



Health and Social Care Scrutiny Board (5)

Time and Date

11.30 am on Wednesday, 19th September, 2018 (PLEASE NOTE TIME)

Place

Committee Room 3 - Council House

Public Business

1. **Apologies and Substitutions**
2. **Declarations of Interest**
3. **Adult Social Care Annual Report 2017/18** (Pages 3 - 40)
Report of the Deputy Chief Executive (People)
4. **Coventry Safeguarding Adults Board Annual Report 2017/18** (Pages 41 - 68)
Report of the Safeguarding Adults Board

Joan Beck, Chair of the Coventry Safeguarding Adults Board has been invited to the meeting for the consideration of this item
5. **Work Programme and Outstanding Issues 2018-19** (Pages 69 - 74)
Report of the Scrutiny Co-ordinator
6. **Any other items of Public Business**
Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

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

Tuesday, 11 September 2018

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

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday 19th September giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors: J Clifford, D Gannon (Chair), P Hetherton, D Kershaw, R Lakha, R Lancaster, T Mayer, C Miks, D Skinner and D Spurgeon (co-opted member)

By Invitation: Councillors F Abbott, R Ali and K Caan

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

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

Liz Knight

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Health and Social Care Scrutiny Board (5)
Cabinet

19 September 2018
2 October 2018

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor F Abbott

Director Approving Submission of the Report:

Deputy Chief Executive (People)

Ward(s) affected:

All

Title:

Adult Social Care Annual Report 2017/18

Is this a key decision?

No - This is a report of performance for 2017/2018 and no recommendations are made that have significant financial or service implications.

Executive Summary:

The Adult Social Care Annual Report 2017/18 (also referred to as Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year. It also provides specific examples of the operational activities to support service users and carers. As with the report for 2016/17 it is aligned around the Adult Social Care values and principles as a mechanism of demonstrating what we are doing in practice to put what we sign up to strategically into practice.

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

The production of the 2017/18 report has drawn on the pool of feedback and information that was gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Reference Group, providers, partner organisations and people that have been in contact with Adult Social Care along with their families and carers.

Recommendations:

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

2. Cabinet is requested to:

- (i) Consider any comments from the Health and Social Care Scrutiny Board (5)
- (ii) Approve the Adult Social Care Annual Report 2017/18 (Local Account)

List of Appendices included:

Appendix One - Adult Social Care Annual Report 2017/18 (Local Account)

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) on 19 September 2018.

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

No

Will this report go to Council?

No

Report title: Adult Social Care Annual Report 2017/18 (Local Account)

1. Context (or background)

- 1.1 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This approach was introduced following the removal of national targets and assessments and with the aim of driving improvement through self-regulation, improvement and innovation. As part of this approach to Sector Led Improvement the expectation is that an Annual Report is produced by all local authorities with Adult Social Care responsibilities. The production of an Annual Report is not a statutory requirement, nor has any statutory guidance been issued on its content or style.
- 1.2 The Annual Report describes the performance and achievements along with considering the challenges for Adult Social Care in Coventry. It is intended to provide assurance to stakeholders that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry within the resources available.
- 1.3 In producing the report it is important that the Council understands whether the support offered to people is making a difference. The focus of Adult Social Care is to provide personal and practical support to help people live their lives by promoting their independence and wellbeing. The Annual Report is structured around the ten themes that contribute to the Adult Social Care vision and provides commentary on what has been done to make progress against each of these themes.
- 1.4 The content of the Annual Report is informed by feedback on the experiences of people who come into contact with Adult Social Care, this feedback may be given in person, through groups or in response to surveys. A number of case studies and direct quotes have been used to demonstrate the impact that Adult Social Care has on individuals and their families. Those who have commented on previous reports have consistently stated that case studies are an important aspect of the report, as they help to demonstrate outcomes for individuals and the difference it has made to their lives.
- 1.5 Some of the key improvements delivered over 2017/18 identified in the report that have had a positive impact on people are as follows:
 - The city has a new facility offering a purpose-built specialist Housing with Care Scheme (HWC) for people either living with dementia or with a cognitive impairment. This model moves away from the traditional HWC models of support and provides a more structured approach to enable people living with dementia to live independently in a safe environment. This is a new approach for which there are a very limited number of such schemes across England.
 - In June 2017 new home support arrangements came into effect within Coventry. The New Home Support framework was recommissioned with the aim of improving quality and performance. This has led to a reduction in waiting times for services to start and locality based provision supporting a greater understanding of the needs of local communities.
- 1.6 The Annual Report also identifies the key challenges for Adult Social Care and the key areas of activity that are being progressed. Although an annual report is produced it needs to be recognised that the work of Adult Social Care does not fit neatly within a twelve-month period and delivery of the Adult Social Care vision through promoting independence and providing personalised care and support is very much an ongoing endeavour.

1.7 It also needs to be recognised that although this is an Adult Social Care report the successful delivery of Adult Social Care is increasingly intertwined with health services, and, as we progress, how support is brought together across health and adult social care to deliver positive outcomes will be an increasing focus.

1.8 Some of the key challenges we are addressing include:

- Increasing demand for services resulting from an ageing population. The number of over-85s is expected to grow by 22 per cent in the next ten years and this group of people are more likely to live with multiple health conditions that require support.
- Increasing costs of care as a result of external factors including National Living Wage and the complexity of the care needs that people are experiencing.

1.9 Some of the ways we are seeking to address these challenges include:

Improving our approach to promoting independence.

To meet the challenge of increasing demand we have developed our approach for older people and adults with a physical disability to provide short term support to help individuals regain their independence e.g. after a period of illness. After receiving support, we have found that many people don't need any further help, or only a little, so they can carry on living independently in their own homes. This approach helps improve outcomes and reduces demand.

Improving the experience at initial contact

The implementation of an appointment booking system for social workers. When a member of the public requires a visit from a social worker they are given an appointment date and time. The benefit for the public is that people know when they can expect a visit, this reduces follow up calls and ensures appointments are scheduled at a time convenient for the customer.

2. Options considered and recommended proposal

2.1 An Annual Report provides the opportunity to evidence and communicate Adult Social Care's performance in an accessible and transparent way as part of an overall approach to Sector Led Improvement. It is therefore recommended that the Annual Report for 2017/18 is endorsed by the Cabinet.

3. Results of Consultation undertaken

3.1 Although the Annual Report for 2017/18 was not subject to specific consultation, the content has been drawn from feedback gathered from people who come into contact with Adult Social Care together with comments from other partner organisations and stakeholders in the City.

4. Timetable for implementing this decision

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

5. Comments from the Director of Finance and Corporate Services

5.1 Financial implications

Whilst there are no direct financial implications arising from the production of the report, the performance of Adult Social Care continues to be impacted by changes to Council resources and national legislation changes.

The report highlights the £81.8m Adult Social Care Spend in 2017/18 compared to £78.1m in 2016/17 (4.7% increase), which has largely been driven by the increased costs associated with National Living Wage and increases in complexity of packages. This increase was resourced from the additional Council investment in Adult Social Care in the 2016 Budget report (partly funded through the Adult Social Care precept) as well as the extra resources identified in the Governments Spring Budget 2017. The additional Spring Budget funding led to the overall underspend of £1.2m across the Adult Social Care Division's budgets last year.

5.2 Legal implications

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

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

6. Other Implications

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

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

6.2 How is risk being managed?

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

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

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

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

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

Report author(s):

Name and job title:

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Adults Principal Social Worker

Directorate:

People

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Enquiries should be directed to the above people.

Contributor/approver name	Title	Directorate	Date doc sent out	Date response received or approved
Contributors:				
Andrew Errington	Adults Principal Social Worker	People	13/07/2018	18/07/2018
Pete Fahy	Director of Adult Services	People	01/08/2018	06/09/2018
Timothy Etherton	Programme Support Officer	People	13/07/2018	18/07/2018
Lara Knight	Governance Services Co-ordinator	Place	21/08/2018	21/08/2018
Ian Bowering	Head of Social Work (Prevention and Health)	People	24/08/2018	28/08/2018
Sally Caren	Head of Social Work- Mental Health and Sustainability	People	24/08/2018	24/08/2018
Marc Greenwood	Head of Business Systems	People	24/08/2018	28/08/2018
Jon Reading	Head of Commissioning and Provision	People	24/08/2018	28/08/2018
Names of approvers for submission: (Officers and Members)				
Barry Hastie	Director of Finance and Corporate Services	Place	04/09/2018	05/09/2018
Janice White	Team Leader, Legal Services	Place	04/09/2018	05/09/2018
Gail Quinton	Deputy Chief Executive	People	04/09/2018	04/09/2018
Councillor F Abbott	Cabinet Member (Adult Services)	-	03/09/2018	06/09/2018

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



ADULT SOCIAL CARE ANNUAL REPORT 2017/18

(LOCAL ACCOUNT)



Coventry City Council

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WHAT IS THE LOCAL ACCOUNT?

Every year Coventry City Council produces a report which tells people what its Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing.

This report is usually referred to as the 'Local Account' but is also referred to as the 'Annual Report' for Adult Social Care.

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



FOREWORD

PETE FAHY

DIRECTOR OF ADULT SERVICES

The production of this Report remains an important landmark in the annual cycle of Adult Social Care. It provides an opportunity for honest reflection on the achievements and challenges we face in delivering Social Care within the City.

In producing this annual report we have deliberately focussed on what we have done and are doing to improve – this is important and deliberate within an environment where much of the debate on Adult Social Care is dominated at a national level by debates on funding and financial sustainability or issues such as Delayed Transfers of Care (DTOC). Of course these are important issues but we should also highlight and reflect on the many examples of what is done to support people to live independently that will never reach the headlines.

As well as looking back over 2017/18 we also need to be cognisant of what lies ahead: in particular the impact of the expected Green Paper and the continued drive for closer working with our health partners, plus the future of the Better Care Fund which has provided an essential injection of resources for Adult Social Care nationwide. As always it is practically impossible to predict what the future holds but whatever is in store for the sector we will continue to work to provide the best possible support available to people within the resources we have available.

I hope you find this Annual Report informative and as always myself and my team are happy for any feedback.



COUNCILLOR FAYE ABBOTT

CABINET MEMBER FOR ADULT SERVICES

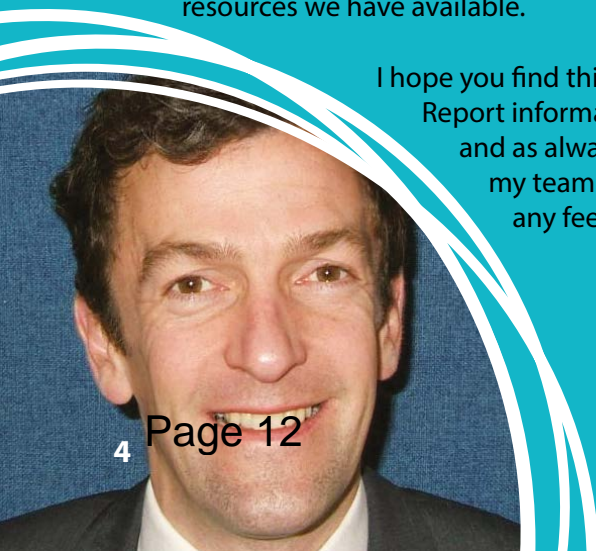
I am pleased to introduce this Annual Report for Adult Social Care. Social care is an important issue for everyone and Coventry City Council is committed to helping our most vulnerable people, their families and carers to get help as soon as they can.

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

In this report we take the opportunity to tell you about what we have done in the last year, how we have spent our budget, and what you have said about the services and advice we provide. We have set out our future plans for improvement and you will see that there is a lot of great work going on.

This report includes some incredibly positive stories, but we continue to face financial pressures and have seen an increasing complexity in people's needs. We continue to work hard to find new and innovative ways to enable people to get the right support that meets their needs. To meet the challenges we face we will need to focus more on prevention and well-being. Access to universal services and early help and preventative support will be an important part of this approach. This will improve outcomes for local people and promote better use of Adult Social Care resources.

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





INTRODUCTION: ABOUT ADULT SOCIAL CARE

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

In 2016 we established a simple vision and strategy which underpins the principles of Adult Social Care, and we continue to work in support of this. This describes what we are trying to achieve, our purpose and our approach.

In a simple sense all of our work, at whatever level should 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'.

A significant event for social care and its health partners in 2017/18 was the system review undertaken by the Care Quality Commission. There is more on this later in the report but one of the findings was that staff understood their role in supporting people to be independent at home – this is a real positive in confirming that our simple approach to strategy is understood and creates a meaningful purpose for those who work in Adult Social Care.





ASC 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 someone else. We continue to work in accordance with our primary legislation 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.

The delivery of Adult Social Care in Coventry, as embodied in our vision is that we focus on approaches that promote well-being and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes. In performance terms this means that we would expect to see a relatively smaller number of people in receipt of ongoing social care, and where ongoing social care is required that this is mainly provided in peoples own homes. We would also expect that the short term services we have in place to enable people to be independent are successful in reducing demand for ongoing Adult Social Care.

Adult Social Care Vision

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

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



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



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



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



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



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



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



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



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



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



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

FACTS AND FIGURES

SUPPORTING PEOPLE WITH ONGOING CARE AND SUPPORT NEEDS

There has been an increase of 6% in new requests for Adult Social Care support from 9,691 in 2016/17 to 10,330 in 2017/18. However there has been a reduction in numbers of people supported during the year (down 4% from 4,531 to 4,343) which continues the downward trend over the past three years.

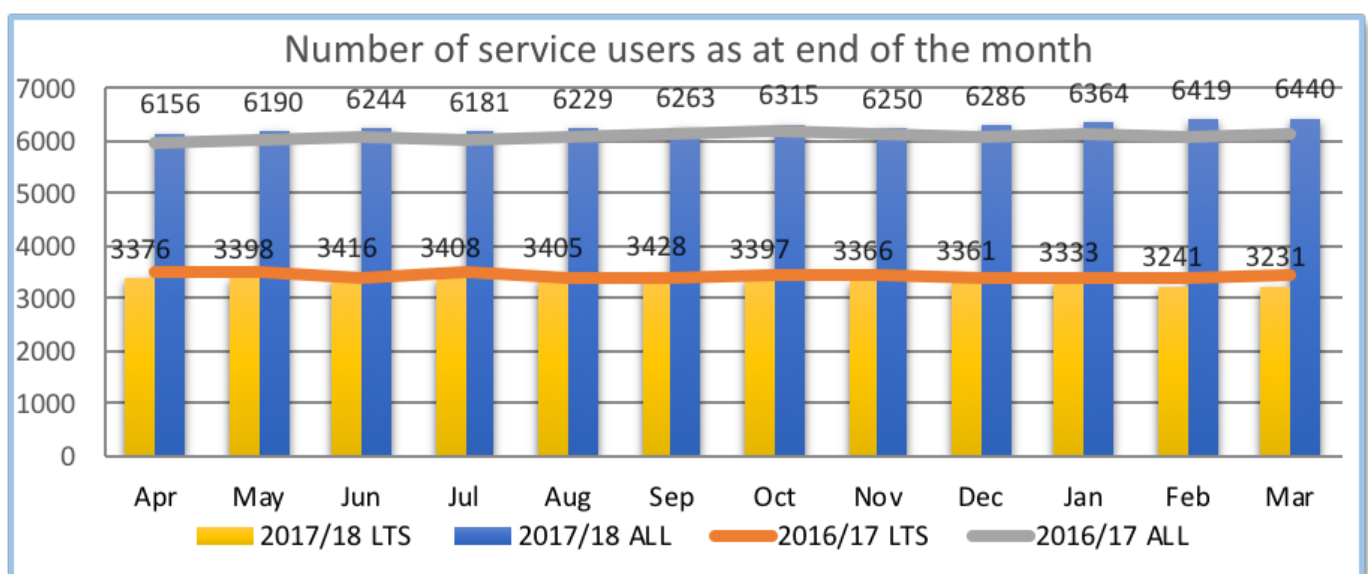
There is no single identified reason for this but it is likely to be explained by a combination of factors, including increased awareness of Adult Social Care and taking an approach that works with people to meet eligible needs in ways other than the provision of services.

