure good customer service and response times ongoing.

Complaints have also been in relation to not providing a service or reducing a service this has been significant in 4 cases and supports Adults Social Care's vision to promote independence and appropriate use of equipment and adaptations.

The most common outcome of complaints has been improvement in professional practices.

Direct payments

A review of the direct payments process has been undertaken to ensure the process itself is more straightforward and efficient. The Councils Direct Payments Policy has been reviewed alongside staff guidance, with refresher training provided to staff on the Direct Payment process. A steering group has been established to oversee and ensure continued development and improvements.

Ilius Ahmed, Complaints Officer &
Si Chun Lam, Insight Development Manager
Insight Team
Coventry City Council
September 2018

Complaints handling guidance

Coventry City Council

Insight Team
September 2018

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Introduction

About this guide

This document is the Council's internal complaints handling guidance, and is to be read in conjunction with the complaints policy.

Making things right

Coventry City Council is committed to putting local people and their needs at the heart of what it does. As employees of the Council, we work to ensure that people have a positive and trouble-free experience with us in all transactions and interactions. However, sometimes things go wrong. When things go wrong, we encourage people to speak up, so that we can make things right.

Effective management and resolution of complaints, as well as learning from complaints, help ensure that Council services meet the needs of local residents and communities, and helps build a foundation of trust in order for the Council to have new conversations with residents, communities and partners to enable people to do more for themselves as active and empowered citizens. A key principle of this is continuous improvement, and this includes reviewing the Council's complaints processes and systems to ensure consistency and improve the way the Council serve the people of Coventry.

The complaints policy

Coventry City Council's complaints policy sets out how individual members of the public can complain to the Council, as well as how the Council handle compliments, comments and complaints. Where possible, complaints should be resolved informally. If this is not possible, they can formally complain to the Council.

The complaints policy can be found at: www.coventry.gov.uk/complaints/. The policy defines complaints as “*any expression of dissatisfaction about the standard of service, actions, or lack of action by the Council or its employees, which the customer feels should have been provided*”.

Depending on the subject and nature of the complaint, a different pathway is followed:

- complaints about **children's social care** including care homes and other providers commissioned by the Council follow the statutory process for representations made by or on behalf of children using social care services provided by / commissioned by the Council arising from the Children Act 1989;
- complaints about **adult social care** including care homes and other providers commissioned by the Council follow the statutory process for representations made by or on behalf of an adult using social care services provided by / commissioned by the Council arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009;
- **all other complaints** relating to Council services are dealt with by the corporate complaints policy.

Note that complaints about non-Council services, for instance, schools, hospitals; complaints by employees; or complaints about elected members (councillors) are outside the scope of the complaints policy.

The Council strives to act in accordance with best practice, for instance:

- the National Complaints Managers' Group (May 2016) [Good Practice guidance for handling complaints concerning adults and children social care services](#);
- Local Government and Social Care Ombudsman (LGSCO):
 - [guidance on good complaint handling](#) (for instance, running a complaints system; managing unreasonable complaint behaviours and remedies); and
 - [single complaints statement](#) guidance for councils and care providers on best practice in receiving and dealing with comments, complaints and feedback about their services.

The Local Government and Social Care Ombudsman

The LGSCO is the final stage for complaints about councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. It is a free service that investigate complaints in a fair and independent way; and provides a means of redress to individuals for injustice caused by unfair treatment or service failure.

If a complainant has exhausted all of the Council's own complaints process, and remain dissatisfied with the Council's decision and/or its handling of the complaint, they have the right to take the complaint to the Local

Government and Social Care Ombudsman (LGSCO). When a complaint has exhausted the Council's complaints procedure, they are informed of this right – and provided detail with how to contact the LGSCO.

Find out more

Info hub

Further guidance, reports and information available on the Complaints, Comments and Compliments Information Hub (**3Cs Info Hub** in short) on the intranet at <https://coventrycc.sharepoint.com/sites/3CsInfoHub/>.

Key contacts

People Directorate Complaints Officer

- Adult social care complaints: AdultSocialCareCustomerRelations@coventry.gov.uk
- Children's social care complaints: CLYPCustomerRelations@coventry.gov.uk

Local Government and Social Care Ombudsman (LGSCO) Link Officer

- LGSCO Link Officer: Ombudsman@coventry.gov.uk

Guidance

The following table sets out key characteristics of the Council's complaints processes:

Type	Corporate	Adult social care	Children's social care	LGSCO
Stages	Informal resolution Stage 1: service investigation Stage 2: service investigation review	Informal resolution Stage 1: local resolution	Informal resolution Stage 1: local resolution Stage 2: investigation Stage 3: review panel	Enquiry and assessment Investigation Decision and remedy
Timescales (in working days)	Acknowledgement: 3 days Stage 1: 10 days Stage 2: 20 days	Acknowledgement: 3 days Stage 1: 20 days	Acknowledgement: 3 days Stage 1: 10 (to 20 ¹) days Stage 2: 25 (to 65 ¹) days Stage 3: 30 days	Enquiry: 1-3 days Investigation: 20 days Draft decision: 5-10 days Remedy: as set out in the final decision statement
Services	All other services ²	Adult social care	Children's social care	All
Recording	On the corporate customer relationship management system, Dash .	On the corporate system, Dash plus the social care complaints database .	On the corporate system, Dash plus the social care complaints database .	On the Tracker on the Local Government and Social Care Ombudsman management portal.
Reporting	Quarterly summary trends and indicators on the 3Cs Info Hub ³ .	Weekly progress reports provided on the 3Cs Info Hub and regular progress meetings held with relevant managers. Quarterly trend and context provided to relevant management team and indicators on People Leadership Team dashboard. Annual report to the relevant Cabinet Member.		Upheld complaints referred to the Monitoring Officer for follow-up action. Quarterly trends and context on the 3Cs Info Hub . Annual report to relevant committees and relevant Cabinet Member.

Escalation of complaints

If the complainant is not satisfied with the outcome of the investigation, and they consider that one or more of the following apply: relevant information was not taken into account in investigating the complaint; procedures have

¹ This is the maximum extension for complex cases as defined by the statutory guidance.

² All other services, e.g.: adult education; benefits and tax; children's transport; corporate, finance and legal; education and libraries (except schools or education admissions appeals); environmental services (including household waste collections, noise complaints); housing services; planning; parking, etc.

³ Indicators currently provided on the People Leadership Team dashboard. This is accessible via the 3Cs Info Hub and the Performance Hub (coming soon).

not been properly applied in handling the complaint; there has been an incorrect interpretation of Council policy, they can ask for the complaint to be reviewed via a service investigation review. The review will either be conducted by a senior manager of the service or, a senior officer or manager outside the line management of the service depending on the circumstances. The complainant will be expected to explain, in writing or verbally, the grounds for seeking a review.

With children's social care complaints, in line with the Department for Education statutory guidance for local authority children's services on representations and complaints procedures, a complaint may be escalated to a Stage 2 investigation or Stage 3 review panel if a complainant wishes for it to do so. When this happens, a senior officer will always work with the complainant to see if the complaint can be resolved without escalation first.

Escalation to the Local Government and Social Care Ombudsman

If a complainant is unhappy about the way the Council has dealt with their complaint, they can contact the LGSCO. The LGSCO would normally expect a complaint to be made within twelve months of when the complainant first knew of the problem that they are complaining about, and normally require all complainants to go through all stages of the Council's own procedure before considering the complaint. However, in certain circumstances the LGSCO has the discretion to waive this requirement. Note that a complainant can approach the LGSCO at any stage of the complaints process.

Remedies, compensation and financial redress

The key principle for any financial remedies paid is that a remedy should, as far as possible, put the complainant back in the position they would have been in but for the fault identified. Any financial redress should be agreed with the relevant director, in line with LGSCO guidance set out at <http://www.lgo.org.uk/information-centre/reports/advice-and-guidance/guidance-notes>.

Where a complaint has gone to the LGSCO, the local authority has the option of suggesting a remedy to resolve the complaint – or to accept the LGSCO's recommendation.

Learning from complaints

Learning from complaints help ensure that Council services meet the needs of local residents and communities. That is why it is important for services to treat complaints as an opportunity to learn lessons from previous experiences, to drive forward improvements, for example, improvements to training or to inform changes to procedures. The Council regularly publishes reports on complaints, including lessons learned, to ensure that complaints are properly communicated to elected members.

Privacy and information governance

Please remember that complaints, investigations and information about it are private and confidential and must not be disclosed to third parties.

Our summary privacy notice states:

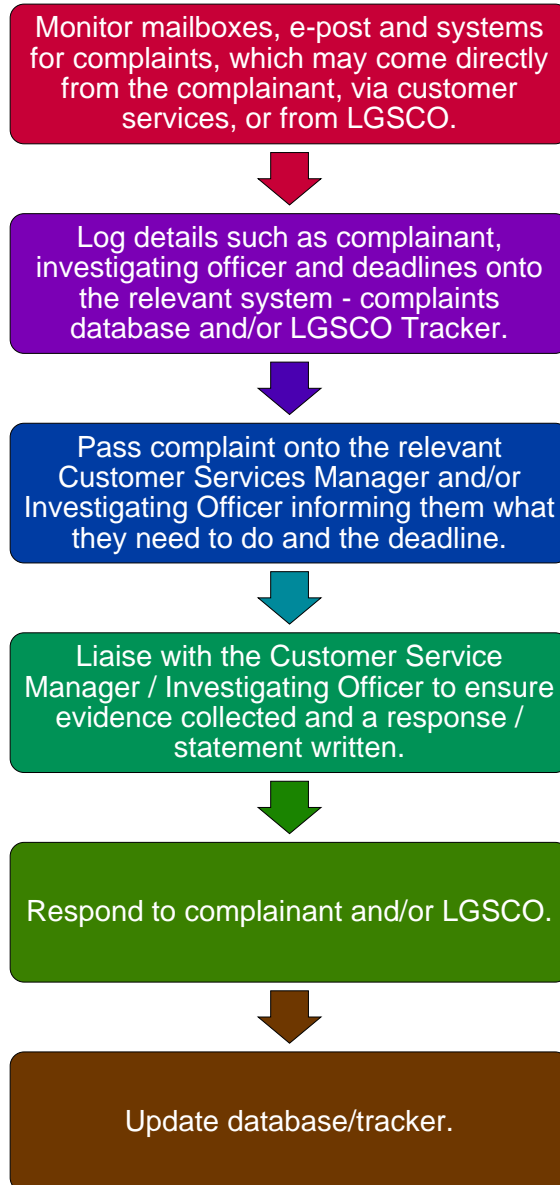
We will use the information you provide to handle your complaint in line with the Council's complaints policy available at www.coventry.gov.uk/complaints/. We may share this information with other organisations which may include independent external investigators, children's advocacy services and the Local Government and Social Care Ombudsman. We will only share your information if this is part of solving your complaint. More information on how we handle personal information and your rights under the data protection legislation can be found in the full Privacy Notice: www.coventry.gov.uk/privacynotice/.

You can help ensure that we protect people's information by ensuring that you follow the Council's information governance and data protection policies. In particular, please:

- **ensure that any correspondence containing personal or confidential data is sent in a password protected zip archive with the password provided in a separately email;** and
- **double-check** people's names, contact details, email addresses, mailing addresses and telephone numbers!

Role of the complaints function

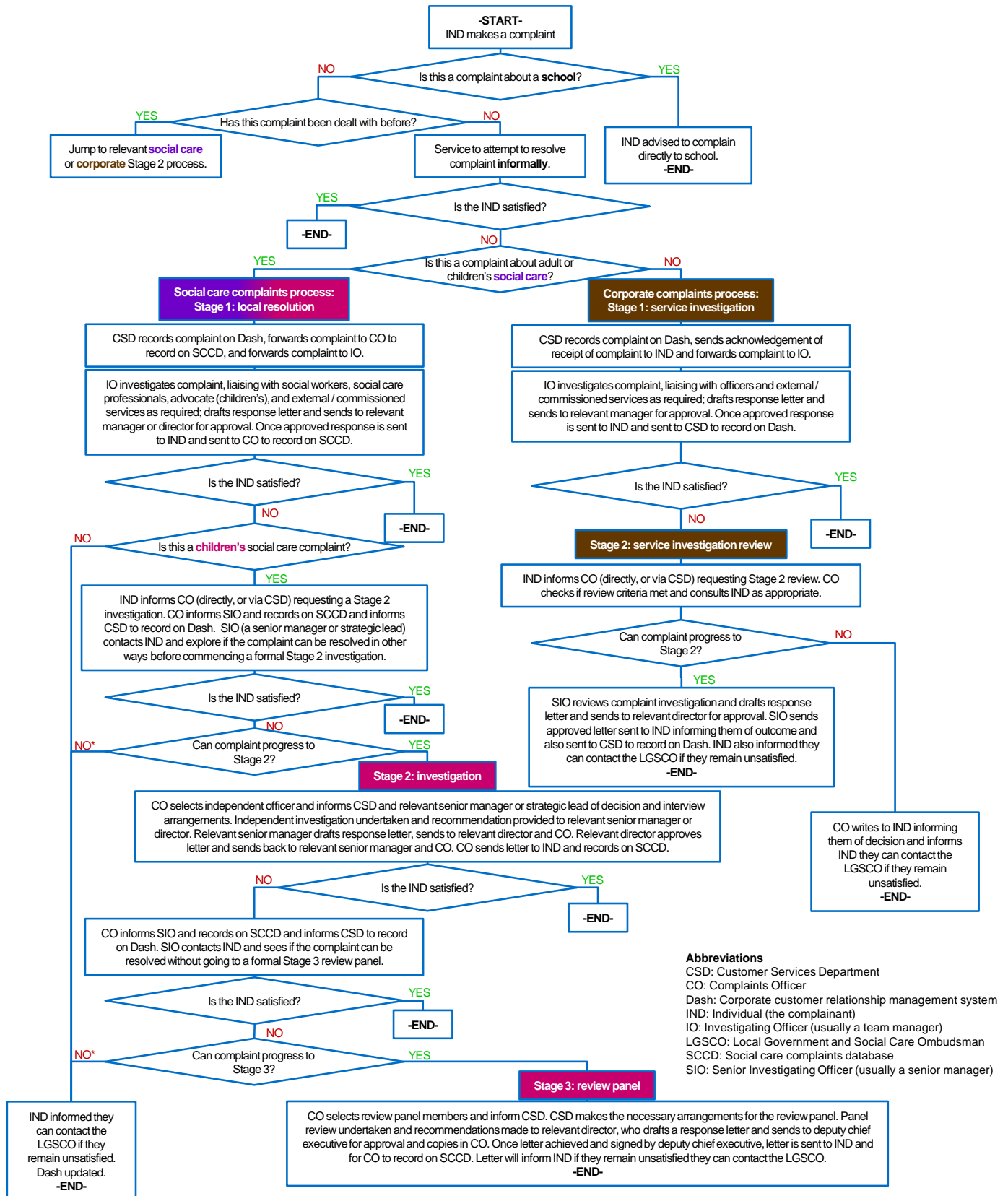
The following outline sets out what the Council's complaints function in the Insight Team do in relation to the day-to-day handling of complaints:



In addition, the function also:

- manages the 3Cs Info Hub, a one stop shop on the intranet;
- regularly meet with managers across social care and advocacy services to provide progress updates and discuss cases;
- appoints independent investigators and facilitate service investigations and reviews, in conjunction with children's services and commissioning;
- provides regular reports and statistics on complaint numbers, timescales and key messages to senior management; and
- produce annual reports.

People Directorate and social care complaints process flowchart

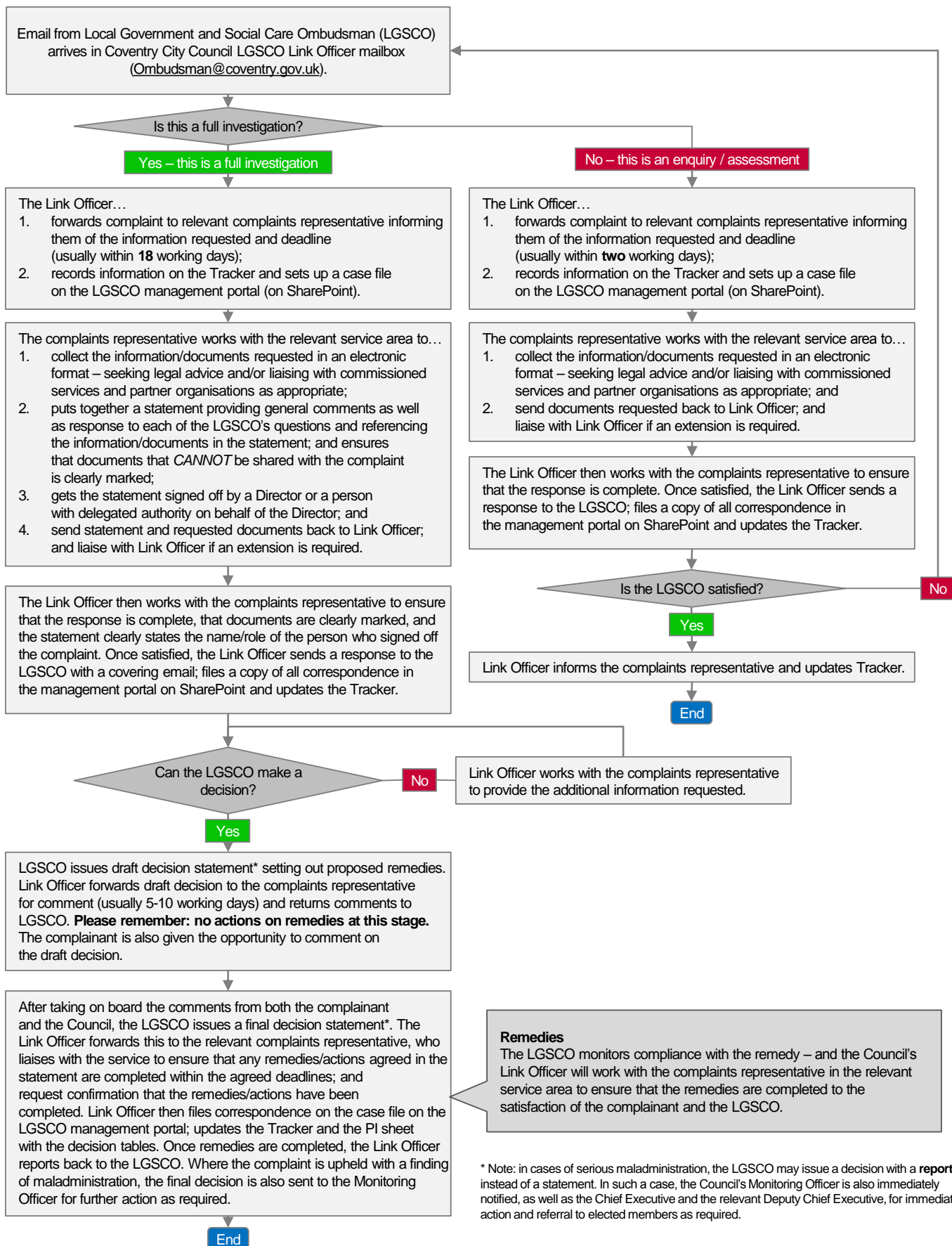


* on rare occasions a complaint may not progress to the next stage, (e.g. out of timescale)

Local Government and Social Care Ombudsman process complaints guidance

Stage	Notes
Enquiry / assessment	The request will have a short deadline of between 1 to 3 working days . At this stage, the LGSCO will ask the Council for a copy of its formal complaint responses; and confirmation that the complaint has fully completed the Council's complaints process. The request will not include any new actions and should be returned to the Link Officer by the date specified.
Premature	If a complaint has not completed the Council's own complaints process, the LGSCO will return the complaint as a "premature" complaint for consideration under the Council's complaints process. It is important to remind complainant of their right to complain again to the LGSCO when they exhaust the Council's complaints process. Following completion of the complaints process (whether it is resolved or not), a copy of the final response should be sent to the Link Officer.
Investigation	The Link Officer will send a covering email requesting a written response to the LGSCO's questions. This needs to be returned by a set deadline, usually within 18 working days , so that the deadline (within 20 working days) can be met. The response must be provided as a statement , providing general comments as well as responses to each of the questions. It must also include the name and role of the author, and be signed off by the Director or a nominated person. Any supporting evidence must be provided as electronic attachments and referenced in the statement. Any information that cannot be shared with the complainant should be clearly marked and packaged separately. It may be necessary to seek legal advice and/or liaise with commissioned services and partner organisations as appropriate. The Link Officer needs confirmation that this has been done (in the form of an email trail). If the LGSCO investigator has asked us to consider whether we are prepared to remedy any injustice that may have been caused – we should comment on this as this is an opportunity for us to resolve the issue.
Draft decision	Following the investigation, the LGSCO will typically issue a draft decision statement . This will state whether the complaint was upheld or not, and detail the investigator's findings and explains the decision made. At this stage, the Council is asked whether it agrees with the decision and remedy. This is an opportunity to comment on the decision, and suggest any changes or corrections. At this stage, remedial actions must not be taken yet – remedies should only be completed after the final decision. We are usually requested to respond within 5-10 working days . <i>Note: the investigator may choose to issue a decision as a report (under Section 30(1) of the Local Government Act 1974) in which case the Council's Monitoring Officer is notified.</i>
Final decision	The final decision letter and statement should be circulated, as appropriate, to everyone who was involved in the investigation and everyone who needs to know of the investigation outcomes. Action on remedies should now be completed. In cases where the LGSCO makes a finding of maladministration , the final decision letter and statement is also forwarded by the Link Officer to the Monitoring Officer. The Monitoring Officer will decide if any further action is required.
Remedy	The LGSCO aims to remedy personal injustice when its investigations reveal there has been fault. Remedies are not intended to be punitive and are not just about money: the remedies also look into the root causes and recommend improvements to systems when they haven't worked properly, so that others do not suffer the same problems in future. The LGSCO monitors compliance with the remedy – and the Link Officer will work with the complaints representative in the relevant service area to ensure that the remedies are completed to the satisfaction of the complainant and the LGSCO. Confirmation and evidence that all actions required, as per the final decision letter and statement. This can be as soon as within 5-10 working days ; or longer for more complex issues.

Local Government and Social Care Ombudsman process flowchart



Remedies
The LGSCO monitors compliance with the remedy – and the Council's Link Officer will work with the complaints representative in the relevant service area to ensure that the remedies are completed to the satisfaction of the complainant and the LGSCO.

* Note: in cases of serious maladministration, the LGSCO may issue a decision with a **report** instead of a statement. In such a case, the Council's Monitoring Officer is also immediately notified, as well as the Chief Executive and the relevant Deputy Chief Executive, for immediate action and referral to elected members as required.

Version control

Document Location

Published location: <https://smarturl.it/cov-complaints-guide>

SharePoint: [https://coventrycc.sharepoint.com/teams/ChiefExec/PublicHealth/Insight/Documents/Complaints handling guidance 2018.docx](https://coventrycc.sharepoint.com/teams/ChiefExec/PublicHealth/Insight/Documents/Complaints%20handling%20guidance%202018.docx)

Reviewing arrangements

This guidance is reviewed annually with the annual complaints report.

