

Public Document Pack



Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 23rd September, 2020

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/xCgOTIIIU-8>

Public Business

1. Apologies and Substitutions

2. Declarations of Interest

3. Minutes (Pages 3 - 8)

- (a) To agree the minutes of the meeting held on 22nd July 2020
- (b) Matters Arising

4. Adult Social Care Annual Report 2019-20 and Outcome of Peer Challenge (Pages 9 - 110)

Report and presentation of the Director of Adult Services

5. Neuro-rehabilitation Level 2b Bed Relocation (Pages 111 - 124)

Report and presentation of Anna Hargrave, Chief Strategy Officer, NHS South Warwickshire CCG

6. Work Programme 2020-21 and Outstanding Issues (Pages 125 - 128)

Report of the Scrutiny Co-ordinator

7. 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

Julie Newman, Director of Law and Governance, Council House Coventry

Tuesday, 15 September 2020

Notes: 1) The person to contact about the agenda and documents for this meeting is

Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk, 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, 23rd September, 2020 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 M Ali, R Ali (By Invitation), J Birdi, K Caan (By Invitation), J Clifford (Chair), L Harvard, J Innes, R Lancaster, M Mutton (By Invitation), E Ruane, D Skinner and D Spurgeon (Co-opted Member)

By Invitation: Councillors R Ali, K Caan and M Mutton

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

Liz Knight

Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Agenda Item 3

Coventry City Council

Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00 am on Wednesday, 22 July 2020
This meeting was held remotely

Present:

Members: Councillor J Clifford (Chair)

Councillor M Ali

Councillor J Birdi

Councillor L Harvard

Councillor J Innes

Councillor R Lancaster

Councillor E Ruane

Councillor D Skinner

Councillor H Sweet

Co-opted Member: David Spurgeon

Other Member: Councillor K Caan, Cabinet Member for Public Health and Sport

Employees:

V Castree, Law and Governance

J Fowles, Public Health

G Holmes, Law and Governance

L Knight, Law and Governance

Other Representatives: Anna Hargrave, South Warwickshire CCG
Dr Sarah Raistrick, Coventry and Rugby CCG
Adrian Stokes, Coventry and Rugby CCG
Paul Spencer, Warwickshire County Council
Rose Uwins, Coventry and Rugby CCG

Public Business

37. Declarations of Interest

There were no declarations of interest.

38. Minutes

The minutes of the meeting held on 11th March 2020 were agreed as a true record.
There were no matters arising.

39. Covid-19 - Restoration, Recovery, Reset

The Board received a briefing note from Anna Hargrave, Chief Strategy Officer, South Warwickshire Clinical Commissioning Group (CCG), which provided an update on the NHS Covid-19 service changes. The Board also received a presentation from Adrian Stokes, Interim Accountable, Coventry and Rugby CCG

on Covid-19 Restoration, Recovery, Reset. Both Anna Hargrave and Adrian Stokes attended the meeting for the consideration of this item.

The briefing note indicated that the Coventry and Warwickshire had responded at significant pace to the Covid-19 pandemic. The nationally mandated changes from NHS England and Improvement, along with local decisions, had been delivered along with as many services as possible. The response was being managed in four phases:

- Phase 1 – Service change (immediate response to Covid-19)
- Phase 2 – Restoration (6 weeks from May to July)
- Phase 3 – Recovery (to March 2021)
- Phase 4 – Reset (2021/22).

The Board were informed that a Reset Co-ordination Group (RCG) had been established to oversee all 3 phases of the Restoration, Recovery and Reset Programme, reporting in to the Coventry and Warwickshire Health and Care Partnership Executive Group.

The briefing note set out the details of the correspondence received from NHSEI during March and April concerning the mandated service changes including the immediate urgent response and a service change baseline exercise to understand material changes across Coventry and Warwickshire. The commitment to providing services, albeit in different locations or virtually through telephone and/or online services, was highlighted. In many areas it was essential to fast-track transformation initiatives to enable delivery of as many services as possible. In the future, maintaining the transformation would enable the meeting of the short to medium term challenges of restoration and recovery, providing a sound basis to reset the health and care system to one that was more effective and sustainable.

The presentation set out the context to restoration, recovery and reset with the ongoing backdrop of Covid-19. Restoration was very complex, essential services had been started but the system was facing long waiting lists in areas. The NHSEI letter concerning phase 3 (recovery) was expected soon. Reference was made to the positives from the last few months which included the strengthening of partnership working and the need to lock in innovation rather than go backwards.

The current governance arrangements for Coventry and Warwickshire were set out and included reference to the Kings Fund model with the key message being that services were up and running. The use of existing groups across the system had been encouraged.

Phase 2 priorities were: essential services; test, track and trace; care homes; and mental health. Members were informed of the current numbers of covid-19 patients in the local hospitals.

The presentation concluded with the following takeaway messages: that all four phases would happen simultaneously which meant much complexity; the level 4 response would be running into the winter which could coincide with a second wave as well as the usual winter pressures; the partnership working was a real positive and avoided duplication; and communication was key.

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

- The use of the independent health sector to treat patients during the covid-19 pandemic
- The measures in place at the hospital to prevent infection amongst patients and staff
- What was being done to help the BAME communities to prevent the spread of covid-19
- Would there be enough financial resource to allow the health system to cope with a second wave
- A request for details about the number of infections and fatalities in local care homes
- What support was being provided to assist with the staff who had worked in the health system during the pandemic
- Further details about the staffing resource including the impact on service delivery and were staff able to work from home
- Concerns about the high numbers of patients using the hospital pharmacy making social distancing difficult. Would it be possible for patients to collect prescriptions from their local chemist.

The Chair, Councillor Clifford, placed on record his thanks to all employees working in the local health and social care system.

RESOLVED that:

- (1) The content of the briefing note and presentation be noted.
- (2) Details of the numbers of Covid-19 infections and fatalities in local care homes to be sent to Board members.
- (3) Concerns about the problems of social distancing at the pharmacy at UHCW and the options for patients to be able to use their local pharmacy for prescriptions (which is a national issue) to be raised with the Chief Operating officer at the hospital.
- (4) The Board's thanks for all those working in health and social care during the current pandemic to be conveyed as appropriate.

40. The Future of Health Commissioning in Coventry and Warwickshire

The Board considered a report of Adrian Stokes, Interim Accountable Officer, Coventry and Rugby CCG, concerning the future of health commissioning in Coventry and Warwickshire, proposed changes to the structure of the clinical commissioning function and the future process. Support was sought for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire. Adrian Stokes, Dr Sarah Raistrick, Chair, and Rose Uwins, Senior Communications and Engagement Manager, Coventry and Rugby CCG attended the meeting for the consideration of this item.

The report indicated as part of the NHS Long Term Plan, every Sustainability and Transformation Partnership area in the country was to be, or be part of, an

Integrated Care System by 2021. The three Clinical Commissioning Groups in Coventry and Warwickshire had been considering how to accomplish this. Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, with three possible options. Any options which involved the strategic direction of the CCG was a matter reserved to all member organisations of the CCG. Members were asked to vote on their preferred option. The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members, with each CCG running a voting process for their members. The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger. For Coventry and Rugby 88 out of a possible 126 votes were cast. Of these

23 were for Option 1 – Do Nothing

12 were for Option 2 – Joint Working

53 were for Option 3 – Merger.

The Board were informed that the three CCGs were now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply, a number of documents had to be submitted, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger was 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020. In addition, the CCGs were starting the process for recruitment for a single Accountable Officer across the three CCGs. This was running concurrently with the formal application to merge, and would not be dependent on the outcome of the application progress. The Accountable Officer would be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers.

The report highlighted the benefits that the merger would bring for Coventry and Warwickshire as follows:

- The opportunity to develop Place to meet the needs of the local population and address health care inequalities
- Faster more efficient decision making to enhance the experience of care
- Significant administration savings to reduce per capita cost of health care and improve productivity
- Easier to recruit and retain staff and increase wellbeing and engagement of the workforce
- Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population.

Successful progression of the merger programme was one of the CCG key priorities over the next few months. Ongoing engagement with stakeholders and the population formed an essential part of this process, and it was important to the CCGs that the views of stakeholders were able to help to shape the potential form of the new strategic organisation. Further details as to the opportunities for engagement, particularly on the development of the Clinical Commissioning Strategy, which would outline how services would be commissioned as a single organisation, would be shared with stakeholders in due course.

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

- Would there be an impact on service provision in Coventry, in light of the financial deficits at the other CCGs
- Where would employees of the merger be located
- Further details about the financial savings to be achieved by the merger and the decisions to be made regarding prescribed medicines.

RESOLVED that the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire be supported.

41. Work Programme 2020-21 and Outstanding Issues

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

RESOLVED that:

- (1) **The work programme including the schedule of meetings for 2020-21 be approved.**
- (2) **Regular updates on Covid-19 be circulated to Board members.**

42. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 11.00 am)

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Health and Social Care Scrutiny Board (5)
Cabinet

23 September 2020
13 October 2020

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor M Mutton

Director Approving Submission of the Report:

Director of Adult Services

Ward(s) affected:

All

Title:

Adult Social Care Annual Report 2019/20 and Outcome of Peer Challenge

Is this a key decision?

No -

This is a report of performance for 2019/20 and no recommendations are made that have significant financial or service implications.

Executive Summary:

The Adult Social Care Annual Report and Key Areas of Improvement 2019/20 (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 people with care and support needs and carers.

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 our services. The production of an annual report is part of the Local Government Association's (LGA) approach to Sector Led Improvement.

A further part of the Local Government Association approach to Sector Led Improvement is the Peer Challenge process, and in early March 2020 Adult Social Care was subject to a Peer Challenge. Peer Challenges provide an important opportunity for assessment of our work and an indication of areas we might focus on to improve going forward.

The findings of the Peer Challenge are included in the Annual Report which included a number of positives and also made a number of recommendations, many of which will form a key part of our improvement activity as we progress through 2020/21 and subsequent years.

The production of the 2019/20 annual report and the reporting to Health and Social Care Scrutiny Board and Cabinet of the outcome of the Adult Social Care peer challenge was delayed due to the significant service efforts in responding to COVID-19.

Recommendations:

1. Health and Social Care Scrutiny Board (5) is asked to:
 - (i) Consider the Adult Social Care Annual Report and the outcome of the Adult Social Care Peer Challenge and submit any comments to Cabinet for their consideration on these matters
2. Cabinet is asked to:
 - (i) Consider comments from the Health and Social Care Scrutiny Board
 - (ii) Approve the Adult Social Care Annual Report and Key Areas of Improvement for 2019/20 (Local Account)

List of Appendices included:

Appendix One - Adult Social Care Annual Report and Key Areas of Improvement 2019/20 (Local Account)

Appendix Two – Coventry Adult Social Care Peer Challenge March 2020 (letter)

Appendix Three – Coventry Peer Challenge Adult Social Care 3 to 5 March 2020 (presentation)

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) on 23 September 2020.

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 and outcome of Peer Challenge 2019/20

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. A further part of the approach to Sector Led Improvement is the Peer Challenge process. Peer Challenges are an important part of the Sector Led Improvement approach, where at periodic intervals a Peer Challenge team, led by a Director of Adult Services from elsewhere within the West Midlands visits a local authority for a period of three days to undertake a peer challenge. The Peer Challenge process also includes a case file audit in which a team of three Principal Social Workers review 20 social work cases and social work practice.
- 1.3. This report covers matters relating to both the Adult Social Care annual report and the Peer Challenge which took place over 3 to 5 March 2020, towards the end of the period covered by the Annual Report.
- 1.4. Adult Social Annual Report
- 1.5. 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.
- 1.6. 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 more specific 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.
- 1.7. Although an Annual Report is produced for a 12-month period 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 objective of promoting independence and providing personalised care and support is very much an ongoing endeavour.
- 1.8. The Local Account reflects on the work during the financial year (April 2019 to March 2020) which includes the start of the impact of the Covid-19 pandemic. The impact of Covid-19 has been significant to Adult Social Care with a real impact being experienced from the end of February 2020, however there was much positive work done in the months before this which needs to be recognised. Although the challenges presented by Covid-19 are significant they are not the only challenges we face and some of the key challenges we are continuing to address include:

- Increasing demand for services resulting from an ageing population. By 2029, the city should expect to have an additional 8,900 people aged over 65 and an additional 2,000 people aged over 85. This group of people are more likely to live with multiple health conditions that require support
- Increasing numbers of adults with mental ill health accessing long term support
- Increasing costs of care due to external factors including National Living Wage, increases to employer pension contributions, the increased complexity of the care needs that people are experiencing

1.9. The production of the 2019/20 Annual Report has drawn on the pool of feedback and information gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Group, providers, partner organisations and people that have been in contact with Adult Social Care, along with their families and carers. Particular feedback to note includes:

- The work of the Visual and Hearing Impairment team in providing training and advice to people with a significant visual impairment to promote their independence. Their work enabled Mark (page 21 of the Local Account) to adapt to the need to use a 'long cane' and maintain an active social life.
- Following discharge from hospital and a care service being put in place our Occupational Therapy service worked with Elizabeth (page 24 of the Local Account) to regain her independence. She now does not need any care.

1.10. Adult Social Care Peer Challenge

1.11. Coventry hosted an Adults Social Care Peer Challenge from 3 to 5 March 2020. As well as the lead director the review team involved senior Adult Social Care Managers and an Elected Member from other West Midlands Local Authorities and local "experts by experience". The team spent the challenge period reviewing against our two Key Lines of Enquiry (KLOE), which were;

- A number of changes have been made to how we support people at home in recent years. We want the Peer Challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities?
- The work to develop our promoting independence approach is ongoing and this will always be the case. Can the Peer Challenge team advise how we might improve further in this area and what opportunities for improvement exist through working closer with internal and external stakeholders?

1.12. The Peer Challenge identified many positives in respect of progress made in Adult Social Care in Coventry including:

- Adult social care has done an excellent job in managing resources and improving outcomes over the last few years with strong leadership from the directorate management team
- The Practice Review demonstrated the move to strengths-based practice:
 - Huge amount of work undertaken and good progress made since the Practice Review undertaken in October 2018

- Excellent documents/tools produced and implemented (Adult Social Care Practice Framework and Strengths-Based Practice Handbook)
 - Practitioners and managers understand strengths-based practice
 - Good examples of where strengths-based practice has been used well
- The re-shaping and improvement work of promoting independence is impressive and is delivering some tangible results - some areas would describe this as significant transformation
- Management and focus on the provision of formal services is very impressive given the pressures within the health and care system
- No immediate issues of concern that need urgent attention - it is not unusual for issues of concern to be flagged in the course of a peer challenge

1.13. The team also suggested that we should consider focussing on the following areas to enable adult social care in Coventry to continue to develop, but did note that the resources available to focus on improvement are limited within the service;

- To ensure a 'One Coventry' focus, involving communities, the voluntary sector and other providers in the plan for adult social care
- Improve the involvement and co-design with people and their families who use services
- Focus on the practice around patient/service user flow through the entire system to reduce the high usage of residential care and ensure personalised care
- To develop our commissioning approach with Public Health, creating more diverse support and shaping of the voluntary and community market
- To ensure our commissioning approach incorporates co-production and engagement with people and their families who access services
- To address the range of accommodation and support on offer to ensure residential care is only used when needed and improve provision for younger adults
- To have a clear strategy for digital technology integrated with the 'One Coventry' transformation priorities

1.14. Although since the peer challenge a lot of our normal improvement work has been put on hold due to Covid-19, the changing circumstances has enabled us to make progress in a number of these areas, for example:

- *Use of technology*: Our use of technology to support our assessment activity has grown significantly. Whereas the majority of our work was completed face to face doing things remotely has become the norm wherever possible. This work is aligned with health partners as we jointly develop approaches working with service users through technology. As we progress achieving the right blend of technology and face to face contact we will be required to ensure we continue to engage with people in a way that is effective.
- *Shaping the voluntary and community market*: We have engaged with community-based organisations in different ways to support people affected by COVID-19. This includes establishing new relationships and flexible approaches to support those impacted by shielding and other vulnerable groups. This work provides us with a strong foundation to further develop community-based approaches and through this we have brought the work of Public Health and Social Care closer together to achieve greater impact.
- *Joined up and timely support*: We have worked with health partners to rapidly speed up the hospital discharge process and established 7 day working. The extent to which this work progresses and is mainstreamed is a matter for all partners to consider.

1.15. Improvement Priorities

1.16. As we continue to improve the priority remains supporting people to live independently in their communities. Our ability to deliver this requires a strength-based approach to how we deliver our work with people with care and support needs and their family carers, including a diverse and sustainable market for care and support within the City. It is also important to recognise that although our focus is on Adult Social Care our success is increasingly intertwined with health services, and as we progress, how support is connected across health, adult social care and the community and voluntary sector to deliver positive outcomes will be an increasing focus.

1.17. Moving forward we propose to frame our improvement work in the following four areas, which reflect the peer challenge findings and we will continue to engage stakeholders in this work to help ensure we are focusing our efforts on the areas of highest impact.

- **Our Promoting Independence Model**

We remain clear that our service focus is promoting independence. We now want to explore the possibility of where added impact can be achieved through combining our resources with those of partners in the City to support people to prevent deterioration and to actively support themselves as much as possible. This means looking first at what people can do with their skills, resources, relationships and their communities and understanding more from people as to what contributed to a positive experience so that this can be extended.

- **Accommodation Offer**

Our continued commitment to support people at home remains a priority. However, when an alternative is required, we seek to ensure this offers the best opportunity for reablement and promoting independence. We want to ensure the accommodation offer in the City is relevant to the lives of those who may require both accommodation and support. We can achieve this by encouraging and supporting the development of facilities within the City offering provision for people to live as independently as possible. In doing so feedback from those who are or want their care and support needs met within the appropriate housing setting is critical.

- **Locally Based Support**

We will continue to work with the local care provider market to help this important market remain stable and robust, with appropriate quality standards and costs. We do however also want to develop opportunities to connect the formal care market with local communities to strengthen our model of supporting people at home whilst including a focus on accessing support and resources available in the local area.

- **Digital Technology and Innovation**

In order to maintain and develop modern, person centred services, we will use technology enabled care opportunities and ensure our workforce is equipped with technology to work agilely and support people effectively. We will focus on self-service wherever possible, giving people the opportunity to access adult social care on their terms, at a time and place of their choosing. Recognising that digital services are not appropriate for all we want to develop our approach in a way that remains flexible enough for us to respond to people with care and support needs and their carers when they need us. Working in partnership with the One Coventry programme team we will ensure we

address issues of Digital Inclusion to ensure our residents are able to access digital support and services.

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 2019/20 is approved by the Cabinet.

3. Results of Consultation undertaken

- 3.1. Although the Annual Report for 2019/20 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. Two users by experience formed part of the peer challenge team which also engaged with our Stakeholder Groups. Engagement regarding the four key improvement themes will be ongoing.

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. Improvement work has continued through 2019/20 and the pace and focus of this continues to be impacted by Covid-19.

5. Comments from the Director of Finance and the Director of Law and Governance

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 £95m Adult Social Care Spend in 2019/20 compared to equivalent spend of £88.2m in 2018/19, with the increase in cost largely driven by National Living Wage increases and increases in complexity of packages of care. This increase has been resourced from additional Council investment in Adult Social Care identified in the Budget report as well as extra grant resources received from Government.