Another reason behind this is that there has been a continued increase in people who received Short Term Support to Maximise

Independence (STSMI) in comparison to 2016/17, with the same proportion of people continuing to live at home following the end of this support (75%).

Over the same period the level of delays from hospital that are due to Adult Social Care have also reduced. Our performance has remained below the national targets we are expected to work to.

TABLE 1: PEOPLE IN RECEIPT OF ONGOING SUPPORT



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

The number of people accessing any level of support has seen a 3% increase over the course of 2017/18. However there has been a decrease of 2% in the number of people accessing long term ongoing support, which over the past three years is a continued downward trend.

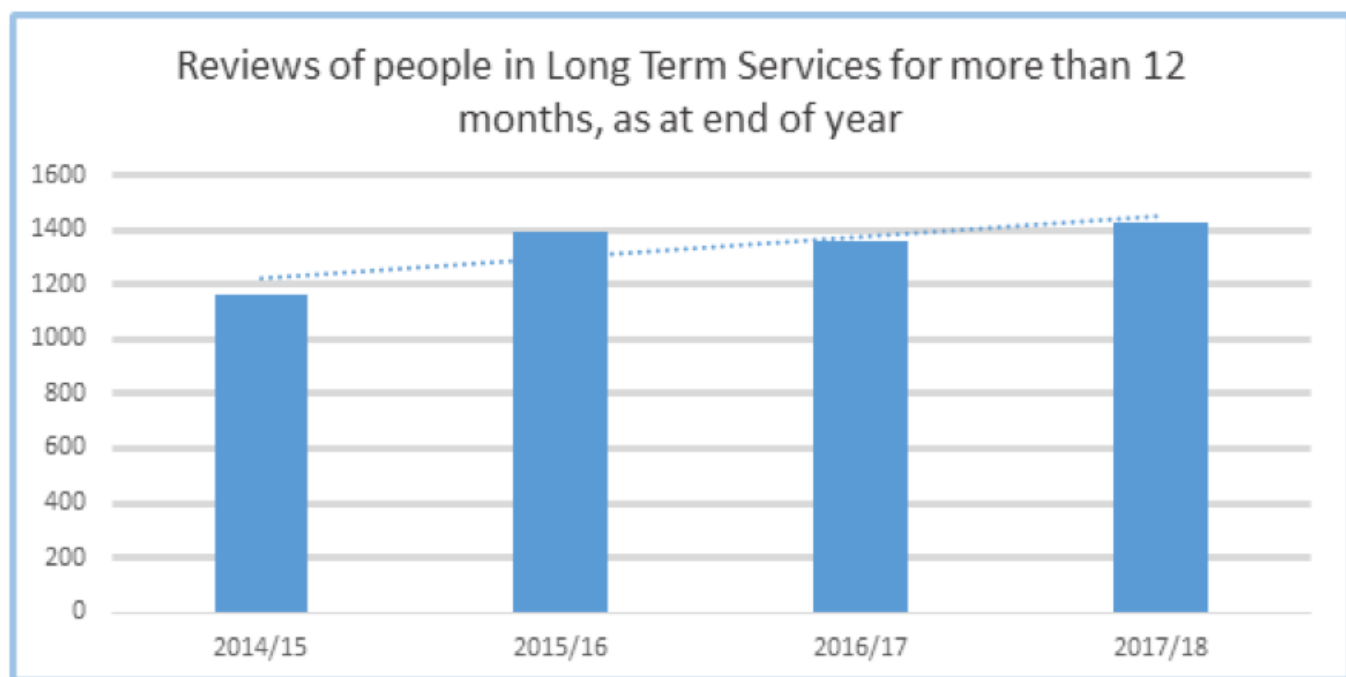
There were 3,230 people receiving ongoing long term adult social care support as at 31 March 2018, of which 75% (2431 people) had received support for over 12 months.

The number of planned transitions from Children's Social Care continued to increase over the past three years, with 59 young adults transitioning in 2017/18 compared to 55 in 2016/17.

COMPLETION OF REVIEWS

The proportion of people in ongoing support for over 12 months who were reviewed increased from 51% to 59% in 2017/18. We have ensured we respond to reviews concerning any changes in circumstances, which are often more challenging than a review undertaken where nothing has changed.

TABLE 2: REVIEWS OF PEOPLE IN RECEIPT OF ONGOING SUPPORT



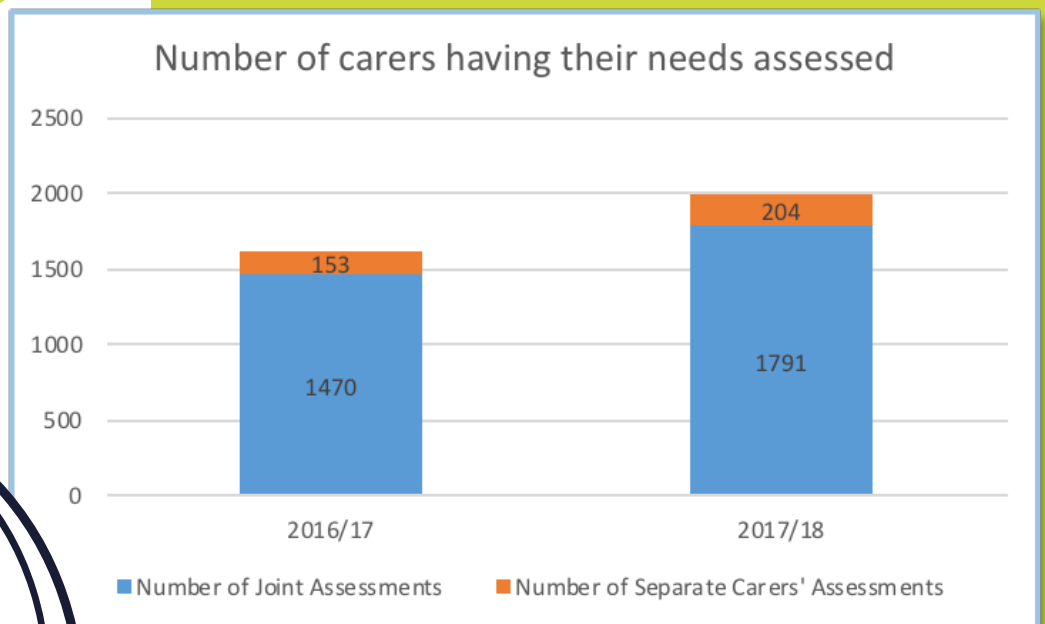


SUPPORTING CARERS

Carers are one of the greatest assets of Coventry and supporting carers to get the support they need, when they need it, is integral to the delivery of effective Adult Social Care.

This year there has been an increase in both the amount of Joint Assessments (where a carers' needs have been assessed alongside the needs of the person they care for) and a rise in separate Carers' Assessments, which is reflective of the overall increase in requests for initial support. The increase in separate carers' assessments is a positive reflection that carers' needs are being considered and planned for on an individual basis.

TABLE 3: NUMBER OF CARERS HAVING THEIR NEEDS ASSESSED



PEOPLE ACCESSING
ANY LEVEL OF
SUPPORT HAS SEEN A

30%

INCREASE OVER THE
COURSE OF 2017/18.

There continues to be a change in how carers' needs are met with a continued reduction in the provision of Carers' Direct Payments and evidence of many carers' needs being met with the provision of good quality and robust advice and information. Working closely with the Carers Trust Heart of England has been key to making sure this is delivered.

SAFEGUARDING

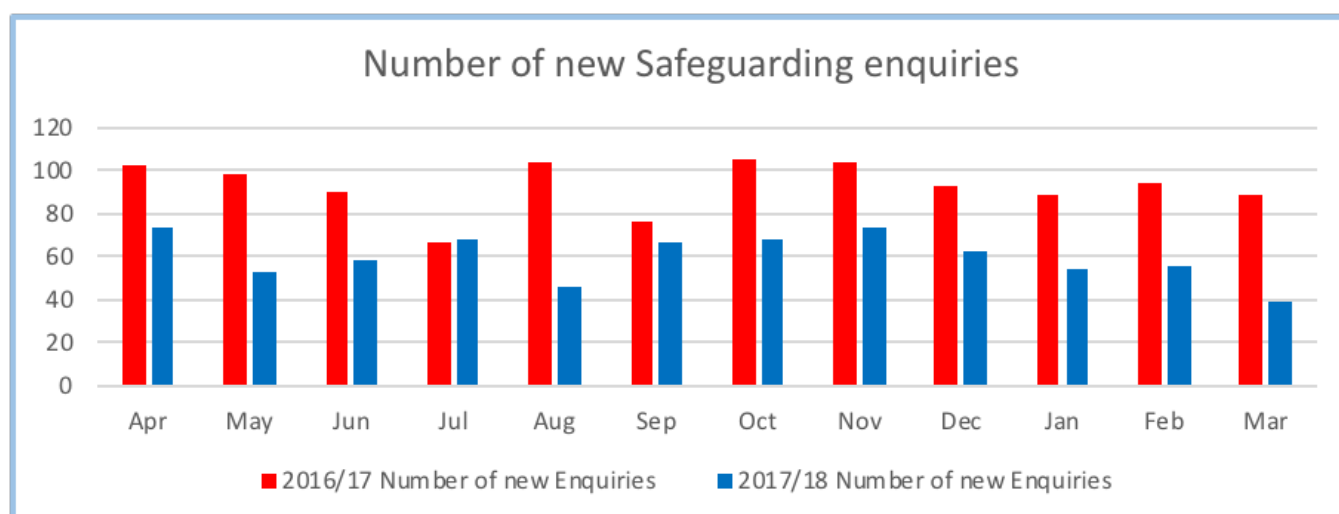
The number of safeguarding concerns continues to rise year on year to 3359 in 2017/18, an increase of 8% in comparison with last year. Coventry has a higher rate of safeguarding concerns per 100,000 population than comparators. The number of new safeguarding enquiries started in the year has reduced by 35% from 1106 in 2016/17 to 717 in 2017/18. As a result, the conversion rate from concern to enquiry, (where further investigation is required) has reduced from 36% in 2016/17 to 21% in 2017/18. The number of enquiries that has been completed during the year has decreased by 41% from 965 in 2016/17 to 570 in 2017/18, due to the reduced number of enquiries started in the year. This indicates that we are addressing more safeguarding issues at the point they are raised therefore not requiring further investigation.

There was an increase in the proportion of people asked about their desired safeguarding outcomes from 55% in 2016/17 to 78% in 2017/18, which is above the 2016/17 England rate of 67%. Coventry has increased the percentage of fully achieved/partially achieved outcomes from 89% in 2016/17 to 97% in 2017/18 which is slightly above the 2016/17 England rate of 95%.

AN INCREASE OF
8%
IN SAFEGUARDING
CONCERNS



TABLE 4: SAFEGUARDING ENQUIRIES



DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

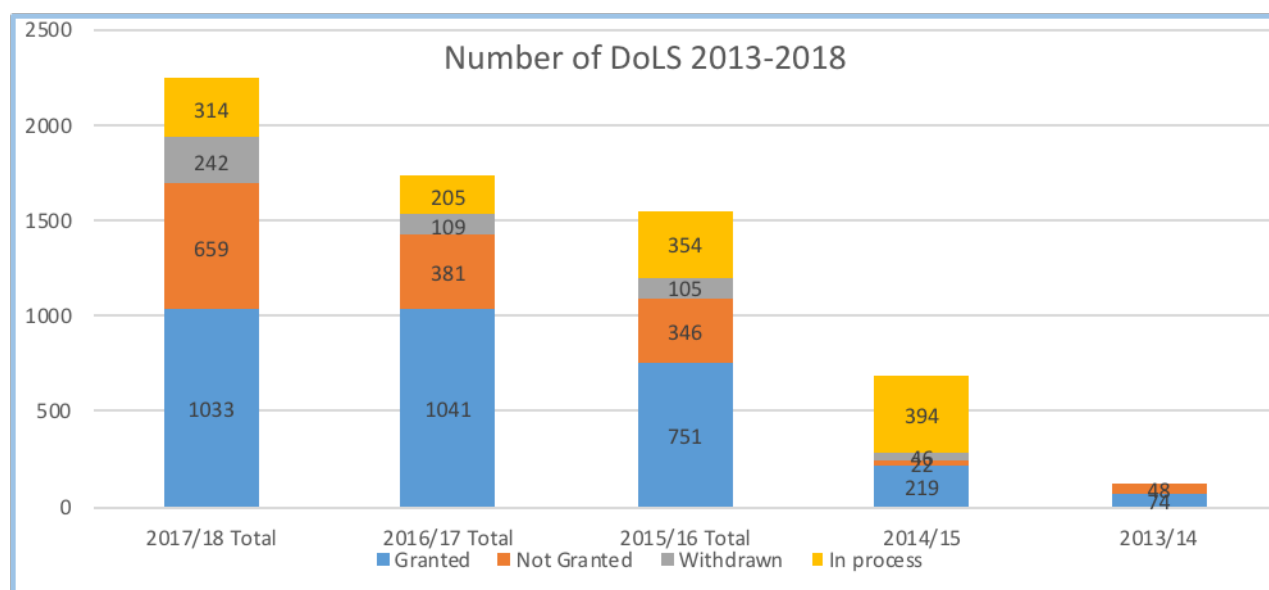
The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

There has been a 29% rise in the number of DoLS applications from 1736 in 2016/17 to 2248 in 2017/18. Of these, 314 (14%) are in due process compared to 205 (12%) in 2016/17. There is a significant increase in number of applications, but considering higher number of applications received, the percentage of not completed applications remained similar.

In total in 2017/18 1934 applications were completed which is a 26% increase on 1531 in 2016/17. Despite the demand for DoLS increasing and the subsequent resource challenges, we had relatively low rates of decisions outstanding and cases open at the end of the year.

As well as new DoLS applications there is also the requirement to review existing DoLS arrangements on an annual basis. The review requirement grows year on year as new applications grow. Resourcing this area of activity is of ongoing concern and will be subject to review to ensure we are meeting our legal duties in the most effective manner possible.

TABLE 5: DoLS TRENDS AND DIFFERENCES FROM 2013/14 – 2017/18

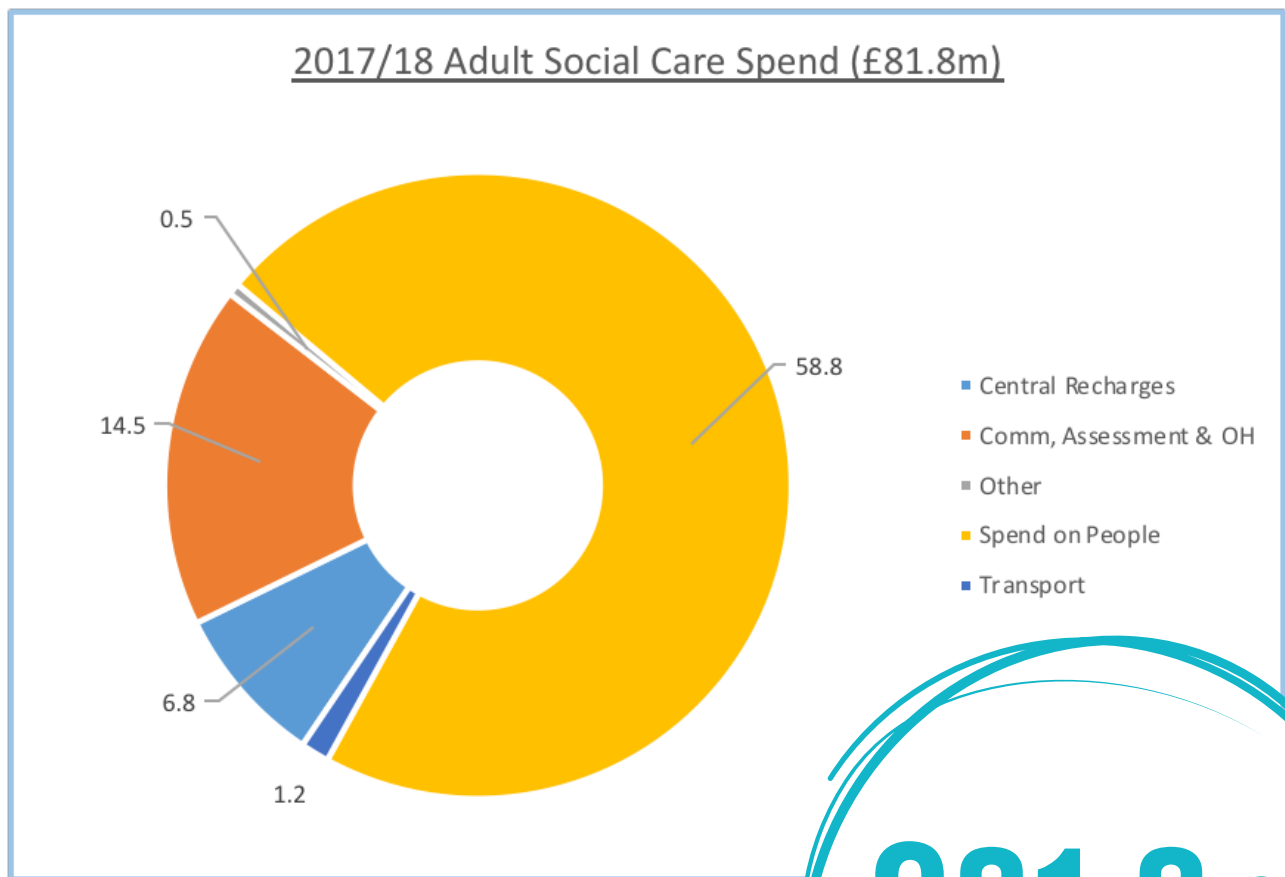


MONEY - COVENTRY CITY COUNCIL

The Council is a large organisation spending a net £230.9m on revenue activity during 2017/18.