Revision History

Revision date	Summary of Changes
13/09/2018	3.1 Integrated guidance, combining previously separate complaints handling guidance for the Local Government and Social Care Ombudsman and People Directorate and social care into one document.





11 October 2018

Cabinet Member for Adult Services

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor Abbott

Director Approving Submission of the report:

Deputy Chief Executive (People)

Ward(s) affected:

All

Title: Market Position Statement – Adult Care Services 2018

Is this a key decision?

No. Although this matter affects all wards in the City, the impact is not expected to be significant

Executive Summary:

Coventry City Council together with its main commissioning partner, Coventry and Rugby Clinical Commissioning Group, is striving to develop a diverse, vibrant and high-quality health and social care market to meet the needs and aspirations of the people in Coventry who require support now and in the future.

The Care Act 2014 places duties on local authorities to promote the efficient and effective operation of the market for adult care and support as a whole.

Engaging with the local care market is a key part of market development so that all providers (existing and prospective) are aware of the challenges facing Adult Social Care and health services along with some of the key areas where changes in need, demand and supply signal the requirement for services to be shaped and developed.

The Market Position Statement (MPS) for adult care services is a tool for enabling this engagement and is cited as central for local authorities in fulfilling legal duties within the Act to shape and develop the social care market.

The MPS focuses on both current activity and future opportunities across the whole adult social care market and seeks to provide a balance between description and analysis with access to a range of data.

The current document improves on the previous version in a number of ways such as inclusion of joint health and social care provision particularly short-term enablement and preventative services and clearer commissioning intentions based on more thorough analysis of need/demand information.

The long-term intention is for the MPS to become a live online document that can be updated as and when required using data and information from the Joint Strategic Needs Analysis (JSNA) so that it remains relevant and keeps pace with changes within Adult Social Care nationally and locally.

The document will be used to underpin ongoing engagement with providers through a number of activities. It will also form the basis of a Market Development Plan to be produced early 2019.

Recommendations:

Cabinet Member is requested to:

- 1) Approve the Market Position Statement - Adult Care Services 2018 for engagement with the market around social care provision shaping and commissioning plans; and
- 2) Receive a report on the associated Market Development Plan at the January 2019 meeting

List of Appendices included:

Appendix One: Market Position Statement - Adult Care Services 2018

Background papers:

None

Other useful documents

IPC guidance

https://ipc.brookes.ac.uk/publications/Market_Position_Statement_Guidance.html

Has it been or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

1. Context (or background)

National Context

- 1.1 Ensuring a diverse, vibrant, sustainable and quality market for Adult Social Care is key duty for all local authorities under market shaping requirements of the Care Act 2014.
- 1.2 A Market Position Statement (MPS) is a key tool by which local authorities can meet this responsibility. An MPS offers information to current and prospective providers of care services about the state of local supply and demand for care services, how this position is expected to change in the short to medium term, and what changes to service design and delivery the Council would like to see in contracted services to better meet the future needs and preferences of local people that need care and support.
- 1.3 Using the MPS to effectively engage and communicate with providers creates awareness of both the challenges facing Adult Social Care and some of the key areas for development, which in turn supports effective commissioning.
- 1.4 The importance of developing the social care market has also been nationally recognised and key to this is establishing meaningful engagement with providers across the sector (both current and potential new providers) and the setting of local context and expectations for all stakeholders.

Local Context – Coventry’s Market Position Statement

- 1.5 The City Council has produced an MPS as an analytical statement which sets out to present a current picture of Adult Social Care need and demand alongside the supply and configuration of social care and health services, which informs how provision may need to change to meet future demands on the Council and the expectations of local people.
- 1.6 This MPS supersedes the previous version produced in 2014 with a number of key improvements, which includes:
 - A statement to the market that focus on the priorities for both health and social care including joint commissioning, short-term; Discharge to Assess services and community prevention
 - A set of whole health and care system key messages that enable providers to understand main areas of change and commissioning focus for the future
 - A greater emphasis on informing the market of care need, demand and supply based on a data/intelligence-driven narrative
 - Data and evidence that creates a clear link with the Joint Strategic Needs Assessment in relation to a knowledge of the prevalence of health conditions that contribute to wider social care and community preventative treatments
 - A set of clear commissioning intentions that articulates both imminent change in configuring/purchasing provision and future plans for shaping Adult Social Care and health services

2. Options considered and recommended proposal

- 2.1 **Recommended Option:** A legal requirement of the Care Act (2014) is to shape and develop the social care market. Section 4.33 of the statutory guidance states that local authorities must work to develop markets for care and support whilst recognising that individual providers may exit the market from time to time – ensure the overall provision of services remains healthy in terms of sufficiency of provision of high quality care and support needed to meet expected needs. Section 4.56 of the statutory guidance suggests that its duties in

relation to market shaping can best be met through the development of a market position statement.

- 2.2 There are not considered to be any alternative options which would meet the legislative requirements of the Care Act (2014)

3. Results of consultation undertaken

- 3.1 No specific consultation

4. Timetable for implementing this decision

- 4.1 The Market Position Statement will be launched during October/November 2018 for immediate use to inform and guide the local market around the shaping of social care provision and delivery.

5. Comments from Director of Finance and Corporate Services

5.1 Financial implications

There are no direct financial implications arising from the production of this report and any future commissioning intentions will be subject to the relevant level of financial scrutiny as outlined in the Council's constitution.

5.2 Legal implications

The Care Act 2014 Statutory Guidance states that the Act "places new duties on local authorities to promote the efficient and effective operation of the market for adult care and support as a whole. This can be considered a duty to facilitate the market, in the sense of using a wide range of approaches to encourage and shape it, so that it meets the needs of all people in their area who need care and support" as "high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available".

The development of a Market Position Statement is considered key not only to enabling local authorities to meet their responsibilities under s5 of the Act to promote diversity and quality in provision of services, but also their responsibilities in the event of provider failure as detailed in s48 – 52 of the Act.

6. Other implications

None

6.1 How will this contribute to the Council Plan (www.coventry.gov.uk/councilplan/)?

This proposal would contribute to the Council's key objectives through a contribution to protecting our most vulnerable people.

6.2 How is risk being managed?

There are no identified risks with the approach outlined.

6.3 What is the impact on the organisation?

The MPS is a market engagement approach and tool to communicate the social care and related health services that require shaping and development in order for the Council to meet the care need and demand for people living in Coventry along with contributing to how the Council fulfils its responsibilities in relation to the Care Act 2014 primarily around market shaping and development.

6.4 Equalities / EIA

Not applicable

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Coventry and Rugby Clinical Commissioning Group benefits from the joint approach to market development.

Report author(s):

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Directorate: People

Tel and email contact: 024 7683 4135; robert.mackenzie-wilson@coventry.gov.uk

Enquiries should be directed to the above person.

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Director: Gail Quinton	Deputy Chief Executive (People)	People	24/09/2018	24/09/2018

Members: Councillor Abbott	Cabinet Member Adult Services		25/09/2018	25/09/2018
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This report is published on the council's website:

www.coventry.gov.uk/councilmeetings

Appendices

Appendix One: Market Position Statement - Adult Care Services 2018



Coventry City Council

Market Position Statement – Adult Care Services 2018

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1. Introduction

This latest version of the Market Position Statement (MPS) for adult care services in Coventry seeks to reflect the current picture of demand for care and support alongside the design, supply and utilisation of provision commissioned from across the health and care market to meet the changing needs of local people. The MPS provides strategic information for providers to inform their business and development plans within the context of strategic priorities for health and social care, and the continuous improvement that is important to enable innovative, responsive and sustainable care services.

We are pleased to introduce this latest iteration of the Market Position Statement encompassing Adult Social Care and health services. Social care is an important issue for everyone and Coventry City Council (the Council) in partnership with Coventry and Rugby Clinical Commissioning Group (CRCCG) is committed to helping our most vulnerable people, their families and carers to receive appropriate and timely care and support.

This document aims to clearly describe the market for social care and community healthcare services in Coventry based on sharing data, evidencing trends and identifying key areas for service development that stimulates continued dialogue with provider market on how changes to service design and delivery can take place. Using this document as a catalyst for constructive dialogue we will continue to provide appropriate care and support to residents of Coventry throughout what is currently a very challenging time both in terms of available resources, complex needs and demands, and changing expectations.

Regardless of what the future brings the Council and CRCCG remain committed to working in partnership to provide good quality, sustainable care and support to people in the city and collaborating with people their families and carers along with wider health and social care providers and stakeholders to ensure this commitment is fulfilled.

Councillor Faye Abbott – Cabinet Member for Adult Services

Pete Fahy – Director of Adult Services

2. Strategic Direction

Coventry City Council in collaboration with Coventry and Rugby Clinical Commissioning Group continues to develop, deliver and evolve a strategic programme that places adults, their carers and families at the centre of everything we do to achieve a vision of providing Adult Social Care and community health services in ways which enable people to remain independent and fulfilled, with access to strong networks and personalised support.

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

In 2016 a vision and strategy was created for Adult Social Care that describes the priorities, purpose and approach. In simple terms all of our work, at whatever level, should continue to support the strategy of: 'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'.



Figure 1: Coventry City Council adult social care vision

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 people with care and support needs. We continue to work in accordance with the Care Act (2014) and the required changes to practice and policy set out by the Act. The Act required improvements when people first make contact with us, and how we assess people and plan their support. We continue to concentrate on promoting wellbeing and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes.

Key priorities for adult social care are to:

- Deliver high-quality, person-centred support for adults, their carers and families to secure good outcomes.
- Enable people in most need to have in place stronger networks and personalised support
- Empower people with the right support, at the right time, in the right way using resources that are available to them.
- Reduce dependency and assist adults to lead ordinary lives through access to effective enablement, preventative and wellbeing support.

The Council has also developed a Target Operating Model that clearly sets out the strategic view of the key elements required to ensure people are supported in the most effective and appropriate way.

The key elements of the model are:

- **Prevent:** Includes accessibility of information, support to carers and voluntary sector effectiveness.
- **Enable:** Includes promoting independence of information, Disabled Facilities Grant, assistive technology, intervention at crisis.
- **Support:** Includes home as opposed to residential support, and process effectiveness.
- **Review:** Includes home as opposed to residential support, and process effectiveness.

In 2018 Coventry and Rugby Clinical Commissioning Group published a refresh of [‘Our Commitment to Health’](#) commissioning intentions. This outlines the actions that the CRCCG will take to improve health outcomes for the local population along with setting out local health priorities in line with national and statutory requirements within the context of sustained and significant financial and clinical workforce challenges.

3. Strategic Commissioning

Good quality, personalised and inclusive care and support is best achieved when there is a vibrant and responsive market that is committed to caring for people when they need it most. Health and social care work together to shape, commission and manage services from across the provider market in ways that enable a common understanding of local needs and how care provision should be configured to promote wellbeing and achieve care outcomes for all local people, carers and communities. The emphasis is on enabling market solutions that support people to stay independent and access care within the community for as long as possible.

Principles of good commissioning

The Council is committed to shaping good quality, diverse, accessible and personalised health and social care and support through the following principles of good commissioning:

Commissioning on the basis of better outcomes that enable and empower people to make decisions and take greater control of how they want to be supported and live fulfilling lives. This goes right to heart of delivering personalised care and support that promotes individual wellbeing, choice and control. Commissioning for outcomes will also continue to enable a strategic shift away from traditional care settings towards community support arrangements that keep people independent and well at home and within their own communities.

Stimulating the development of resilient communities to play a greater role in supporting people and carers most in need to prevent, delay or reduce their need for care. Key will be to shape and facilitate community asset-based responses that enhance local capacity for people and carers to do more to help themselves and each other with appropriate access to flexible support, universal services and community networks.

Collaborating with people and communities to co-produce care and support in partnership with people and their carers and families. Commissioning processes will continue to give local people and community group's opportunities to share their experiences, express their wishes, and inform how they want care and support services to be made available. This approach will create lasting and equal relationships between people and professionals along with embedding the principle that those who use a service are best placed to help design it.

Making the best use of available resources during a time of constraint on public spending and uncertainty around how the future cost of Adult Social Care will be met. Maximising value from commissioned services will go hand-in-hand with investing in prevention and wellbeing approaches to

reduce the demand for long-term care and deliver robust contract management and performance monitoring processes to ensure services remain efficient, effective and good quality.

Commissioning landscape

Within a challenging social care environment the Council recognises the importance of developing strategic commissioning responses that enable people, carers and their families to support themselves and make use of community assets to improve health and social care outcomes.

National Policy

In June 2018 the Government announced a long-term financial commitment for the NHS that will see an additional £20.5bn per year in funding by the end of the next five-year period. The settlement creates the foundation for the NHS to develop a 10-year plan to achieve key health priorities, which includes regaining performance standards and laying the foundations to improve access to mental health services and increase ill-health prevention.

There is a clear intention to ensure that a future NHS plan also enables closer integration between health and social care to improve people's outcomes and experience of the care system. However, Government decisions to delay publication of a Social Care Green Paper until the autumn of 2018 means that there continues to be uncertainty around the long-term funding position and sustainability of adult social care services, which guide commissioning and market development priorities.

Integrated commissioning and delivery

The Coventry and Warwickshire Sustainability and Transformation Plan (STP), named the [Better Care, Better Health, Better Value programme](#), is the overarching framework for integration between health and social care across Coventry and Warwickshire. The STP programme reports through the Coventry Health and Wellbeing Board and includes nine workstreams (six transformational and three enabling) that reflect the priorities of one strategic, place-based plan developed across Coventry and Warwickshire. The Council recognises the important role that the STP continues to play in bringing organisations together to manage very challenging social care demands and deliver the wider agenda to improve the health and wellbeing of the whole population.

Alongside the STP the Council and CRCCG work in collaboration to jointly commission services that deliver improved health and social care outcomes for adults in Coventry. Statutory duties and local incentives established by the Care Act and the Better Care Fund have led to integrated health and care provision supported by pooled funding arrangements across a number of key areas of provision; home support (domiciliary care) frameworks for both short (reablement) and long-term support, care for people with learning disabilities and autism through the Transforming Care Partnership (TCP) plan, and a range of community preventative support delivered by voluntary and third sector groups.

Looking to the future, there are ambitions to develop a more integrated model of commissioning and contracting residential and nursing care provision to improve individual outcomes.

During December 2017 and March 2018 the Care Quality Commission (CQC) completed a review of the health and social care system within Coventry to answer the question *“How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?”* The review concluded that Coventry is well placed to make further improvements given the existing commitment from partners to work together. There was good evidence of effective leadership and commitment to improve services and support integration between health and social care. The full report can be found on the CQC website at [Local system review: Coventry](#). The Coventry Health and Wellbeing Board has led the development of an improvement plan to take on board the findings of the CQC review and ensure these are embedded as other system development work progresses. A number of elements of the plan, which runs to March 2019, have already been delivered.

Better Care Fund

The Government-led Better Care Fund (BCF) programme is aimed at enabling health and social care services to work together more effectively so that people have timely access to a combination of care and support, which achieves a joined-up experience of the care system and the ability to live healthy and well for as long as possible. BCF is currently the main policy framework that focuses on integration with a national ambition to fully integrate by 2020.

Together the Council and CRCCG support this ambition and remain committed to improving patient and customer experience whilst realising that the integration of health and social care is a significant challenge at a time of continuing financial and demand pressures. The funding and service plans to support this aim are included in the Better Care Fund and are set out in the 2017-2019 Coventry Better Care Plan.

Delivery is against four key national measures, set by the Government and reviewed as part of refreshing of BCF plans, is part of a joint performance dashboard. These are:

- Reducing emergency admissions per 100,000 population;
- Reducing inappropriate admissions of older people into nursing/residential care (people aged 65+) per 100,000 population;
- Reducing the days of Delayed Transfers of Care (DTC) from hospital (people aged 18+) per 100,000 population;
- Increasing the proportion of people (aged 65+) still living at home, following Short Term Services to Maximise Independence

Enabling health, wellbeing and independence

Good social care and support transforms lives and helps people to live better lives within a variety of often difficult circumstances. It enhances health and wellbeing, increasing independence, choice and control. These are fundamental principles in the delivery of Adult Social Care in Coventry. The provision of effective enablement and preventative support is critical; offering alternatives to long-term statutory services that help people to live healthier, longer and more fulfilling lives.

In April 2018 the Council and CRCCG implemented a new range of, jointly commissioned and coproduced, community preventative support arrangements to enable people most in need to maintain their independence and live well in the community with access to universal services. The model has been designed to offer outcome-focused and flexible preventative support around four priority groups (carers, people with physical impairments or dementia, people with mental ill-health and adults with learning disabilities) so that people can actively take steps toward maintaining their health, wellbeing and independence. The result has been both continuity and innovation in the preventative support made available. For example, a collaborative model of support for people with mental ill-health is enabling flexible approaches to target support more effectively, including housing-related support and community interventions, alongside an entirely original form of targeted early help for people with hoarding behaviours.

The Council has established a new in-house Promoting Independence Service for older people and adults with disabilities which provides short-term support to help individuals regain their independence after a period of illness. A team of occupational therapists, social workers and home support care workers help individuals to regain confidence in carrying out essential tasks to enable everyday living. For people with learning disabilities and their family primary prevention strategies are being used to reduce the negative impacts of learning disability in society, improve people's access to community and universal services, tackle disability perspectives and prevent abuse.

Together health and social care partners in Coventry have designed, developed and commissioned [short-term support to maximise independence](#) pathways that provides people with appropriate support to promote their timely discharge from hospital, quick recovery from illness and prevent avoidable acute hospital readmission and premature admission to long-term residential care.

Supporting carers

Carers are one of Coventry's greatest assets and enabling carers to get the support they need, when they need it, is integral to the delivery of effective health and social care services.

Providing support to carers is central to the provision of effective enablement and preventative approaches; enabling people to live within their own home with the support of close family and

informal networks around them. Within Coventry, early intervention, even at the point of people contemplating taking on a caring role, is key to ensuring that carers can sustain the valuable role they perform in the long-term. The Council continues to improve available support and life-experience for carers through [Coventry Carers Strategy 2016-2019](#). The strategic priorities that guide this activity are:

- Identification and recognition
- Realising and releasing potential
- A life alongside caring
- Being healthy

Transforming Care

Coventry and Warwickshire Clinical Commissioning Groups and local authorities are working jointly as a Transforming Care Partnership (TCP) to deliver a programme to improve community services for people with learning disabilities and/or autism who have a mental ill-health condition or behaviors that challenge.

The TCP is enabling a joint plan that describes how partners will work together to shape services for the future; moving away from institutional models of care. The plan specifically describes how we will reduce the use of, and reliance on, in-patient provision and strengthen support available in the community. In March 2017, a new framework for specialist services across Coventry and Warwickshire was developed and work continues across the TCP area footprint to deliver the plans to ensure that the needs of people are met in the least restrictive environment.

Personalisation

The Council's aim is to implement and embed the principles from Think Local Act Personal 'Making it Real', Making Safeguarding Personal actions, and Coventry's Personalisation and Commissioning Strategy. This will enable people who require care and support in Coventry to have greater choice, control and flexibility over their support.

The Council has established an Independent Living steering group to take forward the 'Making it Real' action plan to improve and expand on the range of options in the market place that could be purchased with Direct Payments (DP's) Individual Service Funds (ISF's) and Personal Health Budgets (PHB's). This includes support to manage Direct Payments, navigate the care market independently, and improve the recruitment and retention of personal assistants.

From 1 April 2019 NHS England expects all Clinical Commissioning Groups to use PHB's as the default model of delivering NHS Continuing Health Care (CHC) funded home support packages. The

Council aims to work jointly with CRCCG to enable an integrated approach to the administration and monitoring of PHB's.

Workforce development

There are known workforce pressures impacting the health and social care system and a Coventry and a Warwickshire Local Workforce Action Board (LWAB) is in place to address these. A strategy has been developed which outlines the key challenges and risks around workforce and identifies key priorities and enablers. Central to the strategy is the requirement for engagement with the current workforce to enable positive change along with the development of skills for the current and future workforce to support person-centred care.

Quality of local care services

The Council is committed to commissioning and managing high-quality care services from the market, which are safe and deliver good outcomes for people. An integrated quality assurance team across health and social care partners in Coventry, made up of contract officers and clinical nurses, builds open and robust contract management relationships to target performance monitoring activities based on risk, identify and challenge care practice issues that may impact on quality, and provide guidance and support on required improvements. The aim of effective quality assurance and contract management is to maximise operational and financial performance, while minimising risks which can impact on providing good quality, safe care.

The Care Quality Commission (CQC) [fundamental standards](#) and ratings system sets the benchmark for the quality of care people should expect from a registered provider. The Council's expectation is that providers should be rated as either 'good' or 'outstanding'. Whilst there are always challenges in maintaining good quality care, CQC [care directory data](#) shows that the profile of providers in Coventry compares well against inspection ratings both nationally (England) and across a Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group of 15 local authorities.

The proportion of care providers in Coventry rated as 'Good' is 83.4% with the national rate being 84.1%. Looking at the comparator group, Coventry is fifth in terms of the number of providers rated as 'Good' with the average across the group at 83%. The profile also shows that 0.6% of providers in Coventry are rated as 'inadequate'; lower than both the national level and the average across the comparator group of 1%.

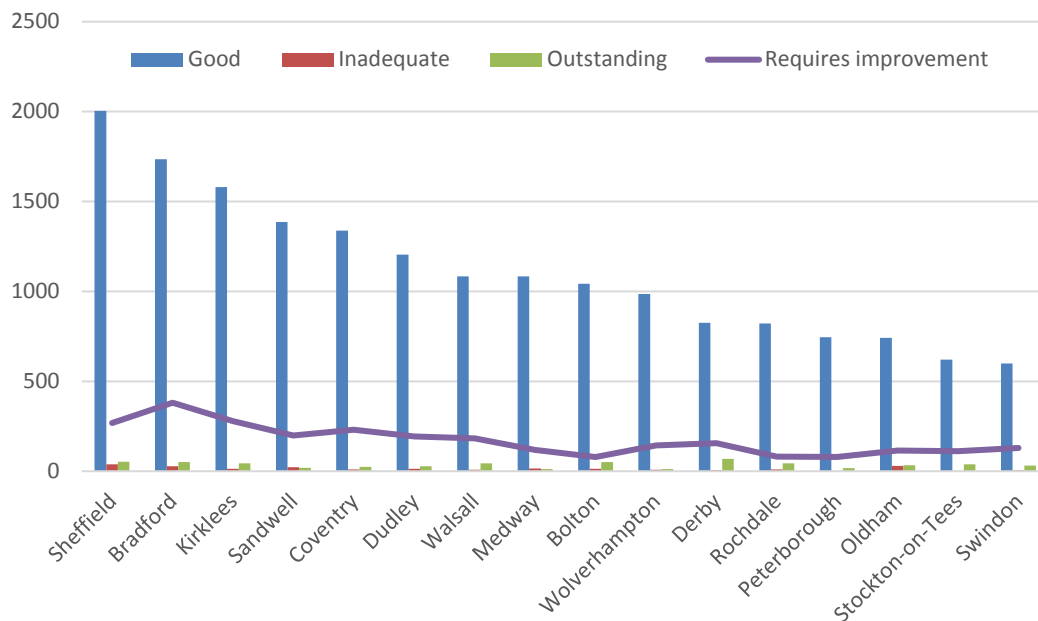


Figure 2: CQC provider ratings across Coventry's local authority comparator group - June 2018

The current quality assurance priority for Coventry is to undertake targeted challenge and support for the group of providers that are rated as 'Requires Improvement'; currently 14.4% of providers in Coventry, 11.6% nationally and an average of 12.6% for the comparator group. Recurring themes that impact on the quality of care are recruitment, retention and development of staff, and leadership and management.