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 the Council's Plan (www.coventry.gov.uk/councilplan/)?

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 exist in the delivery of Adult Social Care services, most notably related to resources and our ability to meet demand. These are managed through directorate and corporate risk registers.

6.3. What is the impact on the organisation?

There is no direct impact on the organisation.

6.4. Equality and Consultation Analysis (ECA)

An Equalities Impact Assessment is not appropriate for this report. 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) climate change and the environment

None

6.6. Implications for partner organisations?

There are no specific impacts for partner organisations arising from this report at this point but as the work of Adult Social Care is connected to health organisations and the voluntary and community sector as we seek to improve impacts may be experienced. The Annual Report provides an overview of Adult Social Care's performance and provides assurance to partners that progress in being made.

Report author(s):

Name and job title:

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Adults Principal Social Worker

Service:

Adult Services

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Enquiries should be directed to the above person

Contributor/approver name	Title	Service	Date doc sent out	Date response received or approved
Contributors:				
Andrew Errington	Adults Principal Social Worker	Adult Services	06.08.20	06.08.20
Pete Fahy	Director of Adult Services	Adult Services	06.08.20	06.08.20
Lisa Lawson	Adult Services Programme Delivery Manager	Adult Services	07.08.20	19.08.20

Michelle Salmon	Governance Services Officer	Law and Governance	07.08.20	10.08.20
Ian Bowering	Head of Social Work (Prevention and Health)	Adult Services	07.08.20	03/09/20
Sally Caren	Head of Social Work- Mental Health and Sustainability	Adult Services	07.08.20	17.08.20
Marc Greenwood	Head of Business Systems	Adult Services	07.08.20	18.08.20
Jon Reading	Head of Commissioning and Provision	Adult Services	07.08.20	19.08.20
Names of approvers for submission: (Officers and Members)				
Barry Hastie	Director of Finance	Coventry City Council	07.08.20	18.08.20
Janice White	Team Leader, Legal Services	Law and Governance	07.08.20	24.08.20
Gail Quinton	Deputy Chief Executive	Coventry City Council	25.08.20	25.08.20
Councillor M Mutton	Cabinet Member for Adult Services	Coventry City Council	09.09.20	10.09.20

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COVENTRY

Adult Social Care

Annual Report and Key Areas of Improvement 2019/20 (Local Account)



**24 Hours in the Life of
Adult Social Care**

People's Stories

**Our Key
Achievements**



Coventry City Council



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What is the Local Account?

Every year Coventry City Council produces a report which describes what the Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we seeking to improve further. 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 interesting and that it provides you with an insight into Adult Social Care in Coventry and the work that is being done to support improvements.



COVID-19 and Adult Social Care

We could not write a Local Account reflecting back on 2019/20 without mentioning the impact Coronavirus (COVID-19) has had on the work of Adult Social Care. Although this Local Account reflects on the work during the financial year (April 2019-March 2020) of which COVID-19 only started to impact in the latter part of the year it has nevertheless dominated our work since February 2020. Although Coronavirus has had a massive impact and will feature in this Local Account, we also want to recognise the incredibly valued work that took place prior to the pandemic, which started to impact towards the end of 2019/20. Although the pandemic has impacted significantly on Adult Social Care it has not changed the essence of what we do, which continues to be supporting people to live as independently as possible within their communities.



Pete Fahy

Director of Adult Services

The production of this Annual Report remains an important part of the annual cycle of Adult Social Care. It provides an opportunity for reflection on the progress we have made and challenges we face in delivering Adult Social Care within the city. Although the impact of COVID-19 and the additional demands it has placed on Adult Social Care has led to this local account being produced later than I would have wanted, I did not want to let the year pass without delivering on this important element of our annual cycle.

The Annual Report covers the period from 1 April 2019 to 31 March 2020. Although the impact of COVID-19 was only towards the end of the period covered by the report, due to its scale and impact there is inevitably significant reference to the pandemic within the content of this report.

It was also really important for me and the team to not make this Annual Report all about COVID-19. To do so would lose the opportunity to reflect on the huge amount of work done and progress made to improve the lives of those who come into contact with Adult Social Care and it is important to tell these stories too. Although this report only highlights a small number of examples it does hopefully help bring to life the essential contribution of Adult Social Care to the people



it supports. We never expect these examples to reach the headlines, but it is important that they are not lost.

In March 2020 we were also subject to an Adult Social Care Peer Challenge. This is again a significant event in our improvement journey occurring approximately once every three years, the findings of which will inform how we move forward in what continues to be an uncertain and challenging time. Regardless of what the future has in store we remain committed to our core purpose of supporting people to live as independently as possible within their communities.

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

Councillor Mal Mutton

Cabinet Member for Adult Services

This year's Annual Report was produced during unprecedented times for both the nation and Adult Social Care here in Coventry. I hope you find the report effectively reflects both the ongoing day to day activity of the service as well as the truly inspirational impact the team working in Adult Social Care have had during the most recent months.

In the midst of the COVID-19 pandemic, the most significant and tragic health crisis in living memory, I am immensely proud that council colleagues, care providers and their care staff have not only risen to the challenge but have truly gone above and beyond in the interests of the people they work to support.

It is not unusual for people who work in Social Care to see their roles as more of a vocation than a job and often when asked why they go to work; the resounding answer is 'to make a difference'. I can say without a doubt that this year, more than ever, a difference has been made.



This report contains stories demonstrating this, along with key information on our performance and resources.

Whilst there are in fact far too many examples of incredible work happening across Social Care for me to list here, I want to take the opportunity here to record my heartfelt thanks for the hard work, perseverance, compassion, humanity and dedication that means so much to so many residents of Coventry, I along with many am truly grateful.

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



Karen McKay

Adult Social Care Stakeholder Group

It is essential to include service users and their carers' in the decisions made about social care services, that is why I became involved in the Adult Social Care Stakeholder group. I care for my adult son. Its membership includes people and representatives from different user groups, and they bring a wealth of experience and hands on understanding of how care impacts on people's lives, which is what I enjoy most about being part of it.

A stakeholder group is only one way to include people and trying to push for ways for genuine inclusion is an ongoing theme in the group. The recent Peer Challenge highlighted this as an area for improvement as true inclusion means starting with the people who use a service or have a need from the outset, not just in a meeting or at the end! Being part of the Peer Challenge, which was tasked to look at promoting independence and reducing residential admissions was a rare opportunity for myself and another group member, to be more involved and to meet with staff across all levels and hear their views too.



The input to this review from the stakeholder group was a rich and lively discussion too. A number of 'challenges' were put by the Peer Challenge for improved commissioning and building on the strengths in the community to create more flexible services enabling more people to live in their own homes with support.

People especially now appreciate what social care does, as well as seeing the gaps being even more exposed. As service users and carers, we can add our voices to the calls for the reform and investment needed and for care to be seen as the skilled and dedicated career that it really is when done right.

The work of Adult Social Care continues to be supported by our Stakeholder Group, who meet regularly to discuss any updates and influence the improvements of the service. The group is made up of Coventry residents who are experienced in how services work. To find out more about Getting Involved you can access the link [here](#).



Introduction to Adult Social Care

The delivery of Adult Social Care is the responsibility of the Local Authority which interacts with a range of other local authority functions to support people in our communities, including Housing, Public Health, Children's Services or Culture and Leisure to name but a few. Our work is also closely connected to health organisations and the voluntary and third sector who work with many of the same people who come into contact with Adult Social Care. Therefore, although Adult Social Care has a distinct identity so much of what we do is achieved through working with others.

We do not have a complex strategy for Adult Social Care – all our work is tested against our objective of: 'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'. Progressing this overarching objective is delivered day in, day out through the many interactions between our staff and people with care and support needs and through a series of improvement projects overseen by the Director of Adult Services aimed at constantly improving what we do.

During the last year we have made significant progress in delivering improvements. We have launched our strength-based practice framework and we have continued to grow our

'Promoting Independence' approaches including developing our Adult's Initial Contact Service to include greater input from Occupational Therapists.

In early March 2020 we were subject to a Peer Challenge which is a key part of the sector led improvement approach in Adult Social Care. Peer Challenges provide an important opportunity for assessment of our work and an indication of areas we might focus on to improve going forward. The findings of the Peer Challenge contained a number of positives and also made a number of recommendations, many of which will form a key part of our improvement activity as we progress through 2020/21 and subsequent years.

Adult Social Care

Vision

Adult Social Care supports people aged 18 and over who have care and support needs as a result of a disability or an illness. 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 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 people's 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.

24 Hours in the Life of Adult Social Care

Adult Social Care works 24/7

With spending of **£95million**, our Adult Social Care works with many organisations, providing advice and support to our residents.



Setting the Scene - Adult Social Care in a Changing Landscape

The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs.

The illustrations on this page give you an indication of the challenges we face:

Budget - Money Matters

Activity - Facts & Figures

Demographic - The people who come to use for support

Our Workforce - The people that provide support where required

The Council is a large organisation spending a net £231.4m on revenue activity during 2019/20.

The gross Adult Social Care spend in 2019/20 minus citizen's contributions was £95m as shown below.

BUDGET-MONEY MATTERS

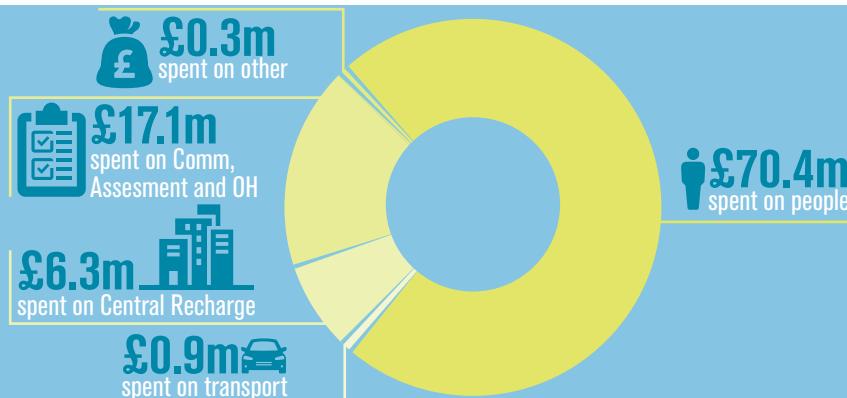
This compares to a spend of

£85.9m
in 2018/19



The increase was largely due to increases in care costs, some of which was linked to increases brought about by the National Living Wage

2019/20 ADULT SOCIAL CARE SPEND (£95m)



BUDGET-MONEY MATTERS

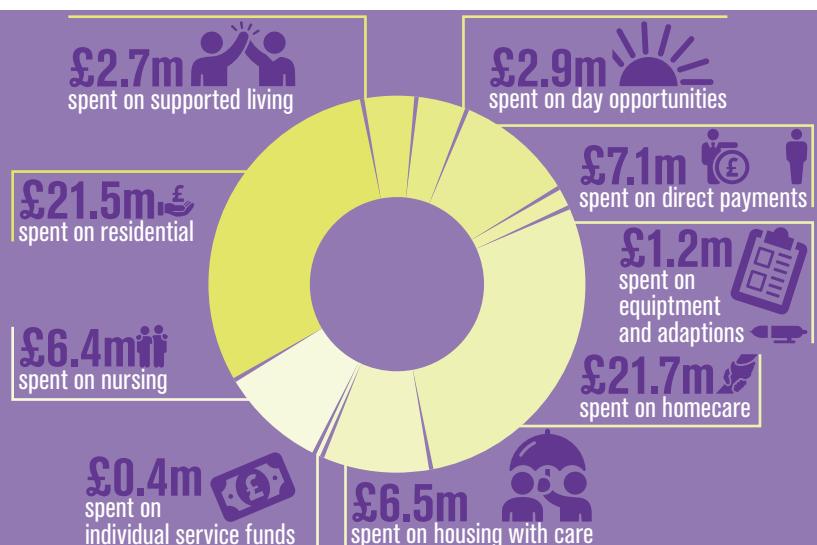
The 'Spend on People' referred to in the above chart has increased from

£62.6m
in 2018/19



'Spend on People' is money spent directly on the following services

2018/19 SPEND ON PEOPLE (£70.4m)



BUDGET-MONEY MATTERS

In recent years we know that Coventry demonstrates comparatively low spending as a local authority per

100,000 population

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HOW DO WE COMPARE?

The Local Government Association publish information about spend later on in the year but you can view information for 2019/20 [here](#)

ACTIVITY FACTS AND FIGURES

Adult Social Care receive a large volume of requests for support on a day to day basis. Our aim is to maximise people's independence and support people in the least intrusive way

10,534

new requests for support
(a small increase on last year's figures of 10,367)



7%

of requests resulted in a long-term service (slightly less than last year's)
(increase on last year's 4%)

25%

received low level support
(increase on last year's 23%)



21%

received a short-term service to promote independence
(increase on last year's 16%)



4,453

people received long term support during the year
(an increase of 2.7% on last year's 4,331).

Of these, 1,527 people received a planned or unplanned review throughout the year.



44

people transitioned from Children's Services to Adult Social Care

Compared with

45
last year



CARERS RECEIVING AN ASSESSMENT

Adult Social Care have an equal responsibility for anyone providing unpaid care within the city

Anyone providing necessary care to another adult is entitled to a carer's assessment:

655

carers had their needs assessed of which 232 received a separate assessment

796

carers received support



HOW DO WE COMPARE?

CQC Local Area Analysis data suggests in Coventry, compared to other local authorities that have similar populations, that we think of other solutions first, signposting to universal services and other community support rather than looking at traditional models of support. To explore the Local Area Analysis in more detail you can view in [here](#).

SAFEGUARDING

Protecting adults to live in safety, free from abuse and neglect is a core duty of Adult Social Care. The rising rate of safeguarding concerns reported suggests people know how to report abuse and we are addressing concerns without the need for an enquiry or investigation.



4,414 concerns received, a 5% increase on the previous year

563 completed safeguarding enquiries were undertaken in the year. 575 in the previous year

532 enquiries, a 19% decrease on the previous year

452 people were asked about their outcomes, a 10% decrease on the 516 asked last year

The conversion rate from concerns to enquiries was **12%**. Last year it was 15.5%

95% reported fully achieved/partially achieved outcomes. Last year it was 90%

HOW DO WE COMPARE?

Coventry has a higher rate of concerns per 100,000 population in 2019/20 (1534) compared to 2018/19 for England (943) and West Midlands (958) but thorough initial enquiries address these sooner without the need for a full enquiry. 2019/20 comparator data is due to be published in November 2020 on the **NHS Digital Adult Social Care Analytical Hub**.

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 3% (65) reduction in the number of applications from

2,315 in 2018/19 **2,250** in 2019/20

254 (11%) are in due process compared to **270 (12%)** in 2018/19

In 2019/20 there were

1,996 completed applications which is a 2.5% decrease on 2018/19's
2,045

There was a decrease in applications granted after

6 MONTHS of being received from
36 (3%) in 2018/19 to
22 (2%) in 2019/20

HOW DO WE COMPARE?

Comparator information will be published at the end of 2020 however we know last year, we saw a higher proportion of applications compared to other regions that Coventry share similarities with. Similarly, we completed a higher proportion of assessments than our comparators. Nationally local authorities completed on average 419 DOLs applications per 100,000 of the population and in Coventry this figure was 873 applications per 100,000.

Liberty Protection Safeguards will replace DoLS in October 2020

DEMOGRAPHIC

**Coventry is home to
371,521
RESIDENTS**
(mid-2019 estimate)



Coventry's population is growing, changing and increasingly diverse

851
internal staff

83% female staff
17% male staff

48.7 average age of workforce
53% aged over 50

17% are black and minority ethnicity
72% are white ethnicity

7% vacancy rate compared to
8% nationally

11% (93 people) new starter rate

7% (63 people) leaver rate

OUR WORKFORCE



Life expectancy in Coventry remains consistently below England, but healthy life expectancy is similar to England

Health outcomes are worse in the most deprived areas, where people not only live shorter lives, but spend a bigger portion of their years in poor health, and are more likely to die of preventable causes

National data suggests that between 2012-14 and 2015-17, life expectancy between the richer and poorer further increased. In particular, there was a decrease in life expectancy for females in poorer areas - resulting in a widening of inequality in the life expectancy gap among females (7.4 years). Although, the gap for males (9.4 years) remains larger

Early mortality (<75 years)

Worse than national

Cardiovascular

Cancer

Liver disease

Respiratory diseases

Communicable diseases



X X

X X

X X

X X

X X

Key achievements Based on the Adult Social Care Vision and our Priorities for 2019/2020

The previous section contained a volume of data and comparisons across a number of areas of performance. To summarise this as succinctly as possible would be to say that Coventry continues to support a relatively low number of people with ongoing care and support needs and as a result is a comparatively low spender on Adult Social Care.

This position has largely been arrived at by our approach to Adult Social Care and Support which is based on supporting people to be as independent as possible. Where independence has been lost or reduced, we work with people to regain skills and where levels of independence have been limited, we work with people to improve this. The goal we aim at is for people to

be living independently within their own homes. This is not always achievable and in many cases living independently is only possible with support.

The examples below give a flavour of how we have delivered this approach alongside how we have responded during the COVID-19 pandemic. We have used real examples given with the consent of those involved.

1 Adults and carers at the heart of everything we do

The Adult Disability Service, what does it do?

Adult Social Care has an Adult Disability Service which provides professional advice, assessment and support to adults with a disability. The main purpose of the service is to support individuals to live their best lives by promoting their independence. The service is made up of a number of parts:

- Assessment, support planning and provision of services to maintain people's independence
- A Promoting Independence team for individuals with a learning disability. This is a bespoke period of short-term enablement support for up to 12 weeks
- Preparing for adulthood, supporting timely assessments and preparing young people to move from Children's Services to Adult Services
- A Travel Training team which supports young people to travel independently and to maintain safety awareness. This has huge benefits to the person, supporting the person to access the community independently
- Joint working with health colleagues to support individuals with a Learning Disability to move from a long-term hospital placement to various community settings

Achievements, what's good?

This service has continued to learn, develop and improve. Some of the more recent service developments have been:

- Preparing for Adulthood - A new approach to ensuring closer joint working with Children's Services and Special Educational Needs services to support an effective transition from childhood to adulthood for those people requiring ongoing support
- The creation and implementation of a new electronic 'Tracker' system which helps forward planning for young people's needs as they enter adulthood
- A reduction in waiting times from referral to the start of an assessment
- A new Initial Contact Service working closely with the Adult Disability Service, leading to an improved response and ultimately greater independence and better outcomes for individuals who may have historically accessed long term traditional care packages



What does this look like in practice?

An example of the complex and diverse nature of the teams' work with people is that of AB. AB who has asked to remain anonymous is a 24-year-old man with Asperger's Syndrome who has an Acquired Brain Injury following a drug overdose. The injury affected his ability to walk safely and to remember and process information. The team became involved when AB was being discharged from a rehabilitation hospital.