The Gross Adult Social Care spend in 2017/18 net of service user contributions was £81.8m as shown below.

TABLE 6: 2017/18 ADULT SOCIAL CARE SPEND (£81.8M)



£81.8m

2017/18 GROSS ADULT
SOCIAL CARE SPEND

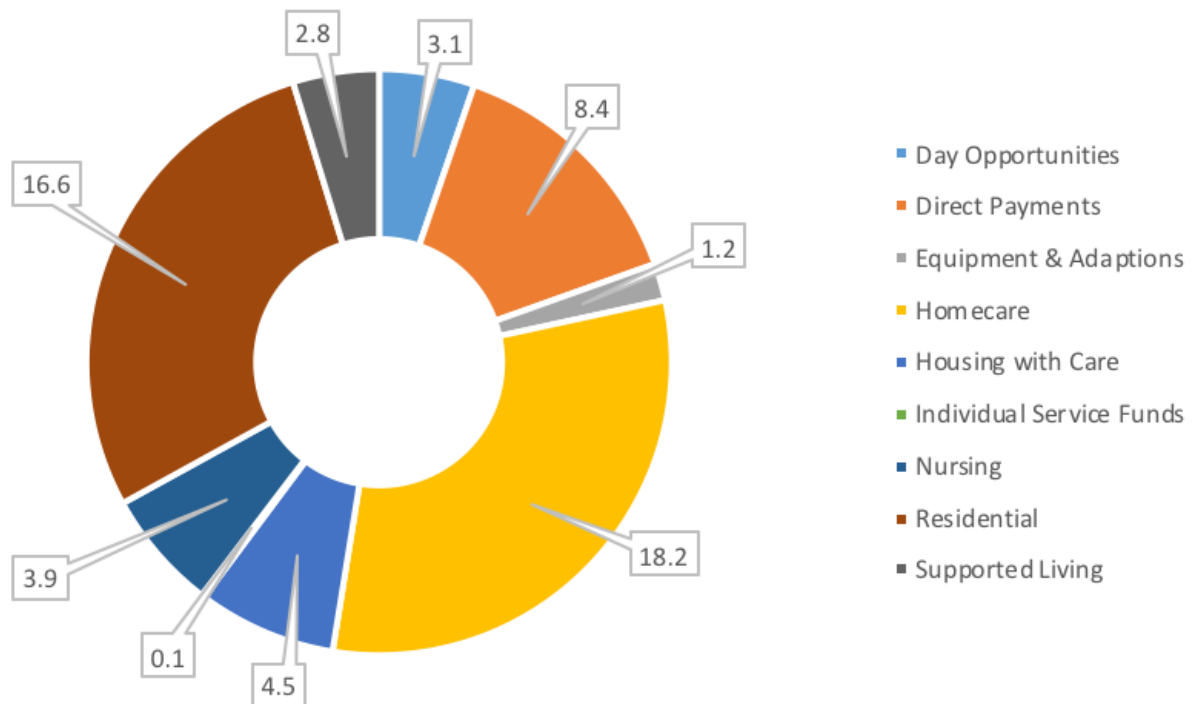
This compares to a spend of £78.1m in 2016/17. The increase was largely due to increases in care costs brought about by the National Living Wage.

The 'Spend on People' referred to in the above chart has increased from £56.5m in 2016/17. 'Spend on People' is money spent directly on the following services:



TABLE 7: 2017/18 SPEND ON PEOPLE (£58.8M)

2017/18 Spend on People (£58.8m)



This increase in spend was incurred despite the reduction in total numbers of people in receipt of ongoing care and support and is a result of increasing costs of care as a result of external factors including National Living Wage and the complexity of the care needs that people are experiencing.

In 2017/18 the Council underspent its Adult Social Care Budgets by £1.2m.

DRIVERS OF DEMAND

Understanding potential demand for Adult Social Care is important in understanding what is required to meet the changing needs of our population.

Other key publications such as the Joint Strategic Needs Assessment (JSNA) helps identify future need, which is generally driven by a number of factors including:

- Coventry has a relatively young population but the number of older residents is increasing and the age of the population will start to increase. In particular, those aged over 85 and over is expected to grow by 22% in the next 10 years.
- The increasing number of older residents is related to increasing life expectancy amongst Coventry residents. However, on average Coventry residents are living a significant period at the end of their life in poor health.
- As the population ages more people will be living with multiple health conditions that require support.
- The numbers of people with severe physical or learning disabilities living into adulthood will continue to increase as life expectancy increases.
- The levels of deprivation in the city, although improving will remain relatively high and those living with lower levels of wealth are more likely to develop poor health.
- There is a projected 21% increase in the number of those aged 75 years and over between 2017 and 2025 who will be living alone. Those who are socially isolated are between two and five times more likely to die prematurely than those with stronger social ties.

With demand expected to increase we will continue to look for ways to manage this demand and deliver the aspirations of our strategy through developing initiatives.

Approaches such as greater use of technology, focusing on people's strengths and what they can do for themselves, or be supported to do by families, friends and relatives along with the increasing the use of promoting independence models in order to reduce requirements for ongoing care and support.

PROJECTED

21%

INCREASE IN THE NUMBER OF THOSE AGED 75 YEARS AND OVER BETWEEN 2017 AND 2025 WHO WILL BE LIVING ALONE



WORKFORCE

AS AT 31 AUGUST 2017



The number of people in the Council's internal Adult Social Care workforce has reduced by 9.6% from 952 to 861 in 2017, this reflects an 8% reduction when compared with the Full Time Equivalent (FTE) figure. This reduction in workforce is consistent with the national profile where since 2009, local authority jobs have moved to the independent sector.

Demographically the make-up of the Council's Adult Social Care workforce has stayed approximately the same as in 2016, with 82% being female, (the same percentage as the Personal Social Services: Staff of Social Services Departments, England national statistics.) and 3% disabled (no comparison national statistic available). There has been an increase in the workforce aged over 50 years of age from 46% in 2016 to 52% in 2017. However, overall the average age of the adult social care workforce is 48 years, similar to the average age of workers in adult social care departments within Local Authorities which was 47 years, and has not changed since 2011.

Ethnicity breakdown remains similar to 2016 with 77% of the workforce being white, 21% from a black or minority ethnic (BME) background and 2% are not known. This compares with 26.9% of Coventry's 18-64 population being BME (2011 Census). Ethnicity varies significantly between regions- from 50% of London local authority adult social care workforce to 2% in the North East- so comparison with the local population is more relevant than the national average of 85% white and 13% BME.

Other information:

- The number of vacancies has **decreased by 36%** from 56 in 2016 to 36 in 2017
- The number of leavers has **increased by 33%** from 178 in 2016 to 237 in 2017
- The number of new starters has **increased by 39%** from 146 in 2016 to 203 in 2017



KEY ACHIEVEMENTS

BASED ON THE ADULT SOCIAL CARE VISION AND OUR PRIORITIES FOR 2017/18

1. ADULTS AND CARERS AT THE HEART OF EVERYTHING WE DO

ADULT SOCIAL CARE STAKEHOLDER REFERENCE GROUP

Our Stakeholder Reference Group was created in 2016. The role of the group is to get involved in shaping future service delivery.

During the last year, a key focus of the group has been to work with our strategic commissioning team to recommission support provided by voluntary sector agencies to help people live well and independently. The group has been involved in evaluating the applications received and providing vital feedback on proposals for future services. Where the group had questions about proposals these were put to the providers and the responses informed the decision-making process. The new voluntary sector support arrangements will last for five years and offer greater flexibility of support to meet people's needs.

Looking forward to 2018/19 the group will be involved in improving service delivery through contributing to the implementation of the Care Quality Commission Local System Review action plan.

The group is keen to encourage more people to be involved. If you currently receive support from Adult Social Care or are a Carer and might be interested in joining the group please read our leaflet www.coventry.gov.uk/getinvolvedasc or contact us by email to getinvolvedasc@coventry.gov.uk

DEVELOPING OUR APPROACH TO CARERS

In 2017/18 voluntary sector services were reviewed with the scope of offering support at the earliest possible opportunity to those most requiring it. Carers were integral to the recommissioning process and a key priority area. The Carers Trust continue to provide services for carers rebranding their service as the Coventry Carers Wellbeing Service, marking a reflection in their focus on wellbeing and their holistic approach to meeting carers' needs. They have increased their opening hours to further meet the needs of Coventry's carers who may struggle to access their services during working hours. The Alzheimer's Society now have additional capacity to facilitate the Carers Information and Support Programme, a very valued programme for carers of adults with dementia.



2. HIGH QUALITY, PERSON-CENTRED AND EFFECTIVE SUPPORT

MAKING SAFEGUARDING PERSONAL

In 2016/17 a “Making Safeguarding Personal” (MSP) project was undertaken in Adult Social Care, which included developing a MSP Toolkit for staff. An evaluation of the project was undertaken by Coventry University. Both the toolkit and the evaluation are available on the Council website: http://www.coventry.gov.uk/info/158/safeguarding_adults/2785/my_safeguarding_experience

The evaluation identified that there had been a positive impact on practice in relation to mental capacity and the use of advocates. We received feedback though that we needed to ensure our forms were more supportive of person centred practice so in 2017 we introduced a new suite of safeguarding forms developed in conjunction with our practitioners. We also heard that we needed to promote more timely and appropriate referrals for advocacy. We therefore held a number of training sessions with Adult Social Care teams alongside one of our Advocacy Providers; Grapevine. In 2018/19 we intend to develop Risk Enablement Panels and Family Group Conferencing to support the Making Safeguarding Personal agenda.

As a local authority we are also a key statutory partner of the Coventry Safeguarding Adults Board. We work closely with other Board members and have supported the development of a Coventry wide Safeguarding Workforce Strategy.

The Board also organises conferences to raise the profile of Adult Safeguarding. On 9 November 2017 the Board held a conference entitled ‘Safeguarding at the heart of everything we do’. This event provided a great opportunity to reflect on how all partners are working together to make safeguarding personal. http://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/3168/workforce_development/4

TRANSFORMING CARE

Adult Social Care has continued to work in partnership with other agencies to take forward the Transforming Care agenda supporting adults with learning disabilities. This has included signing up to Care and Treatment Reviews (CTRs). These form part of NHS England’s commitment to transforming services for people with learning disabilities, autism or both.

The All Age Disability Service has assisted in both discharge and admission avoidance for adults with complex health and social care needs and continues to play a key role in the multi-agency process that exists in Coventry.

New processes and services have been introduced during the last 12 months to support individuals with a focus on professional staff working together to reduce the risk of hospitalisation and to ensure that discharge arrangements are robust and achieve the required outcomes.

Delivering the requirements of the Transforming Care Programme is a key challenge for social care and its health partners. Although 10 people have been discharged in 2017/18 there were 12 admitted. As a result of this, along with size of the original baseline, we are not meeting the trajectory required by NHS England. There are, however, recovery plans in place, the delivery of which is closely monitored through the programme board in place to oversee this work.



THERAPY AND ENABLEMENT SERVICES

Our Occupational Therapy and Visual and Hearing Impairment (VHI) teams play a key role in helping people of all ages to overcome the effects of disability caused by illness, ageing or accident, so that they can carry out everyday tasks or activities important to them. Often before someone has a need for traditional forms of care and support our staff will provide practical solutions to support recovery and

overcome any barriers that prevent them from doing the activities that matter to them. This may be achieved by simply helping to identify local support networks, by providing a period of rehabilitation, provision of equipment or adaptation of the home. Our goal is to support people to live as fulfilled lives as possible and not to just exist!

CASE STUDY 1 – MRS H

Mrs H has acquired hearing loss and is unable to hear speech over the telephone. She uses lip reading and speech to communicate. Mrs H contacted the Visual and Hearing Impairment (VHI) team asking for provision of a minicom/text phone to enable her to contact her GP herself rather than asking her family to do so.

A member of the VHI team advised her of the Next Generation Text Service (NGTS). This allows users to make text calls through an application on tablets/mobile phones and they arranged to visit to explain how the service worked.

With support from the VHI Team to install the NGTS application on her mobile phone and to practice using the service Mrs H has been able to contact her GP surgery independently. Mrs H plans to use the NGTS application to contact other services like the bank and utility companies.

Support from the VHI team enabled Mrs H to utilise equipment she already owns to increase her independence. This is an example how technology is progressing rapidly and simple things like a smart phone can unlock a whole new breadth of support.

3. REFLECTIVE AND RESPONSIVE TO CHANGE

VOLUNTARY AND THIRD SECTOR SUPPORT

During the year a major reshaping of preventative health and social care services provided by the voluntary sector was undertaken with the new arrangements commencing on 1 April 2018. The grant funded arrangements are more outcome focussed and based on longer term agreements giving more certainty to customers and providers. There are also opportunities for closer partnership working between the Council, Coventry and Rugby Clinical Commissioning Group and providers. The new arrangements also enabled the commissioning of a new service to improve the lives of people with compulsive hoarding behaviours.

NEW HOME SUPPORT ARRANGEMENTS

In June 2017 new home support arrangements came into effect within Coventry. Nationally it is

recognised that the home support industry faces significant challenges especially with recruitment and retention of their workforce. Coventry also face the same challenges locally. The New Home Support framework was recommissioned with the aim of improving quality and performance. This has led to a reduction in waiting times for services to start. The new services are based in local areas, meaning a greater understanding of the needs of local communities. Providers are required to use Electronic Call Monitoring Systems, which enables the provider and the local authority to monitor care workers visits, duration of visit and timeliness.

In order to ensure continued quality and improvement we are working closely with our providers. These arrangements include regular provider forums and contract meetings. In 2018/19 the aim is to embed accreditation approaches such as React to Red within home support.

4. OUTCOME DRIVEN AND MEANINGFUL

INITIAL CONTACT WITH SOCIAL CARE

Building on the successes of last year, with the launch of the online self-assessment tool, an online Carers' self-assessment was launched in January 2018. Working closely with the Carers Trust Heart of England, processes have been developed to ensure carers are linked to the most appropriate support at the earliest opportunity. The online support is aligned to the pre-existing Adult Social Care information directory, ensuring the public have consistent access to information about services available in the city.

Internal improvements have seen the implementation of the social worker appointment booking system. When a member of the public requires a visit from a social worker they are given an appointment date and time. The benefit for the public is that people know when they can expect a visit, reducing any anxiety they may have when they are waiting for a social worker to make contact. The system has initially been implemented with the older people social work teams with plans for 2018/19 to include Occupational Therapy and the Adults Disability Team.