The Council continues to work with providers to think creatively about how to attract and retain good staff through a number of initiatives such as the care home provider forum which encourages sharing of ideas and best practice. According to Skills for Care in its West Midlands Regional Report the staff turnover rate in Coventry is 27%, the sixth lowest of the 14 local authorities in the West Midlands.

To support providers around continuous improvement in leadership and management, the care home sector-led [Registered Managers' Forum](#) has been re-established and meets regularly; facilitated by Skills for Care and supported by the Council. In addition, Coventry has recently been successful for additional resource to introduce the [My Home Life](#) initiative that promotes quality of life and positive change in care home leadership and practice.

A number of care home improvement campaigns are being implemented across health and social care in Coventry, including 'React to Red' skin pressure/ulcer prevention and treatment accreditation and 'Say No to Infection', a programme which accredits homes for infection prevention and control. 'React-to-Red' has 24 care homes accredited along with 'Say No to Infection' that has nine care homes accredited. All accredited homes have been avoidable pressure ulcer free since accreditation.

4. Key Market Messages

Drawing on the information and data presented within this statement the following messages aim to highlight the main priorities for commissioning future community health and social care provision in Coventry.

1. With an aging population in Coventry the overall demand for social care services is expected to continue rising. During 2017-18 the Council funded care services for 9,389 people; a year-on-year 4.5% increase in demand since 2015-16. New requests for social care and support also increased by 6% over the same time.
2. Health and social care will continue to prioritise short-term enablement and prevention services to support people to live well for longer in their own homes and communities, and manage the demand for acute treatment and long-term social care. The Council has seen a positive impact of investment in short-term support to maximise independence during 2017-18 with the total number of long-term care packages reducing by 4%.
3. It is expected that in future years a growing proportion of demand and need will be met through:
 - Short-term services that enable people to leave hospital and quickly recover from periods of ill-health or access support from the community to regain the skills needed to remain independent and prevent repeat hospital admission.
 - Greater access to flexible community-based care models including Home Support and Housing with Care (extra care housing) for all adults with care and support needs
 - Services that maximise the availability of assistive technology and equipment to meet the care needs of both younger and older adults in flexible ways that enable them to live safe and well in the community and their own home for longer.
 - Personalised options for people and carers to purchase care and meet their own needs using a mixture of Direct Payments and Individual Service Funds
 - Individual and community-based assets, resources and support networks such as carers, families and friends.
4. Overall supply of care home services in Coventry is predominantly from the independent/private market with some supply from the voluntary sector, Council owned and operated services. The mix varies depending on the area of provision. Future commissioning activity will reflect:
 - That while Coventry has an adequate supply of residential and nursing care provision for older people a proportion of the supply is made up of converted residential properties that are likely to require modernisation or replacement in the near future.

- An emerging gap in the market for residential and nursing care provision to better meet the care needs of people with challenging behaviours associated with mental ill-health, including complex cognitive impairment and dementia, and long-term alcohol or substance misuse.
 - A need to reduce the amount of out-of-city residential care provision for people with learning disabilities.
5. Commissioning activity will continue to reflect the strategic direction for health and social care that focuses on promoting wellbeing and independence to prevent, reduce or delay the need for long term care along with enabling care needs to be met from within the community as the first option. In this context Adult Social Care will:
- Focus on shaping the development of care models and services for the future through greater dialogue, engagement and coproduction with the market to increase independence and wellbeing outcomes for adults, promote technological innovation and underpin market sustainability through the delivery of cost effective and flexible care and support.
 - Continue to collaborate around the design and commissioning of integrated health and social care service models.
 - Encourage both community and accommodation-based providers to increasingly adopt enabling models of care that enhance personal independence and improve individual outcomes.
 - Expect regulated providers to reach and maintain a CQC rating of at least 'Good' for all services commissioned by the Council. Services that are not regulated will be expected to operate to similar quality standards.

5. Adult Social Care Spend

The total gross revenue outturn of Adult Social Care services during 2017-18 was £108.2m, an increase of 2.7% on the previous year spend of £105.4m.

The total spend on Adult Social Care packages during 2017-18 was £85.3m. This was a 2.3% increase on the previous year spend of £83.4m. Approximately 40% of this was spent on residential and nursing care, with approximately 36% spent on home care.

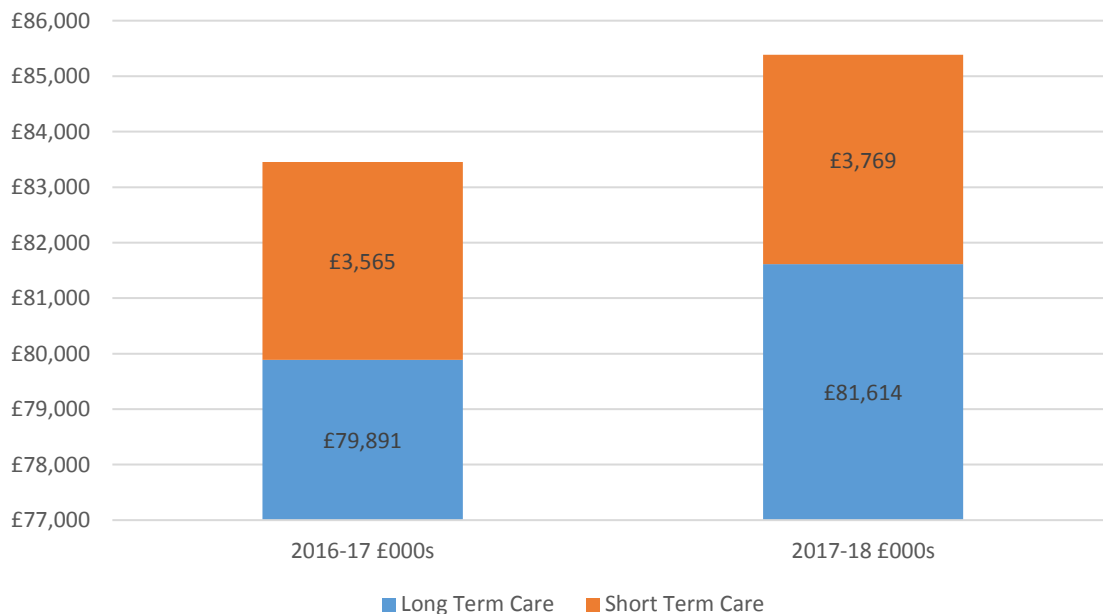


Figure 3: ASC gross expenditure, Adult Social Care Finance Return 2015/16 and 2017-18

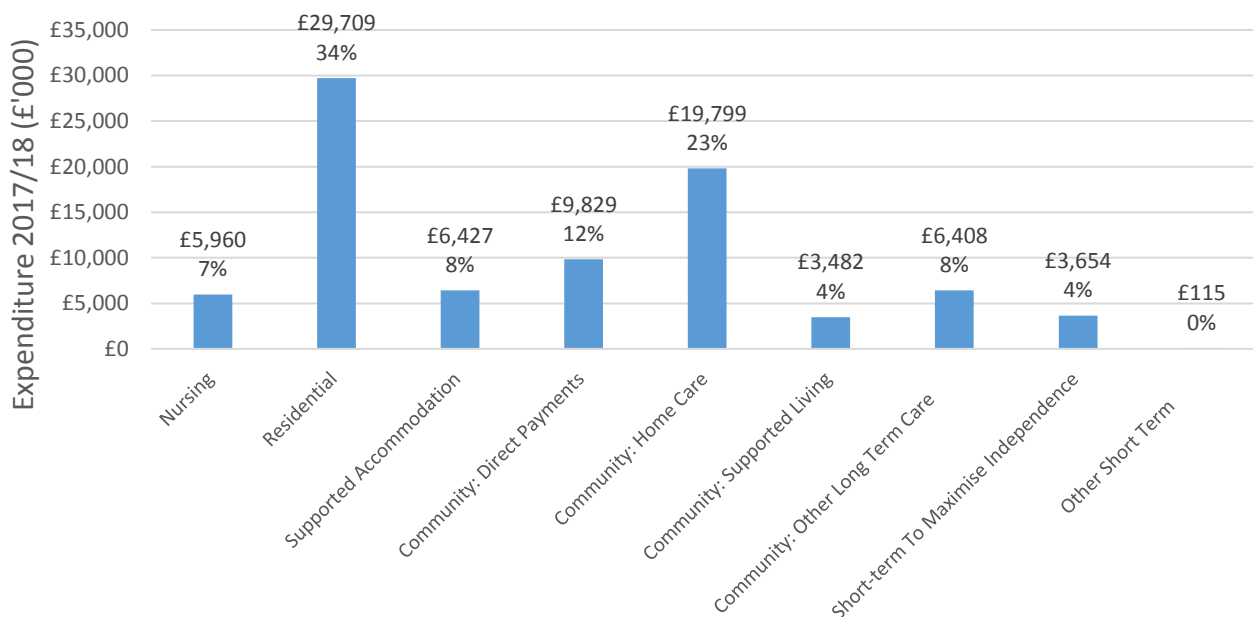


Figure 4: Breakdown of gross expenditure on long and short term care services, Adult Social Care Finance Return 2017-18

Overall Context of the Council's Financial Position

The Budget Report 2018/19, approved by Council in February 2018, incorporates anticipated reductions in funding over the next three years. The position is particularly uncertain for financial year 2020/21 which could be subject to the combination of a new national Spending Review, a revised resource allocation model within the local government sector and a new Business Rates model. As a result, there is huge uncertainty around local government funding which makes it impossible to provide a robust financial forecast at this stage. Nevertheless, initial assumptions and existing trends are sufficiently firm to indicate that there is likely to be a gap for 2020-21 in the region of £21m. This demonstrates the need for the Council to continue to exercise robust financial disciplines and to take a medium term approach to budget setting. It will remain key for the Council to deliver the savings proposals that have been assumed within the budget and to continue to seek efficient delivery of services into the future.

6. Coventry Population Profile

The Council continues to develop the [Joint Strategic Needs Assessment](#) (JSNA) as the evidence-based on 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 the local area and consider factors that impact on the health and wellbeing of the local community.

Whole Population

Coventry is the seventh fastest growing local authority area with an estimated population in 2017 of 360,149. It is estimated that the population in Coventry increased by 6,900 from mid-2016. Coventry's population growth rate since the year 2000 is higher than the national average; over the 10 years from 2007, when Coventry's population started to grow significantly Coventry's population has grown by a fifth, nearly 60,000 additional residents. This is the second fastest 10-year growth rate of all local authority areas outside of London.

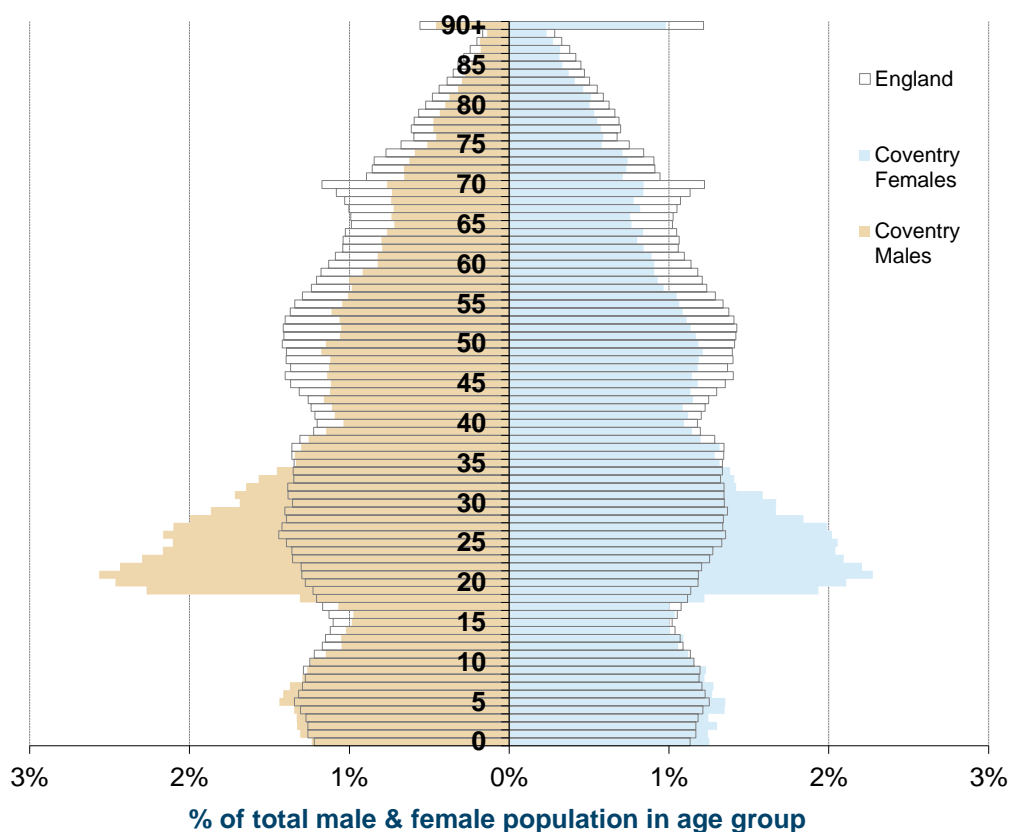


Figure 5: Coventry City's population by age, ONS, Mid-2017 Population Estimates revised

The main cause of population growth in Coventry between mid-2016 and mid-2017, as in recent years, was net international immigration; there are more people moving to Coventry from overseas

than moving abroad from Coventry. Around 6,300 of the population increase was a result of net international immigration; 8,700 people inward and 2,400 outward. This is partly a result of increases in the number of overseas students studying at local universities but also a significant proportion of international migration to Coventry was by people aged 22-34. As a result, Coventry’s population has a much younger age profile than England in general – the average age of Coventry’s residents is 32.3 years, notably lower than the England average of 39.8 years.

There are positives to this growth and it is, in many ways, a by-product of the city’s ambitious programme of regeneration and employment, and the growing profile of the city on the national stage through successes such as City of Culture 2021.

Office of National Statistics (ONS) projections over the next 10 years to 2028 show that Coventry’s population as a whole is predicted to grow by 13% to 414,847 and by 24% to 453,390 in 2038.

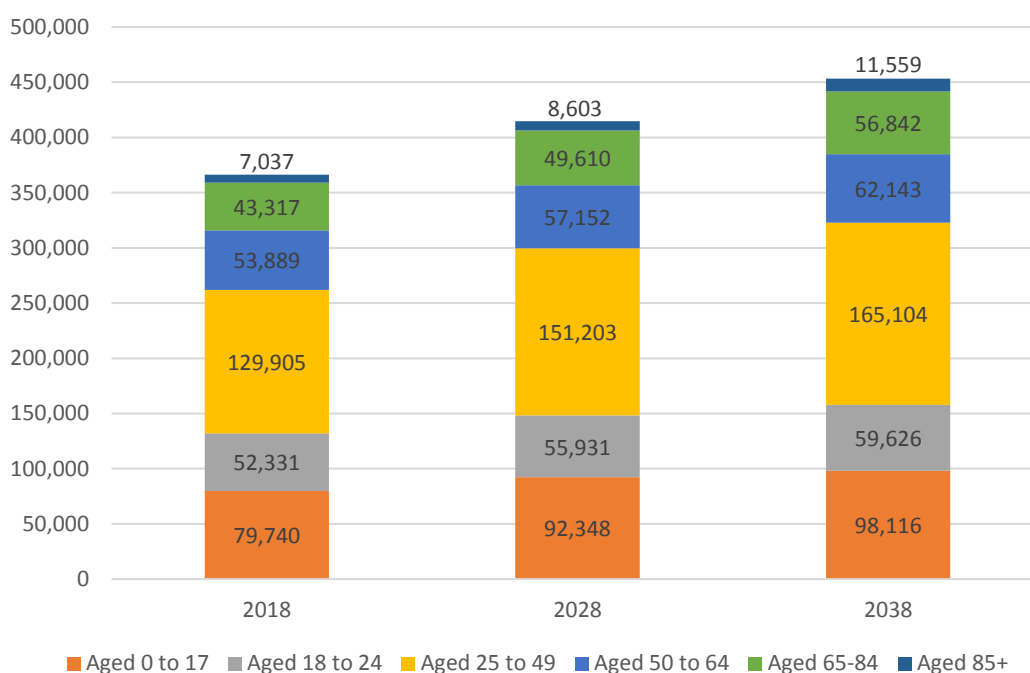


Figure 6: Coventry City population projections 2018-2038 - all age groups

Aging Population

The level of growth will present challenges in respect of expanding public service infrastructure to support a larger population. Importantly for Adult Social Care the key challenge will be in meeting the care needs of an older population that is expected to grow at a faster rate than any other working age group; placing greater demand on care and support services.

During 2018 and 2028 the population of older people aged 65-84 is estimated to rise to 49,610, an increase of 15% (6,293). In addition, over the same period the number of older people aged 85 is

projected to rise to 8,603, an increase of 22% (1,566). Looking ahead 20 years toward 2038 projections show a greater challenge with the number of older people aged 65-84 expected to increase to 56,842 (13,525; 31%) along with those aged 85 and over increasing to 11,559 (4,522; 64%).

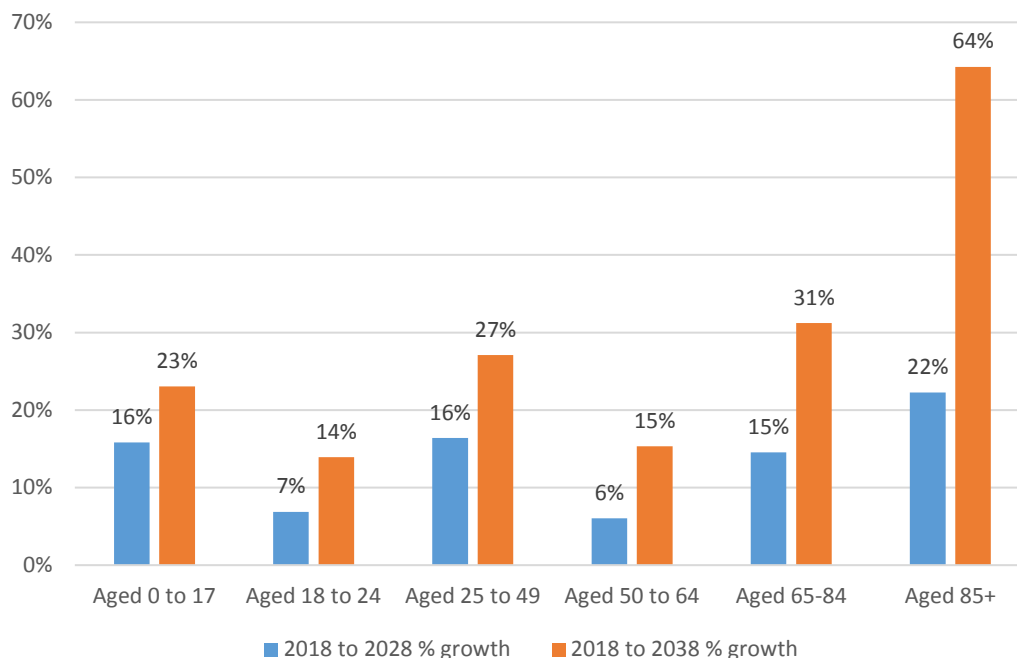


Figure 7: Coventry City population projections 2018-2038 – all age group growth proportions

Refer to [2017 population estimates](#) within Coventry’s Joint Strategic Needs Assessment for further information on Coventry’s whole population.

Population Health

The health of the population continues to be a challenge for all partners within the city. Dependant on which area of the city someone lives in, the difference in life expectancy can be as much as 8.7 years for females and 9.4 years for males. This compares to national figures of 9.2 and 7.0 respectively.

Alongside this statistic is the fact that healthy life expectancy for females is 62.9 years compared with a life expectancy of 82.4 years. For males, healthy life expectancy is 62.2 years and life expectancy 78.5 years. Therefore, a significant period of people’s lives is being spent in declining health

Table 1: Life Expectancy and Healthy Life Expectancy

2014 - 2016	Healthy life expectancy at birth		Life expectancy at birth	
	Male	Female	Male	Female
Coventry	62.2	62.9	78.5	82.4
West Midlands	62.6	63.2	78.8	82.7
England	63.3	63.9	79.5	83.1

Figure 8: Coventry's life expectancy and healthy life expectancy

Disability-free life expectancy is the age at which an average person in a population can live without any limiting disabilities. In Coventry it is 60.5 years amongst men and 62.1 years amongst women. This means men can expect to live 18 years and women can expect to live 20.3 years with a disability. For men, Coventry's figures are significantly lower than the national average.

Refer to [life expectancy](#) information within Coventry's Joint Strategic Needs Assessment for further details on health inequalities.

7. Changing Needs

Understanding the future needs of local people including the prevalence of conditions that may require a social care response supports both Council commissioning activities and intentions alongside broader market understanding to plan future service development and care delivery models.

Older people

A growing older population also translates into prevalence projections for conditions that may require a social care response. Projecting Older People Population Information (POPPI) data indicates that in 2017 the population of people aged 65 and over with a limiting long-term illness whose daily activities are limited a lot was 13,721, with the number projected to rise to 17,629 (11.3%, 3,908) by 2030.

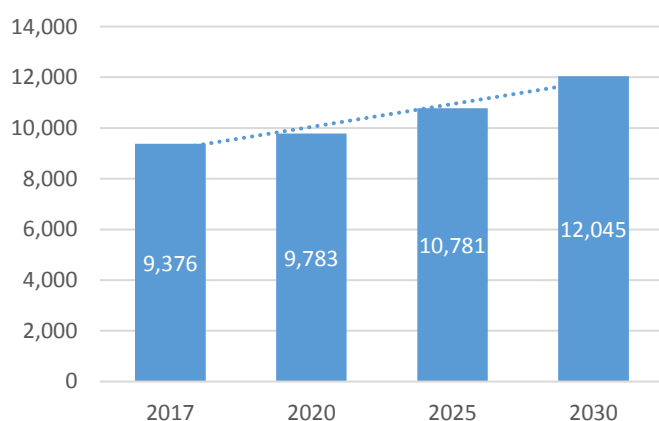


Figure 9: People aged 65 and over unable to manage at least one mobility activity on their own, POPPI

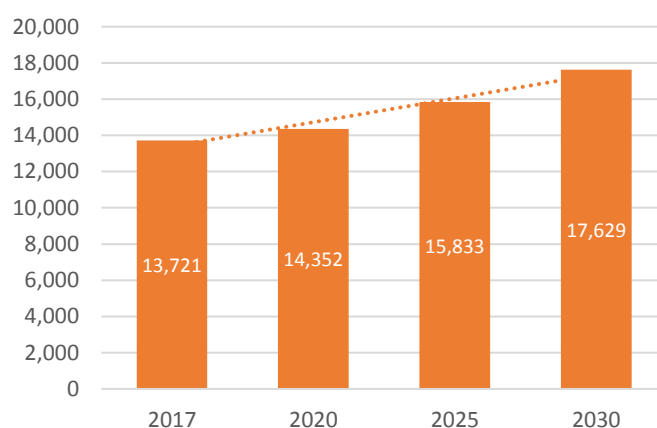


Figure 10: People aged 65 and over with a limiting long-term illness, POPPI

This projection of demand is also mirrored in the number of people aged 65 and over that will be unable to manage at least one mobility activity on their own; defined in terms of going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Here the population of 9,376 is projected to increase to 12,045 by 2030 (11.7%, 2,669).