An assessment and multi-disciplinary meeting was held to discuss discharge with AB, his friend and next of kin, health and social care professionals. AB was very clear that he wanted to live as independently as possible in the community. However due to his injury and being in a hospital environment for nearly 2 months, he had lost some skills, but he was determined to regain these. The hospital was working with him to develop and promote his independence. AB said that he liked to walk everywhere before his hospital admission, so this was a key goal for him. He also wanted this event in his life to be a turning point for a healthier lifestyle away from substance misuse.

In order to support AB to achieve what he wanted we organised for him to spend some initial time living in a Housing with Care Scheme, close to his friend. This environment supported him to gain confidence through the use of assistive technology, so that he could spend time alone in the flat for longer periods of time. Also, as the scheme was near his family and in a familiar area,

he was able to begin accessing the community alone, starting with short journeys.

Upon review of the placement it was established that AB was able to live independently in a supported living scheme and a plan was designed to continue to promote his independence. AB said,

'I was surprised at how quickly things were put into place for me and I am really happy with the way things have worked out'.

Sejal Lakhani Social Worker from the Adult Disability Team said 'working with AB was really rewarding. I was able to recognise the determination he had to change his life and it gave me the opportunity to help him use this to take control of his own life'.

2 High quality, person centred and effective support

CRESS (Carers Response Emergency Support Service) Enhanced Service

Since June 2019, we have worked with Carers Trust Heart of England to offer a 'Significant Events' service supporting carers to attend important events.

The service has enabled many carers to attend weddings, funerals, graduations and medical appointments. During the COVID-19 pandemic, the service changed the provision they offered to support carers in different ways, allowing carers to take some time for themselves knowing that their loved one is being looked after.



How has it helped?

In a survey undertaken by the CRESS team,

44% of carers stated without the service of Carers Trust Heart of England, their cared-for would have been on their own and isolated

33% would have tried to find alternative arrangements including emergency care or a referral to Adult Social Care for support

22% would have been admitted into hospital



- 'I do not know what I would have done without CRESS stepping in'
- 'Service was excellent, carers went above and beyond'
- 'Gave us reassurance that mum has someone to see and talk too'

William and Joyce's Story

William is the main carer for his wife who has Dementia. Due to shielding in separate properties during the COVID-19 pandemic, their daughter was unable to support her parents.

During this time William began to have breathing difficulties and paramedics were called. The paramedics wanted to take William to hospital for checks, however, William was concerned as he was unable to leave Joyce alone as their daughter was shielding.

William and Joyce's daughter contacted the CRESS service for support. Emergency support was put in place and a CRESS Advisor provided the care and support Joyce needed. This allowed William to be taken to hospital where he discovered he required a pacemaker to be fitted and would require a short stay in hospital. The service was implemented for 72 hours and this allowed Joyce to remain at home in an environment she was used to avoiding any unnecessary distress.

During this time William and Joyce's daughter was able to maintain contact via the telephone and be reassured Joyce was being cared for and her needs and requirements were being met.



William and Joyce's daughter reported how relieved she was knowing her mum was at home being cared for and her dad was able to be treated in hospital without worry of who was caring for his wife.

With further ongoing support William and Joyce's daughter has stated she is no longer worrying about her mum and dad as she is reassured that their meals are being prepared and mum is comforted whilst her dad concentrates on his recovery.

3 Reflective and responsive to change

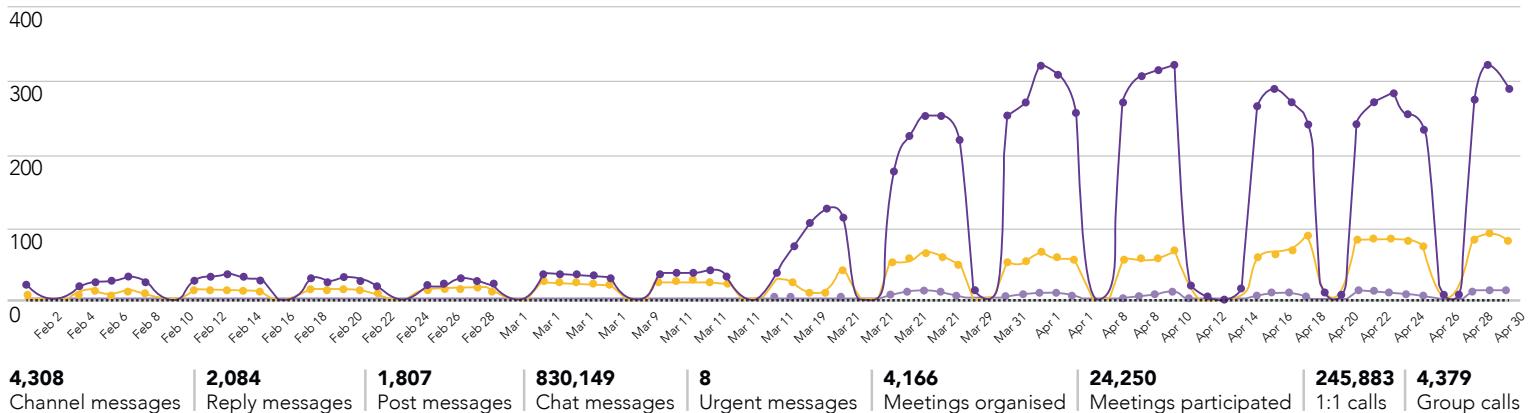
During the COVID-19 pandemic, Adult Social Care continued to support people, at times without the need for face-to-face contact.

This was essential to balance the need to protect and support whilst avoiding causing harm by the spread of infection. However, all our direct contact was risk assessed and planned in advance, taking account of local and Public Health guidance regarding the use of Personal Protective Equipment (PPE).

We saw our ways of working change significantly with working from home becoming the new norm and a massive increase in the use of MS Teams to enable us to communicate and collaborate remotely, especially when lockdown measures were announced in March 2020.



The graph below shows the increase in use of Microsoft Teams from the end of January 2020 until the end of April 2020



Clearly this presented challenges not just for us but the people we supported during this time and their families, carers and friends

An example of this is when we needed to provide support to Douglas

Douglas is an older man with Alzheimer's who due to a deterioration in his health and increased stress for his wife who is his main carer, needed to access emergency respite, which then led to a need for a move into nursing care

The challenges for the social care professional

Caroline Hiron, Community Case Worker



The challenges for Douglas?

Nobody is asking me directly what I want?



The challenges for the family?

Visits to care homes not allowed during lockdown!



The challenges for the social care professional?

When did I last talk to Douglas, how do I undertake an assessment?

What did the social care professional do to support Douglas and his family?

Negotiated with the care home to visit Douglas wearing protective clothing

Reassessed Douglas' strengths, needs and mental capacity to make decisions on future care

Involved care staff, GP and family in the assessment via phone

Arranged a virtual multidisciplinary meeting with care staff and family to clarify Douglas' future care arrangements

Supported Douglas to move to a nursing home of the family's choice where he has now settled well

Negotiated that family could meet Douglas at a window of the care home at specific times, three time a week



Douglas was empowered to make decisions where possible, and his care needs were arranged in his best interests

Douglas' family felt supported by the Social Worker

During the pandemic we continued to find new ways of working and ensure we could stay in contact with people. One aspect of this included undertaking remote virtual reviews and meetings. We worked closely with all care homes, housing with care and supported living providers in the city to identify what ICT (Information and Communication Technologies) equipment they had such as laptops and the strength of Wi-Fi connections available to support video conference reviews. This has been a great way of continuing to undertake reviews where this worked for the person their family and the provider of their support.

4 Outcome driven and meaningful

Mark's Story

Adult Social Care employs four Rehabilitation Workers in the Visual and Hearing Impairment team who provide training and advice to people with a significant visual impairment to promote their independence.

The specialist training aims to enable people to regain skills or learn new ways of completing tasks including getting out and about safely, making a cup of tea and using the telephone. Everyone is different and a rehabilitation plan is mutually agreed to meet the person's goals.

Mark has Retinitis Pigmentosa a progressive sight condition which causes tunnel vision and, in some cases total sight loss. Mark had previously been registered as Partially Sighted but had always retained his independence. Mark's vision had started to deteriorate, and he was then registered as Blind/ Severely Sight Impaired.

During the assessment for registration it was identified that Mark was starting to lose his confidence in particular with outdoor mobility. He had a good network of friends and family but was starting to feel that he was having to depend on them and was also becoming more reluctant to go out at night as this was when his vision was at its lowest.

What did we do?

We looked at maintaining his safety within his home. This included improving the light in the kitchen and putting a stair rail in to reduce the risk of accidents.

Mark had previously been using a 'symbol cane' (a short white cane used to be a 'symbol' to others of visual impairment), but this was no longer providing the safety and guidance that he needed.

We started a program of mobility and 'long cane' (a long white cane used to detect obstacles on the path in front) training. This involved teaching cane skills and then also developing his orientation skills. We also worked on travelling on the bus so that Mark would have more freedom to travel without waiting for a lift.

How did it go?

Mark was initially nervous and self-conscious about using the cane and learning to trust it. We started training in a park, so we were away from traffic and neighbours. Over time Mark's confidence and skills grew. He was then able to access his local social club and gym and meet with friends.

Mark said

'I had a good teacher and have learnt so much. I didn't know the rotating cones on crossings even existed! I can now go to the gym by myself'

After some training sessions on the bus we had agreed to meet outside a shop in town.

'As a worker it was great to see Mark's confidence visibly grow. Watching Mark make his own way off the bus and through the town was a great feeling of achievement'
Kelly Sowter (Rehabilitation Worker)



5 Support around people and their families

Shared Lives - It's a Family Affair

Molly's Story

One Shared Lives Carer tells us her story about becoming a Shared Lives Carer

"Becoming a Shared Lives Carer felt like a natural progression for me, it was something I was always going to do, my Mum has been a Shared Lives Carer for almost 20 years, my two Sisters and I have grown up with people sharing our family home supported by our Mum.

One of my Sisters and I are now approved Carer's in our own right. I was (and still am) the youngest Carer to be approved in Coventry, something I am very proud of. The approval process was explained to me and I found the experience to be a true reflection of the information I had been given, the process took around 6 months and a detailed assessment was completed. I was required to attend several training courses which is required of all Shared Lives Carer's, I also completed bespoke training that related to the specific needs of the people I now support and have supported in the past.

I currently support two individuals on a long-term basis, both individuals have very different needs. I have an allocated Shared Lives Officer who supports and

monitors my placements, we all meet regularly, it works well for myself and the people I support to have a consistent allocated worker who is known to us all, although in their absence I know I can call anyone at the scheme if I need to. I attend Carer's meetings where we can discuss relevant topics, be advised of any changes within the scheme, and we have guest speakers. This is our opportunity to share 'good news stories' or equally our worries and concerns. The meetings are a good way to get to know other Carer's too.

'I find my role as a Shared Lives Carer so rewarding, I have seen the people I support become happy confident individuals, they make choices about their lives (sometimes with the support of others), it feels good to offer others the opportunity to live a family life.'

I have a great work and family balance, I have been able to have my children and be at home as they grow too, the interaction between my children and the people I support is great. It's good for my children to grow and learn that sometimes people need support and that everyone is different, but we are all entitled to family life. One person I support, comes from a very loving family, I don't replace that family, I see myself as an addition to it, people's families are always welcome to visit my home.



Molly is on the right in this picture, with her Mum Linda in the middle and her sister Lucy on the left

The challenges are similar in a way to the rewards, it can be difficult promoting independence, making choices or expressing yourself can be difficult for some people, especially if they haven't been encouraged to do this before. Building confidence and self-esteem can take time and patience, but it is so worth it. It can be hard work, like every family home, there are always things to juggle, but I wouldn't change my role, I feel I have the best of both worlds. Becoming a Shared Lives Carer is a big commitment but there aren't many roles in life where you can make such a big difference not only to the individual's life but also to your own and that of your family and friends."

**Interested in becoming
a Shared Lives Carer?
Find out more [here](#)**



6 Effective enablement, prevention and wellbeing

Elizabeth's return home

In Adult Social Care we provide a range of short-term support that is intended to be time limited, with the aim of maximising the independence of the person and reducing or removing their need for ongoing support.

Elizabeth was discharged from hospital with short-term support consisting of four 30-minute calls daily from a home support provider.

Elizabeth had previously been admitted into hospital with an inflamed gall bladder and had remained in hospital for 2 weeks. Before the hospital admission, Elizabeth was independent around her home but was beginning to struggle on her stairs.

Upon returning home Elizabeth was to live upstairs, as her bed was unable to be brought downstairs and she was no longer able to go up/down the stairs safely.



What we did?

Elizabeth's main goal was to regain her independence, including going up and down the stairs and getting around her home. Her ultimate goal was not to need care at home and be fully independent. The first thing our Occupational Therapy Assistant (OTA) did was to refer Elizabeth for Physiotherapy to support with managing the stairs. The physio advised that Elizabeth needed to build up her strength and stamina first so was provided with a 'modular step' (a practice step) to practice stepping throughout the day.

After a couple of weeks of exercise to improve her strength and stamina, Elizabeth started to use the stairs with the physio and was continuing to make good progress. The stair practice was extended to support Elizabeth to take equipment downstairs such as a 'perching stool' (a seat which helps people who struggle to stand for long periods) and spending time downstairs during the day then going back upstairs with the support of carers at tea-time. After a couple of days of spending time downstairs during the day the OTA visited to complete a kitchen assessment and as no difficulties were identified the amount of support Elizabeth received was reduced.

The physio continued to work with Elizabeth to move from using a 'rollator frame' (a frame with wheels, handlebars and a built in seat) to a walking stick and after five weeks Elizabeth had decided the morning call was no longer required, Elizabeth started showering and dressing independently before the carers arrived and had made microwave meals and sandwiches throughout the week. On the advice of the physio the OTA undertook an assessment for Elizabeth to use a 'rambler trolley' (a trolley which can be used to carry household items around the home), this further promoted Elizabeth's independence and support was further reduced as Elizabeth was able to prepare meals and drink by herself.

Elizabeth no longer required the support of the physio as she was now walking with a stick and when our OTA undertook a final review, Elizabeth reported she was feeling good. The equipment which wasn't being used was collected and all support was ended as Elizabeth was now independent again and had achieved her goal not to need care.

Elizabeth said

'Everyone was lovely, I was very nervous about falling, but now I'm more content'

Caroline Dagg, Occupational Therapy Assistant said

'I enjoy supporting people who have been discharged from hospital, it is a diverse role, which includes a lot of thinking outside out the box and working alongside different external agencies and furthering my own knowledge. It's great working with people, supporting them to meet their goals.'



7 Mature Partnerships

Reducing social isolation in residential care

Who are the Community Resilience Team?

The Community Resilience Team work with individuals, small or large voluntary organisations and communities to identify and build on already existing strengths and skills within neighbourhoods. The team offers a variety of support to the local community from guidance and support of setting up a group, to how it can grow and become more sustainable, completing funding bids, recycling old council resources such as laptops, co-ordinating volunteering and working with local developers who would like to offer support to the community.



What did we do?

The team worked with older people's residential homes in Coventry such as Quinton Lodge, Knightlow Lodge, Copthorne Lodge, Harry Caplan House, Cottage Farm Lodge & Elsie Jones House to support them to reduce their resident's social isolation.

Sometimes residents may have limited resources such as a low income and some residents have little or no family. Some residents have very few or limited opportunity to get out and this may cause people to become socially isolated which can have a negative impact on a person's emotional health and sense of wellbeing.



How did it go?

Working with the residential home's managers, the team supported the residents to actively formalise into groups, with a view of supporting them to access funding to help pay for activities. The team helped support the residents to write constitutions for each of their groups and residents nominated themselves to have an active role in managing their group with the support of the residential homes staff.

Along the way the team experienced some barriers, some residents had mobility problems and were unable to get to a bank to open their Community bank accounts (these are used for any funding received). Also, some residents did not have the identity documents that you need to set up these accounts such as passports or driving licences.

However, the team did not let this get in their way and contacted several banks to see what could be done. Although some said they couldn't support we identified one bank who was prepared to help by visiting the homes and talk about how we could confirm identities.

Sharon Thomas Community Resilience Lead Officer said

'The staff and the residents were really welcoming and were very excited about the prospect of planning their own trips and activities at their homes'.

Whilst the team were busy contacting banks that could support the residents, some of the residents at Harry Caplan House shared that they wanted more resources within the home to keep them entertained on a daily basis. As a result of this, an officer from the team did a shout out to council staff who may have any unused board games in their homes that they would like to donate. This was a huge success and bags of games were delivered to the home leaving residents delighted.

This work is still ongoing for the team with funding applications in process for activities, which will include help and transport for those with limited mobility. This will give all the residents an opportunity to take part in trips and excursions that will have a positive benefit on their mental health and wellbeing, while also reducing their social isolation.



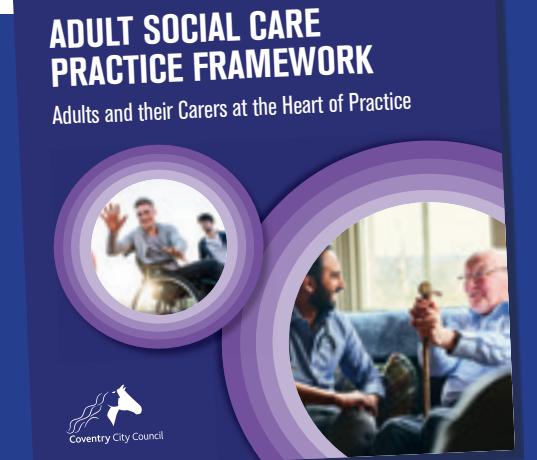
8 Committed Workforce

Strengths-Based Practice - Our Story so Far

Strengths-based approaches aim to put individuals, families and communities at the heart of care and well-being, and in doing so strengthens relationships between members of that community, builds social capital and recognises the assets that people can bring to the assessment process. Strength-based approaches have been so important in the context of COVID-19 as communities came together to support each other.

Strengths-based approaches recognise that individuals, families and communities are resourceful and if enabled can find the best solutions for themselves. Strengths-based approaches are seen as being the opposite to a 'deficit' approach.

In June 2019 we published a 'Strength's based' Practice Framework to bring



together our organisational approach. The framework identifies what underpins our work, how this informs interventions and how as an organisation we support front line practice. Our practice framework includes the practice tools, techniques and approaches to support practitioners in the practical application of strength's-based approaches such as using 'Motivational Interviewing' techniques.

[Read our Practice Framework here.](#)

We also developed our assessment forms to be based more around good conversations and strengths and an opportunity for people to talk about what matters to them. We started to use these in July 2019 and they have been well received by our practitioners.

'Easier, simpler and better to navigate during conversations'

'The forms are well formed and easy to follow and are not too lengthy to complete'

Supporting practitioners to develop strengths-based practice however requires more than new forms and skills training for activities or techniques, but being part of an organisation that values, promotes and enables strengths-based principles. We also recognize that this is a journey and changing the way we practice can take time and is the result of a combination of activities requiring the co-ordinated effort of a number of professionals.

What are our staff telling us?

As an employer to make strength-based practice work we need to understand the practice conditions and working environment of the organisation's social care workforce. An Adults Services Organisational Health Check 2019/20 was undertaken using an online survey in July and August 2019. The same survey (with very minor changes to answer responses) from 2017/18 was used.

You can read our survey [here](#).