THE POD

'The Pod' uses social brokerage as a means to support and transform the lives of people with severe mental illness whilst also benefitting the wider community with its cutting edge and ambitious programming. This year it relocated from its base at Lamb Street to a Grade 2 Listed medieval building in Far Gosford Street. This new location in Far Gosford Street is perfect for The Pod – it's a cultural corridor where creativity can underpin practical help for citizens and inspire social activism. The building and its location supports all aspects of the work that The Pod team do – facilitating mental health recovery, promoting cohesion, addressing food poverty and stimulating regeneration. It is street facing and the space alone creates a reason for people to feel optimistic and believe in themselves and the city.

In 2017 Think Local Act Personal (TLAP) and the National Development Team for Inclusion published a report detailing The Pod's evolution since 2009 and continued commitment to transformative practice: <https://www.thinklocalactpersonal.org.uk/Latest/Lamb-Street-to-the-Pod-The-Journey-from-Service-Users-to-Citizen/>

5. SUPPORT AROUND PEOPLE AND THEIR FAMILIES

TRAVEL TRAINING

The Independent Travel Team has been established in Coventry since 2006. They are a small team with four Travel Trainers offering travel training to young people from 11 years old onwards with Education, Health and Care Plans, and people over 18 with identified care and support needs.

The Independent Travel Team offers a city-wide service, working in schools, colleges and in the community.

Starting in 2017/18 the Team now supports the Promoting Independence Service that has been introduced for Adults with a Learning Disability and has supported individuals to achieve independence within and outside of the city boundary. The service has successfully supported adults with learning disabilities to engage in employment, activities, volunteering and supported carers to return to work.

The service works with 48 people (12 Adults/36 young people) at any one time and in 2017/18 has supported approximately 30 people to travel independently. In many cases this has transformed people's lives.

CARE CLOSER TO HOME

The Council's All Age Disability Team has continued to extend the principles of supporting individuals to consider care options nearer to home and families. This has built on the good practice outcomes from the long term care initiative funded through the Better Care Fund. We have worked across services to develop local options and now have in place a plan to assist users back into Coventry and into supported living. We have seen the benefits of this in terms of the impact on emotional wellbeing and more independent living.

CASE STUDY 2 – MR B

Mr B is a 19-year-old man with learning disabilities and autism who attends a local college. He worked extensively with a Travel Trainer to learn the bus route from his home to college. The support included learning about the practicalities of independent travel, recognising the bus stop, using a bus pass and flagging down a bus. This also included supporting him around keeping himself safe, who are safe people to offer help if required and contingency planning for "what if" scenarios that might affect his journey.

The team supported Mr B for six months. His mother previously drove him daily to get to and from school and then college. Following the period of support from the travel training team Mr B was independent with the route to college and his mother was able to seek employment for the first time in 16 years.

The Travel Trainers worked again with Mr B as part of the Learning Disability Promoting Independence Service. Mr B is learning a new bus route from his home address to a local gym. This will support him to participate in activities outside of college, in his leisure time, improving his fitness and enabling him to make friends and make good use of community facilities.

The outcomes for Mr B and his mother have been hugely positive. Travel training with Mr B has reduced transport costs to college and will continue to promote his future independence as he develops his skills further.

IN 2017/18 THE SERVICE HAS
SUPPORTED APPROXIMATELY

30 PEOPLE

TO TRAVEL INDEPENDENTLY

6. EFFECTIVE ENABLEMENT, PREVENTION AND WELL-BEING

PROMOTING INDEPENDENCE PATHWAYS

We have established a new service for older people and adults with a physical disability which provides short term support to help individuals regain their independence e.g. after a period of illness. We all want to carry on doing things for ourselves so a team of Occupational Therapists, Social Workers and home support workers help individuals to regain confidence in carrying out specific essential tasks of everyday daily living. After receiving support, we have found that many people don't need any further help, or only a little, so they can carry on living independently in their own homes. In the first six months since the service started there have been 108 people referred. A total of 66 people referred to the service did not go on to receive long term care. The service uses kitchen facilities at Gilbert Richards Centre that have recently been modified, to enable the Occupational Therapists to carry out kitchen assessments where appropriate and promote the person's independence.

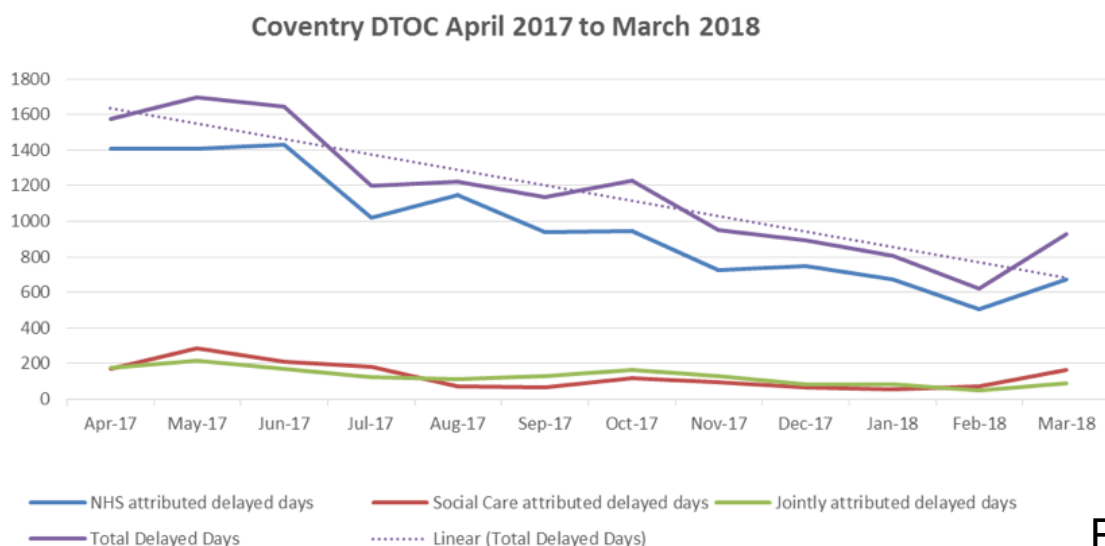
We have established a new service for adults with a learning disability that supports the assessment of need and supports people to develop new skills. The principles we apply are very much the same as for all adults but the service is more specifically tailored to adults with learning disabilities. Delivering this is a 'whole

service' approach across Occupational Therapy, Travel Training and internal provider services such as Jenner8 to support adults to try new things and to live as independently as possible. Since the pilot started in July 2017, in the first twelve months 88 people have been referred into the service and so far 12 people have successfully accessed support from the service.

DELAYED TRANSFERS OF CARE (DTOC) AND ADMISSION PREVENTION

Once a person is admitted to hospital and they have finished their treatment, it is really important that they leave hospital in a timely manner before an individual risks losing essential skills. Working with partners we have improved our Delayed Transfers of Care performance and achieved national targets set for Coventry. Schemes including the Community Discharge Hub, Red2Green Campaign and new contracts with reablement providers helped us improve our performance. We have supported care homes with good primary care services and initiatives including "React to Red Skin". The aim of this campaign is to educate as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them and to ensure these are put in place to avoid unnecessary hospital admissions.

TABLE 8: COVENTRY DELAYED TRANSFERS OF CARE



7. MATURE PARTNERSHIPS

WORKING WITH HEALTH PARTNERS TO DELIVER A SUSTAINABLE HEALTH AND SOCIAL CARE ECONOMY

We have continued our work to develop services and relationships with our key health partners and work in collaboration to develop joint solutions. Our work in relation to Delayed Transfers of Care has impacted positively on discharge activity so that people leave hospital as soon as they are able to the most appropriate setting for them.

We have well established discharge pathways from hospital and regular multi-disciplinary meetings to ensure that people get appropriate support when discharged, receiving the right short term services in order to reach their full potential in the longer term.

This, together with new preventative services, have supported people to avoid unnecessary admissions to hospital. This targeted use of the Integrated Better Care Fund has allowed us to develop, or extend, a number of initiatives to help people to remain safe and well in their own home and include transport services, home safety checks, services to improve nutrition, community support, and home heating services.

Targeted use of Integrated Better Care Funding has also supported sustainability of the local care market to ensure viable and good quality services.

We have also progressed discharges under the Transforming Care Programme which has benefitted adults with a learning disability. We have established processes that support our staff to work across organisational boundaries for adults with a disability. Two new posts have been developed specifically to work with those most at risk of hospital admission as part of a multi-disciplinary team.

CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW

The Care Quality Commission (CQC) completed a review of the health and social care system between December 2017 and March 2018 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 situated to make further improvements given the already 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 work progresses.



8. COMMITTED WORKFORCE

SUPPORTING OUR WORKFORCE

During 2017/18 we have developing a Workforce Strategy for Adult Services to ensure an increased focus on the workforce development needs within adult services. This is much more than training and includes recruitment, retention, development, workforce planning and practice development activities. https://www.coventry.gov.uk/info/192/adult_social_care_strategies_policies_and_plans

In support of practice development, we developed a new role of a Practice Development Social Worker. This role now co-ordinates and provides support to newly qualified social workers on the Assessed and Supported Year in Employment (ASYE). It also co-ordinates and supports social work student placements and the learning of those students within Adult Services.

Having specific capacity dedicated to practice development will help to strengthen the practice skills and knowledge of front line staff and managers, providing onsite learning and coaching. The role will also establish any existing gaps in knowledge and support for continued workforce development.

PRACTICE QUALITY ASSURANCE AND ENGAGING WITH OUR STAFF

In early 2017 we commenced the implementation of our Practice Quality Assurance Framework. This is a Framework which focuses on self-assessment and quality assessment methods at practitioner and organisational levels. Our practitioners now receive annual observations of their practice and dedicated time to reflect on their practice with their manager.

The aim of this work is to achieve greater consistency and accountability in the quality of the service we provide and put the right support and challenge in place to improve practice.

Our Framework also included the requirement to undertake an annual 'Organisational Health Check'. This was undertaken using a survey and focus groups with staff in the summer of 2017. This is an important way of ensuring that staff are listened to and that as an employer we are pro-active in tackling the issues that affect them. The Health check was well received and identified a number of strengths with staff positive about their supervision and being able to raise issues and concerns with their managers. We did however receive feedback that we needed to look at our assessment forms as these were felt to be too long. We have planned to look at this next year in 2018/19.



9. INNOVATIVE

NEW SERVICE FOR PEOPLE WITH DEMENTIA

The city has a new facility offering a purpose-built specialist Housing with Care Scheme (HWC) specifically for people either living with dementia or with a cognitive impairment. The scheme consists of 33 self-contained flats. Each flat consists of lounge, kitchen and a single bedroom with ensuite bathroom. The scheme also has communal living facilities to enable social interaction, one of the key principles of the Eden Alternative care model which underpins the scheme.

More information of the care model can be found here: <http://www.edenalt.org/about-the-eden-alternative/mission-vision-values/>
<https://www.thegreenhouseproject.org>

This innovative model moves away from the traditional HWC models of support and provides a more structured approach to enable people living with dementia to live independently in a safe environment. There are a very limited number of such schemes across England adopting this approach, putting Coventry in the forefront of innovative services for people living with dementia.

CASE STUDY 3 – MRS C

Mrs C has Alzheimer's disease. She lived at home on her own with her dog and has a supportive son.

Mrs C often became very anxious resulting in her contacting her son up to 40-50 times every day, including during the night. This had a huge impact on his working life. Mrs C had stopped cooking and wasn't reliably taking medication. Telecare and homecare was unsuccessful. The main issue was the high levels of anxiety which impacted on Mrs C's level of confusion and her need for constant reassurance.

Her son felt the only option was residential care. The specialist Housing with Care (HWC) provision was suggested as an alternative as Mrs C wished to be more independent. Residential care would have also meant her no longer living with her dog which is very important to her.

Mrs C and her dog moved into the specialist HWC. Her son has stated the change has been "unbelievable" & "incredible". Since moving, Mrs C no longer rings her son as regularly. She states she is really happy and a lot less anxious. Living with her dog has been vital and the dog is much loved by other tenants, supporting Mrs C to make new friendships.

Mrs C has started cooking again and getting her own meals and is now taking her medication with the aid of a telecare medication dispenser. Mrs C and her son feel her mental health and memory have actually improved as she is a lot less anxious. She states she is reassured by the presence of staff and she knows they are there if she needs them. She is now far more independent, has regained skills and is a lot happier.



INNOVATIVE USE OF TECHNOLOGY

The use and benefit of technology in the social care sector is increasing. With the introduction of smart technology that enables real time monitoring and assessment of an individual's condition there is a significant opportunity to expand the way we use digital innovations to support the people of Coventry. In early 2018 software known as "Brain in Hand" was identified as an alternative support mechanism to more traditional arrangements. The application enables people who have cognitive impairments to create prompts and coping strategies that they can use throughout the day. The aim is to improve resilience and reduce reliance on traditional models of care. Further use of the application will commence in the summer of 2018.

CASE STUDY 4 – MR M

Mr M has a mild learning disability. He was referred to the Jenner8 Project, a promoting independence service. He was described as socially isolated during his days off from college. Mr M preferred to stay upstairs, researching his favourite hobbies on his tablet computer. He did not travel independently.

Jenner8 staff met with Mr M and his family, to explore what he wanted to achieve. He was restricted because he couldn't travel independently. He wanted to get involved in the performing arts.

Mr M commenced travel training with the Independent Travel Training Team alongside the support of Jenner8 so that he could attend a theatre performance group in Coventry, joining the stage scenery group.

Mr M settled in quickly and started to talk with other people in the group. Mr M met people with common interests and started to develop ideas for the next performances. Workers gradually withdrew as he gained confidence and independence.

Subsequently, Jenner8 invited him to take part in the pilot of the "Brain in Hand" application. He has good IT skills and is enthusiastic about sharing them with others. He attended a session about the application at the library. He identified that he wanted to be more independent and now programmes his own personal planner and is able to develop his own solutions to problems.

The outcome of the support is that Mr M has been able make choices to improve his independence and take advantage of opportunities within the local community.

10. HIGH PERFORMING

ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF)

Coventry's performance across the Adult Social Care Outcomes Framework (ASCOF), which reports across a range of national annual indicators, has been maintained. There has been improvement in four performance measures, 12 have remained at a similar rate to last year or had declined slightly in line with the target set for the year and four measures have declined and are below target.

Performance has improved in four measures:

- Reducing the number of admissions into nursing/residential care for people aged 65+
- Reducing the rate of delayed transfers of care from hospital per 100,000 population for all delays
- Reducing the rate of delayed transfers of care from hospital per 100,000 population for adult social care/joint delays;
- Increasing the proportion of people still living at home, following Short Term Services to Maximise Independence

These four key performance measures monitored through the Better Care Fund programme, evidences that our focus for 2017/18 has been successful in driving through improvement in these areas. Performance has improved as a result of our focused attention on effective enablement, prevention and well-being and continued effective working with health partners.

Performance has declined and we have not met our target in the following four measures:

- Proportion of people who use services who have control over their daily life
- Proportion of carers receiving self-directed support
- Proportion of carers receiving direct payments for support direct to carer
- Proportion of people who use services who find it easy to find information about services.

A key action identified for 2018/19 is to improve the customer experience at initial points of contact and to update all our public information which we hope will impact positively on the results of people who use our support satisfaction surveys.

IMPROVED INTERNAL PROVISION AND RATINGS

The Council continued to receive "good" ratings from the Care Quality Commission across its internal directly provided care services. These services include two care homes (one for people with dementia and one for adults with learning disabilities), six housing with care schemes, a 'Promoting Independent Living Service' that supports people with learning disabilities in their own homes and an established Shared Lives Scheme that provides support for a number of adults and older people to reside within a family home environment.

Services have been inspected against the five key areas: i.e. Safe; Effective; Caring; Responsive and Well-Led. All of our internally provided services have achieved "good" ratings in all of these areas in recent inspections.

Whilst there are some challenges in improving and maintaining good quality in contracted provision, CQC care directory data shows that the quality of providers in Coventry compares well against the national picture and local authority comparator averages. The proportion of care providers in Coventry rated as 'Good' is 83.4% with the national (England) rate being 84.1%.