While just under a third of households in Coventry were reported in 2011 to be single-person households, there are also projected increases in people aged 65 years and older who are living alone. This may indicate a potential increase in possible levels of social isolation; however the number of people aged over 65 years living alone can only be considered to be a proxy measure. Nevertheless, it may be relevant to consider how this could impact the provision of future services.

In 2017, 6,720 of the population of Coventry aged 65-74 years were projected to live alone and this is projected to increase to 6,930 (3.6%) by 2025 and to 7,810 (12.7%) by 2030. For the proportion of the population aged 75 years and older, the number of people living alone is projected to increase from 11,696 to 14,173 in 2025, an increase of 12.9%

Along with projected increases in Coventry’s population aged over 65 years old, it is also projected that there will be an increase in the population who will live in residential care. In 2015, it was projected that 1,324 people will reside in a care home with or without nursing provision and in 2020 this number is projected to increase to 1,454; a 10% increase. It should be recognised that this includes people who self-fund their care as well as those accessing local authority support. The Adult Social Care Outcomes Framework notes there are 768 permanent admissions to residential and nursing care homes per 100,000 of the population aged 65 years and older.

Adults living with dementia

One in three people over the age of 65 will develop dementia. There are 800,000 people in the UK diagnosed with dementia, with 665,000 of this number in England (Alzheimer’s Society 2013). With an aging population it is predicted the number of people with dementia in the UK over the next 30 years will double to 1.4million and predicted costs likely to treble to over £50 billion. This will place an heavy burden on patients, carers and health and social care resources over the long term.

In August 2018 there were 2,950 older people aged 65 and over living in Coventry and Rugby with a diagnosis of dementia from an estimated population of 4,950 people living with dementia. This highlights a noticeable gap in diagnosis rates. The figure 11 shows a slight increase of 1% in the estimates of older people aged 65 and over living with dementia during the last year to August 2018.

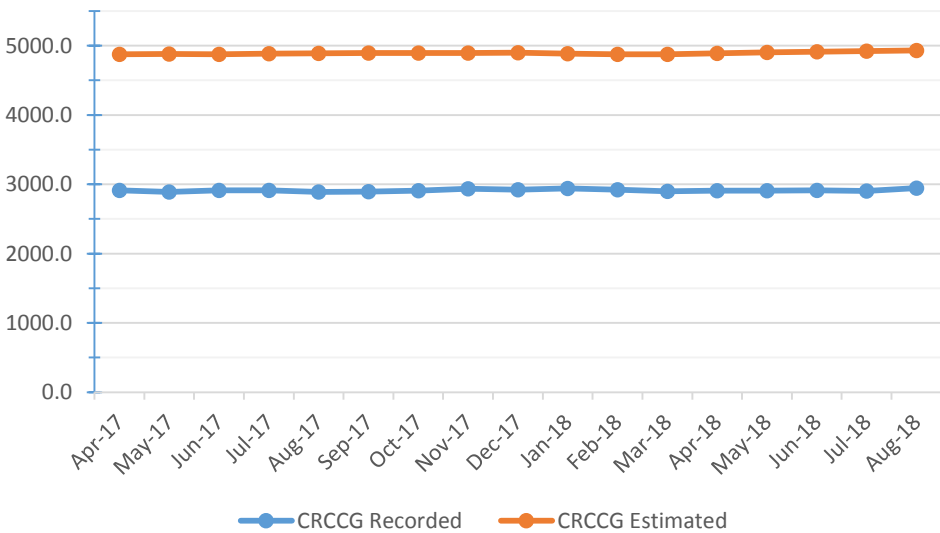


Figure 11: Number of people with a recorded diagnosis of dementia against the estimated number of people living with dementia across Coventry and Rugby

Services need to be adapted to support the increasing levels of dementia utilising innovative care models including Individual Service Funds (ISFs) and the greater use of assistive technology to support people living within the community for as long as possible.

Coventry's [Dementia Strategy](#) lays out Coventry's view in supporting people living with dementia in the city. The strategy has links with the Prime Minister's Challenge on Dementia 2020 and is based upon the principles of the NHS well pathways for dementia which are:

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well
- Dying Well

The Coventry Strategy contains an action plan, currently being updated for 2018/19, to improve the well pathways for people living with dementia in the city, meaning people have access to, and are supported by, services throughout their journey of living with dementia. The strategy has ties with the Carers Strategy and ensures carers are also supported to be able to care for a person living with dementia.

Adults with disabilities

The vision for disability services is to improve the quality of life for adults with learning and physical disabilities, autism and mental ill-health through:

- A seamless service and support throughout their whole life course
- A better integrated and multi-disciplinary support across sectors
- Promoting independence and empowerment and increasing the opportunities for people to stay local or to return to local connections.

Our approach will be focused on improving people's lives; focused on breaking down barriers for people between agencies and services along with making sure people's happiness, aspirations and achievements are never limited due to a disability. Through a person-centred approach we will ensure people have experiences they value: developing relationships, making choices, contributing, having valued roles and sharing ordinary places.

Figure 12 shows the projected increase in the proportion of adults aged 18-64 with learning disabilities in Coventry through to 2025 and 2030.

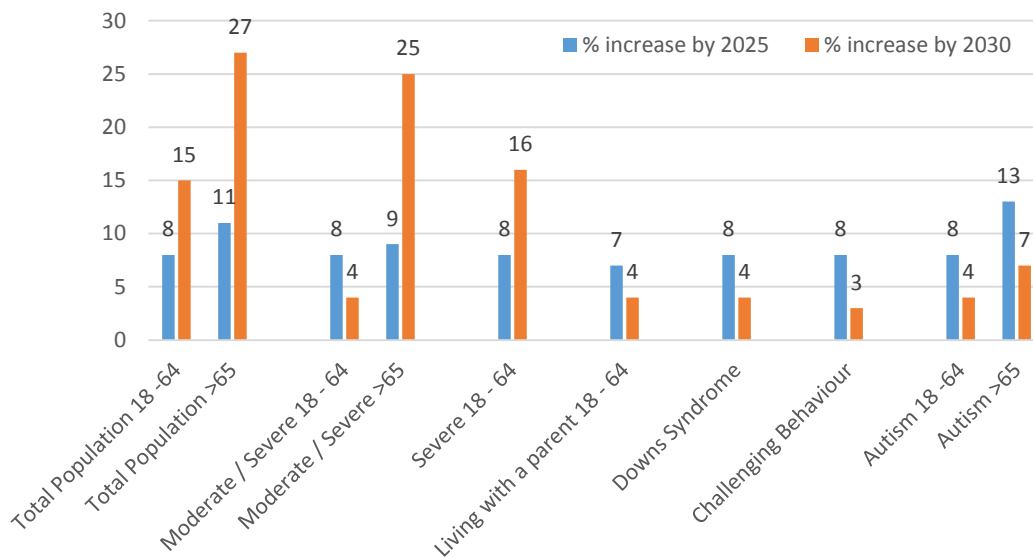


Figure 12: Projected increases in people predicted to have a learning disability in Coventry, PANSI

- By 2030, it is estimated that one in four of the projected adult population will have some form of disability or limiting long-term illness. An increase of 16% for Coventry to 56,733
- In Coventry 5% of the population (17,270) are unemployed. Of these 10% are likely to have a disability
- In Coventry 61.8% of people with a long-term condition feel supported to manage their condition, this is slightly lower than the England figure of 65.1%
- The number of planned transitions from Children's Social Care continues to increase with 59 young adults transitioning in 2017/18, of which 23 were eligible for social care compared to 55 in 2016/17, of which nine were eligible for social care.

Over recent years greater scrutiny of the health inequalities experienced by people with a learning disability has been applied in order to improve individual outcomes through a co-ordinated approach across professionals and commissioned services. A National Overview of Learning Disabilities General Health shows us that:

- In 2016-17, one in 218 people were recorded as having a learning disability.
- Over 57% of patients registered at General Practices in England were included in this data, an increase from 51% in 2014-15.
- On average, females with learning disabilities had around an 18 year shorter life expectancy than the general population, and males had around a 14 year shorter life expectancy than the general population.
- Almost 80% of eligible patients with a learning disability aged 60-69 received screening for colorectal cancer, an increase from 69% in 2014-15.

- Overall, almost 50% of patients with a learning disability received an annual learning disability health check in 2016-17. This is an increase from 43% in 2014-15.
- Around 42% of patients with a learning disability received a seasonal influenza immunisation in 2016-17 compared to 41% in 2014-15.
- The overall rate of constipation identified in patients with a learning disability was just over 13% in 2016-17. This is an increase from under 2% in 2014-15. 3% of patients with a learning disability also had a diagnosis of dysphagia, with the highest prevalence recorded in patients aged 75 and over.

Carers

The 2011 census identified 32,102 people within Coventry providing unpaid care. 24.7% of those identified as providing care are providing 50 or more hours a week of unpaid care. The Council estimates that one in ten people are likely to be providing care so this figure is comparable to National Statistics. The Valuing Care 2015 report equated the value of this care within Coventry to be worth £680 million to the health and social care economy.

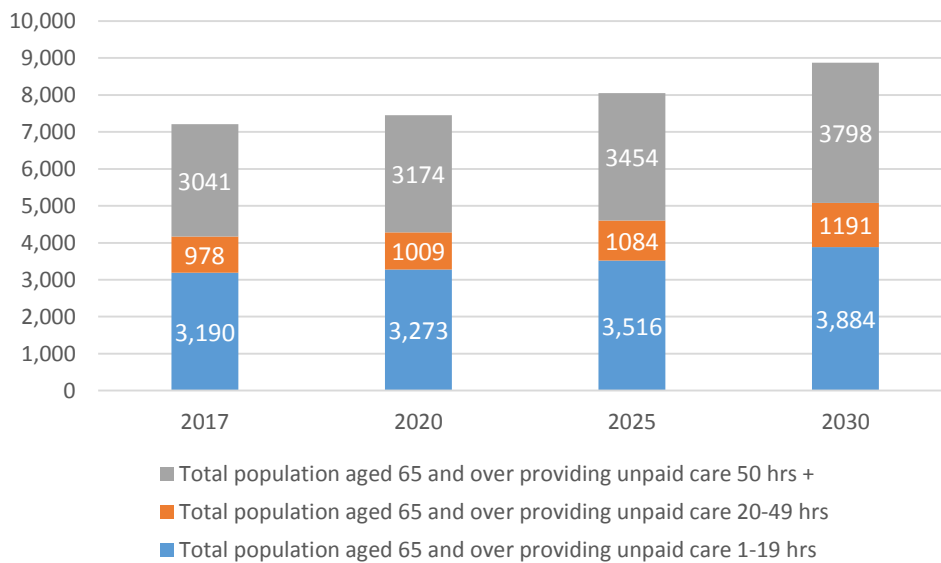


Figure 13: Projections of people aged 65 and over providing unpaid care, POPPI

Estimates suggest 541 adults in Coventry with a severe level of learning disability are residing with their parents (PANSI), which again is a key indicator of unpaid care.

2017 estimates suggest that 7,208 of carers are identified as being over the age of 65 of which 3,041 will be providing care for 50 hours plus. Most people taking on a caring role are within the age range of 50-64 due so for a parent usually living at a separate address. The second most likely caring scenario is a spousal caring relationship.

Recent data analysis from the Social Market Foundation (SMF) suggests that the amount of people providing unpaid care has increased rapidly in the last decade. However, the most notable trend in caring is the amount of time a carer is providing care that has increased significantly (SMF, 2018). National trends indicate that caring is getting more complex, with many carers managing additional responsibilities such as raising children and sustaining employment, mutual caring relationships (both caring for one another) and caring for people with more complex needs.

Adults with mental ill-health

At least one in four British adults will experience some form of mental ill-health problem in any given year. Those who live in more deprived areas are twice as likely to be affected by mental ill-health. There are many factors that can cause, or be a consequence of, mental ill-health problems such as unemployment, deprived income, substance and alcohol misuse, and crime and violence. The estimated annual cost of tackling mental ill-health in the UK, including spending in health and social care, is now over £20 billion.

Projecting Adult Needs and Service Information (PANSI) data for 2017 estimates that one in nine adults aged 18-64 (36,413) in Coventry were affected by a common mental ill-health condition at any one time. Common mental ill-health disorders include conditions such as depression, anxiety, phobias, obsessive-compulsive disorder (OCD), eating disorders and post-traumatic stress disorder (PTSD). Based on population estimates common conditions are projected to increase by 4.4% to 41,050 during the period to 2030.

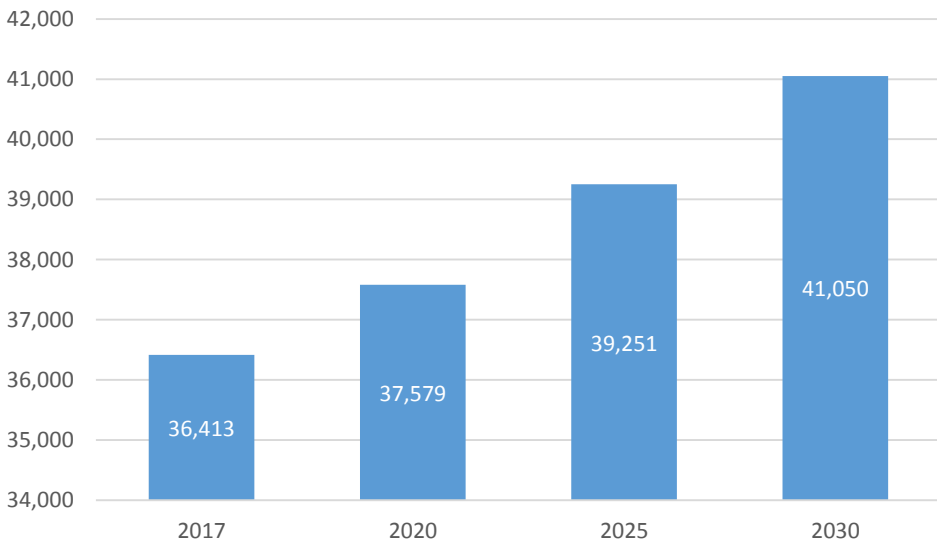


Figure 14: People aged 18-64 predicted to have a common mental health disorder, PANSI

Given that a proportion of mental ill-health problems are not formally diagnosed and that not all people will actively seek or engage with services, these figures are likely to be an underestimation.

The King's Fund estimates that 35% of those with depression and 51% of those with anxiety disorders do not seek support from services.

Refer to the [Mental Health and Wellbeing](#) information within Coventry's Joint Strategic Needs Assessment for further details.

8. Care Demand

Understanding the overall demand for social care services is essential to inform what is required to meet the changing needs of our population, including the future supply and configuration of services and support.

Overall demand

The demand for Adult Social Care continues to increase, represented by a year-on-year 4.5% raise in the total number of people receiving any form of support; an increase of 401 people in 2017-18. This overall increase in social care demand consists of all services, including short term support services, equipment and adaptations and telecare services.

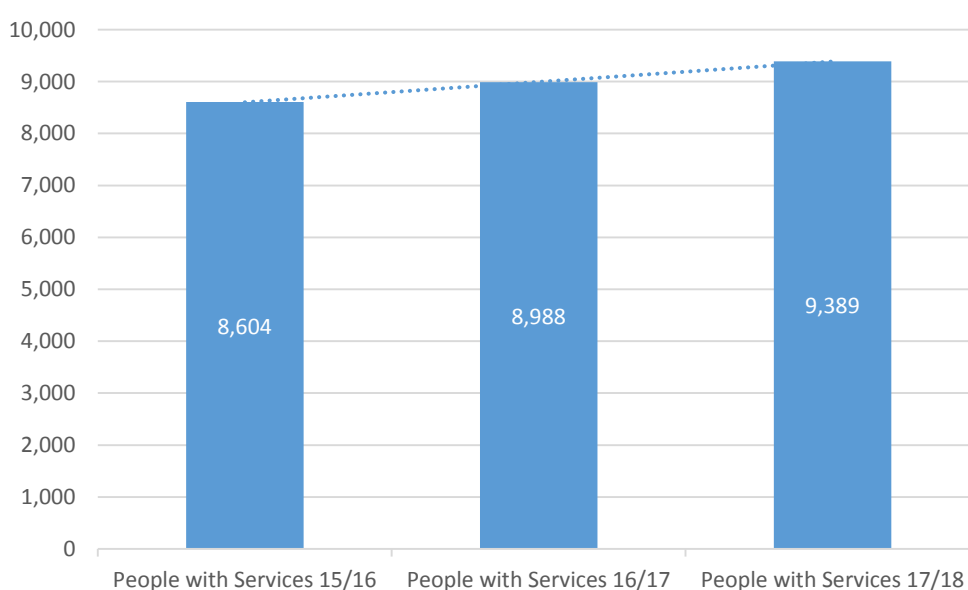


Figure 15: Total number of people supported by adult social care across all services in Coventry

In addition, the Council continues to experience an increase in demand from people making new requests for social care and support, demonstrated by a 6% (599) increase during last year; from 9,691 in 2016/17 to 10,330 in 2017/18. Over the three years from 2015-16 the increase in demand for new requests is 11% (994).

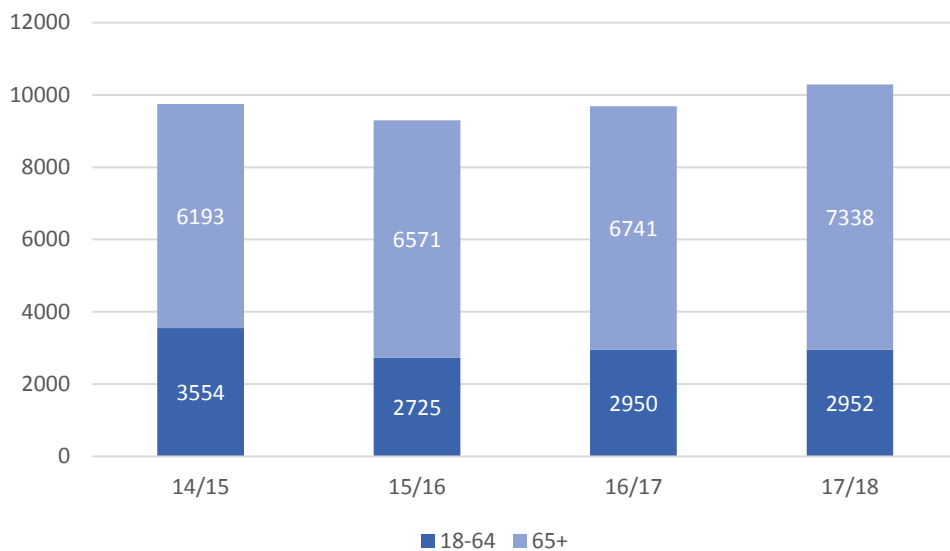


Figure 16: Total new requests for adult social care in Coventry, all people aged 18+ by financial year

The majority of the demand growth is from older people aged 65 and over (77%) with adults aged 18-64 accounting for (23%). While this reflects the wider picture of increasing demand for care and support from a growing older population, the Council’s vision and strategy for social care means more people are being supported at a lower level or for a short period rather than with a long-term care package.

In 2017-18 the Council has seen a 4% (188) reduction in the total number of people receiving long-term social care and support during the year; down from 4,531 to 4,343. This reflects a picture of a continued fall in the number of people receiving long-term care, with a reduction also seen in 2016-17 of 7.3% (-358).

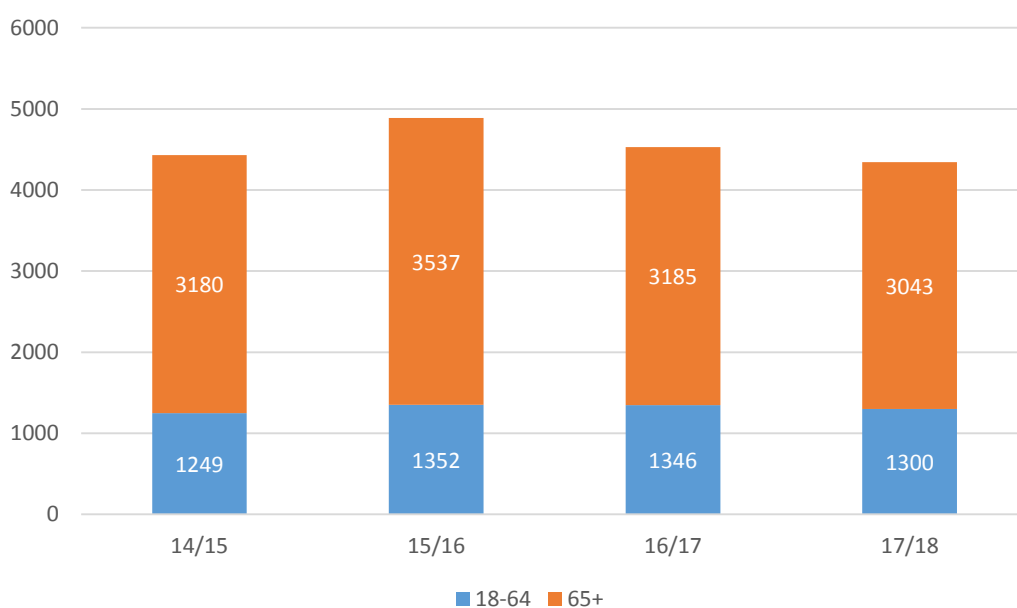


Figure 17: Total number of people receiving long-term adult social care in Coventry by financial year

The difference between an overall demand and declining number of people receiving long-term care is explained by a combination of factors; while there may be increased demand from public awareness of how to seek Adult Social Care, in part driven by changes taking effect from the implementation of the Care Act 2014, the Council’s approach to working with people to plan their need for care and meeting eligible needs in enabling and preventative ways is managing demand pressures.

Short-term services

Health and social care investment in short-term support to maximise independence is recognised as central in achieving a reduction in the demand for acute healthcare and long-term social care.

Pathway 1: Short-term home support

The service enables people to return and remain at home with regular support to build recovery from illness, build strength and confidence, and regain skills that are vital for maintaining independence. Care is typically provided over a six-week period by a home care agency with additional support from other professionals such as physiotherapists or occupational therapists if specialist help is needed. The pathway is further complemented by a specialist service that enables people with dementia to live independent and well in the community and return home following a stay in hospital.