The survey identified the following strengths which included positive results concerning team culture:



96%
feel able to raise
concerns about
workloads



90%
get feedback/
updates from
managers



95%
feel have enough
autonomy to practice
creatively with people

How do we know it's making a difference?

Finally, and most importantly in support of strength-based approaches we launched a new 'real-time' experience survey in October 2019 to ensure we continue to seek feedback from our customers, clients and carers alike.

This was developed to ensure we understand the experience of those who access our support but also to encourage more people to 'get involved' and help to improve Adult Social Care support.

To read more about how to get involved in Adult Social Care, click [here](#).



9 Innovative

Operation Shield

Around 2.2 million 'extremely vulnerable people' including children, across England were identified as being at most risk from COVID-19 mainly because of an underlying severe health condition.

The Government produced guidance called 'shielding' and people were strongly advised to stay at home and avoid any face-to-face contact for a period of at least 12 weeks.

The council's response to these measures were a three-fold support offer:

- Food (delivery of food parcels directly to their doorsteps until national food parcels commenced)
- Medicines collection and delivery
- Social contact for people unable to speak with friends or family

Within the city over 14,000 Coventry residents were identified as being at risk and requested to remain at home under the 'Operation Shield' programme.

Coventry's approach

The local authority worked with the sports and leisure charitable trust, CV Life to mobilise resources to deliver the Shield programme.

CV Life led the role of contacting all residents identified being an 'extremely vulnerable person'. Once contacted they gathered information about residents' need for emergency food parcels, medication collections and whether they required social contact calls. In total over 24,000 calls were made to residents (with one CV Life volunteer Tina making over 6,700 calls) and 3000 food parcels were supplied by CV Life.

During the pandemic Coventry's library services had been suspended. Consequently, the library service team volunteered to undertake the social contact calls for those residents under the Operation Shield programme. 7,000 social contact calls were made to those residents who had requested them. This created a lifeline for many who may have been experiencing isolation and loneliness during this difficult time.

A mum, Lesley and daughter, Casey who were supported with a weekly food delivery and regular phone call, thanked the Council and agencies involved in Operation Shield in Coventry.

You can read the article [here](#)



Wendy Jackson, Community Manager at CV Life, who helped to manage the team of volunteers, spoke of her pride in the team effort since the pandemic began.

She said,

'Operation Shield was a seven-day-a-week operation and some of our volunteers were up at 6am and doing long shifts, day in, day out, to ensure those shielding had what they needed'.

Wendy added,

'We fostered a brilliant partnership with Asda in Whitley whereby our delivery drivers collected groceries from the store early every day and delivered it to the Alan Higgs Centre where our team of packers prepared food packages from 8am'.

This huge logistical task was made possible through the collective effort of many individuals working across the city. A massive thanks to CV Life from adult social care in how they responded and worked tirelessly to contact everyone who needed shielding and to our Library Services staff for providing social contact to those shielding.

What next?

The experiences of the pandemic, and the way in which partners across the city were able to work together to respond, has been a beacon of hope during challenging times. The way services were able to pull together and use their collective skills and resources is a success story that will be built upon. The identification of vulnerable people in our communities, the joint response from partners and the benefits of working more closely with local communities is an approach that will be explored and developed further during 2020/21.



10 High Performing

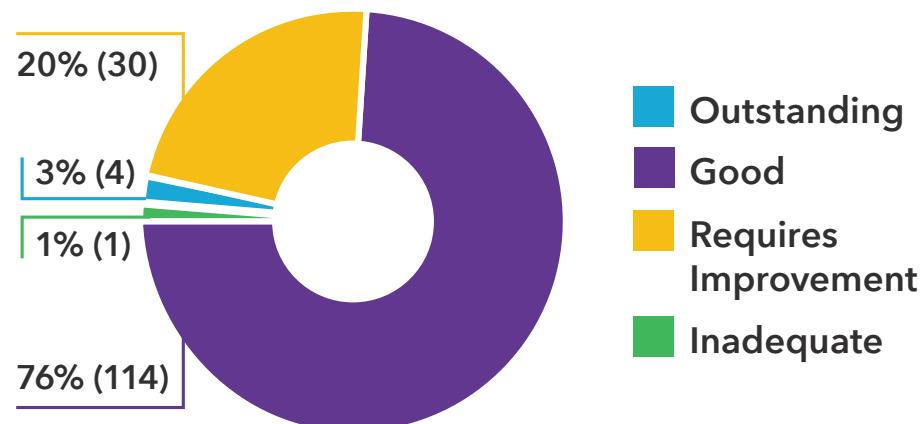
Care Home Improvement Programmes

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. The joint Health and Social Care Quality Team continue to work closely alongside CQC to ensure that we work collaboratively to make sure that health and social care services provide people with safe, effective and high-quality care.

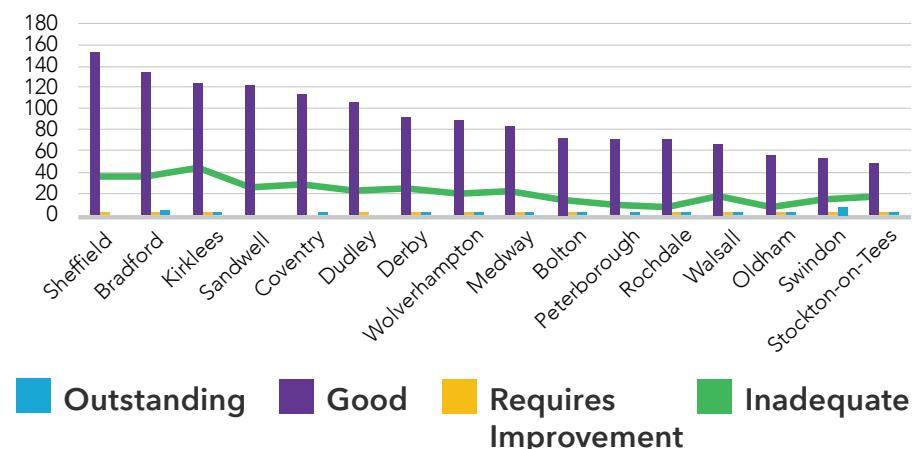
During the past year we have seen ratings decline slightly with some providers previously rated 'Good' now being rated 'Requires Improvement'. Coventry are in line with the National average CQC ratings and we are one of the top performers compared to our Local Authority comparators as indicated in the table below.

We continue to hold regular health and social care provider forums. The forums are a great opportunity to network, share best practice and learning. The forums led by providers are well attended and membership has grown significantly over the past 12 months.

March 2020 - CQC Rating for the Coventry Care Market



CQC Care Provider Ratings across Coventry's Comparator Group



Care Home Improvement Programmes

My Home Life

Since January 2018, Coventry City Council has been working in partnership with My Home Life, which is a UK wide movement to improve the quality of life in care homes. The programme is specifically designed for care home managers to develop skills and best practice together. 18 managers were successful in securing a place and a formal evaluation of the program has been carried out, which demonstrated the support the providers received had a positive impact on quality of care. The managers continue to meet and support each other and have opened this support group to other managers.

Managers involved said,

'I used to worry about inspections and the pressure to achieve ratings, now I keep in focus what is important, the residents and that they are safe and cared for'

'The programme has given me the opportunity to view my role through a different perspective'

React to Red

The "React to Red" is a joint health and social care awareness and educational campaign and accreditation scheme that was launched in 2014 across the care market in Coventry.

The campaign is designed to increase education to help prevent avoidable pressure ulcers. 31 providers have achieved accreditation throughout the campaign with several providers achieving continued accreditation for 5 years. A further 16 providers are actively working towards accreditation.



React to Falls

Falls are one of the top three reasons for hospital admissions for people over 65 and can result in some severe injuries or disabilities. These can be frightening, affecting a person's confidence in their mobility.

The React to Falls campaign was launched in January 2020. The campaign includes free training, tools and educational materials and local care providers will be able to gain accreditation.

In December 2019 we also facilitated a falls awareness event. A range of agencies attended, including Care Homes, Home Support Agencies, University Hospital Coventry & Warwickshire, Coventry and Warwickshire Clinical Commissioning Group and Coventry and Warwickshire Partnership NHS Trust. It was a chance for agencies to share their knowledge and approaches.



Red Bag Scheme

The 'Red Bag' scheme is a national initiative that helps care homes plan for hospital admission of their residents, ensuring all the necessary background information and anything of importance is kept in a bag which follows the person during their admission to hospital and through to their discharge.

To date there are 33 providers fully accredited to the Red Bag and actively using the bags, a further 22 providers are working towards accreditation. We continue to work with University Hospital Coventry & Warwickshire to improve the use and understanding of the Red Bag.

Nutrition and Hydration

A 'Nutrition and Hydration' quality improvement campaign pilot was launched to improve the identification of malnutrition and increase awareness of how eating and drinking well can support health, wellbeing and care outcomes.

The pilot had a positive impact on the reduction of the incidence of urinary tract infections and therefore reduced the use of antibiotics and hospital admissions. Following a successful pilot, the 'Think! Food and Drink!' accreditation scheme has now been established. For care homes to achieve the 'Think! Food and Drink!' accreditation care homes are expected to achieve certain criteria and standards which will be required to continue in order to retain their accreditation, for example the number of staff who have completed nutrition and hydration training.

Adult Social Care's Unsung Heroes

These are just some examples of how individuals and teams in Adult Social Care have gone the extra mile to provide care and support during COVID-19

All Age Disability Team

Pulled out all the stops to maintain the service, operated differently and adapted to change, maintaining their commitment and enthusiasm.

Adult Commissioning Team

Working relentlessly showing dedication and humanity to ensure support is available to so many older citizens and younger adults with disabilities.

Copthorne Lodge

Staff provided socially distanced activities to keep up morale of tenants and helped them with technology to allow them to chat with family members.



Eric Williams House

Thanks to staff for always keeping a positive outlook through these hard times and keeping residents happy.

Housing with Care Team

Working relentlessly showing dedication and humanity to ensure support is available to so many older citizens and younger adults with disabilities.

Chris Green, Team Leader, Promoting Independence Service

Chris Green - Always there to give advice, even outside of her working hours. Regular video chats with her team even though staff have been moved to different service areas.



April Ross

Guided and supported staff, ensuring that all services have enough PPE by pre-planning and sourcing different places to get the needed equipment.

There day, night and at weekends to answer any questions or even just talk through a situation.

Outreach Support Service

Gone above and beyond to support vulnerable people who have experienced some really difficult and scary situations during lockdown, offering "on-call" support and continuing to visit people over the weekends and bank holidays.

Quinton Lodge

Worked together as a team to ensure the safety of tenants and putting a smile on their faces. Worked extra shifts and helped out wherever they could.

Rae Bottrill

Made sure services remain accessible and staff are safe and well equipped to do their jobs. Constantly liaising with Council colleagues and NHS to provide a seamless service.

Shared Lives Scheme

Continuing their role throughout the day and night they have supported and protected adults that live in their homes as part of the Carers family. Recently rated outstanding by the Care Quality Commission (CQC)

Sharon Mitchell

Supported not only her own team throughout the pandemic, but also her colleagues across all six Housing with Care schemes. Through patience and perseverance Sharon has made sure tenants in all schemes have some connection to the outside world.



Performance Matters

On a yearly basis Adult Social Care undertake a survey of the experience of adults in receipt of support and every other year we undertake a survey of the experience of carers. This infographic shows our performance. This information helps us set our future priorities and identify any areas for improvement.

Understanding the views and experiences of adult social care CARERS 2018/19

About the survey

A random selection of people with caring responsibilities who received an assessment or review within the 12 months prior to 31 August 2018



483
people gave us their feedback during October - November 2018



Ages of people with caring responsibilities varied between 19 and 67
Average age was
67



57% of people with caring responsibilities were female, **36%** were male, the rest was not recorded



Of the people who were being cared for
70% had physical support, **7%** had learning disability support, the rest had mental health, sensory, memory or social support

Enhancing the quality of life for people with caring responsibilities



Carers reported quality of life

15 out of **24**



38% said they had as much social contact as they would like

Ensuring that people with caring responsibilities have a positive experience of care services and support



4 in 10 carers said they were satisfied with the social care support they received



60%

said it was fairly easy to find information about services

Ensuring people with caring responsibilities are included and consulted in discussions about the person they care for

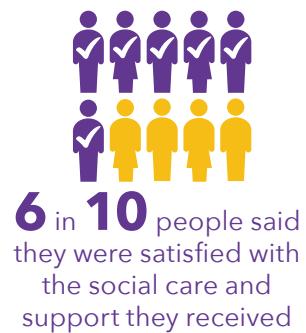
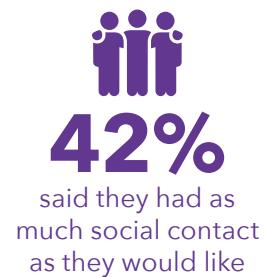
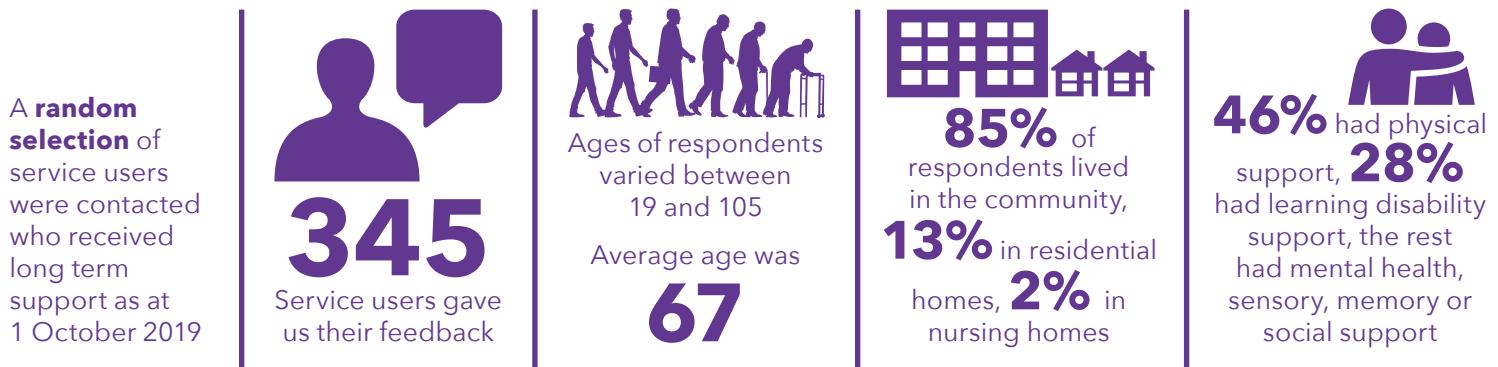


73%

of people with caring responsibilities felt included or consulted in discussions about the person they care for

Understanding the views and experiences of adult social care PEOPLE WITH CARE AND SUPPORT NEEDS 2019/20

About the survey



Celebrating Our Own Strengths - Awards and Good News

Bringing it All Together

In February 2020 representatives from across Adult Social Care came together to discuss and celebrate the strengths of the service with workshops focusing on the work undertaken to embed strengths-based practice. The session explored people's passion for the work they do and was a real opportunity to celebrate the good work completed by the workforce.



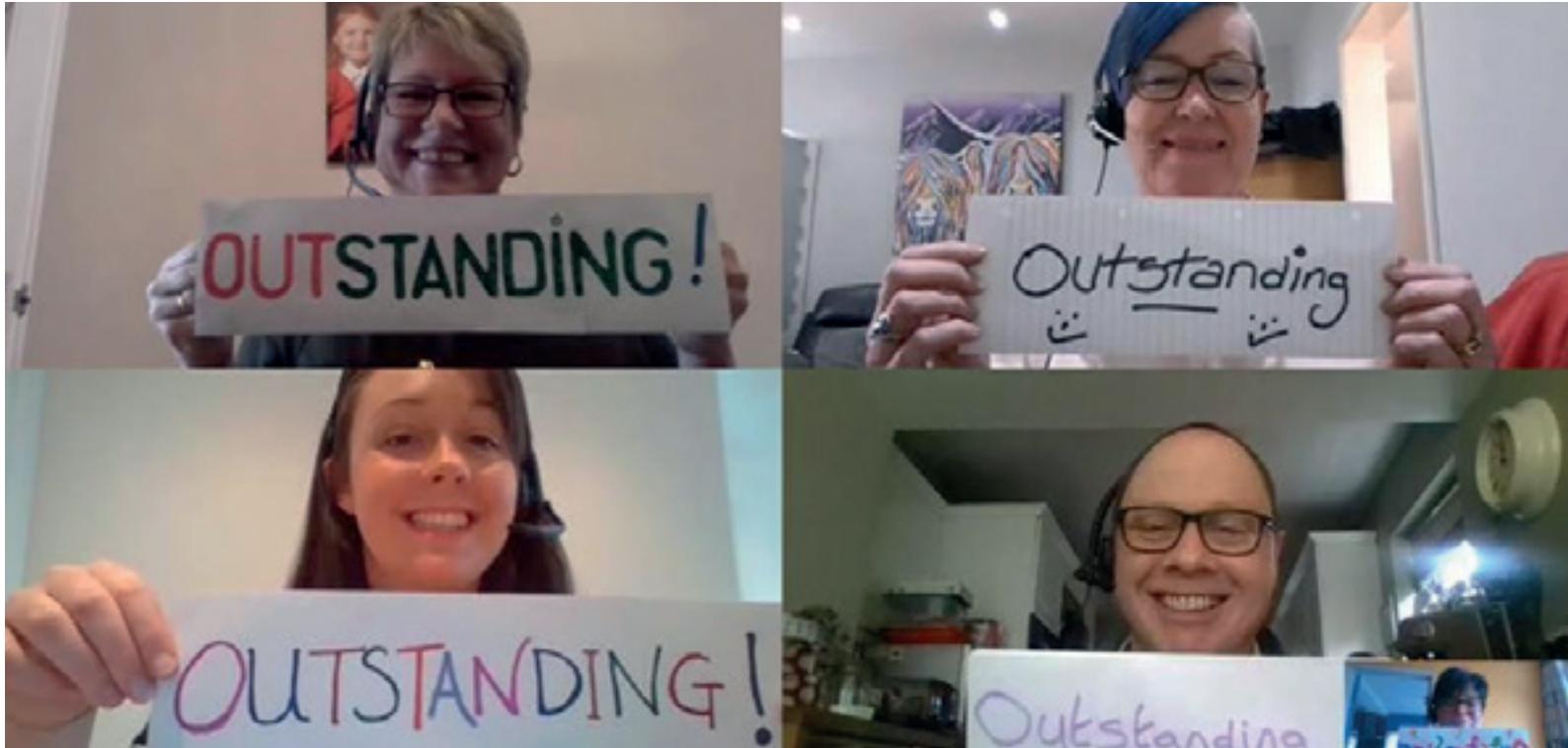
Coventry and Warwickshire Partnership Trust Employee of the Season



Jo Rathbone a Mental Health Social Worker was named an Employee of the Season this year by the Coventry and Warwickshire Partnership NHS Trust. Jo works in the Integrated Practice Unit at Longford, supporting older adults with dementia and is a highly valued member of the team.

Colleagues said. 'It is great to see her hard work, dedication and commitment rewarded in this way'.

Jo was a joint winner of the award and was presented with her certificate by Jenny Horrabin, Associate Director of Corporate Affairs.