Some comments from inspections that took place in 2017/18:

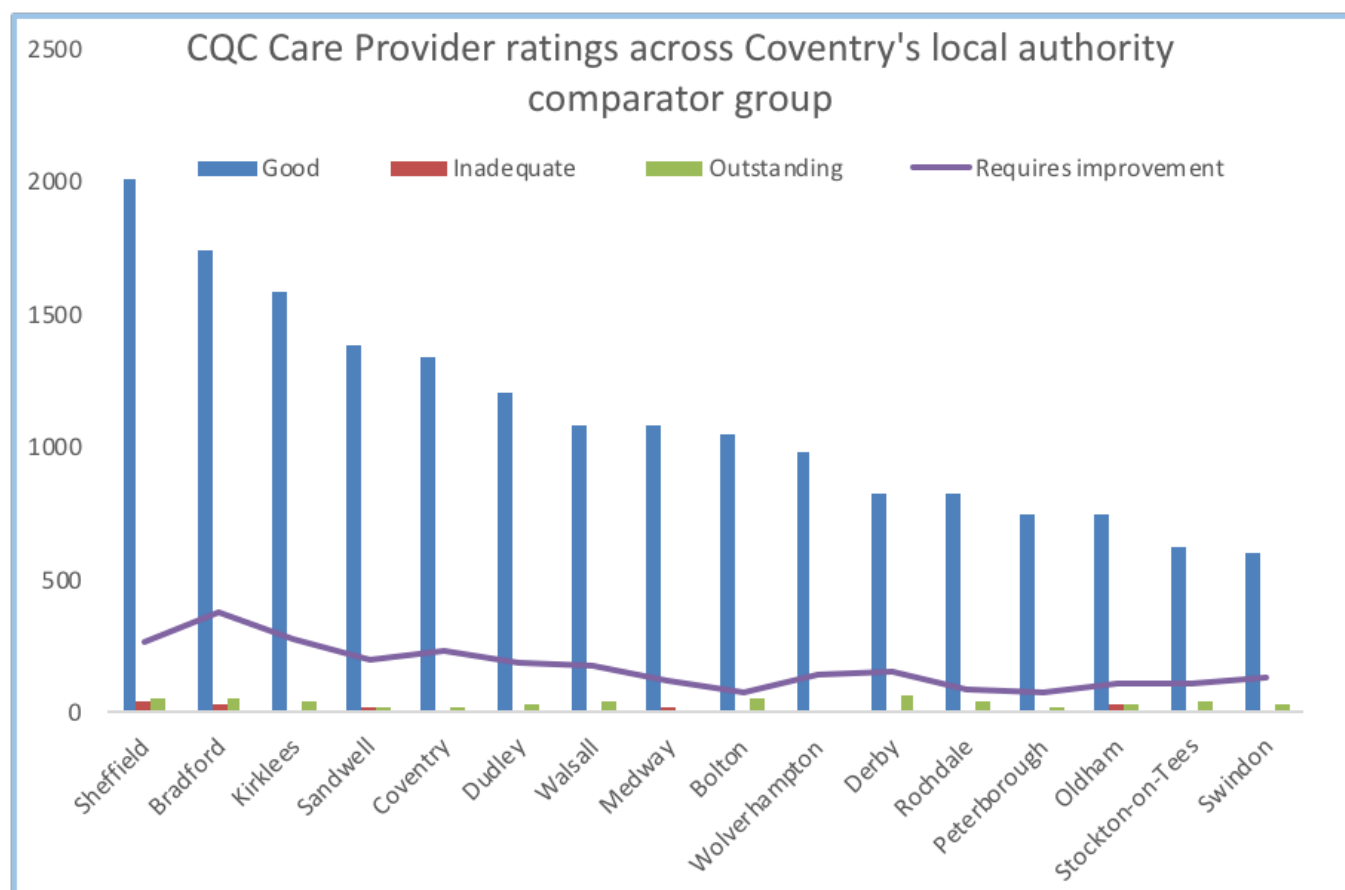
"YES I FEEL VERY SAFE AND SECURE HERE."

(Housing with Care Scheme tenant)

"NONE AT ALL (CONCERNS) IT IS ABSOLUTELY EXCELLENT; THEY ARE MARVELLOUS."

(Care home resident's relative)

TABLE 9: CQC CARE PROVIDER RATINGS ACROSS COVENTRY'S LOCAL AUTHORITY COMPARATOR GROUP



¹The local authority comparator group is drawn from the Chartered Institute of Public Finance and Accountancy's Nearest Neighbours model that identifies 15 local authority areas most similar to Coventry.

The data also shows that 0.6% of providers in Coventry are rated as 'inadequate'. This is lower than the national rate and local authority comparator group average of 1%. The focus for Coventry is around the group of providers that are rated as 'Requires Improvement'.

A key challenge is recruitment and retention of care staff. The Council is working 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 around best practice. However, according to the Skills For Care West Midlands Regional Report the staff turnover rate in Coventry is 27%, the sixth lowest of the 14 local authorities in the West Midlands.

The care home sector-led registered managers' forum has also been re-established and meets regularly facilitated by Skills for Care and supported by the Council. A number of care home improvement initiatives are in place in collaboration with our NHS partners 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 9 care homes accredited. All accredited homes have been avoidable pressure ulcer free since accreditation.

AWARDS AND GOOD NEWS

SUPPORTING OUR NEWLY QUALIFIED SOCIAL WORKERS

In Coventry we are fortunate to have a very good retention rate, with most of our social workers having worked in Coventry for a number of years.

We do though recruit new social workers and some of these are newly qualified. A newly qualified social worker has an initial 'Assessed and Supported Year in Employment' and we are pleased that this year both Otis Hinds and Grace Boahene-Darfour completed this successfully.

ON THE MOVE TO ONE FRIARGATE

In October 2017 Adult Social Care began moving into a new 11 storey building called "One Friargate". This building offers a modern working environment in an open plan layout. For the first time most of adult social care are now based within three floors of the building supporting collaborative working and greater integration with commissioning, Public Health and the rest of the Council. It's an exciting time for Adult Social Care introducing new ways of working.

PHOENIX AWARDS

Adult Services continued to support the Council's annual award scheme. Shortlisted entries included Kelly Boyce, a Community Case Worker in the category of "Rising Star" and Carol Chapman, a Support Assistant at Brandon Wood Farm in the category of "Role Model."



WHAT'S NEXT

KEY AREAS OF DEVELOPMENT FOR ADULT SOCIAL CARE 2018/19

Continuous improvement is key for Adult Social Care to enable us to provide support based around the individual and carers within the resources available.

We will be further strengthening our links with health colleagues, joining up and collaborating wherever this will give better outcomes for those people we support during 2018/19.

The key areas for development and improvement are:

- Building on the success of our community promoting independence approach to enable more people to remain independent and wherever possible to continue to live in their own homes
- Exploring a range of Assistive Technology options to support people in new ways ensuring individual needs are met through a person centred approach
- Working with the provider market to ensure stable and varied living options are available to meet the future needs of the people we support within the resources available
- Improving the customer experience at initial points of contact used by the public to enhance the opportunities for people to manage their own care requirements
- A continued focus on the quality of practice and the workforce
- Working with health colleagues to ensure that Adult Social Care supports the effective delivery of the Out of Hospital model of support
- Continuing to contribute to the delivery of the improvement plan arising from the CQC system review



GLOSSARY

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

Delayed Transfers of Care (DTOC)	Page 4	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)	Page 4	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.
Care Quality Commission (CQC)	Page 5	This is the independent regulator of all health and social care services in England.
Short-term support to maximise independence	Page 7	Support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council. At the end of the time limited support package a review or assessment for ongoing future need will take place to determine what will follow.
Ongoing Support	Page 8	Any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of national eligibility criteria and policies (i.e. an assessment of need has taken place) and is subject to annual review.
Direct Payments	Page 9	A Direct Payment is the sum of money that you (or someone acting on your behalf) receive on a regular basis from your Council so you can arrange your own care and support instead of the Council arranging it for you.
Safeguarding Concern	Page 10	A Safeguarding Concern is an alert regarding suspicions or allegations of abuse or neglect.
Safeguarding Enquiry	Page 10	A Safeguarding Enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult.
Deprivation of Liberty Safeguards (DoLS)	Page 11	The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act 2005 allows restraint and restrictions to be used – but only if they are in a person's best interests.
Joint Strategic Needs Assessment (JSNA)	Page 14	The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within a local area.

Making Safeguarding Personal	Page 17	Engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
Safeguarding Adults Board	Page 17	A Board which represents the various organisations in a local authority area who are involved in adult safeguarding.
Transforming Care	Page 17	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.
Care and Treatment Review (CTR)	Page 17	Care and Treatment Reviews are multi-disciplinary meetings for adults with learning disabilities, autism and mental health who are at risk of hospitalisation under the Mental Health Act due to escalated behaviours.
Clinical Commissioning Groups	Page 19	Clinically Led statutory NHS Bodies responsible for the planning and commissioning of health care services in a local area.
React to Red	Page 19	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.
Think Local Act Personal (TLAP)	Page 19	A national partnership transforming health and social care through personalisation and community based support
Promoting Independence Service	Page 20	A service which works with people for a time-limited period to maximise their independence with everyday living skills.
Assessed and Supported Year in Employment (ASYE)	Page 23	This is a 12 month employer-led programme of support and assessment for newly qualified social workers.
Housing with Care	Page 24	A housing scheme which can provide the varying levels of care and support that people may need whilst living within their own tenancy.
Adult Social Care Outcomes Framework (ASCOF)	Page 26	ASCOF measures how well care and support services achieve the outcomes that matter most to people. The framework supports councils to improve the quality of care and support services they provide and gives a national overview of adult social care outcomes.
Skills for Care	Page 27	An organisation which supports workforce development in Adult Social Care.
Say No to Infection	Page 27	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.



CONTACT US

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www.coventry.gov.uk/adultsocialcare

To Health and Social Care Scrutiny Board (5)

Date 5th September 2018

Subject Coventry Safeguarding Adults Board Annual Report

1 Purpose of the Note

- 1.1 To inform Health and Social Care Scrutiny Board (5) of the content of the Annual Report of the Coventry Safeguarding Adults Board 2017/18. A full copy of the report is attached as an appendix.

2 Recommendations

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

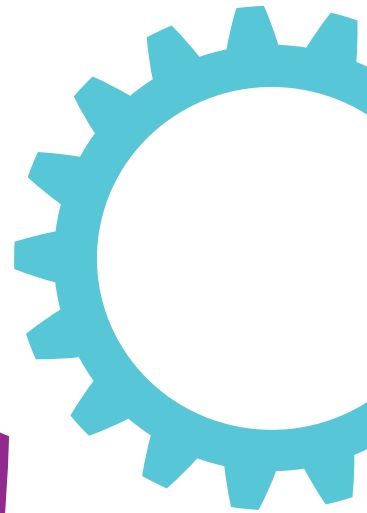
3 Information/Background

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

Rebekah Eaves, Safeguarding Boards Business Manager
People Directorate, 024 7683 4182

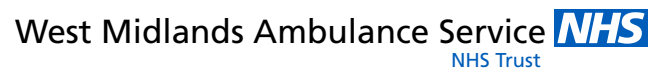
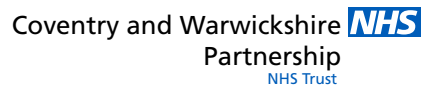
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Coventry Safeguarding Adults Board Annual Report 2017/18





Board partners



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Message from the Chair

XXXXXX

XXXXX

Joan Beck

Independent Chair

Coventry Safeguarding Adults Board



About us

1.1 Who we are

Coventry Safeguarding Adults Board (CSAB) is a formal body made up of statutory and voluntary members, which oversees how adults are safeguarded in the city. The Care Act 2014 names partners on the Board as the Local Authority, Police and Clinical Commissioning Groups (CCG). We believe that safeguarding is everybody's responsibility, and we have a wide range of members including: Coventry Warwickshire Partnership Trust, West Midlands Fire Service, West Midlands Ambulance Service, University Hospital Coventry and Warwickshire, Community Rehabilitation Company, National Probation Service – West Midlands, NHS England and Healthwatch. Although we meet as a Board four times a year, sub groups and task and finish groups carry on work on the Board's behalf throughout the year. For a full list of our current Board members please go to Appendix 1 and for more information about our basic structure please see Appendix 2.

1.2 Who we help

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

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

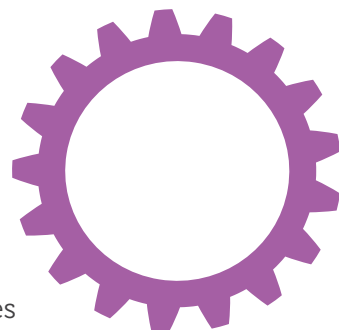
1.3 What we do

Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board. The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria described in Section 1.2.

Each Safeguarding Adults Board has three core statutory duties. It must

- conduct any safeguarding adults review in accordance with Section 44 of the Care Act.
- publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.
- publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. You can find our plan for 2018/2019 in Section 6.

The Board is not directly responsible for the delivery of safeguarding practice. We give leadership and guidance to agencies. We also check that arrangements are in place to deal effectively with allegations of abuse and neglect. We aim to enable the professionals who work with adults with care and support needs to act and keep people safe, while ensuring those accused of abusing or neglecting, are dealt with appropriately.



2. Adult Safeguarding in Coventry

2.1 Local background and context

In March 2018 the Care Quality Commission (CQC) published its findings following a review of health and social care services in Coventry, focusing on people aged over 65. The CQC found that there was a commitment in Coventry across all services to serving its residents well, and that front line staff were working well and highly dedicated to person-centred care.

The Board, together with all agencies working with adult residents in Coventry, face challenges as the City's population is ageing and therefore requiring more care. Coventry is acknowledged to have areas of high deprivation and keeping adults with care and support needs safe in a City with a number of diverse needs requires diligence, as illustrated in our infographic.