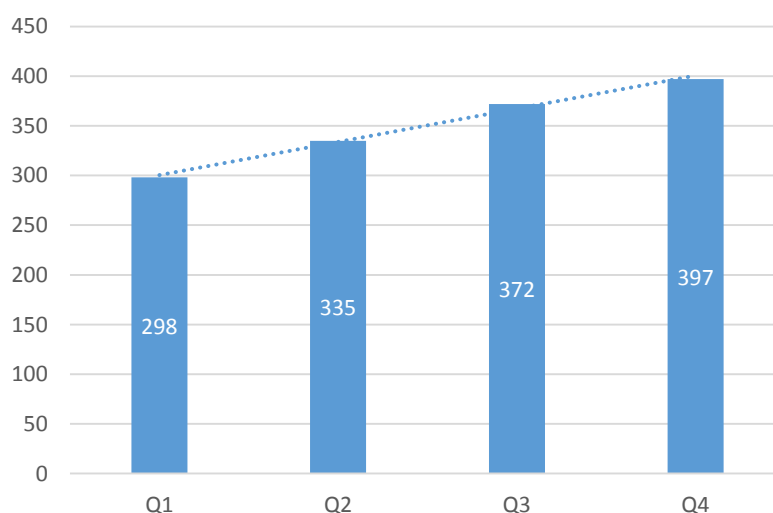


Figure 18: Pathway 1 short-term home support service starts 2017-18 by each quarter

During 2017-18 a total of 1,402 people (predominantly older people) were supported to leave hospital and regain their independence through short-term home support. Within this overall demand, there has been a 33% (99) in-year increase in the number of people receiving short-term home support when comparing demand within quarters 1 and 4. As a snapshot of demand, an average of 21 people were discharged from hospital into short-term home support each week between April and September 2018.

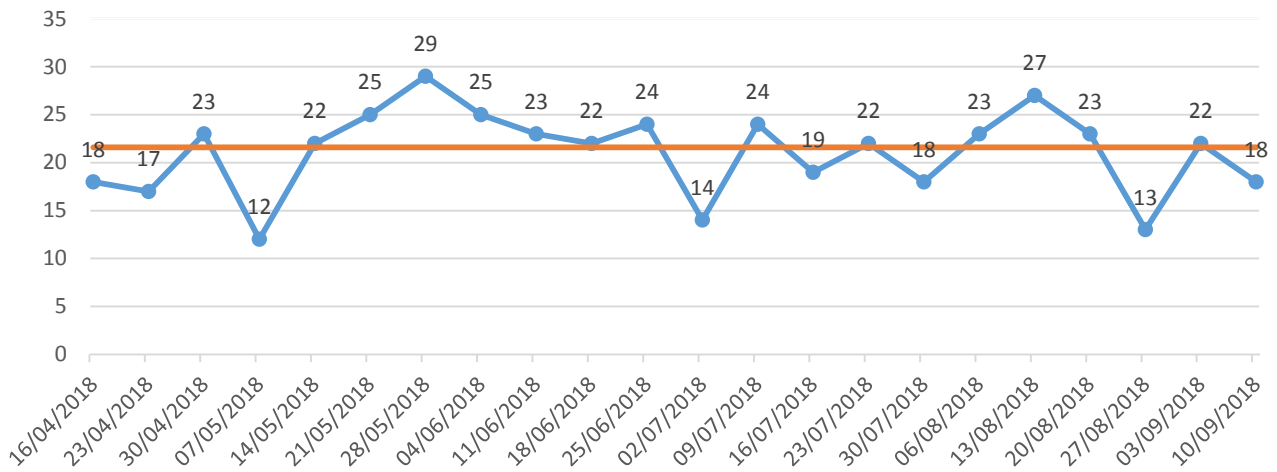


Figure 19: Hospital discharges into pathway 1 short-term home support – April – September 2018

Pathway 2: Short-term accommodation-based care

The service offers a range of both residential and Housing with Care (HwC) placements that aims to provide a period of short-term support to maximise a person’s independence, if they are unable to safely return home at the point of hospital discharge with a reasonable outcome expectation that they will return home and remain independent in the long-term. People have access to either their own self-contained flat or room with care provided by on-site care staff, along with additional support from therapists depending on the circumstances and individual needs.

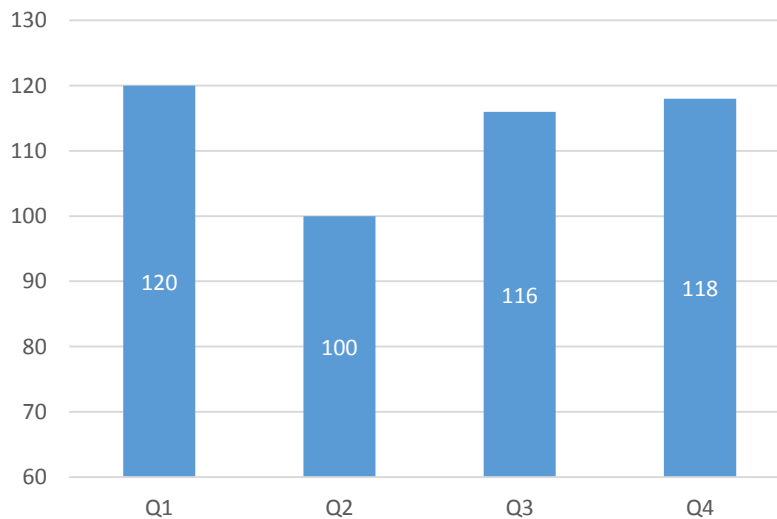


Figure 20: Pathway 2 short-term residential and HwC service starts 2017-18 by each quarter

In 2017-18 there were 454 new service starts into short-term accommodation-based service beds, 67% of which were residential and 33% housing with care. On average there were 114 new service starts per quarter and, based on a snapshot between April and September 2018, an approximate average of nine hospital discharges per week into the service. On average people spend 6.4 weeks

regaining their skills and independence in a short-term service bed. Housing with Care services had a 16% higher average length of service at 7.6 weeks with a maximum of 9.4 weeks.

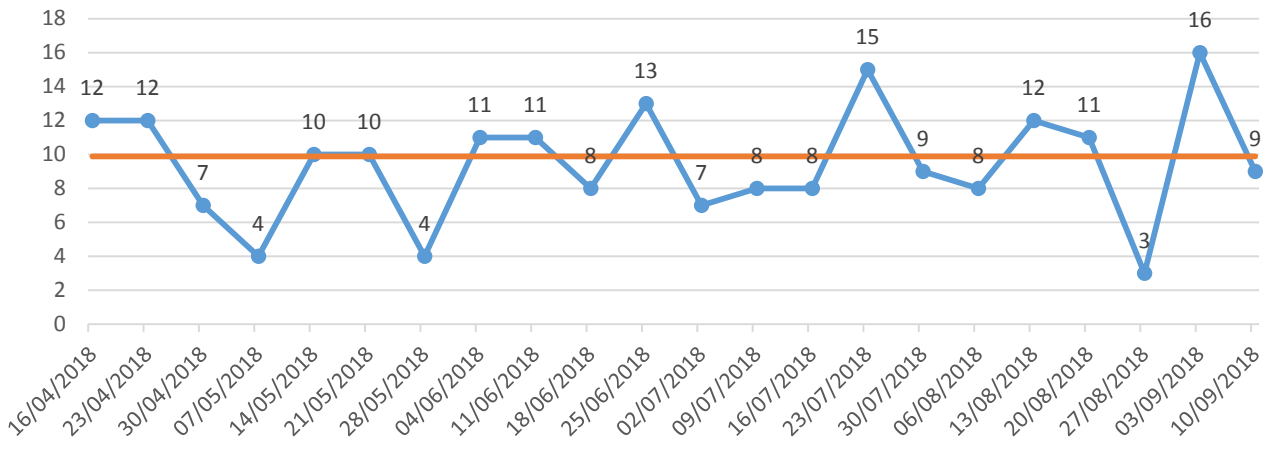


Figure 21: Pathway 2 short-term residential and HwC discharges from hospital – April to September 2018

Coventry Better Care Plan data metrics can be used to show how demand for social care is being managed through the use of short-term reablement services. Adult Social Care Outcomes Framework (ASCOF) 2b and 2d indicate that through a combination of short-term home support and accommodation-based services a high proportion of people are able to regain their independence without the need for ongoing care and support; 81% of people discharged from hospital into a short-term service were still living independently 91 days later and 75% were prevented from requiring long-term care services.

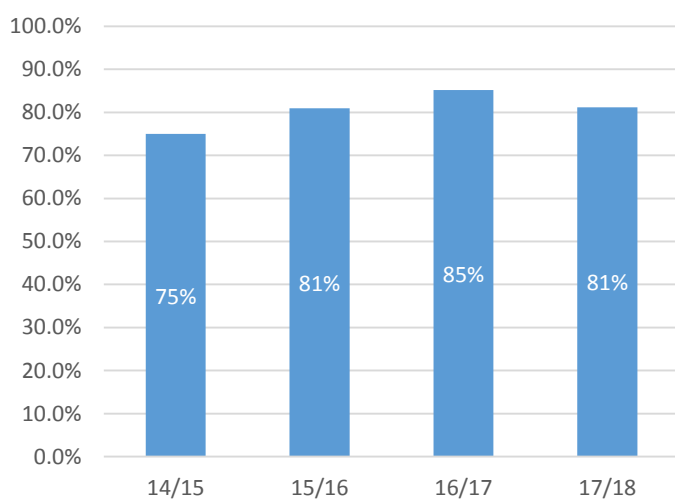


Figure 23: Proportion of people discharged from hospital into short-term services that are at home 91 days later, ASCOF 2b

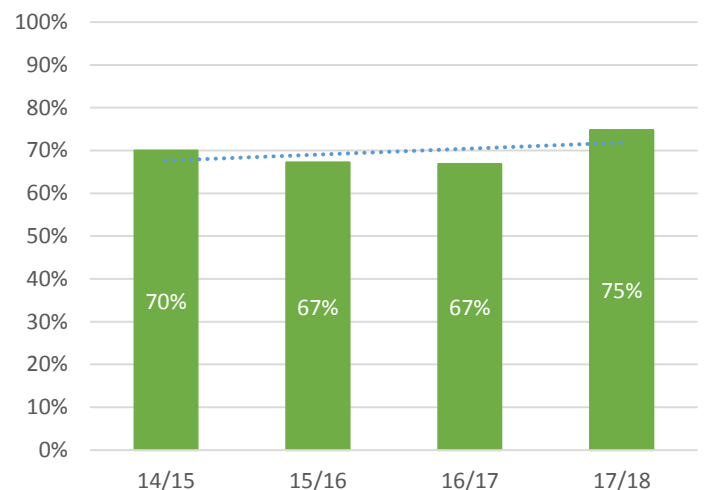


Figure 22: Proportion of people receiving a short-term service where the outcome is no long-term care, ASCOF 2d

Pathway 3: short-term discharge to assessment

In addition to short-term enablement services that reduce demand for acute healthcare and long-term social care through independence maximisation, the assessment service aims to provide people that are medically fit and well but likely to need long-term care with a short period stay in a residential or nursing care setting to fully assess and determine how and where the needs can be best met. The assessment will often be carried out by a range of health and social care professionals.

As a snapshot of demand between April and September 2018 a total of 256 people were discharged from hospital and had their needs assessed in either a residential or nursing care setting before moving into a long-term accommodation-based care service. This represents an average of 12 service starts per week.

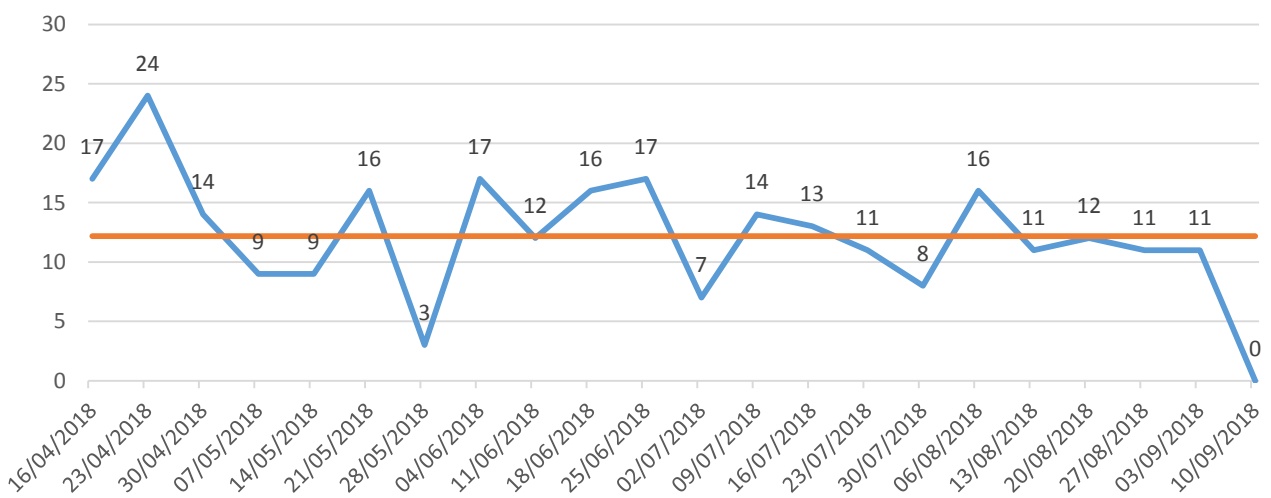


Figure 24: Pathway 3 short-term residential discharges from hospital – April to September 2018.

There are positive indications that the combination of all short-term support to maximise independence pathways are contributing to a continued decrease in DTOC. Delays due to social care and jointly attributable to health and social care has also decreased over the past 12 months. The average length of delay has remained fairly consistent at around 7.5 days delayed per person. As at May 2018 Coventry was ranked 29th for social care delays and 105th for all delays.

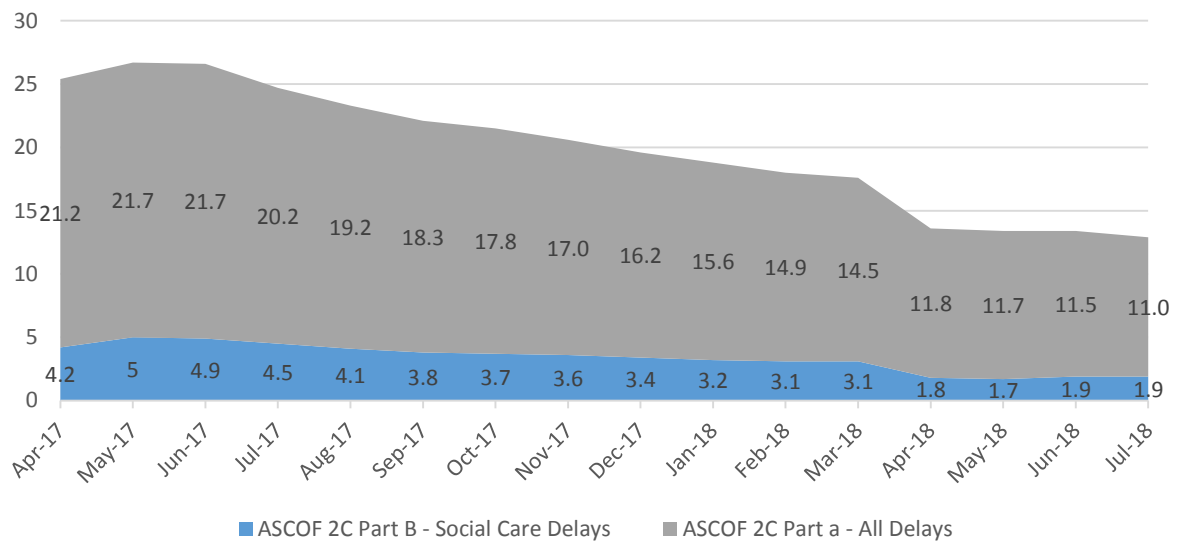


Figure 25: Patients delayed from leaving hospital per 100,000 Population April 17 - July 18

Community-based services

Home support – Long-term

The number of people receiving ongoing home support at any one time is approximately 950 to 970. This equates to 12,500 care hours per week, of which 20 are arranged as an Individual Service Fund (ISF). Overall, the total number of people receiving ongoing home support in 2017-18, covering new and existing packages of care, was 1,330, with a peak of 1,440 during the last three years.

It is anticipated that up to 30 new packages of care are needed per month to meet demand; ranging from a few hours to those over 10 hours per week. This equates to 2,100 hours of new packages per year correlating with attenuation of hours due to natural package ends. In addition, CRCCG require between 3,800 – 4,500 home support hours to meet demand for non-complex Continuing Health Care (CHC) support.

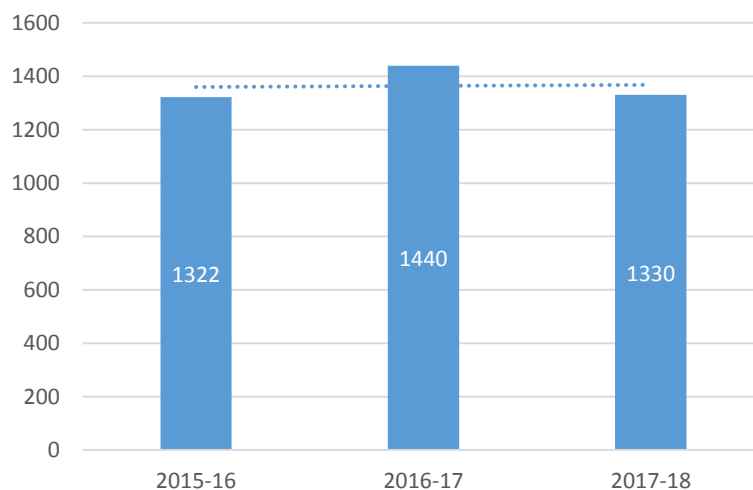


Figure 26: Number of people receiving home support each year

Housing with Care (extra care housing)

Housing with Care (HwC) enables the changing population of Coventry to live an independent life within their self-contained flat through care and support made available on-site; providing an alternative to either home support or residential care. In 2017-18 the Council funded social care placements into HwC for a total of 673 people; 87% older people aged 65 and over and, 13% adults aged 18-64. On average, people living in an HwC scheme that are eligible for funded social care receive 12.5 hours of care per week. This indicates a broad demand for the Council of 5,555 hours per week, of which 900 hours are delivered by the Council through Internal Provider Services.

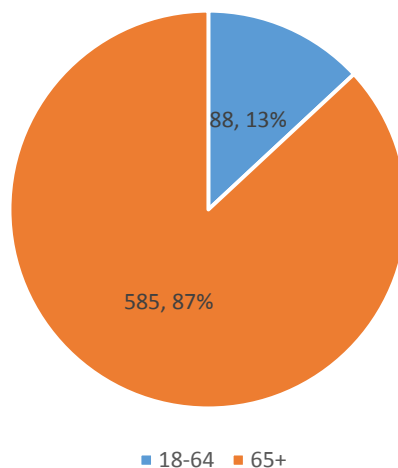


Figure 27: The total number of people funded by the Council within HwC in 2017-18, by client age group

Coventry's population continues to change and is home to a wide range of new communities with a range of needs. As such people choosing to access HwC have a mixture of needs that are represented in terms of no and lower care hours through to complex health conditions and assessed care needs. The average age of people living in HwC that the Council funds is 79 years across both placements within internal and external commissioned schemes, of which:

- 63% being elderly and frail, whereby schemes support these individuals to maintain independence by supporting them with a number of tasks, for example, medication management
- 24% have mental ill-health issues where care helps to reduce isolation through on-site activities
- 17% have progressive dementia that require wider carer support to live healthy and well
- 9% have learning disabilities requiring greater input in maintaining their home environment

In recent years the Council has noticed a change in the number of people accessing HwC as an option for meeting their assessed and eligible care needs. In 2017-18 the number of Council placements into HwC fell by 81 (11%) from a total of 754 placements in 2016-17. Further work is being undertaken to understand this change by considering the following factors:

- The reduction in the supply of HwC available to the Council through housing nominations agreements largely as the result of the Council closing internally operated HwC schemes in 2016-17
- The reasons why people who meet the criteria and profile for HwC decide to stay in their own home and access home support
- How current HwC delivery models, including care services, may be creating barriers for people to consider and access HwC, particularly those with higher-level/complex care needs and couples looking to continue living together

Day services

A total of 465 separate day service packages were provided to all adults funded by the Council in 2017-18. This represents a reduction in overall demand of around 2.5% (12) from delivery in 2015-16, which is characterised by a fall in the number of services provided to older people aged 65 and over. Services provided to adults aged 18-64 that use day services have remained broadly level.

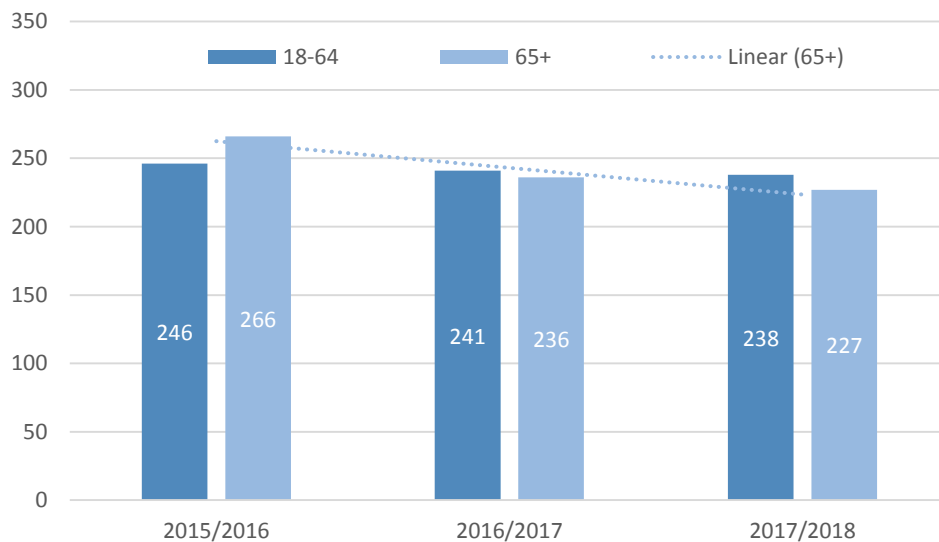


Figure 28: Number of day services provided by age group each year

In 2017-18 the Council funded day services for a total of 227 older people, of which the majority (179) were supported at centres that are operated internally by the Council, with the remaining (48) through standard contracted provision. For adults with disabilities, the Council funded day services for a total of 239 people, of which 78 were through externally contracted provision. Across all day opportunities there were 107 new starts in 2017 and 70% of all demand is managed through the Council's internally provided services.

Supported living & shared lives

The Council currently provides care and support to 402 adults with a learning disability who live in a supported living environment with their own tenancy. The number of planned transitions from

children’s social care continues to increase, with 59 young adults transitioning in 2017/18, of which 23 were eligible for Adult Social Care compared to 55 in 2016/17, where nine were eligible for social care. The graph below shows the number of transitions over recent years and the range of variability associated with those who continue to be eligible for social care support. There are currently 37 people with learning disabilities accessing the Council’s shared lives scheme.