Shared Lives Outstanding CQC Inspection

In February 2020 Shared Lives received a CQC inspection and were awarded an "Outstanding" CQC Inspection. Karyn Ross the Registered Manager of the Shared Lives Scheme had this to say,

'As a Registered Manager, CQC Inspections always come with some trepidation, we are forever concerned we don't have enough evidence to meet all the key lines of enquiries set by CQC, but it felt different this time, and I was actually looking forward to it, and rightly so. The Scheme was more than prepared to evidence how committed and passionate we are about the work we do, from the Carers who open their lives and homes, to the people who live in Shared Lives placements and the team who continuously strive to provide the best service.'

The report captured the true essence of the Shared Lives Scheme. The feedback contained in the report included:

'Staff working at the service took pride in the partnerships they had developed and how these had empowered the people they were working with.'

'Staff strove for excellence to achieve the best possible outcomes for people'

'A person beamed with pride because they felt at home but also because they had achieved so much.'

The report reaffirms why the Scheme works in the way they do, achieving real life opportunities for people requiring additional support in their lives and the Scheme couldn't be prouder of its achievements.

To read the report, click [here](#)



The National Learning Disabilities and Autism Awards

In June 2019 two of our internally provided services achieved national recognition at the National Learning Disabilities and Autism Awards 2019.

Frances Longden, a Support Worker in the Learning Disabilities Outreach Team was nominated for "Making a difference" and Suzanne Horner and her team in our Promoting Independent Living Service for the "Supported Housing Awards".

Carers Conference and Carers Awards



During Carers Week in 2019 we held our very first joint Carers Conference in partnership with Warwickshire County Council. Over 100 people attended, carers and a range of professionals who are passionate about developing the support for carers across the city. The conference will help inform a refreshed version of the Carers Strategy.



Later in July 2019 the Carers Trust Heart of England hosted their first ever Carers Awards at Coombe Abbey. The Awards were a chance to celebrate the amazing work undertaken by unpaid carers, celebrate the successes of organisations such as GP surgeries, schools and mental health settings who have undertaken Carer Friendly Awards.

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Alzheimer's Society win National Award



Our Local Alzheimer's Society won two national awards back in May 2019.

The staff and volunteer team at Coventry Alzheimer's Society had a wonderful end to Dementia Action Week when both the Barras Green Day Centre and Coventry Dementia Support Services won a People's Award, travelling down to St James's Palace for the presentation by HRH Princess Alexandra.

Principal Social Worker Annual Report

The image is a scanned document titled 'ANNUAL REPORT OF THE ADULTS PRINCIPAL SOCIAL WORKER 2019/20 KEY ACHIEVEMENTS AND DEVELOPMENTS'. It features a blue header bar at the top with the title and a decorative graphic of a horse's head on the left. The main body of the report is divided into several sections with sub-sections and bullet points. At the bottom, there is a large blue footer section containing the Coventry City Council logo and the text 'Priorities for 2020/21'.

Most areas now have a Principal Social Worker for Adults and Children's, supported by national and regional networks. The Care Act 2014 says local authorities should make arrangements to have a 'qualified and registered social work professional practice lead' in place.

In support of ensuring visibility for the role and celebrating achievements, our Adults Principal Social Worker, Andrew Errington, has produced a second annual report.

Read the report [here](#)

Adult Social Care Peer Challenge

3rd to 5th March 2020



Within Adult Social Care there is no formal regulatory or inspection framework. As an alternative the approach of sector led improvement is taken where Adult Social Care seeks to improve through learning from elsewhere and opening itself up to challenge in a manner that provides opportunities for improvement.

Peer Challenges are an important part of this approach, where at periodic intervals a peer challenge team, led by a Director of Adult Services from elsewhere within the West Midlands visits a local authority for a period of three days to undertake a peer challenge. The Peer Challenge

process also includes a case file audit in which a team of three Principal Social Workers review 20 social work cases and social work practice.

[Read about Peer Challenges here](#)

Peer Challenges focus on Key Lines of Enquiry (KLOE)

For Coventry these were;

- A number of changes have been made to how we support people at home in recent years. We want the Peer Challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities?
- The work to develop on our promoting independence approach is ongoing and this will always be the case. Can the Peer Challenge team advise how we might improve further in this area and what opportunities for improvement exist through working closer with internal and external stakeholders?

The Peer Challenge identified many positives in respect of progress made in Adult Social Care in Coventry and suggested that we should consider focussing on the following areas to enable adult social care in Coventry to continue to develop:

- To ensure a 'One Coventry' focus, involving communities, the voluntary sector and other providers in the plan for adult social care
- To develop our commissioning approach with Public Health, creating more diverse support and shaping of the voluntary and community market
- To ensure our commissioning approach incorporates co-production and engagement with people and their families who access services
- To review our accommodation and support offer to ensure residential care is only used when needed and improve provision for younger adults
- To better understand the reasons, how and why people access residential care
- To continue to prioritise the use of digital technology through a clear strategy

Although since the peer challenge a lot of our normal improvement work has been put on hold due to COVID-19, the changing circumstances has enabled us to make progress in a number of these areas, for example:

Use of technology

Our use of technology to support our assessment activity has grown significantly. Whereas the majority of our work was completed face to face doing things remotely has been the norm wherever possible. As we progress achieving the right blend of technology and face to face work will be required to ensure we engage with people in a way that is effective.

Community based assets

We have engaged with community-based organisations in different ways to support people affected by COVID-19. This includes establishing new relationships and flexible approaches to support those impacted by shielding and other vulnerable groups. This work provides us a strong foundation to further develop community-based approaches.

Joined up and timely support

We have worked with health partners to rapidly speed up the hospital discharge process and established 7-day working. The extent to which this work progresses and is mainstreamed is a matter for all partners to consider.



What's Next?

Proposed Key Improvement Themes for Adult Social Care

Reflecting on the Peer Challenge earlier this year, our own service model and our work with partner organisations we are framing the next stages of our improvement work under the four key areas identified below.

We are keen to engage stakeholders in this work as we develop it to help ensure we are focussing our efforts on the areas of highest impact. One way we will be doing this is by using 'Let's Talk Coventry' a web page where people can have their say on key issues and developments.

Our Promoting Independence Model

We have over several years been clear about our service focus on promoting independence. We now want to take this model further and combine our resources with those of partners in the city to support people to prevent deterioration and to actively support themselves as much as possible. This means looking first at what people can do with their skills, resources, relationships and their communities.

Accommodation Offering Care and Support

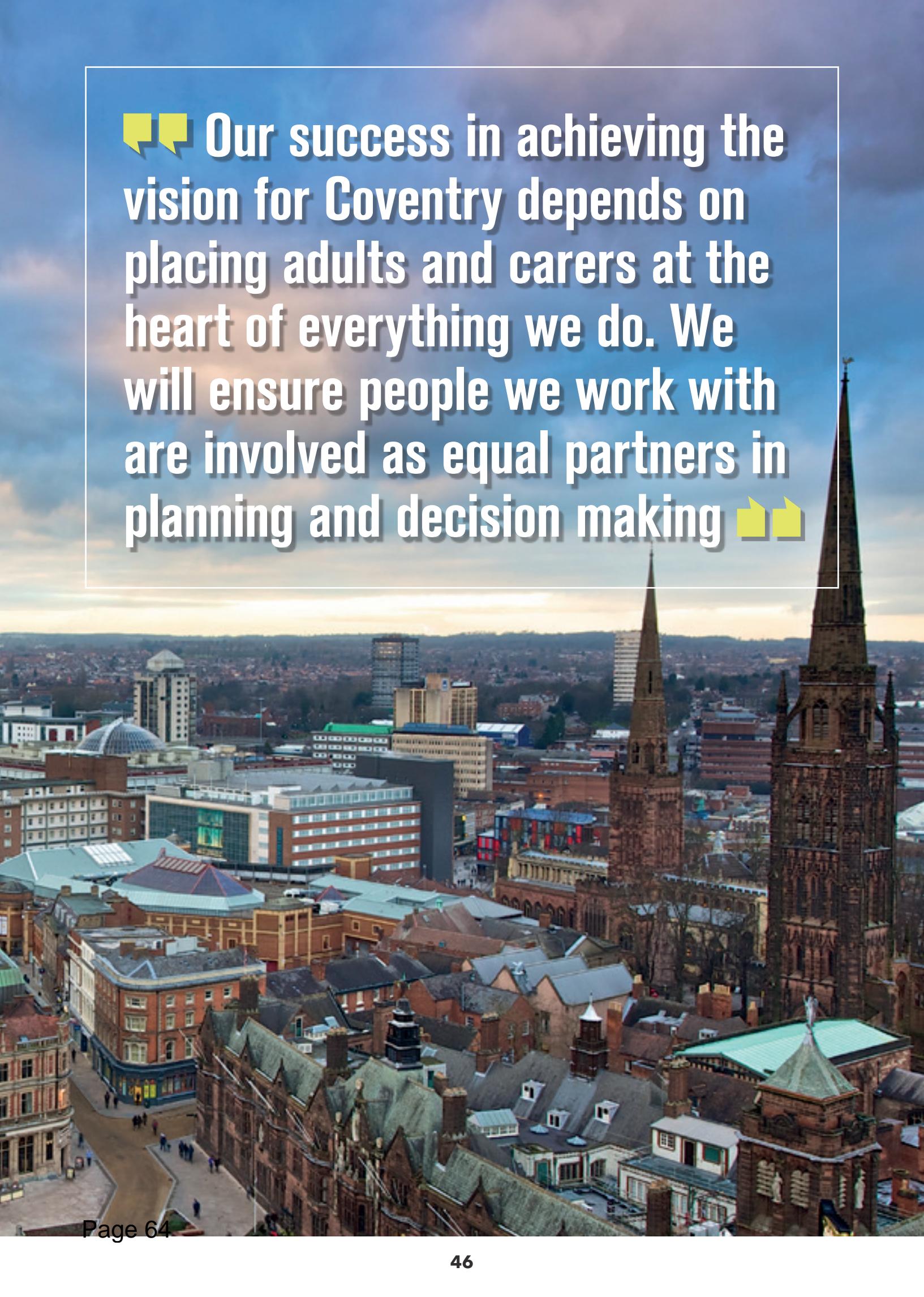
Our continued commitment to support people at home remains a priority. However, when an alternative is required, we seek to ensure this offers the best opportunity for reablement and promoting independence. We will do this by encouraging and supporting the development of facilities within the city offering provision for people to live as independently as possible, even when they require care and support to do so.

Locally Based Support

We will continue to work with the local care providers and to enable future stability and resilience by setting standards and managing costs robustly. We will also utilise opportunities to work with local communities and organisations to improve access to support. This will strengthen our model of supporting people at home whilst including a focus on accessing support and resources available in the local area.

Digital Technology and Innovation

In order to maintain and develop modern, person centred services, we will use technology enabled care opportunities and ensure our workforce are equipped with technology to work agilely and support people effectively. We will focus on self-service wherever possible, giving people the opportunity to access adult social care on their terms, at a time and place of their choosing.



Our success in achieving the vision for Coventry depends on placing adults and carers at the heart of everything we do. We will ensure people we work with are involved as equal partners in planning and decision making

Glossary

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

Promoting Independence

Short-term services which aim to maximise the independence of the individual. At the end of the support, ongoing care and support services will be arranged as required.

Peer Challenge

A sector led review involving a team of senior Adult Social Care Managers and an Elected Member from other West Midlands Local Authorities and a local "expert by experience" spending three days reviewing our services.

'One Coventry'

One Coventry is how we describe the Council's objectives, key strategies and approaches. It includes the Council's vision and priorities; new ways of working; and core areas of activity.

Safeguarding

Safeguarding is how we work with people to prevent them experiencing harm from others or sometimes themselves. It includes helping people recover when they have been abused.

Carer Assessment

If you care for someone, you can have an assessment to see what might help make your life easier. This is called a carer's assessment.

Preparing for Adulthood

Preparing for Adulthood is an umbrella term used to describe the transition needs and arrangements for children with special educational needs and disabilities as they move from childhood into adulthood.

Travel Training

Travel Training provides people with the knowledge and skills they need to travel independently, whilst providing parents and carers with peace of mind that people are travelling safely.

Asperger's Syndrome

Asperger syndrome is a form of autism. People with Asperger syndrome may find difficulty in social relationships and in communicating.

Housing with Care

Housing with Care, sometimes known as Extra Care, is housing designed for older people, with various levels of care and support available on site.

Assistive Technology

This is an umbrella term for any devices, equipment or systems that help maintain or improve a person's ability to do things in everyday life. These can assist with a range of difficulties, including problems with memory and mobility.

Short-term Support

Short term 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.

Motivational Interviewing

Motivational Interviewing is a technique that attempts to help people find the motivation to make positive decisions.

Care Act Easements Guidance

The Care Act easements allow local authorities to cease formal Care Act assessments, applications of eligibility and reviews.

Useful contacts

Adult Social Care and Communities Directory

This online directory has all the information and advice you need in one central place, so you can find the information you need easily.

Website: <https://cid.coventry.gov.uk/>

Council contacts and Mental Health Services

Adult Social Care Direct	The first point of contact for any referrals into Adult Social Care.	024 7683 3003
Emergency Out of Hours (After 5pm Monday to Thursday, 4.30pm on Friday and through the weekend)	For urgent enquiries / emergencies only outside of normal office hours.	024 7683 2222
Main Council Customer Services	The main switchboard for Coventry City Council.	080 8583 4333
Central Booking Services (Mental Health Services)	Run by Coventry and Warwickshire Partnership Trust (CWPT), this is the first point of contact for people accessing mental health services and CWPT services.	0300 200 0011

Other organisations

Age UK Coventry	Supporting adults 18+ providing information and advice, support and groups.	024 7623 1999
Alzheimer's Society Coventry	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	024 7665 2602
Carers Trust Heart of England	One-stop shop for unpaid carers of all ages.	024 7663 2972
Coventry & Warwickshire MIND	Support for people living with a mental health condition.	024 7655 2847
Macmillan Cancer Support	Cancer Support Service.	024 7696 6052
Healthwatch	Independent organisation supporting people to have their say in health and social care services.	024 7625 2011
SEND Information, Advice and Support Service	Providing information and advice to young people with disabilities and special educational needs.	024 7669 4307

Special thanks to...

Kyle, Stephen, Pete, Damien and Kerry

Elizabeth

AB

William and Joyce

Douglas and his family

Mark

Residents of Harry Caplan House

Casey and her mum Lesley

CV Life and Tina

Library Services

The staff at Adult Social Care

Contact Us

You can contact us about this report at
getinvolved@coventry.gov.uk

You can contact Adult Social Care Direct at
ascdirect@coventry.gov.uk
024 7683 3003

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

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Adult Social Care

Annual Report 2019/20 and Adult Social Care Peer Challenge

Scrutiny Board 5

23 September 2020



Purpose and Content

Purpose:

To engage with SB5 on the annual report 2019/20 and the outcome of the adult social care peer challenge undertaken in March 2020. Seek views and comment in advance of consideration by Cabinet on 13 October 2020

Content:

- Annual Report 2019/20 - highlights
- Performance summary and progress
- Adult Social Care peer challenge 3-5 March 2020
- Areas for consideration
- What we have progressed since the peer challenge
- Improvement Priorities and next 12 month focus
- Co-production and Engagement
- Questions



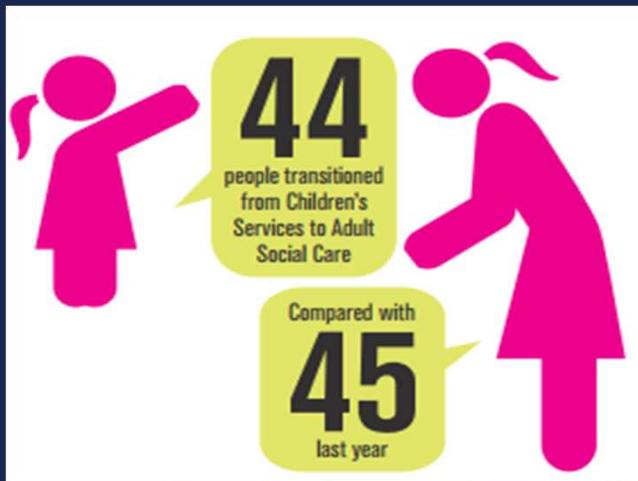
Annual Report - Highlights

The Local Account is an Annual Report

- It highlights what Adult Social Care service is doing to help improve the lives of those who require our support
- The Local Account demonstrates performance and highlights improvement opportunities
- The report focusses on case studies demonstrating experiences and outcomes
- The next slide/s highlights some of the key data and information contained in the report, reflecting on our performance over the last year



Expenditure and Activity Pages 10-11



Adult Social Care receives a large volume of requests for support on a day-to-day basis. Our aim is to maximise people's independence and support people in the least intrusive way

10,534 new requests for support
(a small increase on last year's figures of 10,367)

7% of requests resulted in a long-term service (increase on last year's 4%)

25% received low level support
(increase on last year's 23%)

21% received a short-term service to promote independence
(increase on last year's 16%)

4,453 people received long term support during the year
(an increase of 2.7% on last year's 4,331).
Of these, 1,527 people received a planned or unplanned review throughout the year

CARERS RECEIVING AN ASSESSMENT

Adult Social Care has an equal responsibility for anyone providing unpaid care within the city

Anyone providing necessary care to another adult is entitled to a carer's assessment

655 carers had their needs assessed of which 232 received a separate assessment

796 carers received support

ON
COVENTRY

Safeguarding Page 12

SAFEGUARDING

Protecting adults to live in safety, free from abuse and neglect is a core duty of Adult Social Care. The rising rate of safeguarding concerns reported suggests people know how to report abuse and we are addressing concerns without the need for an enquiry or investigation



HOW DO WE COMPARE?

Coventry has a higher rate of concerns per 100,000 population in 2019/20 (1534) compared to 2018/19 for England (943) and West Midlands (958) but thorough initial enquiries address these sooner without the need for a full enquiry. 2019/20 comparator data is due to be published in November 2020 on the NHS Digital Adult Social Care Analytical Hub

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 3% (65) reduction in the number of applications from **2,315** in 2018/19 to **2,250** in 2019/20

254 (11%) are in due process compared to **270 (12%)** in 2018/19

In 2019/20 there were **1,996** completed applications which is a 2.5% decrease on 2018/19's **2,045**

There was a decrease in applications granted after **6 MONTHS** of being received from **36 (3%)** in 2018/19 to **22 (2%)** in 2019/20

HOW DO WE COMPARE?