Local background and context

Coventry population¹



353,200

total population of Coventry¹

Over the last **5yrs** Coventry has been one of the fastest growing places in the country.²

7,000 Coventry residents are aged 85 and over, making up **2%** of the total population compared to **2.4%** across England overall.⁴

49,500 Coventry residents are aged 65 and over, making up **14%** of the total population compared to **17.9%** across England overall.³



In 2011, of Coventry residents aged 65 and over:

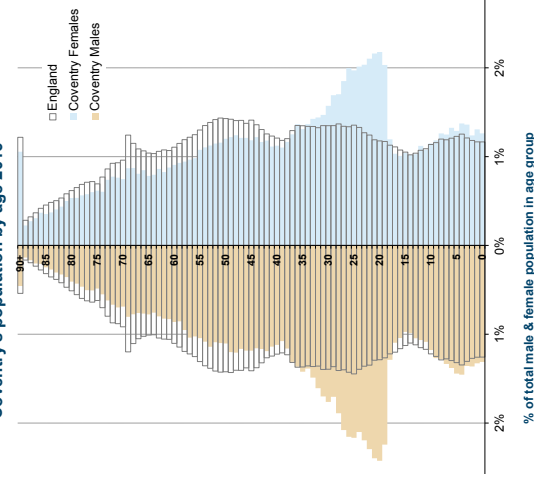
15,353

lived alone

1,300

lived in residential homes⁵

Coventry's population by age 2016



If current population growth trends continue, then between 2018 and 2028 the adult population of Coventry will rise by **11%**. The population aged 65+ will rise by **9,200** and the population aged 85+ will rise by **2,300**.⁶

18%

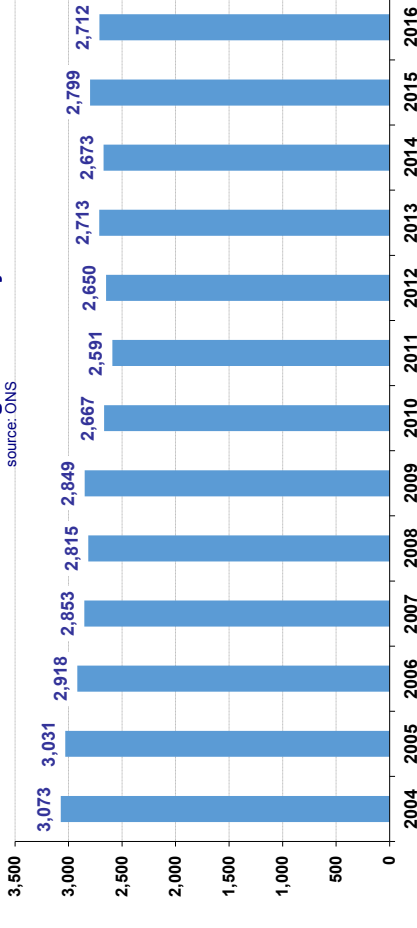
65 yrs +

31%

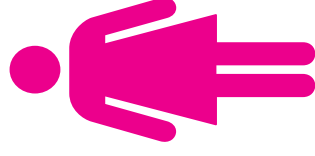
85 yrs +

Deaths⁷

Number of Deaths amongst Coventry residents



Life expectancy⁸



At birth

78.5 Coventry

79.5 England

At 65

18.3 Coventry

18.8 England

Healthy life expectancy

62.2 Coventry

63.3 England

At birth

82.4 Coventry

83.1 England

At 65

20.6 Coventry

21.1 England

Healthy life expectancy

62.9 Coventry

63.9 England

Minority ethnic groups⁹

% of adults from minority ethnic backgrounds

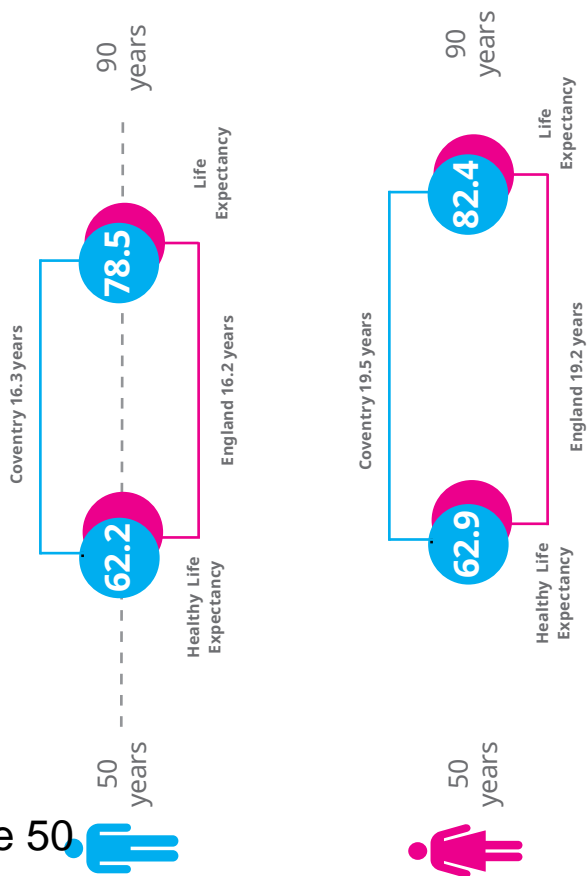
32%

Coventry (all adults)

19%

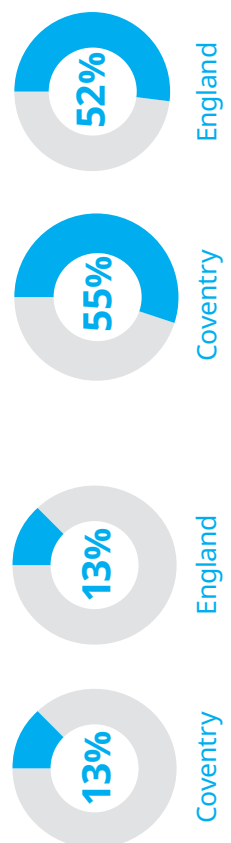
Coventry (65 yrs +)

See the variations in life expectancy across Coventry's neighbourhoods on this [webpage](#).



Disability

In 2011, **26,900** working age (aged 16-64) Coventry residents had a long-term health problem or disability.¹¹



An estimated **2.5%** of Coventry residents have a learning disability.¹²

Deprivation

17.2% of Coventry residents 0-17 years live in areas that are among the most deprived 10% of neighbourhoods in England.¹³

13.1% of Coventry residents aged 65+ live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England.¹⁴

The Index of Multiple Deprivation 2015 ranked Coventry as the **46th** most deprived local authority in England out of 326.¹⁵

In the Income Deprivation Affecting Older People Index (IDAOPI), part of the Indices of Deprivation 2015, Coventry was ranked **31st** most deprived local authority in England out of 326.¹⁶

Sources

- 1. 2016 mid-year population estimates, Office for National Statistics
- 2. 2012 - 2016 revised mid-year estimates, Office for National Statistics
- 3. 2016 mid-year population estimates, Office for National Statistics
- 4. 2016 mid-year population estimates, Office for National Statistics
- 5. Census 2011, ONS Crown Copyright
- 6. 2014 Sub National Population Projections, Office for National Statistics
- 7. Deaths by usual area of residence, ONS
- 8. 2014 - 2016. Sources: ONS & Public Health England, Public Health Outcomes Framework
- 9. Census 2011, ONS Crown Copyright

Health

In 2011, **18%** of Coventry residents aged 65+ were in bad or very bad health compared to 14% across England overall.¹⁷

In September 2017, **2,116** Coventry residents aged 65+ were recorded by their GP as having dementia. This is 3.9% of all residents aged 65+.¹⁸

In 2016/17, **288** Coventry residents aged 65+ suffered a hip fracture, which is a rate similar to the England average.¹⁹

Care

In 2011, **31,900** Coventry residents provided some unpaid care. This is 10% of all Coventry residents.

Of those providing unpaid care, **6,500** were aged 65 and above. This is 14% of all residents aged 65 and above.



- 10. Source: analysis and charts from "Healthy Life Expectancy Report, Coventry", March 2018, produced by West Midlands Health Public Health Intelligence Group (WMPHIG)
- 11. Census 2011, ONS Crown Copyright
- 12. 2016/17 QOF Prevalence, People (all ages) with learning disability known to GPs (%), Public Health England
- 13. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
- 14. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
- 15. Index of Multiple Deprivation 2015, DCLG
- 16. English Indices of Deprivation 2015, DCLG
- 17. Census 2011, ONS Crown Copyright
- 18. Public Health England
- 19. Public Health England

2. Outcomes for Coventry adults

Referrals and Safeguarding Enquiries

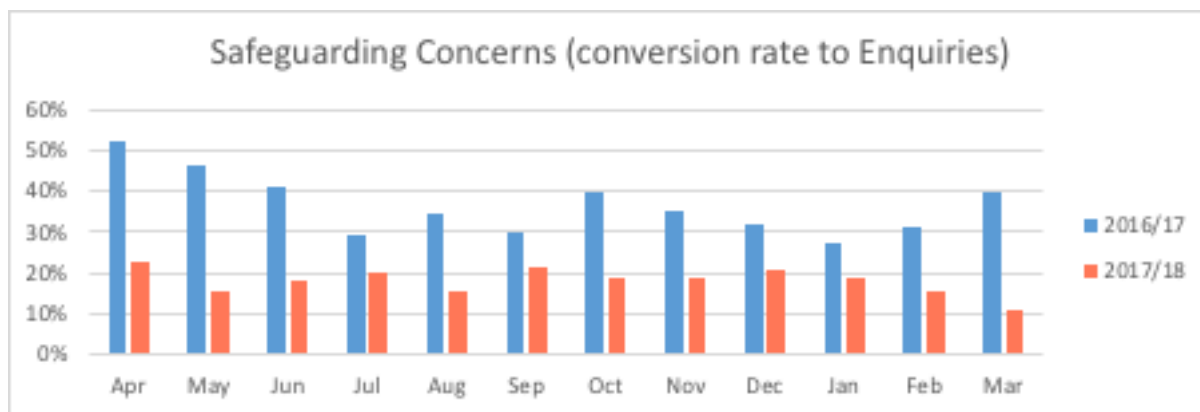
Each year Coventry City Council carries out approximately 300 safeguarding enquiries as a result of the referrals made. Referrals come in a variety of forms from professionals, the person themselves, and the family and friends of those who may be in need of care and support to keep themselves well and safe. The table below shows the original source of all concluded safeguarding enquiries in 2017/2018.

Figure 1: Source of concluded enquiries 2017/18

Agency	Referral number
Adult social care	8
Ambulance service	38
Anonymous/neighbour/member of public	3
CQC	7
GP/NHS Direct	4
CCG	1
Friend/family/partner	29
NHS community	10
NHS hospital	34
NHS other	7
Advocate	2
Education/training/workplace	1
Housing	2
Voluntary organisation	1
Other Local Authority	2
Other service user	1
Police	5
Self	5
Social Care	101

The 2017-18 referral rate was significantly higher than the 2016-17 rate for the first few months of the year but stabilised from December onwards. Roughly 17% of the referrals received go on to become enquiries. This averages at approximately 40 individuals per month in receipt of professional support as a result of a safeguarding concern being raised, a reduction from 2017 when roughly 36% of referrals became enquiries. Approximately 80% of all referrals across the year were processed within 2 days, which is an area of improvement for the partnership over the next year.

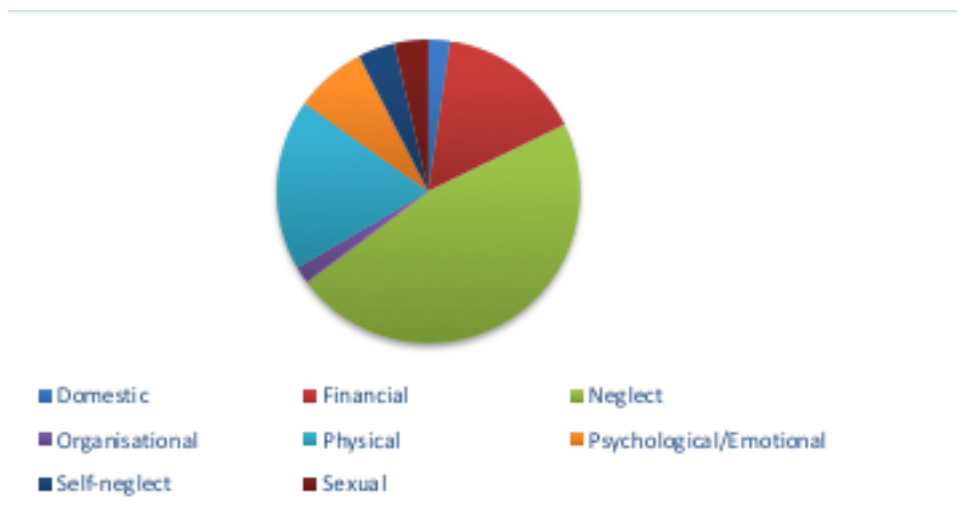
Figure 2: Safeguarding referral conversion rates



Types of Abuse

The main category of abuse for adults in Coventry this year was neglect, with physical and financial abuse the second and third most prevalent categories.

Figure 3: Types of abuse



This indicates that a variety of supportive measures are required within the City to help individuals manage the risk posed to them by others, and to support them in living happy and safe lives. Coventry has an increasingly ageing population, with over 14% of the population aged 65 or over. As a result there are an increased number of individuals who may have or develop care and support needs and this may, in turn, lead to increased demand for residential care home places. Over the coming years in Coventry there will need to be a focus on assuring good quality residential care home placements to evidence to the Board that individuals are safe, have a good quality of life and are being cared for with dignity.

Making People Safer

Throughout the year fewer than 11% of referrals were individuals already known to the Local Authority, meaning that in the vast majority of cases the initial help and support received by the service user reduced their risk appropriately and in the long term. In 92% of cases the risk to the individual was either reduced or completely removed by the end of their safeguarding enquiry. In 4% of cases the risk was judged to remain, and this relates to adults with capacity making decisions that are risky for them (for example, choosing to remain with an abusive partner). A difficult aspect of safeguarding work is ensuring that adults with capacity, despite their care and support needs, have their wishes respected even if this increases the risk of harm or abuse to them. They may later be re-referred to social care, and at that time a capacity assessment will be completed again to establish their current situation and to assess whether any intervention or protective measures are now required.

Each year the Adult Social Care Outcomes Framework (ASCOF) requires areas to report on the proportion of people who use services who feel safer as a result of receiving those services. Although the figure for Coventry has fallen this year it is still above the average for both West Midlands and England as a whole, meaning that we can feel confident that services provided in Coventry make people feel safe.

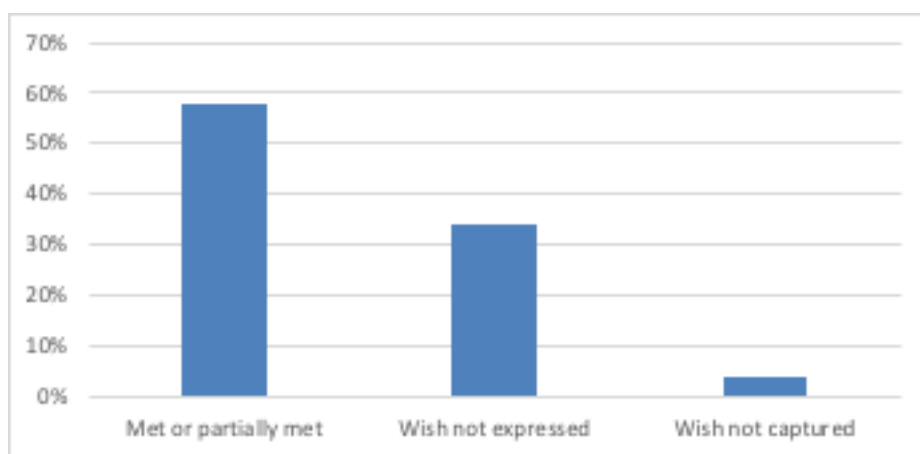
Figure 4: The proportion of people who use services who feel safe

	2016/17	2017/18	2017/18 Target	Trend	West Midlands 2016/17 Average	England 2016/17 Average
Proportion of people who use services who feel safe	75	72	68.6		71.1	70.1

Making Safeguarding Personal

Making safeguarding personal has been a key focus for all Coventry partners across the year. Where possible, we want people to express their wishes and ensure the outcomes of any work achieves them. Risk will always be the primary driving factor in work with individuals, but recognising and respecting their desires is important in helping people to obtain and maintain a good, happy quality of life.

Figure 5: Achieving the wishes of adults with care and support needs in 2017

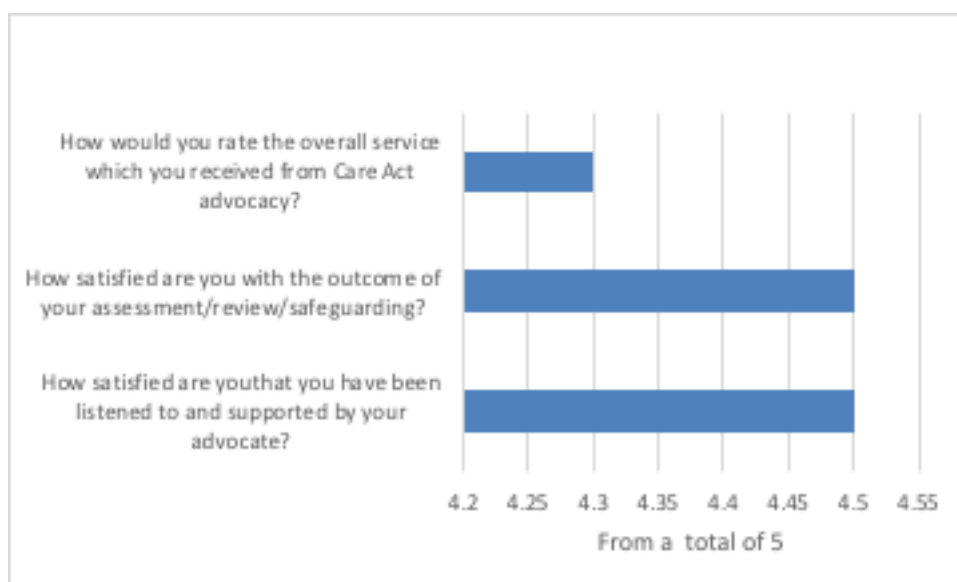


In 2017-18 the wishes of service users were either met or partially met in the majority of cases. Some individuals did not express a wish, and some wishes were not captured, which is of concern and an area for partners to seek to improve across the next year. Although it may not be possible, in some cases, to align outcomes with the wishes of an individual (for example, if someone expresses a wish to live alone and it is not safe for them to do so) all service users should be asked their preference and efforts made to align this with the work undertaken by the partnership.