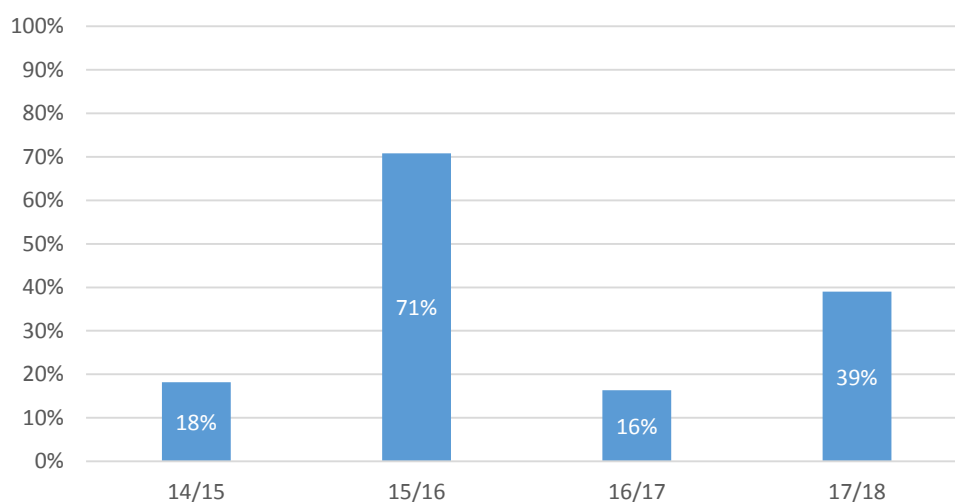


Figure 29: Proportion of transitions resulting in social care funded services

As part of the TCP programme to improve community services for people with a learning disability, extensive work has taken place to understand the needs and potential requirements of 41 young people and adults currently placed in hospital settings commissioned and funded by NHS England specialised commissioning. Work has also taken place to understand the needs and future requirements of the 18 adults placed in hospital provision funded by local CCGs.

Accommodation-based services

In 2017-18 the Council funded a total of 1,063 long-term residential and nursing care home placements for older adults aged 65 and over. Of these, 294 accounted for new placements, which was below the target of 310 set by ASCOF 2a, which measures the number of permanent care home placements per 100,000 population. Avoiding permanent placements in residential and nursing care is a good measure of delaying care dependency.

Overall, the demand trend for older people aged 65 over is both a decline in the number receiving any form of long-term care, including community care services, and the number of placements into residential and nursing care. This can be attributed to the increasing number of older people supported to access short-term support to maximise independence service (pathways 1 and 2).

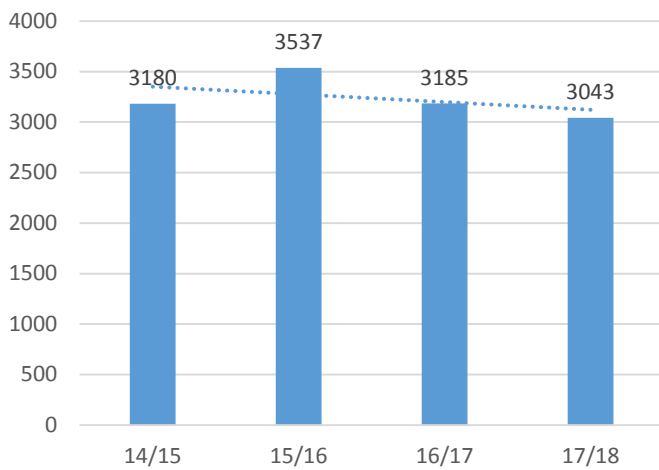


Figure 31: Total residential and nursing care placements for older people 65+ by year

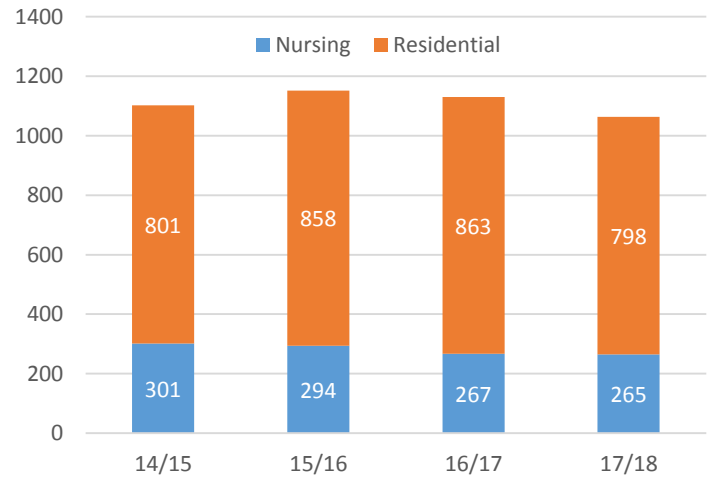


Figure 30: Total number of older people 65+ receiving long-term support by year

There is increasing demand to support more complex needs, including requirements to support people with enhanced needs and challenging behaviour. In these cases the Council and CCG are seeing a rise in providers reluctant to support people with these complex needs due to the higher-level of skills and staffing levels required to meet these fluctuating needs. There also appears to be a shortage of clinical skills within nursing provision to support specific type of needs i.e. Topical Parental Nutrition (TPN), brace and spinal injuries.

Whilst the total number of adults with disabilities aged 18-64 receiving any form of long-term care, including community care services, remains broadly level over the last four years to 2017-18 there is a downward trend in demand for residential care with a 15% decline in placements over the same four-year period.

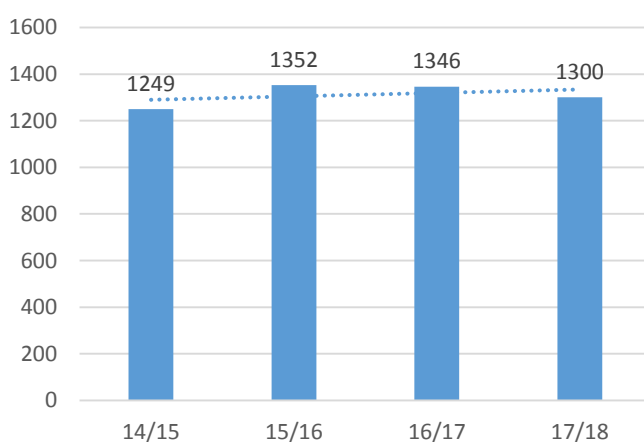


Figure 32: Total number of adults 18-64 receiving long-term support

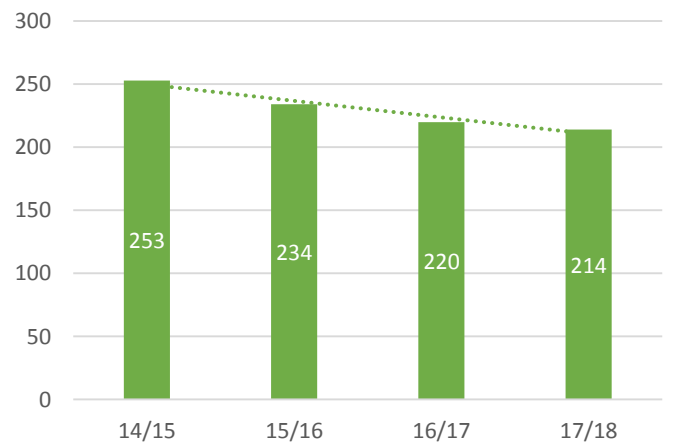


Figure 33: Total residential care placements for adults 18-64 by year

The number of residential care placements for people aged 18-64 in-city is 106, the number of placements made out-of-city are 91. For people with a disability over the age of 65 we have seven placed in-city and four placed out-of-city.

The number of new placements into residential and nursing care for adults with a disability aged 18-64 during 2017-18 has increased by 36% compared to 2014/15; rising from 28 to 38. In contrast the first quarter of 2018-19 is showing signs of demand falling with a slight drop in new placements. Of new placements made in 2017-18 there has been an increase of 17% in the number of people placed out-of-city because of the lack of specialist challenging behaviour / autism resources available

Figures 34 and 35 show that in 2017-18 there was a noticeable increase in the number of nursing placements for adults aged 18-64 compared with previous years. This is attributable to an increase in the number of placements needed to support people in relation to mental ill-health and physical disabilities. The Council continues to monitor this for longer-term demand trends.

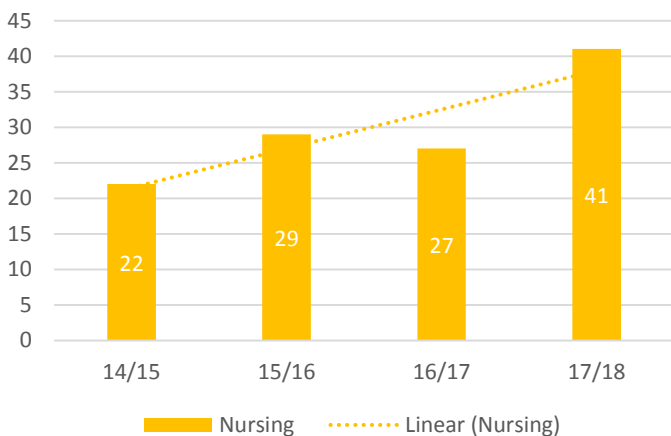


Figure 35: Total nursing care placements for adults 18-64 by year

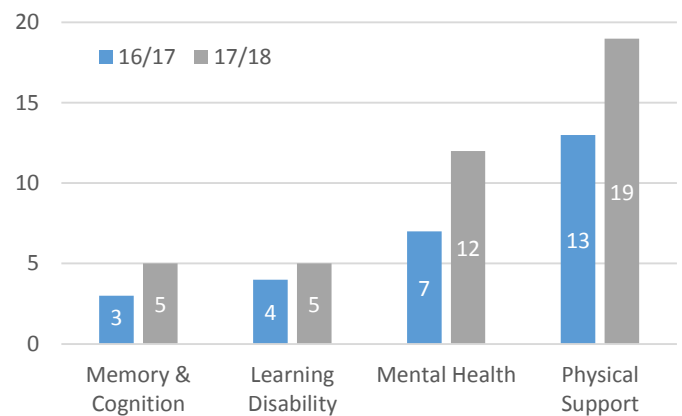


Figure 34: Nursing placements 2016-17 and 2017-18 by primary support reason

9. Care Supply

The Care Act (2014) places a duty on local authorities to oversee the local care market; ensuring that the supply of care services and other resources is sufficient, sustainable and of good-quality to meet the care and support needs of adults and carers.

Short-term services

Pathway 1: Short-term home support

Short-term home support, which is typically provided for up to six weeks and primarily prevents hospital admission or supports hospital discharge, is commissioned and managed through a framework of three providers delivering up to 665 hours each per week across three zones, with a lead provider in each zone. The framework was implemented in February 2017 and will run until 2021 to enable the next commissioning cycle.

Dementia Community Promoting Independence

In addition to the short-term home support framework the Council has commissioned a specific support service designed to enable people living with dementia and mild cognitive impairments to go directly home following hospital discharge and prevent acute hospital admission or a premature need for long-term social care following diagnosis of dementia. This service was commissioned following a successful pilot and new contracts commenced in April 2018 for the duration of up to five years with two providers, which are contracted to deliver occupational therapy and home support alongside a dedicated dementia specialist that identifies practical adjustments to enable people to live at home safe and well.

The service is estimated to deliver between 237-242 hours per week (12,300-12,600 per year) of which there are estimated to be 25-30 night hours per week (1,300-1,560 per year). The providers, people in receipt of support and their carer work together to determine the number of hours required during the six week service, allowing flexibility to ensure people are enabled to regain their independence and wellbeing. The principle of the service is to reduce support hours each week until the person has reached their individual potential to be independent.

Pathway 2: Short-term accommodation-based care

The service has a supply of 84 beds across a mixture of residential care homes and HwC schemes, which are accessed through block or spot-purchased commissioned arrangements and Council Internal Provider Services. The supply is made up of 26 residential and 23 residential dementia beds along with 35 HwC units, of which the majority (30) is provided by the Council internal schemes. Since

March 2018 HwC units have been operating at an average utilisation of 73% with residential and residential dementia beds operating at an average utilisation of 91% and 72% respectively.

Community-based services

Home support – Long-term

Coventry has a buoyant and varied home support market, with approximately 105 CQC registered care agencies located and active within the city. The service has a wellbeing and prevention ethos and is centred on enabling people to remain as independent as possible alongside reducing the whole life cost of care by supporting people to acquire or maintain skills.

The supply of long-term home support is commissioned and managed through a framework of seven providers, each assigned to a defined cluster within the city, which forms a mixture of national, regional and local private or voluntary sector care agencies. Two of the cluster providers have additional city-wide responsibilities for supporting people with mental ill-health and learning disabilities. The framework commenced in June 2017 with a delivery span until 2022 with an option to extend to 2024. In addition, to the framework the Council maintains contracts with five home support providers that deliver long-term packages of care on a legacy basis following implementation of the framework.

The Council will continue to develop the supply of home support within an approach that:

- Reduces demand through investing in preventative services
- Focuses on outcomes enabling increased choice, control and flexibility for individuals through Individual Service Funds
- Promotes models that achieve savings through achieving health and wellbeing goals
- Uses resources effectively to ensure value for money
- Keeps people in their own homes avoiding residential admission

Housing with care

Coventry has a substantial supply of Housing with Care (HwC) provision across the city with 939 units across 18 different schemes. Of this the Council is able to access 56% (524 units) of supply through six schemes delivered by Council Internal Provider Services that includes on-site care (181 units, 19%) and holds housing nomination rights, under a range of contracts that also includes the delivery of on-site care, for 343 units (37%) of the independent/private market supply. The independence supply includes a block of 120 units made available to the Council through three Private Finance Initiative (PFI) schemes.

The last five years have seen some change for HwC supply, principally with the closure of six internally provided HwC schemes (200 units). While the Council has commissioned two new modern, purpose-built schemes providing a total of 295 units, this change has resulted in a reduction of supply available to the Council through housing nominations of around 115 units.

Importantly the change has enabled innovation demonstrated through a specialist HwC scheme specifically for people either living with dementia or cognitive impairments. The scheme consists of 33 self-contained flats offering a modern living space, kitchen and bedroom with en-suite facilities. The scheme also has communal living facilities to enable social interaction underpinned by the [‘Eden Alternative’ care model](#), which moves away from traditional HwC models of support and provides a more personalised approach to enable people living with dementia to live independently in a safe environment. There is a very limited number of such schemes across England adopting this approach, putting Coventry at the forefront of innovative services for people living with dementia.

Supported living

The Council operates a Dynamic Purchasing System (DPS) to approve and source the supply of accommodation and specialist supported living services, through either private, approved or Registered Social Landlords (RSL’s), which deliver both care and access to community activities for adults with learning disabilities. The DPS has been in operation since November 2014 and is due to expire in May 2019.

There are currently 36 providers registered on the DPS and all purchasing requirements are advertised through the Council’s procurement web portal with costs negotiated using a care fund calculator and spot purchased thereafter. The Council currently purchases 191 units through the framework, which is structured across four lots; specialist support (all providers), specialist support for adults with Autism, specialist support for challenging behaviours and specialist support with Autism and challenging behaviour.

In recent years there has been a broad development in supported living services across the city, approximately 40 in total, which range from a single unit in the community to a larger core and cluster model comprising 10-15 units. The most recent scheme in the city has seen a further development in terms of incorporating smart, hardwired assisted technology infra-structure that enable adults to live more independently within a community setting.

The Council works with a number of RSL’s to provide supported living through its own Internal Provider Services (Promoting Independence Living Service) comprising 48 units across 13 locations in the city. It is not envisaged that there will be any changes in the scale or volume of this provision and vacancies are prioritised and managed through Adult Social Care brokerage.

Coventry has a small supply of specific mental ill-health supported living schemes within the city with market capacity of circa 24 units across two schemes. Some people with mental ill-health also reside within other accommodation-based services such as residential care homes and HwC.

Shared lives

Shared Lives is an established service delivered by the City Council's Internal Provider Services across Coventry and Warwickshire through a network of carers who share their home, family and social networks with the person they support. More shared lives carers are being recruited to the service and the Council are looking to offer this opportunity to people who present with more complex care needs.

Technology Enabled Care

Adult Social Care has an ambition to increase the availability and use of technology to improve the care offered to people within the community. We will realise this ambition by exploring the options to proactively introduce different technologies into the care planning process. The Council wants to work with providers to explore creative and innovative ways of improving outcomes for people, whilst reducing the costs of more traditional models of care, through the introduction of technology into the care arena. There are many effective and demonstrable benefits to introducing technology into care plans. Examples of how the Council is currently utilising technology include:

Telecare mobile responder service – Enabling people, especially older and more vulnerable people, to live securely and independently in their own home for longer is central to Adult Social Care strategy. The service achieve this by incorporating hardwired and remote personal and environmental sensors within the home along with 24-hour monitoring to ensure that should an incident occur, such as a fall, there is an immediate response supported by appropriate carer or emergency resources. Telecare devices include pendant alarms, falls detectors, medication dispensers, movement detectors, carbon monoxide detectors, epilepsy sensors and extreme temperature sensors. There are approximately 300 people registered with the Telecare responder service at any one time in Coventry.

‘Brain in Hand’ pilot - Living with autism, a mental ill-health condition, a learning difficulty or a brain injury can lead to difficulties making decisions, controlling emotions and choosing appropriate behaviour. Brain in Hand compensates for the impairment in executive function that goes alongside these conditions. The APP for mobile devices provides people with personalised activities and coping strategies which they can access anywhere, anytime, and also monitors their anxiety levels.

‘Just Checking’ activity monitoring – The Council is working to enable greater insight into behaviours and changing care needs for people with learning disabilities. Just Checking is an in-home movement monitoring system, backed by a professional support service, which brings insights,

transparency and peace of mind to person-centred care planning. It helps deliver more accurate assessments and professionally tailored information about how individuals are coping at home, without the use of cameras or microphones.

Community Preventative support

In April 2018 social care and health partners jointly commissioned a new set of coproduced and grant-funded voluntary and third sector preventative support arrangements for adults and older people in most need living in Coventry. A total of 12 locally-based organisations deliver a range of 11 different support models that enable four main groups of people to maintain their independence and wellbeing in the community; carers, people with physical impairments or dementia, people with mental ill-health and adults with learning disabilities. Support arrangements work closely with Council services to identify and provide timely help as shown in the support offer for people with sensory impairments that provides targeted help for people to build independent living skills alongside internally delivered visual and hearing impairment assessment, advice and equipment support. Grant agreements are for a period of five years until April 2023; enabling flexibility for organisations to adapt the support provided as needs change along with stability to inform, shape and support other system-wide prevention strategies.

Carers support

The Council commissions Carers Trust Heart of England to deliver the Carers Wellbeing Service. Approximately 6,000 carers are known or registered with the service, of which 1,290 carers are registered with the Carers Emergency Response Service (CRESS); a contingency service that enables carers to plan for an emergency. The Carers Wellbeing Service is a one-stop-shop for carer related support that provides information & advice, training and peer support. The service also delivers carers short breaks that offers flexible replacement care in the home as needed. In addition, Carers Trust Heart of England also hold a delegated responsibility to undertake statutory carers' assessments on behalf of the Council.

The Council provide a range of statutory services following the identification of eligible needs, which enable carers to take a break from their caring role. Figure 36 shows the breakdown of the services provided in 2017-18. When the Care Act 2014 was introduced the Council noticed a gradual decline in the number of carers utilising replacement care largely because financial charging was introduced. Due to the need for replacement care to be delivered flexibly many recipients arrange their care through a Direct Payment, and the Council recognises that in the future personalised options including individual service funds are pivotal to the on-going delivery of replacement care.

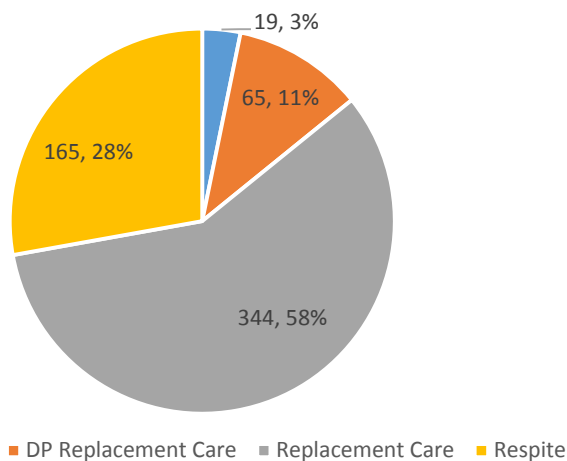


Figure 36: Carers support services delivered in 2017-18

Within Coventry a range of residential respite options are available, particularly required for families who have life-long caring responsibilities. Carers of adults with learning disabilities are most likely to be accessing regular respite provision and the Council has commissioned two learning disability providers to deliver respite for adults aged 18-64. There is a potential gap in respite provision for adults with complex needs and challenging behaviour where the need for a carer to have a break can be crucial for the sustainability of their long term living arrangements. For older adults, adults with physical health needs and adults with a mental a health condition a wide range of existing residential care home provision is utilised for replacement care.

Day Services – older people & adults with disabilities

The majority of day services for older people are delivered through the supply of Council Internal Provider Services at the Gilbert Richards and Maymourn day centres. The Council does have an occasional requirement for spot-purchased specialist dementia day services.

Day services for adults with learning disabilities still adopt a traditional delivery with a centre-based approach. The service is focused on promoting independence and utilising community assets; ensuring that individual outcomes are met with the aim of adults living varied, vibrant lifestyles that enhance their wellbeing. The supply of services enable adults to manage a range of daily life situations including shopping, being involved in leisure and social interests, accessing centre-based and community-based activities and developing the skills to travel independently that open up more social opportunities and where possible access employment.

Supply of commissioned day services for adults with learning disabilities is purchased through a tiered call-off framework, with providers ranked on cost and quality, delivering spot funded services across different lots based on staff to people ratios and certain specialist areas of support. There are nine providers within the framework offering day services from 11 locations across the city. In addition,

Council Internal Provider Services deliver day services to adults with learning disabilities across five locations:

- Brandon Wood Farm – specialist day support and activities for adults with Autism
- Wilfred Spencer and The Zone – support for adults with mild to moderate learning disabilities from a city-based centre
- Jenner 8 – an innovative day service that enables adults to meet and get involved in social activities within the community
- Gosford Hub – a centre-based service supporting adults with profound and multiple learning disabilities

Advocacy

Within Coventry the Council provides statutory advocacy, which is offered across the following:

- Care Act Advocacy - eligible individuals who are entitled to advocacy services under the Care Act 2014 to enable them to fully participate in their assessment, care and support planning, adult safeguarding and reviewing enquiry process,
- Independent Mental Capacity Advocacy - legal safeguard for people who lack the capacity to make specific important decisions including about where they live and serious medical treatment options (Mental Capacity Act 2005),
- Independent Mental Capacity Advocacy – for patients being treated in local hospitals
- Community Independent Mental Capacity Advocacy – accessing local NHS community based provision (Non-statutory funded through Coventry and Rugby Clinical Commissioning Group)

Accommodation-based services

Older people (65+)

Coventry has a good supply of older people residential provision within the city, with capacity of circa 1,250 placements across 38 homes. The Council owns and operates one dementia care home (43 places) and is currently 11 years through a 25-year Private Finance Initiative (PFI) block contract with two external dementia care homes (80 places). Coventry equally has a good supply of older people nursing provision with 12 registered nursing homes delivering circa 500 beds spaces, which includes a new nursing care home that opened in July 2017. The four main types of care home is shown in the table below along with details of registered bed spaces; some homes provide a mix of beds across the different types of care.