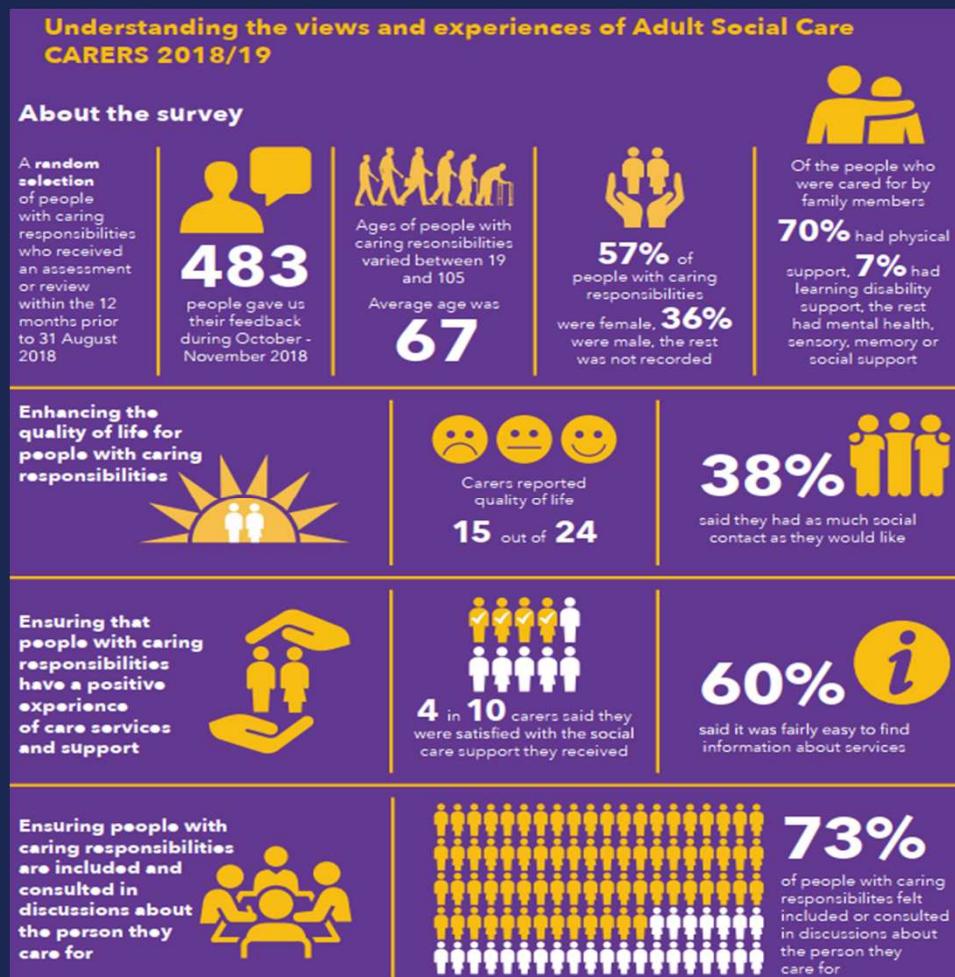
Comparator information will be published at the end of 2020, however, we know last year, we saw a higher proportion of applications compared to other regions that Coventry shares similarities with. Similarly, we completed a higher proportion of assessments than our comparators. Nationally, local authorities completed on average DoLS applications per 100,000 of the population and in Coventry this figure was 873 applications per 100,000

Liberty Protection Safeguards will replace DoLS in April 2022

Impact Stories Pages 14-21



Impact Data Pages 38-39



Current Performance

3 statutory returns were submitted in 2019/20 with national data being released from December 2020. Our initial summary based on latest available benchmarking is:-

We continue to have a lower rate of people in long term support per population than that of our comparators. Contributing to this is a lower number of new requests for support and a higher proportion of these receiving short term support than comparators. There has been an increase in admissions into nursing/residential care and people going straight into long term support for the 18-64 age group.

Our activity indicators are maintaining the same performance as last year, with a positive reduction in new admissions into nursing/residential care for those aged 65+

Quality indicators are broadly comparable. There is a declining yearly trend in people feeling they have as much social contact as they like and people who use services feeling safe.



Evidence of progress since 2018/19 annual report

Make a strengths-based approach our standard practice

Strength-based Practice Framework in place and embedding – supported through ongoing training and practice development e.g. Motivational Interviewing

Ensure our 'Promoting Independence' pathway is our first offer

New front door model in place, greater input from Therapy rather than Social Work
Promoting Independence model now introduced in Mental Health Service

Improve service productivity and effectiveness, including the option for 'self-service'

Introduction of Financial Assessment digital tool has removed the requirement for home visit assessment and offers easier access

Ensure our delivery models are as effective as possible

Requirements of COVID-19 have led to the ceasing and alternative provision of some of our services

New operating models have been supported to enable infection control and prevention

Additional support has been offered via Carers Trust to ensure carers can continue to provide essential care and support



Peer challenge – what is it?

- A sector led improvement approach taken within Adult Social Care
- Periodic peer reviews are undertaken by a review team led by a Director of Adult Social Care (West Midlands)
- The Peer Challenge will focus on specific Key Lines of Enquiries agreed with the host authority
- The peer challenge provides the opportunity to:
 - Gain learning from elsewhere within the sector – utilising the different experiences and perspectives that the peer challenge team bring
 - Highlight what we are doing well and are proud of
 - Gain a greater understanding of where improvements can be made

Coventry chose the following 2 Key Lines of Enquiry for the Peer Challenge which took place 3rd – 5th march 2020

A number of changes have been made to how we support people at home in recent years. We want the peer challenge team consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities?

The work to develop our promoting independence approach is ongoing and this will always be the case. Can the peer challenge team advise how we might improve further in this area and tell us what opportunities for improvement exist through working closer with internal and external stakeholders?



Peer Challenge

Areas for consideration

Develop our commissioning approach – in conjunction with the voluntary and community market to create diverse provision, utilising assets

Involvement, co-design, co-production – commission from this position

Have a holistic approach to transformation – think One Coventry

Connect to the council wide One Coventry ambition e.g. re-invigorate the delivery of integrated care with Health

Review our accommodation and support offer

Have a Digital Strategy aligned to corporate approach

Address patient/service user flow through the system to reduce residential care and increase personalised care



Our Transformation Story so far (Strengths Based Working)

key elements of transformation:

People – demonstrated through creation of new roles at Front Door, Community Broker, closer work with health partners, e.g. Place Programme Board, data sharing

Process – demonstrated through the transfer of Brokerage into our Commissioning

Structures – demonstrated through the partnership working commenced during the pandemic – data sharing and forums joining up partners more closely

Culture – adoption and embedding of strengths-based practice, agile and remote working

Technology – adapting to increased digital use e.g. ASC early organisational adopter of MS Teams (drives the transformation but requires the 4 elements above to adapt to make change happen)



Covid-19 has stimulated quick progress

Digital

- Remote working in Social Work in Older People, Disability and Mental Health Services (with the exception of AMHP work – due to nature of work)
 - Increased to approx 70 % virtual work /30 % face to face
 - pre covid was approx 10% virtual work / 90% face to face
- All staff embraced and broadened use of Microsoft Teams
- Financial Assessments (FA) transitioned to on-line service delivery – Between Apr-July over 500 FA referrals completed via remote assessment processes
- Utilisation of video conferencing for assessments introduced and increasing usage
- Use of shared health and LA data in our response to Operation Shield

Patient flow

- 7 Day Hospital Discharge Service introduced in partnership with Health

Commissioning approach - community

- Established new partnerships with potential for long term impact - CV Life (Operation Shield) In Coventry nearly 14k people were identified as needing to shield and CV Life volunteers made over 24k calls to those identified, nearly 3k food parcels delivered and 2k people supported with social contact
- Some service closure and reduction (Care Act Easements) and recommencement where appropriate required differences in how people are supported
- Enhanced Carers Support offer

We have been doing other things too....

Recruitment campaign to increase Personal Assistants within the city

Projects related to development of alternative accommodation commenced

Mapping of provider ICT resources to understand needs for adoption of increased digital innovation

Preparation for introduction of Liberty Protection Safeguards

Protecting the most vulnerable residents through our Internally Provided Services – contained COVID 19 Infection

Shared Lives Scheme achieving Outstanding – CQC Inspection

Development of the Integrated Care Record with Health partners

Remote monitoring pilot with two care homes, sponsored by local GP

Support to the care market including; provision of training, guidance and support to providers on PPE, Infection Control

Recruitment offer for providers utilising our in-house Recruitment Service to ensure care workforce maintained



Proposed Priority Improvement Themes

Our Promoting Independence Model

- Continuing our focus on promoting independence and combine our resources with partners, including Public Health, in the city to support people to prevent deterioration
- Looking first at what people can do with their skills, resources, relationships and their communities
- Support unpaid carers to continue to enable the people they care for to be as independent as possible

Accommodation offering care and support

When alternative accommodation to remaining at home is required we need to ensure this offers the best opportunity for reablement and promoting independence.

- We will encourage and support the development of facilities within the city offering provision for people to live as independently as possible, with support if needed

Locally Based Support

- We will continue to work with the local care providers and to enable future stability and resilience by setting standards and managing costs robustly.
- We will also utilise opportunities to work with local communities and organisations to improve access to support.
- This will strengthen our model of supporting people at home whilst including a focus on accessing support and resources available in the local area.

Digital Technology and Innovation

- In order to maintain and develop modern, person centred services, we will use technology enabled care opportunities and ensure our workforce are equipped with technology to work agilely and support people effectively.
- We will focus on self-service wherever possible, giving people the opportunity to access adult social care on their terms, at a time and place of their choosing.



The next 12 months

Activity focused on two key and interlinked areas:

1. Managing the ongoing impact of Covid-19

- Care home and care market support and sustainability including infection prevention and control
- Hospital discharge
- CHC recovery
- Winter preparedness and resurgence readiness
- Financial planning and resources

2. Service development:

- Use of technology
- Delivering enhanced support to carers
- Community and voluntary support
- Accommodation offer
- Continue the restoration and remodelling of face to face services including day opportunities



Engagement and Co-production

cognising that the need for greater co-production has been an ongoing feedback theme and that even when meaningful attempts are made to engage and co-produce these often produce limited input, we will continue to seek additional opportunities to engage with partners, service users and staff.

our current model:

Our **ASC Stakeholder Group** (representatives of this group were part of the Peer Challenge Team) meets regularly and is an open group welcoming new members

The Stakeholder Group has its own newly created dedicated **Let's Talk Platform** to enable wider engagement. Contacting those who have responded to our **real-time feedback survey** saying they would like to get involved

Working with **community partners** e.g. CV Life, to shape the future operating model

Arguably the most important is that we **Co-produce at an individual level** – when working to increase independence and planning care and support



Engagement and Co-production

What else are we planning to do?

Create a **Let's Talk Adult Social Care Future Plans** platform to increase opportunities for input

Produce more **accessible communication materials** for engagement i.e. poster, video, feedback survey

Share proposals and **engage with wider forums**; Healthwatch, Health Partnership, internal partners, e.g. Public Health, Extended Leadership Team

Share proposals and seek feedback from **Carers** via the Carer's Bulletin and group

Increase engagement with providers – make this quick and easy i.e. using a poster, video, short survey



Thank you – any comments and questions?



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WMADASS
Shire Hall
Abbey Foregate
Shrewsbury
Shropshire SY2 6ND

12 March 2020

Peter Fahy (DASS)
Coventry Council

Sent via - Peter.fahy@coventry.gov.uk

Dear Pete

Coventry Council Adult Social Care Peer Challenge March 2020

I write to give you formal feedback following the peer challenge that was recently undertaken. This builds on the provisional feedback that was shared with you and the wider team on the 5th March 2020. (A copy of the final presentation and the practice review is attached as an appendix).

Whilst I led the peer challenge team as the Lead Director, I was also joined by colleagues, Mary O'Hagan, Karen McKay, Cllr Polly Andrews, Sarah Dillon, John Williams and Mike Strauss.

On behalf of the rest of the team and West Midlands ADASS I would like to express thanks to Mary O'Hagan and Karen McKay for their contributions, but also to Coventry for enabling them to join the team. Their enthusiasm, insight and the level of focus on the key lines of enquiry was of great value whilst we were on site. Going forward they are committed to supporting Coventry on further developing its adult social care vision and delivery of sustainable and integrated services, we hope their participation in the peer challenge will help with agreeing that vision.

You asked for the peer challenge team to explore two specific areas:

1. A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own homes
2. The work to develop our promoting independence approach is on-going and this will always be the case. Can the peer challenge team advise how we might improve further in this area and tell us what opportunities for improvement exist through working closer with internal and external stakeholder

This letter provides a summary of our findings and recommendations. The feedback presentation given on the 5th March 2020 and the practice review final report are also attached as appendices.

Summary

Coventry as a city and council continues to transform, and since the last peer challenge the progress, including the city developments are all evidence of how much has already been achieved. The One Coventry approach adopted by the council, and now being reflected in the leadership model should provide an effective vehicle for integrating place and people delivery plans. This alongside the commitment from the

chief executive, and the wider leadership team to focus energy on supporting adult social care to improve outcomes and manage demand effectively is very positive.

The timing of this renewed commitment to social care is important as Coventry in common with other places in the country faces more demand in social care, with less resources available, as well as major change in the NHS. Coventry adult social care, and its leadership team have done an excellent job in managing resource, and steadily improving outcomes for the residents of Coventry over recent years, and the practice review demonstrated the progress made in strengths based practice by operational staff.

As demand and cost continue to grow, the peer challenge team thought that moving forward adult social care should embrace the opportunity that the One Coventry leadership model offers. Seek to explore and build a stronger community asset based offer in local places for those who are not yet in contact with formal services, and to support those living with disability who want to live in their home as independently as possible. Any strategy and delivery plan in this area which will help manage demand, should build on the existing public health developments, be responsive to the maturing primary care networks and utilise the energy in local community and voluntary groups that exist.

The team heard from a range of people and groups that they believe they have more to offer in helping design and develop commissioning and delivery of adult social care going forward. They are willing to offer skills, experiences and time to helping Coventry adult social care build a strong community offer, and to develop a commissioning approach that is strengths based, and offers a range of services, and flexible ways to live independently. They feel they are underutilised at present. The team were very impressed with your performance management, and the team you have in place. They may offer an opportunity to extend their focus into performance development, and developing an approach to co design, and monitoring progress in this area. This may include developing some routine collection of service user and carer insight at different points of the pathway to inform delivery plans.

Key Line of Enquiry 1

The peer challenge team were very impressed with the visible openness to improvement and self-reflection from politicians, commissioners, operational staff, and partners in Coventry. This ethos has clearly helped to maintain the strong performance of adult social care, and some examples of improvement such as in delayed discharges of care for adult social care at a time when pressures have been so significant across the system.

Whilst residential and nursing care will always be the right place for some people, the Coventry data does suggest that it is placing more people in this type of care than the England average and its comparators, in both the 18 – 64 age group and the over 64 age group. The peer challenge team observed a number of possible drivers for this

System leaders are clearly very committed to integrating health and care pathways, and the plans that are held across the system are very credible, particularly those relating to community health and care support. The team was not clear about the status and level of implementation of some of these plans, which were originally conceived in 2016 and particularly the maturity of multi-disciplinary teams. The data set on funded health care and continuing health care needs further development, and then some detailed analysis by commissioners at a health and social care system level to understand the key messages and whether current commissioning plans are aligned. This includes whether personal health budgets and direct payments, alongside flexible payment mechanisms are enabling people to live as long as possible in the community. The peer challenge team heard from a number of different sources that the bed-based pathways are not working effectively, and that people are entering bed based care at times due to pressure in the system and

the need to maintain flow. It is therefore worth exploring those original plans agreed at a system level, for integrated health and care pathways and multi-disciplinary working to assess how far they have been implemented. This together with reports of some capacity that could support people in the community being underutilised may offer a way of reducing the use of residential and nursing care.

Strengths based practice has improved significantly in operational teams, however the peer challenge team felt that the commissioning plans needed to be developed further to address some of the potential gaps in the range of flexible support on offer. This includes different types of accommodation and tenure, alongside building capacity and connecting people into local community and voluntary support in addition to their formal care provision.

The peer challenge team heard some very positive feedback about the emerging partnerships with health at the system level, including how to make best use of the available resources across health and social care to achieve better outcomes and avoid admissions to hospital. Health partners clearly see Coventry Council as a good and committed partner and acknowledge the pressures that adult social care faces in terms of resources.

Through the emerging primary care networks, the current public health offer in the community, which includes social prescribing, adult social care has an opportunity to develop its strengths-based and ensure it is focused on prevention and early intervention to support demand management. Co designing this support with people and their families who use services will ensure it is a truly effective and flexible use of community assets and responsive to the local place and need.

Key line of enquiry 2

Adult social care in Coventry has a very effective and impressive promoting independence offer. It is delivering tangible results, using the resources available effectively to manage rising demand. the peer challenge team heard some excellent examples including the development of a community broker, the strengths-based practise and examples of micro commissioning with individuals providing some very personalised community care.

Since implementation of the Care Act 2015 adult social care is on a journey of development as it moves away from a care management approach. In order to continue to be effective in the management of demand and shifting towards an outcome-based approach the peer challenge team felt some areas should be the focus.

The commissioning programme and intentions are well thought through but appear to be mainly focused on the procurement process and the contracting of current service models. A shift towards exploring what other areas are developing in this area, particularly in the space of developing more community asset capacity, connecting and supporting local community and voluntary activities the team felt should be prioritised. Without this the progress you have made in strengths-based practice may not continue at the pace you would like. Strengths based operational practice will flourish further in a commissioning environment that offers a range of flexible support, supported by personalised payment mechanisms such as individual service funds, and diverse personalised providers.

The peer challenge team heard that the energy and commitment in the local community is in place, but it would benefit from more involvement from commissioners and opportunities to share good practice and reflect on opportunities for development. If this could be connected with the current public health activity in the prevention space, then the impact on outcomes could be very significant.

The peer challenge team also concluded that the One Coventry approach offers an opportunity for adult social care to access the skills and knowledge of the wider council. This will enable adult social care to develop with the wider council a more diverse accommodation offer for all ages, exploring alongside this how technology and a place based approach will allow people with disability to live, work and play as independently as possible in Coventry including those currently placed outside of the city.

The Coventry adult social care offer was felt by the team to be a strong one and going forward it will continue to deliver for Coventry residents and their families successfully. The existing work is ambitious and in order to maximise the opportunity offered and deliver transformation at pace, the team felt that the capacity to support transformation needs reviewing. The team felt that focusing more resource on embedding an ethos of co design in all pathway development work, reviewing the available resource to support the adult social care technology offer to extend the ambition, and ensuring commissioning has capacity to develop community asset building alongside public health is also worth exploring

In summary the peer challenge team believes that there should be specific focus in the following areas to enable adult social care in Coventry to continue to develop: -

- Embrace the 'One Coventry' focus, involving communities, the voluntary sector and other providers in a holistic transformation plan for adult social care
- Develop a philosophy of involvement and co-design with people and their families who use services, and start commissioning from a position of co-production and involvement
- Develop the commissioning approach with public health and re-orientate activity towards developing more diverse community-based assets and shaping the voluntary and community market
- Consider a rapid improvement approach to focus on practice around patient/service user flow through the entire system to reduce the high usage of residential care and ensure personalised care
- Accelerate a clear digital strategy for adult social care and integrate it into the 'One Coventry' transformation priorities
- Address the range of accommodation and support available today and for tomorrow to ensure residential care is only used for those that need it, and that greater provision for independent living is made for younger adults
- Review the resources allocated to transformation to improve connectivity with the council wide 'One Coventry' ambition and re-invigorate the delivery of integrated care with health

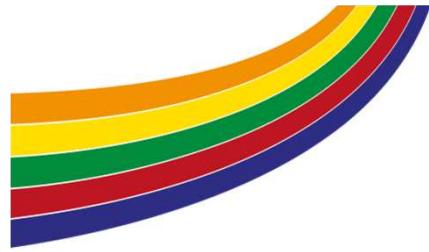
On behalf of the peer challenge team, I would like to thank you for hosting this peer challenge and for working so positively with us. If you have any points that you would like clarifying, please do not hesitate to contact me.