Advocacy Support

Board attention has also been directed at advocacy services over the year, ensuring that all adults with care and support needs requiring representation receive timely and good quality provision. The providers of local advocacy services are changing at the beginning of the financial year 2018 but it is acknowledged that Age UK and Grapevine, who provided the 2017-18 service, performed well with between 97 and 100% of individuals requiring an advocacy service receiving support. In 2017 84 clients were surveyed about their experiences of adult advocacy services and the results were positive.

Figure 6: Advocacy survey outcomes



Coventry measures the number of Deprivation of Liberty Safeguards (DoLS) applied for in relation to adults with care and support needs, and whether they are granted or not granted every year. This data is shared to provide assurance to the Board that applications are being properly made and granted where appropriate.

Over the year 2248 applications were made, an increase from 2016-17 indicating that knowledge and understanding around DoLS requirements has increased and people are being referred more appropriately. 46% of applications were granted and 29% were not granted; the most frequent reasons for this was because the service user has passed away or has changed their residence type (meaning the safeguards were no longer required).

Overall, the management of DoLS applications over the past year has been a success story in Coventry: there is evidence of increased understanding by practitioners of the requirement to refer and of improved processing timeliness by the local authority, resulting in a higher number of adults with care and support needs in Coventry being kept safe from harm.

2.3 Conclusion

Practitioners across Coventry are highly dedicated to person centred care and this is reflected in the number of people who tell us that their wishes regarding the outcomes of safeguarding enquiries were met. We are always looking to improve and it is clear that there is still more work to be done to ensure that more people are enabled to express their wishes at the outset of an enquiry. We also need to improve practitioner confidence in providing appropriate support to adults with care and support needs who have the capacity and desire to make risky choices, as this is a constant challenge to our commitment to carry out our safeguarding responsibilities.

There is an effective referral process in Coventry where decisions are made in a timely manner and where, in the majority of cases, risk is removed or reduced to a safe level. There is also effective advocacy support available, in line with the requirements of the Care Act.

Our knowledge of Coventry and its people shows that there is a real potential for an increase in demand for care provision. Going forward, we will need to seek continued assurance that providers understand and execute their safeguarding responsibilities. We also know that neglect continues to be the most prevalent form of abuse, along with physical and financial abuse and will need to ensure that we enable practitioners to identify and respond to these abuse types appropriately, as well as work with the community to consider what more can be done to prevent abuse.

3. How we have made a difference.

Our purpose is to promote partner agencies to work together, coordinate the work of partner agencies and assess the difference that we make to adults with care and support needs in Coventry. This section presents some highlights of the work agencies have done to deliver Board priorities.

3.1 Understanding Complex Safeguarding Issues

<p>We said:</p>	<p>The Board ensures that complex safeguarding issues, such as self-neglect, modern day slavery, child sexual exploitation and transitions, and domestic abuse are understood</p> <p>We will</p> <ul style="list-style-type: none"> • Carry out a multi-agency audit to ensure that all partners are compliant with the requirements of the Care Act 2014 in respect of their safeguarding arrangements • Develop a series of real life stories to raise awareness of complex safeguarding issues
<p>We did:</p>	<p>The Clinical Commissioning Group (CCG) have introduced named safeguarding professionals within primary care settings (GPs) to streamline and support safeguarding. This includes the use of technology to give real time support to decision making and has led to the earlier identification of safeguarding concerns.</p> <p>The CCG is in the process of commissioning IRIS, to be operational in the second quarter of 2018/2019. This is a training support and referral programme for GP practices that promotes clinical enquiry, increases practitioner confidence to record disclosures and recognise risk factors.</p> <p>The CCG ensure all commissioned providers implement a modern slavery statement which recognises their responsibility as employers.</p> <p>Coventry City Council have published a Domestic Abuse Strategy which will improve the way in which this type of abuse is understood and responded to.</p> <p>Together Coventry City Council and the CCG are funding the Hoarding Service Community-Based Preventative Support Project. This will provide specialist advice, guidance and support for practitioners.</p> <p>University Hospital Coventry and Warwickshire (UHCW) have a comprehensive training package which, this year, has helped staff to identify self-neglect and led to an increase in referrals for this abuse type.</p> <p>West Midlands Ambulance Service (WMAS) have introduced a regular staff newsletter that tackles key issues such as referrals, Prevent and Domestic Abuse in a question and answer style.</p> <p>Coventry Safeguarding Adult Board has reconvened the Policy and Procedures Subgroup, to enable a review of the current suite of policies and to ensure good practice is promoted through the publication and implementation of appropriate policies, procedures and guidance.</p> <p>Coventry Safeguarding Adult Board has developed a comprehensive quality assurance programme which will ensure that the Board can assess the extent to which practice improvements result from our awareness work.</p> <p>Coventry Safeguarding Adult Board has been assured that the number of people receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.</p>

Coventry Safeguarding Adult Board has been assured that the number of staff receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.

Percentage of staff with up to date basic safeguarding awareness training

Statutory Agency End of Year Position (%)

Coventry City Council 57

University Hospital Coventry & Warwickshire 86

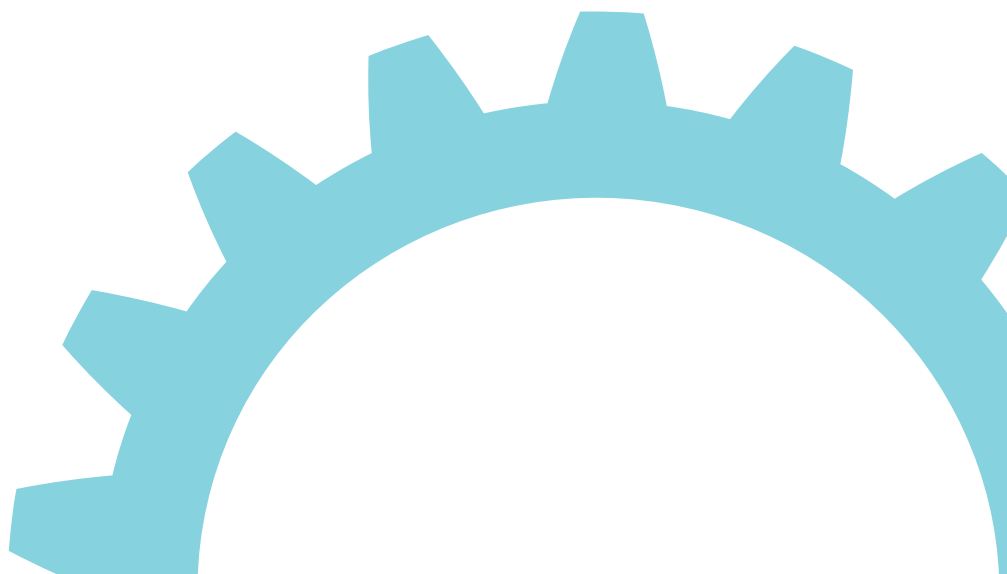
Clinical Commissioning Group 61

Coventry & Warwickshire Partnership Trust 96

West Midlands Fire Service 90

National Probation Service 73

Coventry Safeguarding Adult Board has commissioned a multi-agency self –assessment audit that will provide assurance to the Board regarding the extent to which member agencies are meeting their statutory safeguarding duties as laid out in the Care Act 2014. This will be conducted in the first quarter of 2018/2019.

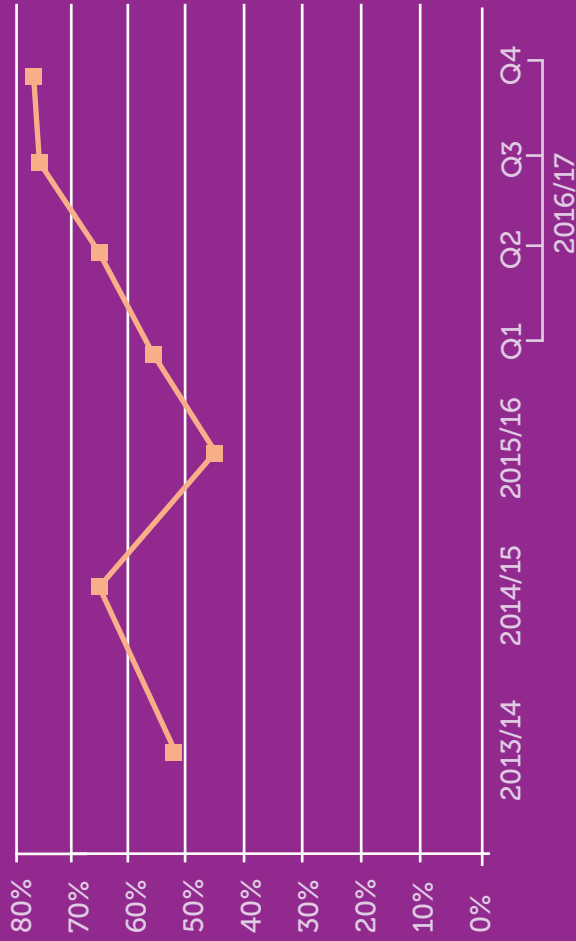


Appendix 1
Performance Dashboard



Empowerment - Presumption of person-led decisions and informed consent

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



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

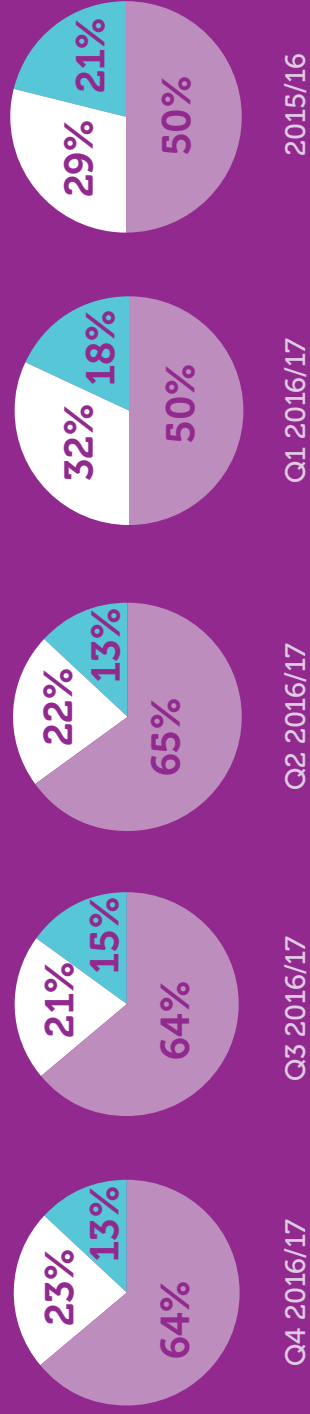
Coventry			Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17 Target				
75.8	70	68.6	▲	68.7	70.2	68.8

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

Coventry			Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17 Target				
85.6	86	84.1	▲	84.2	86.9	85.2

Engagement of the adult in the process – outcomes achieved

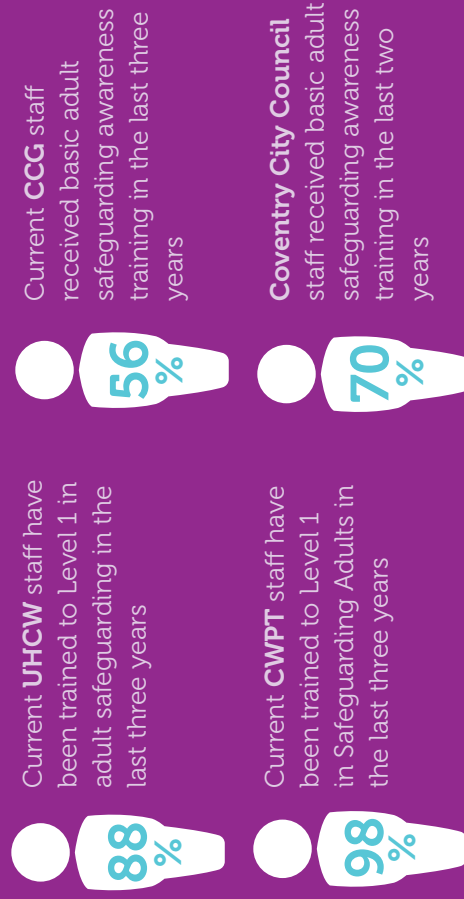
Fully achieved Partially achieved Not achieved



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

Prevention - It is better to take action before harm occurs

Provision of awareness training by statutory partners



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

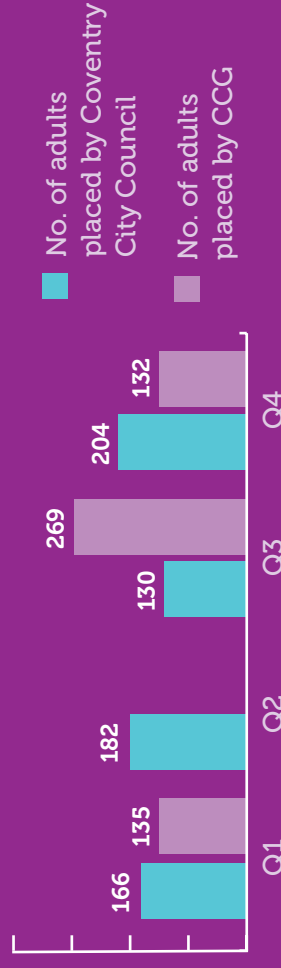
Current large scale investigations underway

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

Number of providers in PEP process

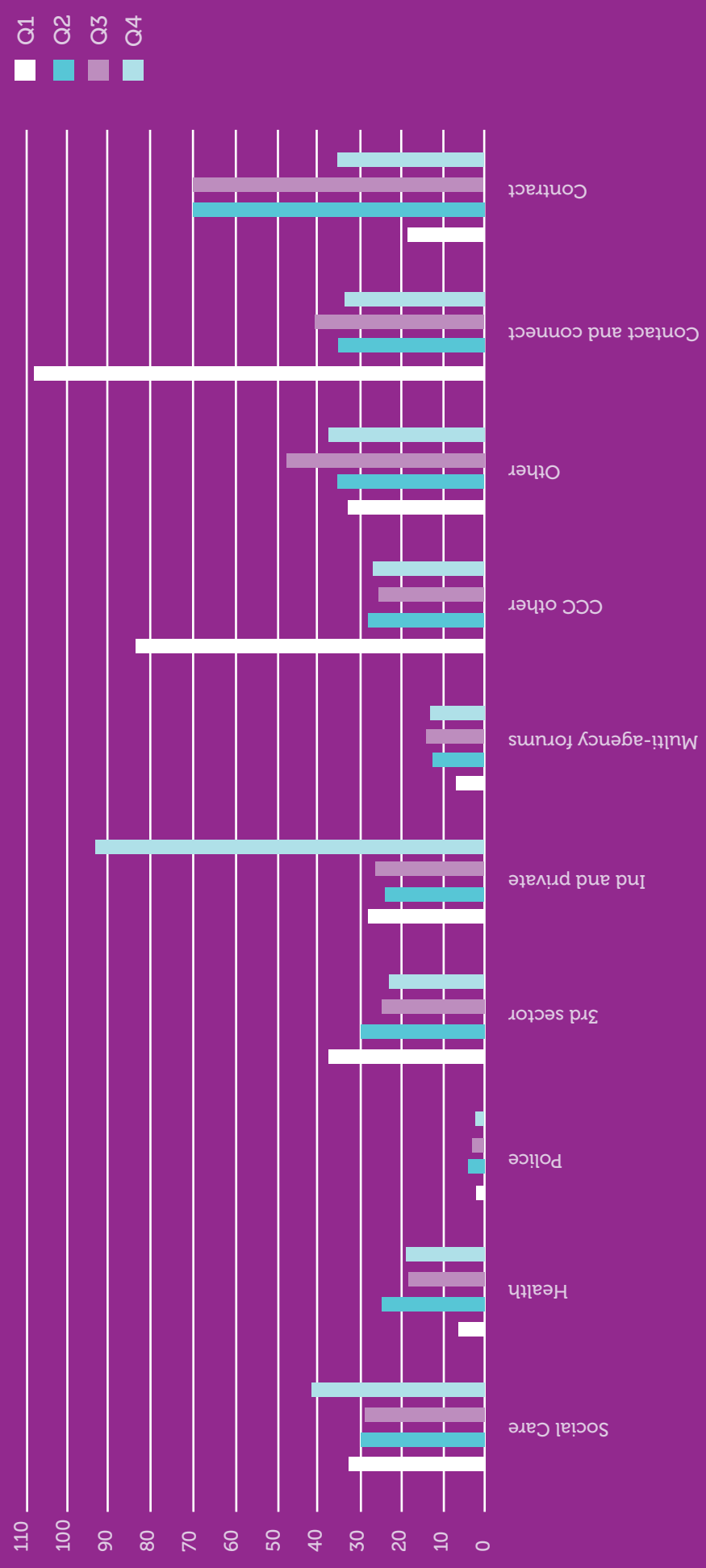


Number of adults placed out of city



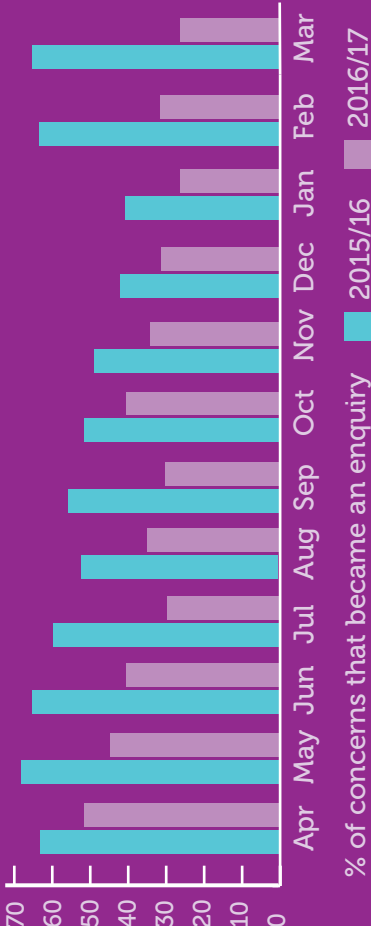
Prevention - It is better to take action before harm occurs