Type of care	Number of care homes	Number of bed spaces
Residential Care	20	652
Residential Dementia	18	597
Nursing Care	5	315
Dementia Nursing	7	217
Total	50	1,781

Figure 37: Older People's residential and nursing care homes by bed space - excludes mental health homes

During 2017-18 the Council externally spot purchased 683 residential and 265 nursing care home placements for older people aged 65 and over; this excludes Council owned, block funded and specialist mental ill-health placements. There is a 70/30 split of residential and nursing capacity in city with approximately 33% of older people placements funded by the Council or joint funded with local health partners with the remaining 67% of people either being funded fully by health, other local authorities or self-funding their own care.

Residential nursing care homes for older people in Coventry deliver a range of diverse services with good quality person-centred care. There is a good mix of small independent, medium-sized regional and larger national providers working within the city, offering a range of elderly frail, mental ill-health, challenging behaviour and acquired brain injury services. While local authorities are not required to maintain a specific market composition across nursing and residential supply, the Council aims to ensure a balanced representation of providers across all sized homes to safeguard sustainability and exposure to risk in relation to provider failure; enabling different risks associated with an over reliance on any one part of the market to be managed.

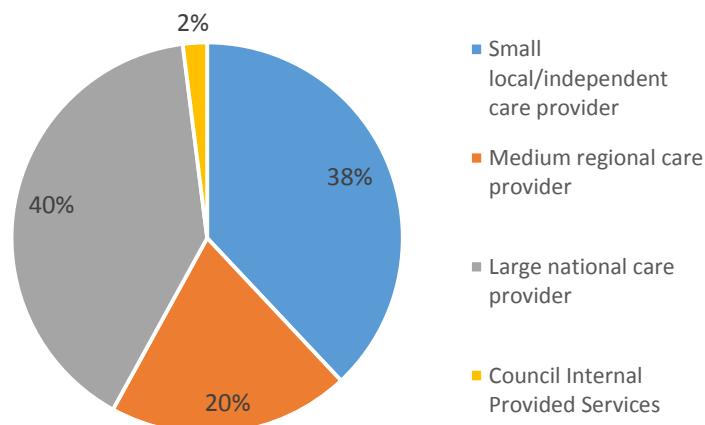


Figure 38: Market composition of older people's residential and nursing care homes in Coventry, 2018

Accommodation standards vary across the provision, with a mixture of converted or extended houses, large Victorian houses or purpose-built homes. There is approximately a third of provision in the current condition that can be characterised as small rooms with a lack of en-suite and inappropriate physical layouts with limited scope for adaptability and use of equipment.

Figure 39 shows that the size profile of residential and nursing care homes for older people across the city ranges from 12 to 107 beds; with 27 care homes sized between 20 and 39 beds. Additionally, figure 40 outlines capacity levels across older people’s residential and nursing provision within the city. Over the last 12 months, capacity for residential beds has reduced with average vacancies at around 4%. Nursing vacancies have been increasing over the same period with the average at around 6%.

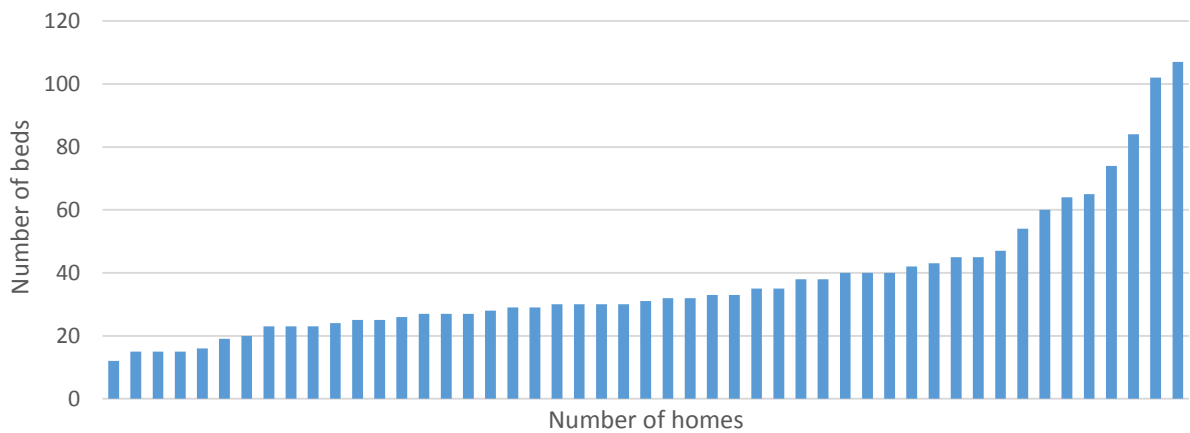


Figure 39: Size profile of older people’s residential and nursing care homes in Coventry, 2018

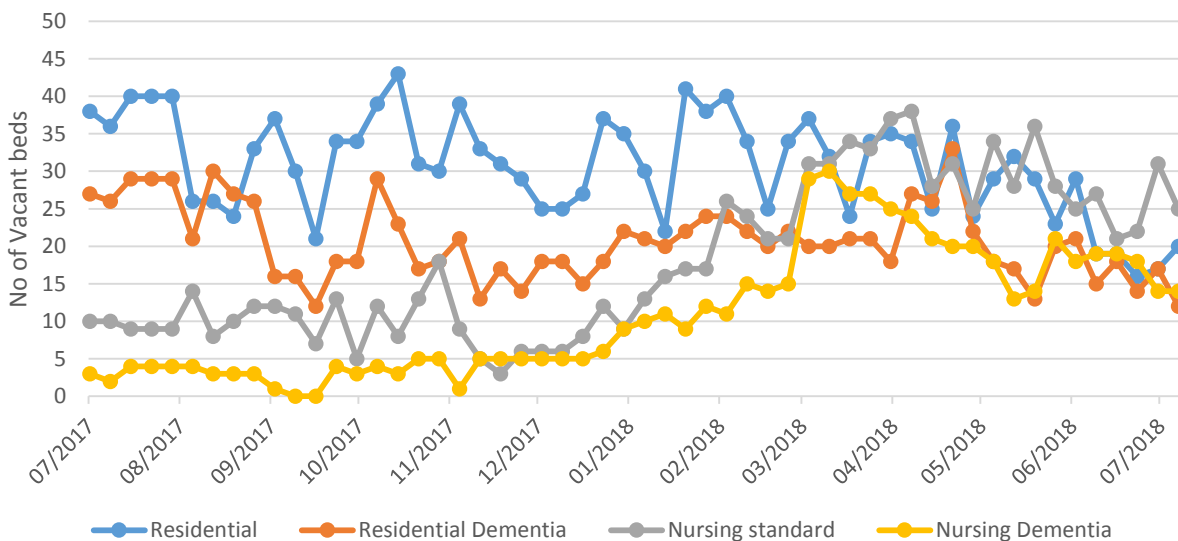


Figure 40: Older People’s residential and nursing care home vacancies - July 2017 to July 2018

There are endeavours to improve the system-wide approach to enhance health and wellbeing in care homes for older people through joined-up health and care services. For example, an initiative to align community nurse teams and GP practices with each care home is helping to reduce unnecessary admissions to hospital as well as improve the hospital discharge process. In Coventry the recruitment and retention of good quality care staff remains a challenge, as per the national trend, particularly for qualified nurses. This along with other cost factors in relation to funding care home provision will continue to present challenges and the Council awaits the Government Green Paper on Adult Social Care in respect of a long-term funding framework.

Adults with Mental ill-health

Coventry City has a reasonable supply of residential and nursing care home provision that supports people with mental ill-health conditions, with market capacity of circa 116 beds across six homes. The majority of beds are joint funded between the Council and CRCCG due to the complexity of conditions. Of the six care homes, three (87 units) are predominantly utilised for older people aged 65 and over with the other three homes (29 units) predominantly used for adults aged 18-64.

Adults with Disabilities

The care home market for adult with disabilities, including learning disabilities, is growing in Coventry, although there remain difficulties in specific areas of specialist provision, including challenging behaviour, autism and complex learning disabilities. This results in a higher number of people being placed outside of Coventry. Within the city we have 18 residential care providers offering 93 beds. Coventry's care home provision for adult with learning disabilities is made up of a healthy mix of small independent providers, medium and national organisations that offer a range of provision covering moderate, severe, challenging behaviour and autism that enables diversity and good quality person-centred care.

There are currently nine residential care home vacancies across the city for people primarily with moderate learning disability needs. The Council continues to maintain a higher number of out-of-city placements, 91 in total, which represents ongoing challenges in terms of gaps in local provision. Principal areas for the further supply of care home placements for adults aged 18-64 are learning disabilities, challenging behaviour and autism.

An examination of residential and nursing costs against a Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group shows that Coventry has the highest unit cost per individual ranked out of 17 local authorities for residential care placements for adults with a learning disability aged 18-64. The financial differential between the highest and lowest cost is £663 per care package, per week. Our high cost packages are primarily sourced out of city and are usually at a point of emergency. Market development activity going forward will focus on developing more financially

sustainable care homes services locally to reduce over-reliance on high-cost out-of-city placements alongside an on-going programme of fees negotiation in respect of all high-cost placements.

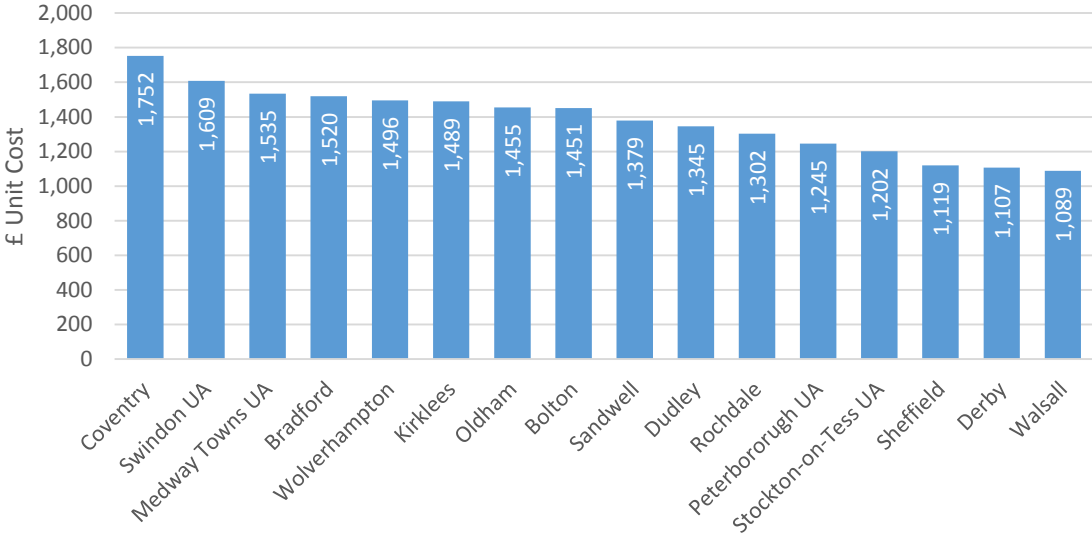


Figure 41: Residential and nursing care unit costs for adults 18-64 with learning disabilities, NHS Digital

10. Commissioning Intentions

The Council sets out its future commissioning intentions for social care as statements highlighting priorities for shaping the local care market to meet need and demand alongside the opportunities that are likely to be available for both existing and prospective providers. The commissioning intentions below are an outline of planned activity during 2018-2020.

Short-term services

- The Council will seek to explore ways in which the growing demand for social care can be met through further development of Pathway 1 short-term home support services so that the number of adults and older people requiring long-term packages of care continues to reduce alongside the gross cost of meeting demand.
- The Council and Coventry and Rugby Clinical Commissioning Group will review delivery of Pathway 2 short-term accommodation-based (residential and HwC) care to examine the overall effectiveness of delivery including outcomes, as measured against Adult Social Care Outcomes Framework (ASCOF) indicators, provision supply, utilisation and spend, and the approach to contract management to enable improved commissioning and provider relationships. The review will inform and shape the commissioning of new contracts ready for April 2020.
- During 2018 and 2019 the Council and Coventry and Rugby Clinical Commissioning Group (CRCCG) will explore a service delivery review of Pathway 3 short-term discharge to assessment services with the aim of reshaping the design and configuration of provision to enable integrated commissioning and consistent delivery across health and social care including bed supply, placement process and utilisation, contract arrangements and outcome monitoring.
- The Council and CRCCG will continue to jointly monitor the delivery of community preventative support and build close working relationships with grant-funded organisations to evolve and adapt support to meet changing needs, gather evidence of outcomes, and assess/benchmark the overall impact of support arrangements.

Community-based services

- There is a strong intention to strengthen relationships with home support providers to develop innovative approaches to improve wellbeing and prevention outcomes, and manage the increasing cost of home support. The Council is going through financially difficult times and has commissioned fewer providers since 2017 to stimulate economies of scale. However, it needs to use funding to stimulate new forms of home support rather than wholly fund home support services. Key provision shaping and development drivers include:

- Continuing the shift away from 'Time and task' approaches within the long-term framework to enable better outcomes for people including the ability to do more for themselves and become more independent over time with improved health and wellbeing.
 - Enabling greater use of Direct Payments and of Individual Service Funds alongside directly commissioned home support packages for adults and older people to improve choice, control and flexibility of care along with flexibility in arrangements that can indirectly support close family and carers.
 - Facilitating recruitment and retention of the home support workforce to support a strong local market and opportunities for local people to seek and develop a career and rewarding roles within Coventry.
 - Ensuring that there is more comparative data to drive and develop good-quality home support, including performance and standards, and enabling informed choice for self-funders.
 - Supporting the continued delivery of good-quality care and support through the introduction of existing improvement campaigns for the home support market
- The Council will seek to re-commission the supply and delivery of a range of care and support services for adults aged 18-64 with learning disabilities, including autism, challenging behaviours and mental ill-health through a Dynamic Purchasing System (DPS). The scope of provision will cover community support arrangements, supported living accommodation and day services. The DPS will be advertised during 2018-2019.
 - The Council continues to upscale alternative forms of care and support provision for adults with disabilities aged 18-64, including an expansion of the shared lives carers network, to enable an ongoing reduction in commissioning and contracting long-term accommodation-based care and support services.
 - The Council intends to meet future need and demand for older people's day services through the supply of centres and hubs that are operated by the Council's internally provided services. There are no intentions to commission day services for older people beyond this supply and it is anticipated that additional specialist requirements will be fulfilled through spot-purchased arrangements.
 - The Council is undertaking a review of Housing with Care (HwC) to evaluate how current service provision supply, configuration/alignment of housing and care delivery models, contract arrangements and fee rates is enabling the Council to meet demand for social care within the community as an alternative to ongoing home support services and residential care. The review is inviting further dialogue, engagement and collaboration with the market to inform the Council's long-term commissioning strategy for HwC. This will focus on developing and sustaining vibrant

schemes that enable diverse communities of people, including those with higher-level care needs i.e. people living with dementia, mental ill-health conditions and challenging behaviours associated with long-term alcohol or substance misuse, to delay and reduce their care needs through flexible care arrangements, social participation, independence and resilience.

Accommodation-based services

- During the next 12-18 months the Council, in partnership with CRCCG, intends to take forward a range of key development areas for older persons' care homes in order to strengthen the contractual framework and ensure sustainable, affordable and good quality residential and nursing provision in Coventry. The Council will aim to align contracts with CRCCG and work towards procuring care home placements jointly that are person-centred and Care Act compliant. In conjunction with this the Council and CRCCG will aim to make these contracts affordable whilst setting appropriate fees that are sustainable within the care home market. Key provision shaping and development drivers include:
 - Opportunities for integrated commissioning and contract arrangements for care home provision across health and social care, with a single delivery specification and performance requirements that are person-centred and outcome-focused.
 - Improvements for care home delivery practice and standards to better support local ambitions to continue the reduction of DTOC from hospital and premature placements for long-term social care.
 - Activity to undertake a comprehensive needs analysis to review the service challenges and demands, which will support the design and delivery of care home services in the future.
 - A programme of engagement with the market and local providers to ascertain the impact of improving accommodation and built environment standards within care homes fit for the 21st century.
- Alongside the commissioning intentions to strengthen the contractual framework for care home services for older people, the Council aims to explore the options for the long-term development and re-provision of residential and nursing care services so that market supply enables older people to live in modern purpose-built environments that enhance individual health and wellbeing, including those with complex cognitive impairments, dementia and challenging behaviours associated with long-term alcohol or substance misuse.
- While the Council has a supply of dedicated accommodation-based services for people with mental ill-health, including residential and nursing care, a proportion of need is still met within older people's residential and nursing care homes. Therefore, the Council has a long-term intention to review the provision of mental ill-health accommodation-based services and explore the options for shaping future provision for people aged 25-50 years old.

- During 2018 and 2019 the Council will be undertaking a programme to review accommodation-based care placements, both in-city and out-of-city, for adults with learning disabilities. To enable the first stage of this programme Adult Social Care has established an innovation group with learning disability providers in the light of high comparative unit costs for long-term services. The group will work to co-produce innovative solutions, including new models of delivery, cost structures, investment strategies and revenue streams, which aim to improve individual outcomes and independence, and achieve greater affordability and sustainability for the Council and the local market.
- There are no current plans to reduce the scope of accommodation-based services delivered directly by the Council through its Internal Provider Services.

11. Glossary

The following provides an explanation of some definitions and terms that appear throughout this Market Position Statement.

Delayed Transfers of Care (DTCOC)	A Delayed Transfer of Care refers to a situation when a patient is ready to leave hospital but is still occupying a bed.
Better Care Fund (BCF)	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.
Short-term support to maximise independence	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 and Care	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 (DP's)	A Direct Payment is the sum of money that a person (or someone acting on their behalf) receives on a regular basis from the local authority to directly arrange care and support services instead receiving Council arranged services.
Individual Service Funds (ISF's)	An ISF is an internal system of accounting within a service provider that makes the personal budget transparent to the individual or family.
Personal Health Budgets (PHB's)	A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group
Joint Strategic Needs Assessment (JSNA)	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.
Care Quality Commission (CQC)	This is the independent regulator of all health and social care services in England.
Transforming Care	A national programme aimed at supporting people with learning disabilities, autism and behaviours that challenge who are either in hospital or a risk of admission by developing community services and prevent unnecessary admissions to hospital settings.
Coventry and Rugby Clinical Commissioning Group	The clinically-led statutory NHS Body responsible for the planning and commissioning of hospital and community health care services in the local area.
Think Local Act Personal (TLAP)	A national partnership transforming health and social care through personalisation and community based support
Promoting Independence Service	A service which works with people for a time-limited period to maximise their independence with everyday living skills.
Housing with Care (HwC)	The term used to describe extra care housing schemes, which can provide the varying levels of care and support that people may need whilst living within their own tenancy.
Adult Social Care Outcomes	ASCOF measures how well care and support services achieve the outcomes that matter most to people. The framework supports councils

Framework (ASCOF)	to improve the quality of care and support services they provide and gives a national overview of adult social care outcomes.
Skills for Care	An organisation which supports workforce development in Adult Social Care.
React to Red	A campaign, raising awareness of pressure sores, how to prevent them and how to identify those most at risk of developing them by delivering training and support to those involved in care.
Say No to Infection	A campaign that aims to reduce and prevent infections within care home and domiciliary care settings by providing training and educational assistance for anyone involved in care.

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Contact us

You can contact Adult Strategic Commissioning about the Market Position Statement and related commissioning and service development opportunities at:

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More information about Adult Social Care can be found at:

www.coventry.gov.uk/adultsocialcare



Public report
Cabinet Member

Cabinet Member for Adult Services

11th October 2018

Name of Cabinet Member:

Cabinet Member for Adult Services - Councillor F Abbott

Director Approving Submission of the report:

Director Adult Services (People Directorate)

Ward(s) affected:

All

Title: Deprivation of Liberty Safeguards - Meeting the Challenges

Is this a key decision?

No. Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision

Executive Summary:

Deprivation of Liberty Safeguarding is a statutory function for the Local Authority and supports the most vulnerable individuals. Deprivation of Liberty Safeguards (DoLS) were introduced in 2009. Initial demand on resources was lower than expected and only rose marginally until a Supreme Court Judgement in 2014 which resulted in a 10 fold increase in activity across all Local Authorities.

DoLS applies from 18 years and outlines the process by which an individual can be deprived of their liberty. It applies to individuals who lack capacity (as defined by the Mental Capacity Act and following formal assessment) to make decisions relating to their residence, their wellbeing and care and treatment.

Coventry City Council has a statutory responsibility for Deprivation of Liberty Safeguarding (DoLS) assessments. Due to the ongoing increases in the number of requests for DOLS being received it has been necessary to review the way the service is currently meeting demand. This report identifies a number of amendments to practice and processes in order to address the increasing pressure on the service and associated budget which will move away from a best practice approach but will ensure we remain compliant with our statutory duties and our available resources.

Recommendations:

The Cabinet Member is requested to approve the recommendations to:

- a) Procure external agency support to the value of 50 assessments per month, subject to the outcome of a tendering process
- b) Support the measures being taken to improve our ability to respond to demand associated with Deprivation of Liberty Safeguards

List of Appendices included:

None

Background papers:

There are no background papers.

Other useful documents

There are no other documents.

Has it been or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

Report title: Deprivation of Liberty Safeguards – meeting the challenges

1. Context (or background)

- 1.1 The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and were introduced in 2009. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.
- 1.2 If all alternatives have been explored and a hospital or care home believes it is necessary to deprive a person of their liberty in order to care for them safely, then they must get permission to do this by following strict processes. These processes are the Deprivation of Liberty Safeguards, which have been designed to ensure that a person's loss of liberty is lawful and that they are protected.
- 1.3 DoLS applies from age 18 and outlines the legal process by which an individual can be deprived of their liberty. It applies to individuals who lack capacity (as defined by the Mental Capacity Act and following formal assessment) to make decisions relating to their residence, their wellbeing and care and treatment.
- 1.4 Issues surrounding DOLS came to the forefront on 19 March 2014, when the Supreme Court handed down a judgement in the cases of "P vs Cheshire West and Chester Council and another" and "P vs Q V Surrey County Council". It said that if a person lacks capacity to decide upon their residence for the purposes of receiving care and treatment, is subject both to continuous supervision and control, and not free to leave, they are deprived of their liberty.
- 1.5 What also changed as a result of this is that the ruling said that even if people were not openly trying to leave or were showing no signs of wishing to leave that this no longer mattered – an assessment against Deprivation of Liberty Safeguards was still required. As stated by Lady Hale 'essentially a gilded cage is still a cage'.
- 1.6 Deprivation of Liberty Safeguarding is a statutory Local Authority function and whereas on initial introduction in 2009 the resource requirement was relatively low following these rulings there has been a 10 fold increase across all Local Authorities. In Coventry the increase in applications has risen year on year from 122 requests in 2013/14 to 2,248 requests in 2017/18.
- 1.7 As well as new referrals, applications require annual renewal which also increases the resource requirements on the local authority on an annual basis as long as the deprivation remains in place. Significantly approx. 60% of requests are to renew DoLS
- 1.8 There are also statutory guidelines for the consideration of applications for DoLS for which performance is reported via an annual statutory return. These returns indicate that most authorities are challenged in meeting the legislative requirements of DoLS.
- 1.9 The Government does recognise that the current DoLS process is overly bureaucratic, confusing, time consuming and expensive to deliver. The Law Commission has worked on proposals for new legislation and the Government responded on Wednesday 4th July 2018 publishing the Mental Capacity (Amendment) Bill. This proposes overhauling of the current DoLS system, but even if approved is unlikely to be introduced until late 2019 or early 2020.