Yours sincerely,



Stephen Vickers (DASS, Herefordshire)

Cc Pete Jackson Improvement Director WMADASS, Helen Coombes Peer Challenge Coordinator WMADASS,
Shelley Madley Improvement Administrator WMADASS,
Cc Peer Challenge Team



Coventry Peer Challenge Adult Social Care

3rd to 5th March 2020



West Midlands Peer Challenge

Context

- Sector Led Challenge and Continuous Improvement Offer
- Onsite Peer Challenge are part of wider wider offer of support and development work by the West Midlands ADASS Branch
- 2018-2020 West Midlands programme involves all councils
- Range of support for councils includes access to subject matter experts, networks of good practice, participation in specific areas for development, peer challenge training, practice reviews and now widening into the involvement of NHS partners
- Exploring different ways of involving local people and their families who use services in the onsite activity
- Runs alongside national offers such as CQC and LGA focused sector led improvement activity e.g. DTOC reviews
- Subject area and length of peer challenge is chosen by the council
- Formal feedback letter is published and 6-month action plan follow up



Focus/Key Lines of Enquiry

A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own homes

The work to develop our promoting independence approach is on-going and this will always be the case. Can the peer challenge team advise how we might improve further in this area and tell us what opportunities for improvement exist through working closer with internal and external stakeholders



Summary

- The ‘One Coventry’ approach to breaking down silos internally is refreshing
- The Corporate Leadership Team and Chief Executive are very committed and open to be more engaged by the adult social care directorate
- Adult social care has done an excellent job in managing resources and improving outcomes over the last few years with strong leadership from the directorate management team
- The team heard that public health is working on community development, but the connection to adult social care is not clear
- It is unclear what the community development/asset development offer is, and how it is going to be developed
- Co-design and involvement is a real issue.
- There appears to be a lack of strategy around the range of accommodation and flexible support currently and going forward
- The Practice Review demonstrated the move to strengths-based practice
- There has been development and investment in performance management, with a great performance management team



Practice Review Methodology

- Practice Review undertaken by 3 Principal Social Workers co-ordinated by the WM ADASS Practice Review Lead in October 2018 (pilot for the new arrangements)
- Practice Review updated by one of the Principal Social Workers and WM ADASS Practice Review Lead in January 2020 (due to gap between original review and peer challenge)
- The Practice Review update consisted of meetings with the Director of Adult Social Care, host Principal Social Worker, Managers and Social Workers
- In addition, they reviewed a range of documentation, including the action plan to address issues for consideration from the Practice Review undertaken in October 2018



Practice Review Summary

The summary of the ratings below is based on Principal Social Workers reviewing eighteen case files in October 2018. These ratings are made based on components of good strengths-based practice they have identified and their experience. In total there were 216 questions rated (18 x 12 questions)

- | | |
|------------------------|-----------|
| • Outstanding | 6 (3%) |
| • Good | 141 (65%) |
| • Requires improvement | 98 (26%) |
| • Inadequate | 12 (6%) |



Practice Review Findings

Strengths

- Huge amount of work undertaken and good progress made since the Practice Review undertaken in October 2018
- Excellent documents/tools produced and implemented (Adult Social Care Practice Framework and Strengths-Based Practice Handbook)
- Practitioners and managers understand strengths-based practice
- Good examples of where strengths-based practice has been used well



Practice Review Findings

Opportunities

- Embedding strengths-based practice and using the tools produced
- Developing the Quality Assurance Framework and ensuring it is business as usual across adult social care
- Increasing and developing practice auditing across teams
- Developing a performance framework to sit alongside the Quality Assurance Framework to begin to measure the impact of strengths-based practice
- Embedding reflective practice and peer group supervision
- Examining and revising safeguarding documentation



Some of the voices we heard

We need more community working

Pete is a real system leader

Mobile night service is working well

What we need is to start planning sooner – we need more ambition for young people

Adult social care need to shout louder

We support people in a kind of a bubble - what happens when they need to go to the shop

KLOE 1 A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own homes

- Strong management team, and a well resourced and effective performance management team
- Management and focus on the provision of formal services is very impressive given the pressures within the health and care system
- Senior management and middle management have embraced a performance development approach, but has this reached front line staff so that they can deliver personalised alternatives for all ages
- Do you have sufficient data and customer insight in one place to be confident that you understand the funded nursing care and continuing health care pathway?
- It appeared that there were some community resources that were under-utilised
- It is not clear if the system health and care plans for out of hospital care set out in 2016 and other plans, including integrated multi-disciplinary teams, have been delivered

KLOE 1 A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own homes

- Politicians, commissioners and operational staff that we met all like working for Coventry and are very open to feedback and self improvement, and they want to do the best for the residents of Coventry
- Bed-based pathways from hospital do not appear to be working effectively and may be a significant factor in your numbers of people in residential and nursing care
- In the overall pathway there appear to be gaps in the range of support on offer outside of formal services that would result in better outcomes for people and their carers, including helping to manage the numbers of people requiring residential and nursing care
- The work of public health and social care commissioners needs to align more effectively to manage demand on the social care system and to support the strengths-based offer
- Some very positive feedback about the emerging partnerships with health, including how to make best use of the available resources across health and social care to achieve better outcomes and avoid admissions to hospital

Some of the voices we heard

Develop a
trusting
relationship
with providers

We need to bite
the bullet with
integrated teams

The council is
open to new
ideas and
services

I don't think we
know where to
start with
involvement

Professionals
made me feel
small



KLOE 2 The work to develop our promoting independence approach is on going and this will always be the case. Can the peer challenge team advise how we might improve further in this area and tell us what opportunities for improvement exist through working closer with internal and external stakeholders

- The re-shaping and improvement work of promoting independence is impressive and is delivering some tangible results – some areas would describe this as significant transformation
- Commissioning is very process and procurement driven, and the focus appears to be on re-procuring current service models, rather than a range of options
- There is good micro-commissioning demonstrated by practitioners, but there is an opportunity for commissioners to promote community assets to assist practitioners further
- There appears to be a gap in the accommodation offer, which is mainly about supported living, residential and nursing care. There is a lack of clarity about whether other alternatives are being explored and/or developed
- The development of community broker in the front door is encouraging, but their role, focus and capacity requires some clarity
- The relationships with the voluntary sector and community groups do not appear to be prioritised by commissioners and need to be developed, including a place where they can share experience and ideas



KLOE 2 The work to develop our promoting independence approach is on-going and this will always be the case. Can the peer challenge team advise how we might improve further in this area and tell us what opportunities for improvement exist through working closer with internal and external stakeholders

- There appears to be a disconnect between public health activity and the adult social care promoting independence work, which may be resulting in missed opportunities
- There appears to be insufficient transformation resource in place within adult social care to connect with the corporate transformation programme and health system transformation. This is hampering progress at pace on delivering an integrated people and place transformation plan
- The adult social care digital strategy as part of the wider council strategy is not clear and needs to be further developed
- There needs to be a plan to develop a broader and more bespoke range of accommodation for the immediate future and the longer term that includes different tenures and types, focused on promoting interdependence for all ages in local communities, particularly those who are currently living outside the city due to gaps in local provision

Some of the voices we heard

More thinking outside of the box

All paths lead to Pete

There is a focus upon the professional take on interventions

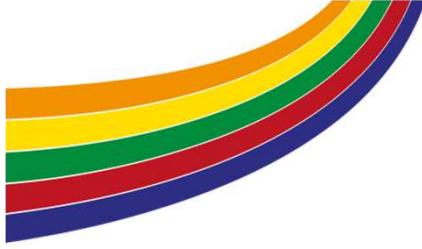
Be more ambitious for younger adults

Local communities involvement in change in adult social care is nominal at the moment

Future Focus

- Embrace the ‘One Coventry’ focus, involving communities, the voluntary sector and other providers in a holistic transformation plan for adult social care
- Develop a philosophy of involvement and co-design with people and their families who use services, and start commissioning from a position of co-production and involvement
- Develop the commissioning approach with public health and re-orientate activity towards developing more diverse community based assets and shaping the voluntary and community market
- Consider a rapid improvement approach to focus on practice around patient/service user flow through the entire system to reduce the high usage of residential care and ensure personalised care
- Accelerate a clear digital strategy for adult social care and integrate it into the ‘One Coventry’ transformation priorities
- Address the range of accommodation and support available today and for tomorrow to ensure residential care is only used for those that need it, and that greater provision for independent living is made for younger adults as well as those with a wide range of support needs
- Review the resources allocated to transformation to improve connectivity with the council wide ‘One Coventry’ ambition and re-invigorate the delivery of integrated care with health





Thank You

The Peer Challenge Team would like to thank all of you who have met with us this week

All of those who we haven't met, but have worked so hard to provide all of the information available

And lastly Ceri, and all those who have helped over the three days. Thank you so much for your patience, organisational skills and kindness



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Briefing note

To: Coventry Health and Social Care Scrutiny Board (5) Date: 23 September 2020
Subject: Neuro-rehabilitation Level 2b Bed Relocation

1 Purpose of the Note

- 1.1 To update the Coventry Health and Social Care Scrutiny Board regarding the potential relocation of Neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital.
- 1.2 To seek the support of the Coventry Health and Social Care Scrutiny Board to develop a case for change to consider the benefits of this service change for our local population, prior to making a decision regarding the current arrangements.

2 Recommendations

- 2.1 For the Coventry Health and Social Care Scrutiny Board to support NHS Coventry and Rugby Clinical Commissioning Group, in collaboration with UHCW and SWFT, to undertake the process to develop a full Decision-Making Business Case regarding the future location of the Neuro-rehabilitation Level 2b Beds.

3 Background and Information

- 3.1 COVID-19 created an unprecedented situation, resulting in a national state of emergency and the greatest health and care challenge of our time. The Coventry and Warwickshire health and care system responded to this challenge at significant pace.
- 3.2 The three Clinical Commissioning Groups (CCGs) in Coventry and Warwickshire delivered both the nationally mandated changes from NHS England and Improvement ('NHSEI'), as well as local decisions, so that together we provided an effective and robust response to COVID-19 and deliver as many services as possible during this time.

- 3.3 The response to COVID-19 is being managed in four phases:
- Phase 1 – Service change (immediate response to COVID-19)
 - Phase 2 – Restoration (6 weeks from May to mid-June)
 - Phase 3 – Recovery (to March 2021)
 - Phase 4 – Reset (2021/22)
- 3.4 In many areas, it was essential to fast-track transformation initiatives to enable delivery of as many services as possible. The areas of major innovation are fully aligned with our strategic ambitions outlined in the NHSE Long Term Plan; our local Five Year Plan and align with key messages from various engagement activities with local people.
- 3.5 The NHS is now in Phase 3 - Recovery. We attended Scrutiny Board at the end of July to give an overview of the governance; scope; objectives; and, progress to date on the Coventry and Warwickshire “3Rs” programme of Restoration, Recovery and Reset.
- 3.6 As we look to the future, maintaining the transformation will enable us to meet the short to medium term challenges of restoration and recovery and provide a sound basis to reset our health and care system to one that is more effective and sustainable.

4 Level 2b neuro-rehabilitation beds

- 4.1 Prior to the COVID-19 pandemic 12 Level 2b neuro-rehabilitation beds were located at UHCW. These beds are commissioned by Coventry and Rugby CCG on behalf of the three Coventry and Warwickshire CCGs and are the only Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire.
- 4.2 These beds are used for patients requiring post-acute, specialist rehabilitation at a level less intensive than patient with very the highest acuity. Commonly 2-4 therapist disciplines are involved per patient and the length of stay for each patient is usually 1-3 months, though some may stay up to 6 months. The conditions treated include:
- Traumatic brain injury
 - Hypoxic brain injury (lack of oxygen)
 - Complex neurological conditions e.g. Guillain Barre Syndrome
 - Acute neuro-behavioural conditions (typically on an interim basis whilst awaiting other units).

The service meets the needs of individuals who typically may be a risk to themselves due to reduced safety awareness, need to understand how their abilities have changed and may be experiencing substantial physical disability.

- 4.3 In addition to the care provided by Consultants in Rehabilitative Medicine, Junior Grade Doctors and Nurses, patients are supported by a range of Allied Health Professionals including Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dieticians as well as Clinical Psychologists and Social Workers.
- 4.4 Following inpatient rehabilitation, patients are usually discharged home, where they will continue to receive specialist community rehabilitation services along with a

package of care if required. The full patient pathway for Specialised Neurorehabilitation can be found in Appendix A.

- 4.5 As part of our emergency response to COVID-19, the decision was taken on 18th March 2020 for these beds to be moved from UHCW to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation facility which is part of Royal Leamington Spa Hospital, located on Heathcote Lane in Warwick and provided by SWFT.
- 4.6 This move was undertaken in line with the national directive on ‘urgent response’ from NHS England and Improvement on 17th March 2020; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients, as well as support staff, and maximise their availability.
- 4.7 Moving these beds increased acute bed capacity at the UHCW site and ensured that rehabilitation patients continued to receive high-quality neurorehabilitation in an appropriate, infection controlled environment.
- 4.8 Since 19 March 2020 to 31 August 2020, 31 patients have been admitted.

5 Assessment of Service Change

- 5.1 As part of our Recovery we have had to consider what services are being restored and, if we are restoring them, are we doing so by returning them to the pre-COVID-19 model or in a new way that reflects the significant transformation that has taken place across our services.
- 5.2 For any NHS Provider service change which has been undertaken in response to COVID, we have used the NHS England and Improvement Impact Assessment Tool (IAT). The IAT (Appendix 2) has four phases. In June 2020 we undertook Phase 1 which is an initial ‘Sort and Sift’ of the service changes which have been undertaken
- 5.3 The initial Sort and Sift exercise puts the service changes into two categories:
 - Restoration: Service changes that are not viable as a permanent solution.
 - Recovery: Service changes that are viable for consideration as a permanent change.
- 5.4 The Level 2b neuro-rehabilitation beds were put into the Recovery Category and were subject to the Phase 2 of the IAT during July so that we could make a better assessment of their viability as a permanent solution.
- 5.5 The Phase 2 Evaluation is now complete and both SWFT (CERU) and UHCW would like to explore the scheme further. They believe that, by siting the beds within a specialist rehabilitation unit it could lead to:
 - Improved treatment outcomes - potentially physical and/or cognitive as relevant
 - Improved in-patient experience
 - Reduced Length of Stay
 - Reduced exposure to infectious patients e.g COVID-19, flu, viral pneumonia

- 5.6 As per the IAT framework, at this stage this service changes being brought forward into Phase 3 are still proposals and the purpose of Phase 3 is to ascertain if there is system wide support to progress to Phase 4.

6 Next steps

- 6.1 If there is support for us to progress this service change the CCGs, working together with UHCW and SWFT, would mobilise the resource and governance structures to develop a full decision making business case.
- 6.2 This case for change will apply NHSE Service Change Guidance (2018) and work through the development of a robust clinical case for change, including working with patients, staff, the wider public and stakeholders to understand the impact of any changes on them.
- 6.3 The case for change would be subject to all statutory guidelines regarding service transformation and change.

Name of Author Anna Hargrave

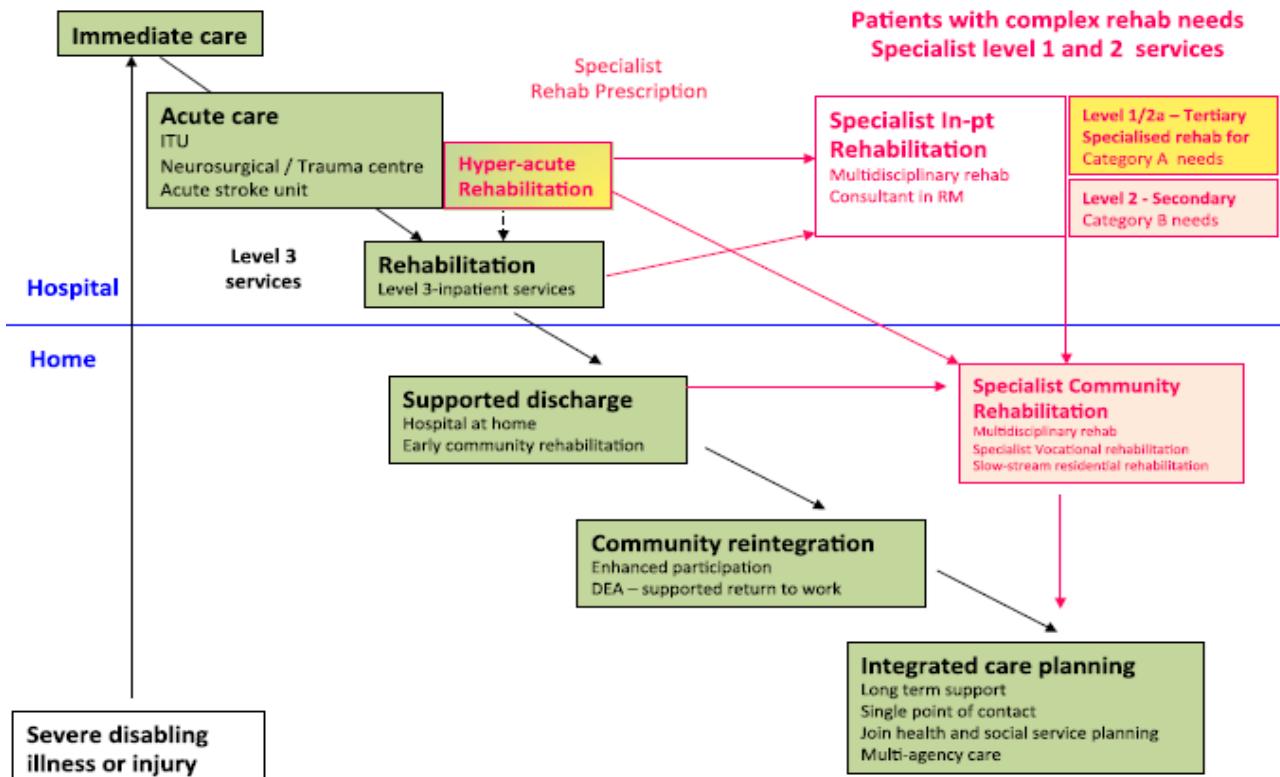
Job Title Chief Strategy Officer

Organisation South Warwickshire CCG

Contact details anna.hargrave@southwarwickshireccg.nhs.uk

APPENDIX A

Pathway for Patients Suffering Significant, Acute Neurological Injury or Illness



Source: 'Specialised Neurorehabilitation Service Standards,'
British Society of Rehabilitative Medicine, 2019

APPENDIX B

Restoration & Recovery Planning: Impact Assessment Framework for Service Changes during COVID 19 (Version 4.0, NHS England and NHS Improvement)