Safe and Well Visits

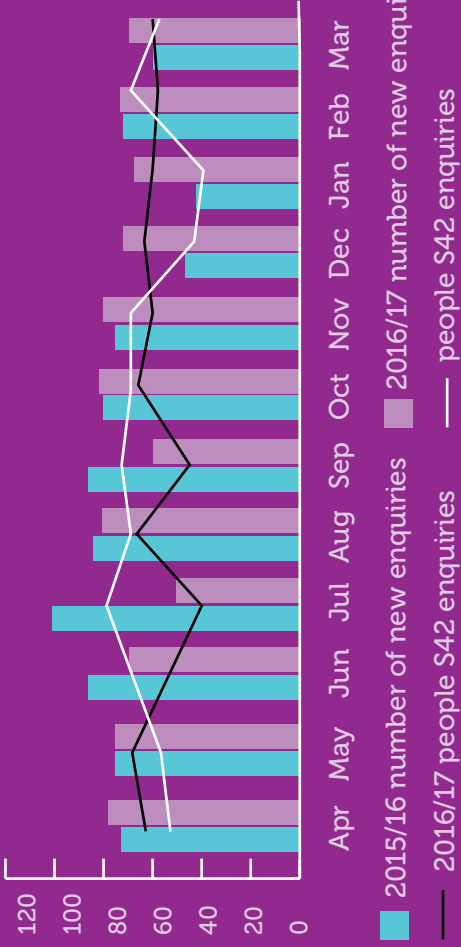


Proportionality - Proportionate and least intrusive response appropriate to the risk presented

Concerns and enquiries

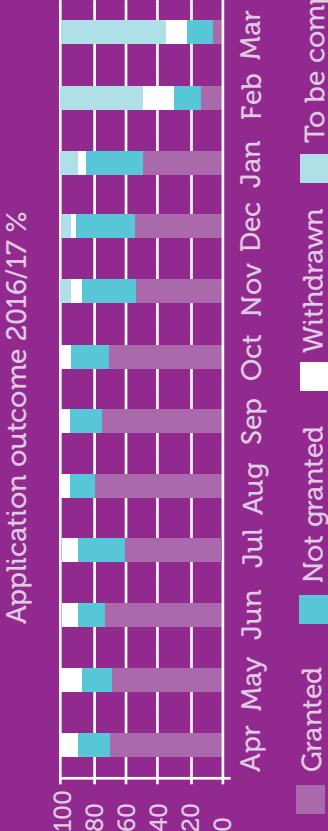


Number of people and number of new enquiries



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

Deprivation of Liberties (DoLs) requested / granted



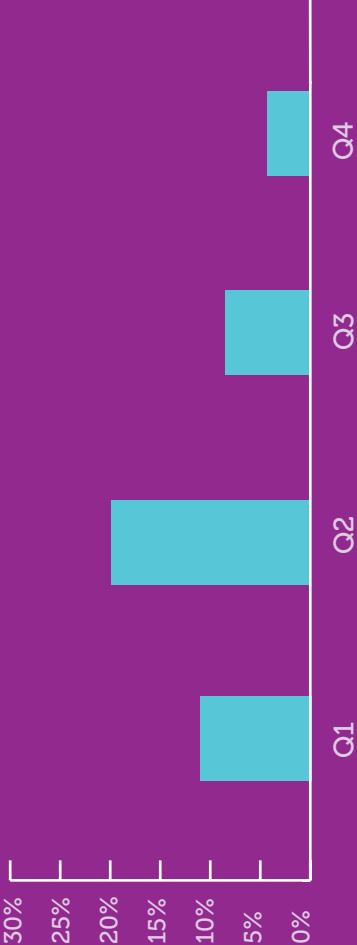
Deprivation of Liberties applications

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

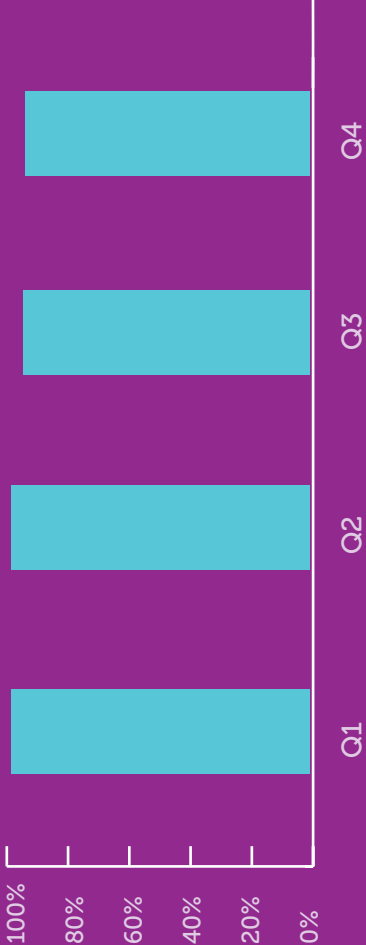
Proportionality continued

BME concerns reporting

% Safeguarding concerns from the BME community

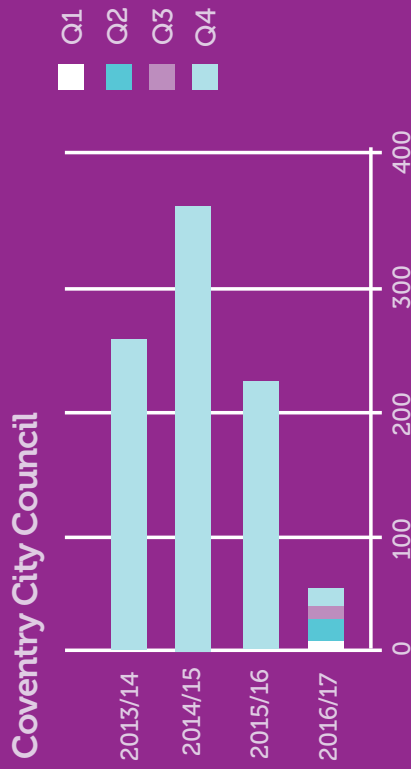


% safeguarding concerns with an initial decision made within 2 days

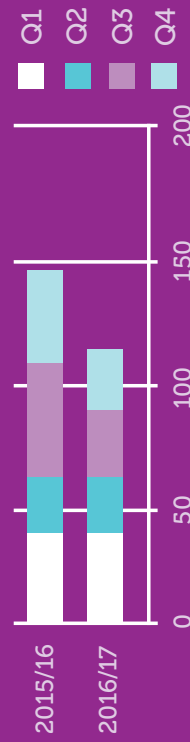


Protection - Support and representation for those in greatest need

Number of pressure ulcers (due to neglect)reported



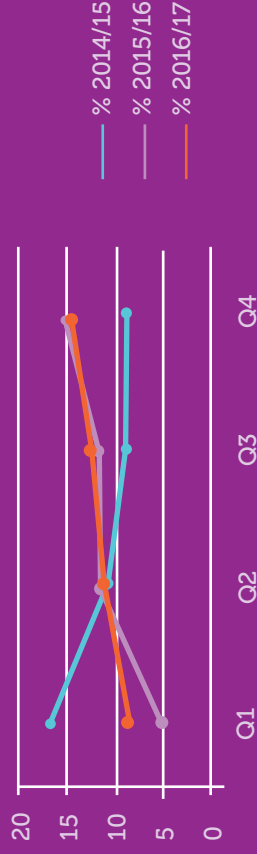
Clinical Commissioning Group



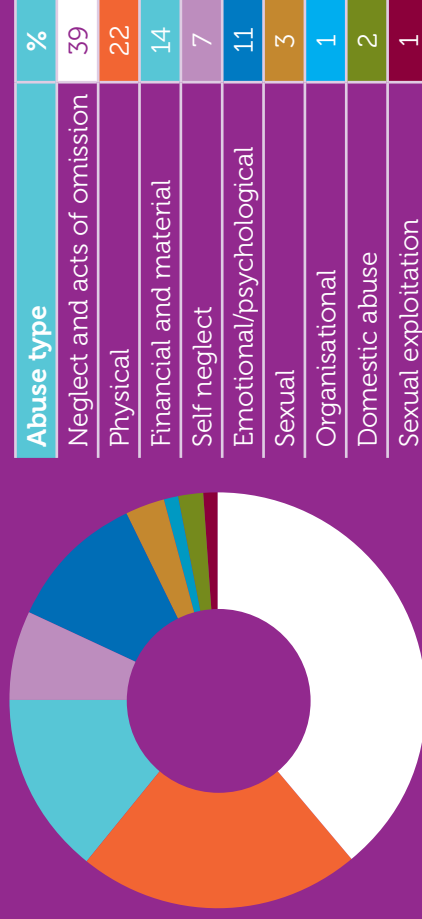
Results of action at enquiry conclusion

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

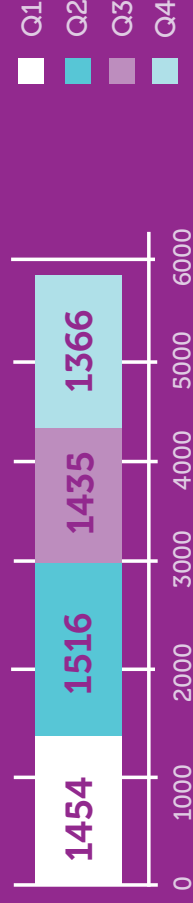
% of repeat safeguarding enquiries



Safeguarding activity by type of abuse



Domestic violence incidents reported to Police 2016/17



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

Partnership - Local solutions through services working with their communities

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


Source of enquiry

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

Attendance at Board meetings

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

Note: Data covers 1 April 2016 to 31 March 2017



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

024 7683 3003

or e-mail

ascdirect@coventry.gov.uk

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



10 categories of abuse:

Physical
Domestic violence
Sexual
Psychological
Modern slavery
Financial or material
Neglect & Acts of Omission
Discriminatory
Organisational
Self-neglect

Coventry Safeguarding Adults Board

Tel: 024 7683 2568

www.coventry.gov.uk/csab

E-mail: CoventrySAB@coventry.gov.uk

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Please see page 2 onwards for background to items

25th July 2018
- Suicide Prevention
12th September 2018
- Better Care, Better Health, Better Value Programme update
- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report
19th September 2018
- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)
- Adult Safeguarding Annual Report 2017/18
17th October 2018
- CQC Action Plan update
- Director of Public Health Annual Report
- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents
21st November 2018
- A&E Performance
- Winter Planning
19th December 2018
-
30th January 2019
-
6th March 2019
-
10th April 2019
-
2018/19
- Integrated Care Systems
- A&E Performance at UHCW, including feedback from winter 2017/18
- Child and Adolescent Mental Health Services
- Primary Care
-
- Female Genital Mutilation
- Employment and Mental Health
- Improving Support – enablement approach for adults with disabilities
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
- UHCW CQC Inspection Outcome
Joint Health Overview and Scrutiny Committee
- Stroke Services

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
25th July 2018	- Suicide Prevention	Scrutiny have asked to look at Suicide Prevention and understand how services are provided across the City to support those who are vulnerable. They would like to focus on how information about the services gets out, particularly to young men.	Liz Gaulton/ Jane Fowles	Request from Scrutiny
12th September 2018	- Better Care, Better Health, Better Value Programme update	To consider the work programme for the next 12 months and challenges and risks in achieving this.	Andy Hardy	Supports the Better Health, Better Care, Better Value Programme
	- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report	The CQC report was published on 31 st August. UHCW have been asked to present the summary findings.	Andy Hardy	Request from Scrutiny
19th September 2018	- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 th October during the item on Workforce Development Strategy.	Pete Fahy	Organisational requirements - CCC
	- Adult Safeguarding Annual Report 2017/18	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work	Joan Beck/ Eira Hale	Organisational requirements - CCC

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		from Partners, for example probation and housing associations.		
17th October 2018	- CQC Action Plan update	To include presenting the performance dashboard.	Pete Fahy	Request from Scrutiny @ meeting on 26.04.18
	- Director of Public Health Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To look at progress on the recommendations approved at the meeting on 31 st January 2018. Going to Cabinet 6 th March 2018 and review 6 months after that.	Liz Gaulton/ Karen Lees	Request from Scrutiny @ meeting on 31.01.18
21st November 2018	- A&E Performance	The Board would like an update on A&E performance figures, including feedback on how robust plans to improve performance over winter proved to be.		Request from Scrutiny @ meeting on 26.04.18
	- Winter Planning	To look at the approach being taken by relevant partners across the Coventry system to plan for winter pressures.	CCC/UHCW/ CQC/ CWPT	Request from Scrutiny
19th December 2018	-			
30th January 2019	-			
6th March 2019	-			

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
10 th April 2019	-			
2018/19	- Integrated Care Systems	To follow up on the item on Integrated Care Systems as discussed at the meeting on 7 th March 2018 at an appropriate time.	Gail Quinton/ Andrea Green	Request from Scrutiny @ meeting on 07.03.18
	- Child and Adolescent Mental Health Services	To receive an update on the transformation plan including waiting times for assessment and treatment, services for Looked After Children and transition between children's and Adults Services.	Matt Gilks/ Alan Butler	Supports the Better Health, Better Care, Better Value Programme
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Andrea Green	Request from Scrutiny 21.11.17
	- Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.	Liz Gaulton Cllr Caan	Organisational requirements – CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme
	- Improving Support – enablement approach for adults with disabilities	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.		Request from Scrutiny @ meeting on 13.09.17
	- Digital Strategy - Improved Customer Service – reviewing the	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as	Marc Greenwood/ Health partners	Request from Scrutiny @ meeting

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	customer journey and expanding use of digital technologies including Primary Care Digital Strategy	a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17		on 13.09.17 & 21.11.17
	- UHCW CQC Inspection Outcome	To scrutinise the outcome of the recent CQC inspection of UHCW.	Andy Hardy	
Joint Health Overview and Scrutiny Committee	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Andrea Green	Better Health, Better Care, Better Value Programme

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