- 1.10 There is no definition of what constitutes a Deprivation of Liberty and therefore the Cheshire West Supreme Court Judgement of 2014 still stands. However, the proposals being consulted on are expected to generate a reduction in expenditure for the Local Authorities by shifting responsibility to other providers, impacting on key partners and providers across the City.

Current Position

- 1.11 Recognising the additional demand on Local Authorities arising from the Cheshire West judgement the Council supported Adult Services by identifying an additional resource of £400k per annum in the budget setting process in 2016/17.
- 1.12 Additionally, the Association of Directors of Adult Services (ADASS) has sought to support local authorities through the production of best practice guidance and advice on managing DoLS. Coventry has adopted this guidance.
- 1.13 The Coventry Safeguarding Adults Board (CSAB) established a task and finish group in 2015 in order to ensure that Coventry were dealing appropriately with DoLS and the challenges presented. Following initial challenges in adjusting to meet the much greater demands as a result of the Cheshire West judgement the Board were satisfied that the required changes were made. CSAB continues to have periodic oversight of DoLS but it is clear that this is a City Council responsibility.
- 1.14 In terms of current operation, a DoLS specific team is in place with a team leader and 8 qualified Best Interest Assessors that complete assessments. In addition, the team has some administrative support. The authorisation role is also undertaken by a range of social workers and managers across Adult Social Care but not dedicated to the DoLS team. Additional capacity to deliver the volume of assessments required is also sourced externally. Assessments over and above the capacity of the City Council Team is allocated through formal contract to a social work agency to complete the DoLS assessments. Initial requests are logged, medical assessment requested by the DoLS Team and once completed this is then sent to the agency to complete the Best Interest Assessment. On return the assessments are authorised by Council officers representing the "Supervisory Body" which provides a level of scrutiny and assurance.
- 1.15 In the last year alone the service has seen a 29% increase in activity (the second highest number of applications in the region) and despite the additional resourcing and service improvement work previously undertaken to respond to demand issues the service remains extremely challenged in responding appropriately. It has therefore been necessary to review the DoLS service and make recommendations for an appropriate solution to what is for now at least an ongoing situation.

2. Options considered and recommended proposal

- 2.1 Although the City Council's performance in respect of DoLS is comparable with other West Midlands authorities the resource commitment required to maintain this performance is not sustainable within current budgets and at current levels of demand. To address this position a number of operational changes have been made and are in progress these include:
- Increasing the current threshold for assessment at UHCW and aligning this to the standard authorisation process where possible. Thresholds established by ADASS require prioritisation of requests for acute hospitals over and above community provision with all cases treated as urgent. It is proposed that revised thresholds would be introduced which include triage at the point of referral and monitoring. This would remove unnecessary assessments (based on recovery/discharge) for both BIA and Doctors but would ensure assessment and authorisation for those where it is required. This is outside the ADASS best practice guidance but the revised process would be

consistent with the statutory framework and it enables the service to target those most in need and apportions risk more appropriately within and across the services

- Increase capacity for assessments through enabling internally qualified staff to undertake additional assessments outside of their contracted hours. The employees concerned would then be required to claim the additional hours as an overtime payment for the hours worked. This would allow those staff who are wanting to maintain competence in this specific area to support the service.
- Revise the initial review to take place within the 12-month period utilising the existing BIA and Medical assessments and introducing a light touch review. The review would cover the 6 eligibility assessments required, would be face to face but would reduce the level of paperwork involved to one form signed off by the BIA and authorised by the Authorising Manager. This will reduce the assessment time frame and eradicate the need for additional medical assessment. In context an adult admitted to UHCW who then is supported by the discharge to assess pathway before permanent admission has one, as opposed to three assessments. The approach is compliant with the Legal framework but again sits outside of the best practice guidance of ADASS. Where there appears to have been a change in the individual's circumstances then a new assessment would be completed.
- Implement an electronic referral and assessment process which will enable the linking of processes and create automated sign off letters reducing processing activity and increasing efficiency.
- Those assessments that are reported as withdrawn currently include; those that are sent to us in error, duplicate forms completed when we have received incomplete information and send a duplicate rather than populating the original – discounting these would reduce our withdrawn figures by approximately 80% and also reduce administrative activity associated with this.

2.1 In addition, further options have been considered that seek to address both resourcing and scope of the function based on a minimum legal compliance basis and not best practice. These further options with recommendations are detailed below:

- **Option 1 - Recommended Option -- Continue to outsource 50 assessments per month and support operational changes detailed above.**

It is recommended that the Council enter into a tendering process to secure agency assessment to a ceiling of 50 per month for a period of 12 months with a 12 month extension possible to account for the potential changes to DoLS currently being consulted on. The existing pathways, authorisations and assurance process would remain in place.

Implementing this option and continuing to utilise external agency support for 50 Best Interest Assessments per month would ensure that our authorisation process is more closely aligned to the proposed model currently being consulted on and assessment activity would be reduced significantly achieving proportionality.

Implementing this option alongside the operational changes to processes and practice described above would reduce costs and also benefit recipients and families by introducing simpler and condensed paperwork. These changes comply with the Mental Capacity Act principles and legal framework set out in the Deprivation of Liberty. However, revised processes are not aligned to the ADASS Guidance and is therefore below a best practice standard. In taking the position of not providing a best practice standard the Council will be helping to ensure it is able to meet its statutory obligations to more people within the resources available than would be possible through a best practice approach which requires more resource per person.

- **Option 2 - Not Recommended - Increase the current number of assessments carried out by the external agency to 100 per month**

Increasing the number of assessments carried out by an external agency would significantly reduce waiting lists and would enable a best practice approach to continue. This option would enable the City Council to maintain governance of the process. An increase in costs would be incurred as a result of this option in order to maintain service delivery increasing the current overspend. This would be significant and not budgeted so would require a commensurate saving to be delivered elsewhere in order to fund.

- **Option 3 – Not recommended - Outsource all Best Interest Assessments to one agency via a tendering process.** The City Council could cease to provide this service in-house and outsource the entire process to an external agency. This would involve a tendering process and would possibly lead to a TUPE transfer of staff who are currently either mainly or wholly engaged on Best Interest Assessment duties.

This approach would achieve an ongoing reduction in overheads for the City Council as posts would be deleted and headcount reduced, however, any potential cost reductions would be at least partially offset through increased external contract costs. Through this option the City Council would continue to have oversight of the DoLs process from a commissioning and clinical perspective.

There are however, a number of other potential risks associated with this approach:

- Approved Mental Health Practitioners (AMHP) would be included in the group of staff for which TUPE would apply and this would create a significant risk to the delivery of urgent mental health statutory provision.
- Consultation, tendering and TUPE processes would be lengthy and resource intensive and considering the impending legislative changes little benefit may be achieved

3. Results of consultation undertaken

- 3.1 Consultation on the proposal is not required as recommendations do not include option 3. Key partners have been made aware of the changes and CSAB have been briefed. University Hospital Coventry and Warwickshire have been engaged and are supportive of the operational changes.

4 Timetable for implementing this decision

- 4.1 Implementation on the revised review and assessment process will take effect from 1 November 2018 whereas the implementation of the electronic based system is anticipated to be in place by April 2019.
- 4.2 Entering into a new contract for the provision of assessments is likely to be complete by 01/04/2019

5 Comments from the Director of Finance and Corporate Resources

5.1 Financial implications

The 2016/17 budget report allocated a further £400k of resources to support delivery of DoLs following the national changes outlined. With the increasing demands on the service, even with these additional resources there was an overspend of £142k relating to DoLs in

2017/18 which if demand continues to increase will continue to rise if no further action is taken.

5.2 Legal implications

The current statutory framework has become burdensome and expensive for local authorities to administer and so an overhaul of the system is being proposed, in the form of the Mental Capacity (Amendment) Bill. This is currently being debated in Parliament but it is unlikely that any significant changes will be made to the framework for DoLS before late 2019 or early 2020.

The proposal detailed in this report has been subject to legal review. Areas of compliance have been considered and amendments made to secure statutory compliance.

6 Other implications

The revised process sits outside of the ADASS guidance but adheres to the principles of statute in relation to deprivation of liberty safeguards. This proposal is consistent with the proposals of the Mental Capacity Amendment Bill and is therefore aligned to Government proposals in relation to future Local Authority delivery.

6.1 How will this contribute to the Council Plan?

This proposal will support the Council Plan and the organisation's strategic vision by enabling the service to protect the most vulnerable people living in our city and improving the quality of life for our citizens.

6.2 How is risk being managed?

Key risks and benefits are outlined in each of the options available. Core principles of safeguarding the most vulnerable have been considered at each point and the measures detailed in this report provide increased management of assessment activity, improved and proportional response and utilises the City Council staffing and financial resources more effectively.

The Service has introduced a triage system to ensure urgent cases are assessed and authorised as appropriate.

There are significant financial risks associated with DoLS given the substantial growth since the 2014 judgement. Oversight of expenditure is delivered through regular monitoring activities. Significant overspend is associated with the delivery of DoLS and will be offset in part through the options outlined but does not mitigate the anticipated further growth in this area.

Coventry Safeguarding Adults Board continues to be frequently briefed on issues relating to DoLS and levels of risk.

6.3 What is the impact on the organisation?

The current staffing arrangements would continue and in addition other appropriate Adult Social Care social work practitioners would be invited to undertake additional assessments in their own time, e.g. at weekends and evenings. This would be based on a casual

arrangement and would supplement the assessments undertaken internally and by external agency workers. The introduction of an electronic referral and assessment system would be facilitated by the Business Systems Team, with support from Performance Management colleagues. The city council's statutory responsibilities would continue to be met.

6.4 Equalities / EIA

As a result of the recommendation being to amend the application of process there is no significant change to the current arrangement to require amendments to the existing ECA.

6.5 Implications for (or impact on) the environment

There are no implications for (or impact on) the environment.

6.6 Implications for partner organisations?

There are limited implications for partner agencies with the exception of University Hospital Coventry and Warwickshire where minimal change will impact on the numbers of assessments completed. Triage systems in place mitigate the risk and urgent authorisations for 7 days (extending to 14) will ensure that patients subject to deprivation have oversight from the City Council.

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Enquiries should be directed to the above person.

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Cabinet Member	Councillor Faye Abbott		18/09/18	18/09/18

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A separate report is submitted in the private part of the agenda in respect of this item, as it contains details of financial information required to be kept private in accordance with Paragraph 3 of Schedule 12A to the Local Government Act 1972. The grounds for privacy are that it refers to the identity, financial and business affairs of an organisation.

11 October 2018

Cabinet Member for Adult Services

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor Abbott

Director Approving Submission of the report:

Deputy Chief Executive (People)

Ward(s) affected:

All

Title: Adult Social Care – Market cost pressures and fee rates uplifts 2018/19

Is this a key decision?

No. Although this matter affects all wards in the City, the impact is not expected to be significant

Executive Summary:

Sustainability of the adult social care market is of major importance in order to ensure the safety, health and wellbeing of vulnerable adults with a range of eligible social care support needs.

The Care Act (2014) places duties on Local Authorities to ensure a sustainable market for adult social care and, amongst other responsibilities, requires councils to be assured that fee rates paid to social care providers enable them to meet legislative requirements including those relating to payment of the National Living Wage (NLW) or National Minimum Wage (NMW). The Act also places duties on Councils to ensure a sustainable market for adult social care.

Whereas some increases have been applied as standard to recognise costs associated with NLW the Council currently considers requests from providers for fee increases in excess of this on a case by case basis and in agreeing any increases a range of factors are taken into account including existing fee levels as a market comparison and time elapsed since a previous uplift was agreed. Council Tax precept and improved Better Care Fund (iBCF) resources have been used to fund these increases.

Applying the above principles providers of long term services for people with learning disabilities in the City have generally attracted higher than average fee rates, therefore, no increase was offered for this provision. Some providers have responded by seeking uplifts partly as a

consequence of national living wage increases but also as a result of a requirement to pay NLW for sleep ins and have also highlighted other general inflationary pressures. Such requests have been negotiated on a case by case.

All fee increases are agreed on the basis of market sustainability in that to not agree any increases would probably result in a position where providers were unsustainable and would therefore seek to exit contracts where no readily available alternatives exist.

The report describes the impact of fee rate increases, outlines options considered seeks endorsement of the approach taken and approval of increases in excess of £100k per annum.

Recommendations:

Cabinet Member is requested to:

1. Endorse the approach taken to agreement of fee increases for providers of adult social care
2. Approve increases in excess of £100k as detailed in section 5.1.

List of Appendices included:

None

Background papers:

None

Other useful documents

Has it been or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

1. Context (or background)

- 1.1 One of the expectations of the Care Act (2014) is that local authorities assure themselves that fees paid to social care providers enable them to meet legislative requirements including payment of the national minimum wage, while at the same time commissioning services that are cost effective and offer value for money.
- 1.2 The Act also confers duties on local authorities in respect of market shaping and sustainability to ensure sufficient supply of good quality adult social care and choice wherever possible, whilst at the same time commissioning services that are cost effective and offer value for money.
- 1.3 There have been a series of legislative changes that increase costs to providers which the Council has recognised. For example, in April 2016, the Government introduced a new mandatory National Living Wage for workers aged 25 and above, initially set at £7.20 in April 2016 with a further increase to £7.50 in April 2017 rising to £7.83 from April 2018. The National Minimum Wage continues to apply for those aged under 25 but also rises each year standing at £7.38 per hour from April 2018 for people aged 21-24.
- 1.4 In addition to NLW pressures the changing position on sleep-ins has also created cost pressures as a result of HMRC guidance based on a ruling in the High Court which requires that sleep ins be paid at an hourly rate at least equal to the National Living Wage or National Minimum Wage with such provisions to take effect from July 2017.
- 1.5 However, the eventual position in respect of sleep ins is still unclear due to a subsequent June 2018 Appeal Court ruling that flat rate payments were entirely appropriate for sleep ins and that an hourly rate should only apply in cases where the worker was woken to attend to needs of an individual(s) during the night (this restated the position prior to the previous High Court ruling). In August 2018 Unison stated that they would be seeking permission to appeal this judgement through the Supreme Court.
- 1.6 Uplifts to the NLW may impact on the financial viability of the external social care provider market as market intelligence indicates that most care workers are over the age of 25 and currently paid at national living wage. Since the introduction of the NLW a number of provider organisations have written to describe the impact of additional cost pressures, including NLW, introduced in recent years that have not been recognised through increases in fees, and request a fee increase in order to remain sustainable.
- 1.7 Approach to management of fee increases**
- 1.8 Since 2013 Adult Social Care has been working with and keeping an 'open dialogue' with care providers where, if there were genuine cost pressures that would impact on sustainability this could be recognised through an evidence based fee review. The standard of evidence is that an increase is required to ensure market sustainability and to not agree any increases would probably result in a position where providers were unsustainable and would therefore seek to exit contracts.
- 1.9 The Council has applied an approach for National Living wage uplifts over the past 3 years which involves paying a percentage uplift for care homes for older people with a 2.5% uplift applied in 2018/19. For hourly based services such as home support and day opportunities an increased hourly rate has been applied e.g. 33p per hour in 2018/19. Providers have been expected to absorb some elements of cost increases.

- 1.10 For services catering for working age adults with disabilities the approach has been to offer no increase on the basis that costs of long term packages for this cohort are higher than the average paid by similar authorities.
- 1.11 In respect of sleep ins, the Council's position for contracted sleep ins has been to offer National Living Wage plus a contribution towards on costs i.e. National Insurance and pension contributions elements. It is important to note that this may not fully compensate providers for the full additional costs e.g. holiday pay, sick pay etc. and may be seen to erode pay differentials for more senior care workers. The NLW legislation focuses on the individuals receiving the increase and does not address the pay differential.
- 1.12 The Council currently commissions 140 sleep ins and has a programme of work in train with providers using an electronic assessment system which aims to ensure that sleep ins remain appropriate. It is anticipated that as an outcome from this work some sleep ins may no longer be required to meet needs and will be able to be removed.
- 1.13 Where providers approach the City Council for fee increases in excess of the NLW, and should they be able to produce a sufficient level of evidence, and if there is a genuine risk associated with market sustainability then increases may be agreed within the delegated authority of the Director of Adult Services. Where increases are in excess of this delegated authority Cabinet Member approval is sought.

2. Options considered and recommended proposal

2.1 Option 1: Recommended Option:

Cabinet Member is recommended to endorse the approach to fee increases currently applied, as described above and noting that changes to the approach may be required dependant on changing financial or legal circumstances.

In two instances providers have approached the Council for increases in excess of £100k per annum. Cabinet Member is recommended to approve these increases based on the circumstances detailed in 5.2

2.2 Option 2: Not Recommended

The increases could be declined. This may impact on the provider's ability to meet the needs of service users and could result in the council potentially paying a greater fee level than that sought for alternative provision.

3. Results of consultation undertaken

- 3.1 No specific formal consultation was undertaken to inform this approach, the process of open dialogue negates the need to undertake formal negotiation of fee levels as providers are engaged individually in the issues that affect them.

4. Timetable for implementing this decision

- 4.1 Providers were given a deadline of 30th June to respond to initial fee uplift offers. Where increases have yet to be implemented uplifts will be made by 31st October backdated to 1st April 2018.

5 Comments from Executive Director, Resources

5.1 Financial implications

The cost of initial National Living wage uplifts for older people accommodation based services, generic home support provision and day opportunities stood at approximately £500k for 2018/19.

Subsequent negotiation in respect of national living wage with disability providers is estimated to cost an additional £160k.

There are a limited number of negotiations yet to be concluded, in respect of broader inflationary pressures, however, the anticipated impact is an additional funding requirement of approximately £680k.

Cabinet member is requested to approve uplifts over £100k. For 2018/19 this is expected to apply to two providers as most increases are below this threshold. Details in relation to the two providers are shown in the table below.

	Fee rate Request	Negotiated Position	Rationale
Provider A (Learning Disability Supported Living)	Increase from £12.50 to 14.50 per hour £48.40 to £75 per 9 hour sleep in Total impact up to £123k	2 year deal	No uplift since 2012 £12.50 per hour below average rate. Sleep in was being paid at a flat rate now hourly rate. 2 year deal to moderate future exposure.
Provider B (Learning Disability Residential and Supported Living)	Home 1 – £1033 to £1135 pw (4.5%) Home 2 – £1155 to £1208 (4.4%) Home 3 – £914 to £939 (2.7%) Supported Living 33p per hour Total Impact up to £133k	2 year deal Implementation of an electronic monitoring system to indicate whether sleep ins might be reduced	No uplifts since 2012.

These increases are expected to exceed £100k for a number of reasons. In the case of Provider A due to the volume of service users and the fact that no increases has been awarded for a number of years with hourly rates being below the average for Supported Living provision.

With respect to Provider B, again no uplifts had been granted for a number of years. An established in City provider served notice on their contract which resulted in a business to business transfer to Provider B who had to work to a tight timescale to ensure service continuity which did not allow for a forensic analysis of financial sustainability. Subsequent in depth analysis by the provider elucidated significant financial risks to them at current rates resulting in the request for a significant uplift for 2018/19.

Costs of all uplifts are to be met through a combination of Council Tax precept and improved Better Care Fund (iBCF) resources with reporting on the latter sought through Adult Joint Commissioning Board as per the s75 agreement.

5.2 Legal implications

When commissioning services, The Care Act (2014) requires local authorities to be assured that contract terms, conditions and fee levels for care and support packages are appropriate to support the delivery of good quality care. This includes being satisfied that service providers are able to meet statutory obligations including those relating to payment of the National Living Wage (NLW) or National Minimum Wage (NMW).

The Act and associated statutory guidance also confers duties on Councils to take action to shape social care markets and ensure sustainability of a range and sufficiency of good quality care provision to enable adults with eligible care and support needs to have those needs appropriately met and offer choice where possible.

In July 2018 the Court of Appeal overturned a previous Employment Tribunal Ruling made in April 2016 and re-instated the option to pay a flat rate payment for staff sleeping in for most of the circumstances relevant to this report. Unison have applied to the Supreme Court in a challenge to this judgment but at the time of writing it has yet to be determined if the Supreme Court will allow the appeal to be heard.

6 Other implications

4.1 How will this contribute to the Council Plan (www.coventry.gov.uk/councilplan/)?

This proposal would contribute to the Council's key objectives through a contribution to protecting our most vulnerable people.

4.2 How is risk being managed?

Fee rate pressures are highlighted in the Adult Services risk register and managed accordingly.

4.3 What is the impact on the organisation?

The fee rate approach is instrumental in meeting the Council's responsibilities in relation to ensuring sustainable and vibrant social care market

4.4 Equalities / EIA

Not applicable

4.5 Implications for (or impact on) the environment

None

4.6 Implications for partner organisations?

Where the City Council commission services on behalf of Coventry and Rugby Clinical Commissioning Group as is the case for home support provision.

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Members: Councillor Abbott	Cabinet Member Adult Services		25/09/18	25/09/18

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Appendices

None



Public report Cabinet Member Report

Cabinet Member for Adult Services

11th October, 2018

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor F Abbott

Director Approving Submission of the report:

Deputy Chief Executive (Place)

Ward(s) affected:

None

Title:

Outstanding Issues

Is this a key decision?

No

Executive Summary:

In May 2004 the City Council adopted an Outstanding Minutes System linked to the Forward Plan, to ensure that follow up reports can be monitored and reported to Elected Members. The appendix attached to the report sets out a table detailing the issues on which further reports have been requested by the Cabinet Member for Adult Services, so that she is aware of them and can monitor progress.

Recommendations:

The Cabinet Member for Adult Services is requested to consider the list of outstanding issues and to ask the Member of the Strategic Management Board or appropriate officer to explain the current position on those which should have been discharged at this meeting or an earlier meeting.

List of Appendices included:

Table of Outstanding Issues

Background papers:

None

Other useful documents:

None

Has it or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

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	Subject	Date for Further Consideration	Responsible Officer	Proposed Amendment to Date for Consideration	Reason for Request to Delay Submission of Report
1	Workforce Development Strategy and Practice Quality Assurance in Adult Social Care 2017-2019 Further report providing an update on the Workforce Development Strategy and Quality Assurance (Minute 22/17 of the Cabinet Member for Adult Services refers – 26 th January, 2018)	To be confirmed - further report to be submitted when update information is available	Deputy Chief Executive (People) Pete Fahy Andrew Errington		
2	Renewing the Section 75 Partnership Agreement for Mental Health Services new S75 agreement from April 2019 (Minute 27/17 of the Cabinet Member for Adult Services refers – 29th March, 2018)	March 2019	Deputy Chief Executive (People) Pete Fahy Sally Caren		

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

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

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