Phase 2 Appendix 3
IAT.pptx

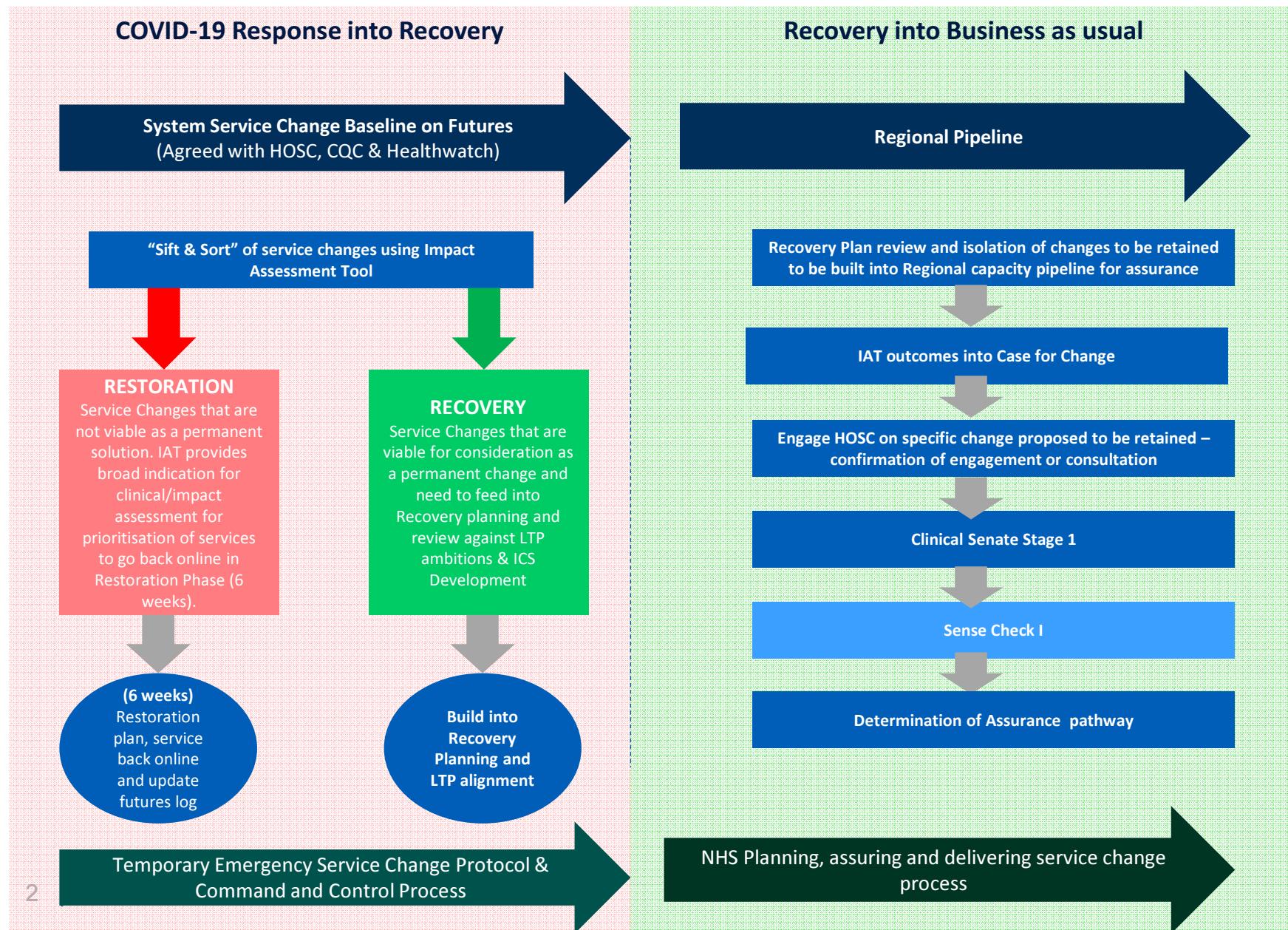
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Restoration & Recovery Planning: Impact Assessment Framework for Service Changes during COVID 19

Version: 4.0

NHS England and NHS Improvement

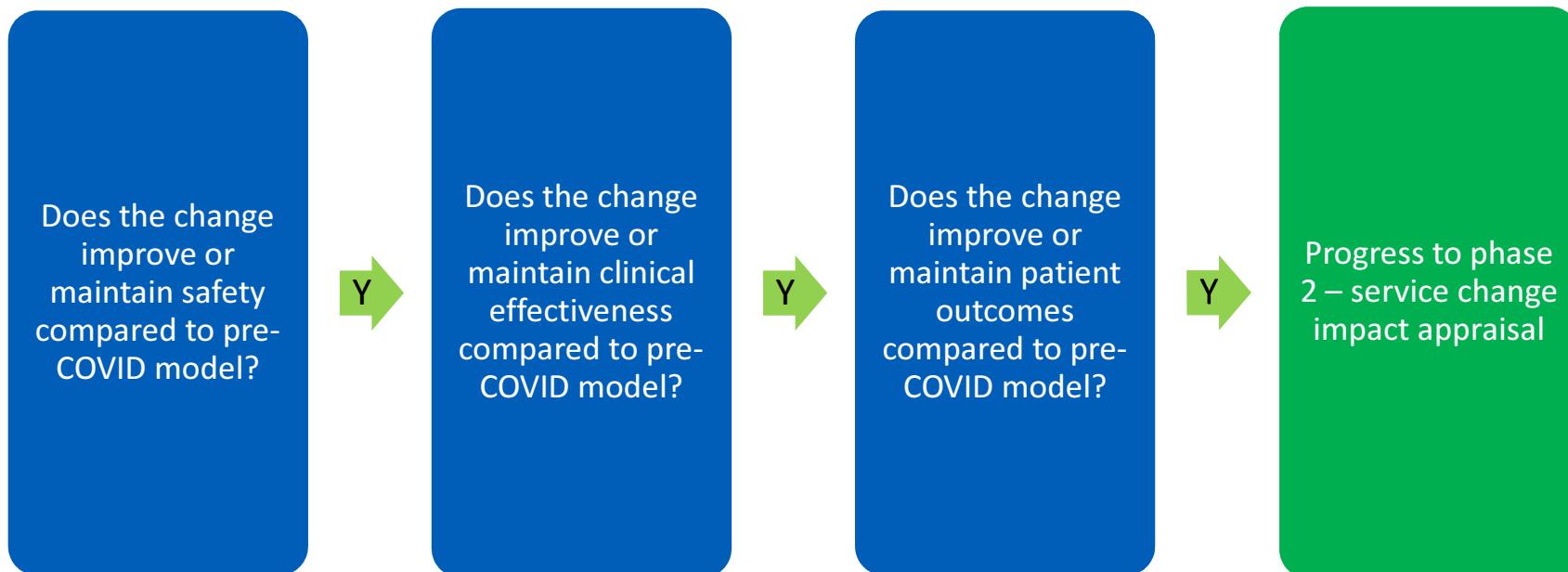
Midlands Impact Assessment Tool & Processes



Phase 1 – Critical Tests (to exclude non viable long term solutions)



This first cut will review viability of COVID-19 changes that may be considered for a longer term solution providing patient safety, clinical effectiveness and patient outcomes are improved or maintain pre-COVID provision as a foundation.



Service Change is not viable for long term solution and should be prioritised for restoration

Phase 2 – Service Change Impact Appraisal

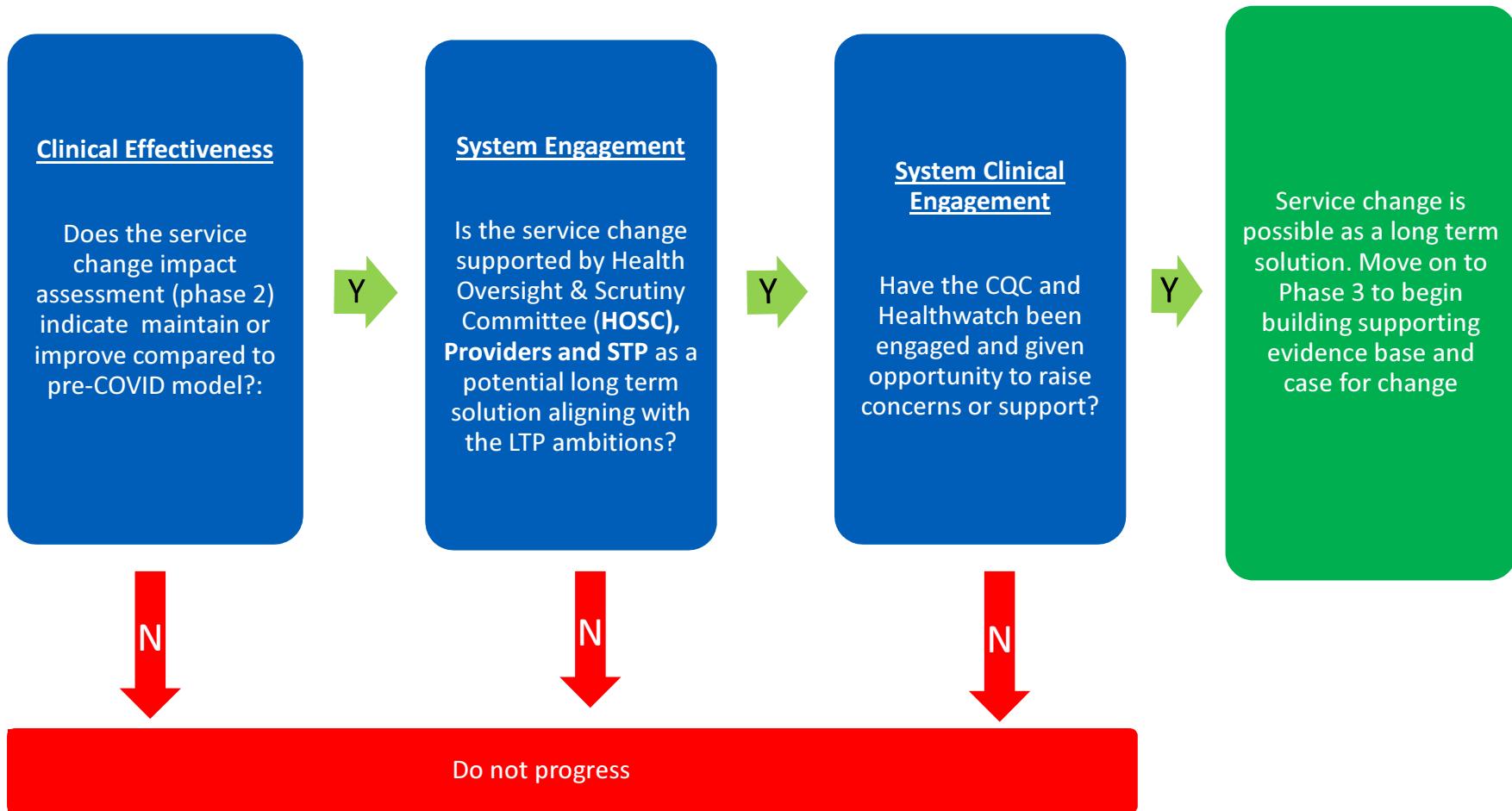


		++ve	+ve	Similar/ Unknown	-ve	--ve
Align with detailed QIA	Duty of quality	2	1	0	-1	-2
	Patient outcomes	2	1	0	-1	-2
	Level of safety	2	1	0	-1	-2
	Patient experience	2	1	0	-1	-2
	Patient Choice/ Access	2	1	0	-1	-2
	Impact on equality	2	1	0	-1	-2
Strength of evidence/ Plausibility		2	1	0	-1	-2
Level of clinical effectiveness		2	1	0	-1	-2
Alignment with national policy including NHS LTP		2	1	0	-1	-2
Cost		2 (much lower)	1 (lower)	0	-1 (higher)	-2 (much higher)
Workforce Demand/ Sustainability		2 (much lower)	1 (lower)	0	-1 (higher)	-2 (much higher)
Impact on other clinical services		2	1	0	-1	-2
Impact on neighbouring systems		2	1	0	-1	-2
TOTAL SCORE						

Phase 3 – System Engagement & Alignment



Those changes showing positive scores should now be tested against the three deal breakers below before proceeding to supporting evidence base as a foundation for the case for change. All changes showing potential for retainment should be shared with system partners for support and agreement to progress development. System engagement invested early will support the assurance process and give indication of public engagement of consultation requirements of HOSC, should the change be retained.



Phase 4 – Outlined Evidence for case for change (1/3)



Phase 4 develops the evidentiary base for a Case for Change and includes Key Lines of Enquiries used in a Clinical Senate proforma for a Stage 1 review in an aim to reduce duplication in the development of COVID service changes and enable preparatory work for a Sense Check 1 as part of the standard Service Change Assurance gateways.

Below is a diagram describing the alignment between Phases 2 and 4 of this tool and the base requirements of a Sense Check 1.

Service Change Tests/Sense Check I requirements	PHASE 2 - Impact Assessment Tool	PHASE 4 – Outlined evidence/case for change
Clear clinical evidence base	Duty of Quality Patient Outcomes Level of Safety Level of Clinical effectiveness	KLOEs 3, 4, 5, 6, 10, 15, 17
Patient and public involvement	Patient Experience	KLOEs 18
Impact on patient choice	Patient Choice and Access	KLOEs 12, 18
Support of clinical commissioners and system	Impact on neighbouring systems	KLOEs 7, 20
Financial plan (capital and revenue for commissioners and providers)	Cost	KLOEs 21,
Where reduction in hospital beds – alternatives	<i>Specific to changes that see a reduction in bed base numbers</i>	
Consultation plan		KLOEs 24
Public Sector Equality Duty and inequalities duties	Impact on Equality	KLOEs 12, 19
Implementation arrangements	Workforce demand/sustainability	KLOEs 9, 22
Fit with STP and Long Term Plan	Alignment with National Policies and LTP ambitions	KLOEs 2, 11, 13, 14, 16, 17
Impact on performance	Impact on other clinical services	KLOEs 8,

Phase 4 – Outlined Evidence for case for change (2/3)



KLOE	Evidence Requirements	Evidence Summary
1	Summary of the current position in respect of the services covered by your proposals	
2	Case for why proposals for change need to be considered	
3	Proposals for change – describe the clinical model	
4	Describe and quantify the benefits	
5	Extent to which local clinicians and communities believe the proposals will deliver real benefits	
6	Describe and evidence the impact the proposals are expected to have on the safety, effectiveness and experience of care	
7	Impact the proposals are expected to have on the sustainability of affected and related services (including those in other health economies)	
8	How the performance of current services will be sustained through the lifecycle of the reconfiguration programme	
9	How outline plans will be implemented	
10	Impact of estates changes on safety, effectiveness and experience of care	
11	How proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College Reports	
12	How the proposals reflect the rights and pledges in the NHS Constitution	

Phase 4 – Outlined Evidence for case for change (3/3)



KLOE	Evidence Requirements	Evidence Summary
13	Alignment with local joint strategic needs assessments, commissioning plans and joint health and wellbeing strategies	
14	How proposals meet the current and future healthcare needs of patients	
15	Clinical risk analysis and associated mitigation plan	
16	Demonstrate good alignment with the development of other health and care services	
17	How proposals support better integration of services	
18	Issues of patient access and transport	
19	How proposals will help to reduce health inequalities	
20	Does the options appraisal consider a networked approach – co-operation and collaboration with other sites and/or organisations	
21	Is the service change affordable and sustainable across all health organisations?	
22	Links to other work streams, including specialised commissioning	
23	What alternate or emerging options are there to this service change?	
24	Have the HOSC been engaged and formally advised on the consultation or engagement requirements of the local population?	

Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2020/21

23 September 2020

Please see page 2 onwards for background to items

22nd July 2020

- NHS Restoration
- Streamlining Commissioning

23rd September 2020

- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.
- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)

11th November 2020

- Director of Public Health and Wellbeing Annual Report
- Tackling Obesity

16th December 2020

-

3rd February 2021

-

24th March 2021

-

2020/2021

- NHS Long Term Plan
- Primary Care
- Health and Wellbeing Strategy Priorities
- Adult Safeguarding Annual Report 2019/20
- Drug and Alcohol Strategy
- Social Prescribing
- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)
- Child and Adolescent Mental Health (Joint with SB2)
- Mental Health Issues and their impact on the health system

2021/22

-

Health and Social Care Scrutiny Board Work Programme 2020/21

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
22nd July 2020	- NHS Restoration	Changes were made to NHS services to enable the management of the pandemic. This item will outline the process by which services will be restored across the sub-region.	Anna Hargrave (CCG)
	- Streamlining Commissioning	To consider developments to streamline commissioning across Coventry and Warwickshire, as the sub-region moves from three Clinical Commissioning Groups to one.	Rose Uwins (CCG)
23rd September 2020	- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.	To scrutinise the Adult Social Care Local Account 2019/20. To review the outcome of the Association of Directors of Adult Social Services (ADASS) Peer Review in March 2020 and associated Improvement Plans.	Cllr M Mutton/ Pete Fahy (CCC)
	- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)	A representative from Coventry and Rugby Clinical Commissioning Group will present on proposed changes to the Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU) as part of the NHS reset and recovery work. Should the proposals progress, they Health Overview and Scrutiny Committee would be formally consulted on the changes at an appropriate point.	Anna Hargrave, Rose Uwins (CCG)
11th November 2020	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton
	- Tackling Obesity	In light of the publication of the Government Policy Paper 'Tackling obesity: empowering adults and children to live healthier lives' and the National Audit Office report into Childhood Obesity, Members have requested an item to	Liz Gaulton

Health and Social Care Scrutiny Board Work Programme 2020/21

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		scrutinise the work being done in the city to reduce levels of obesity.	
16th December 2020	-		
3rd February 2021	-		
24th March 2021	-		
2020/2021	<ul style="list-style-type: none"> - NHS Long Term Plan 	A further report on the NHS Long Term Plan be submitted to a future meeting of the Board with particular reference to the £139m of savings already achieved including how these had been secured; the impact on current services; any services that had been discontinued; details of anything that had been outsourced and staffing levels	Sir Chris Ham
	<ul style="list-style-type: none"> - Primary Care 	An item to look at Primary Care, including the recruitment and retention of GPs, Supporting Self Care and changes to service delivery post Covid-19.	Adrian Stokes
	<ul style="list-style-type: none"> - Health and Wellbeing Strategy Priorities 	To look at the updated Health and Wellbeing Strategy and the actions to progress the three priorities.	Liz Gaulton
	<ul style="list-style-type: none"> - Adult Safeguarding Annual Report 2019/20 	Annual Report received by the Board.	Rebekah Eaves
	<ul style="list-style-type: none"> - Drug and Alcohol Strategy 	The Drug and Alcohol Strategy is due to end in 2020. Following the outcome of the CLeaR Assessment, the strategy will be revised and Members will feed into the revised strategy. Outcome of CLeaR Assessment and service user feedbacks (May/ June 2020).	Sue Frossell, Karen Lees

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton
	- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)	Looking scrutinise plans to develop and deliver joined-up services commissioned for babies, children, young people and their families being developed as part of the Coventry and Warwickshire Health and Care Partnership work programme.	Anna Hargrave, South Warwickshire CCG
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Sally Giles
	- Mental Health Issues and their impact on the health system	A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.	
2021/22	-		