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

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**Time and Date**

10.00 am on Wednesday, 29th September, 2021

**Place**

Diamond Rooms 1 and 2 - Council House

Please note that in line with current Government and City Council guidelines in relation to Covid, there will be reduced public access to the meeting to manage numbers attending safely. If you wish to attend in person, please contact the Governance Services Officer indicated at the end of the agenda.

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 14th July 2021 (Pages 3 - 8)

(b) Matters Arising

**4. Adult Social Care Annual Report and Key Areas of Improvement 2021/21**  
(Pages 9 - 66)

Report of the Director of Adult Services

**5. Work Programme 2021-22 and Outstanding Issues** (Pages 67 - 70)

Report of the Scrutiny Co-ordinator

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

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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

Tuesday, 21 September 2021

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](mailto: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, 29th September, 2021 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors J Birdi, J Clifford (Chair), T Khan, R Lancaster, G Lloyd, A Lucas, A Masih, E Ruane and D Skinner and Mr D Spurgeon, Co-opted Member

By Invitation: Councillors K Caan, G Hayre and M Mutton

### **Public Access**

Please note that in line with current Government and City Council Covid guidelines, there will be limited public access to the meeting to manage numbers attending safely.

Any member of the public who would like to attend the meeting in person is required to contact the officer below in advance of the meeting regarding arrangements for public attendance. A guide to attending public meeting can be found here:

<https://www.coventry.gov.uk/publicAttendanceMeetings>

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

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

**Liz Knight**

**Tel: 024 7697 2644 Email: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 14 July 2021**

**Note: This meeting was not held as a public meeting in accordance with the Local Government Act 1972**

Present:

Members: Councillor J Clifford (Chair)  
Councillor M Ali (substitute for Councillor T Khan)  
Councillor J Birdi  
Councillor R Lancaster  
Councillor G Lloyd  
Councillor A Lucas  
Councillor A Masih  
Councillor G Ridley (substitute for Councillor D Skinner)  
Councillor E Ruane

Co-Opted Members: David Spurgeon

Other Members: Councillors N Akhtar, Chair, Scrutiny Co-ordination Committee, K Caan and M Mutton, Cabinet Members for Public Health and Sport and Adult Services

Employees:

V Castree, Law and Governance  
L Knight, Law and Governance

Other Representatives: C Hollingworth, Coventry and Warwickshire Partnership Trust  
R Light, Coventry Healthwatch  
Dr S Raistrick, Coventry and Warwickshire CCGs  
A Stokes, Coventry and Warwickshire CCGs  
R Uwins, Coventry and Warwickshire CCGs

Apologies: Councillors G Hayre (Deputy Cabinet Member for Public Health and Sport), T Khan and D Skinner

## **Public Business**

### **7. Declarations of Interest**

There were no declarations of interest.

### **8. Minutes**

The minutes of the meeting held on 23<sup>rd</sup> June, 2021 were agreed as a true record. There were no matters arising.

### **9. Restoration of Non-Covid Services in Coventry**

The Board considered a report of Phil Johns, Coventry and Warwickshire CCGs and received a presentation from Adrian Stokes, Coventry and Warwickshire CCGs on the restoration of non-Covid services in Coventry. Dr Sarah Raistrick and Rose Uwins, Coventry and Warwickshire CCGs also attended the meeting for the consideration of this item along with Clare Hollingworth, Coventry and Warwickshire Partnership Trust.

The report indicated that in the first half of 2021 there have been two events which had had a significant impact on our restoration of services, firstly, the second wave of Covid cases over December to February, and, secondly, the increasing Covid cases in the last few weeks in June related to the Delta variant. The system had been selected as a pilot site for NHS England's "Accelerator" programme which aimed to accelerate the restoration of elective care services. The expectation of this programme was for pilot sites to undertake additional activity and transformation of services so that by the end of July 2021, elective care activity, as measured by value, reached 120% of what it was in July 2019. To support this pilot, the system had received £10m to support the expansion of capacity to deliver elective care. This was supported by the national Elective Care Recovery Fund (ERF) which provided additional revenue to systems who achieved delivering over 85% of activity levels seen in 2019-20. Associated with this, the system had developed expansion plans for increasing diagnostic activity through community diagnostic hubs.

The Board were informed of the key areas of activity/focus as follows:

- i) Recover the maximum elective activity including increasing electives including outpatients to at least 120% of 2019-20 levels by the end of July 2021.
- ii) Cancer delivery to restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- iii) Restoration of service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GPs to continue to offer face to face appointments as well as remote triage and video.
- iv) Expanding and improving MH/LD services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.
- v) Preparation for management of any Covid resurgence and preparedness for general increase in emergency activity. In addition, preparing for winter, with activities being detailed in the report.
- vi) Reflecting on Covid lessons-learnt and embedding positive change and continuing to support staff, and continued action on inequalities and prevention: a People Plan 2020/21 had been published with some specific objectives to address inequalities.

The report provided an overview of the restoration of services indicating that services were recovering well, and, as of week of 21st June 2021, the majority of services were at or above the levels from the same period in 2019-20, which was well above the activity seen last year during the first Covid surge. Examples highlighted included almost 1.1million Covid vaccinations being given across Coventry and Warwickshire by the end of June 2021; levels of diagnostic activity were back at or exceeding levels normally expected for this time of year, and referrals had returned to previous pre-Covid levels; all outpatients services and elective planned surgery had been restarted and were increasing in line with

provider operational plans to support the elective accelerator programme; and GP appointment levels were back at and exceeding levels seen in 2019-20.

The Board were informed that A and E attendances were lower than this time last year but there were high numbers of attendances at the main casualty sites, and there was an increase in admissions above numbers experienced pre-Covid. In relation to cancer, the 2 week wait referral was at 170% of the level reported in the same week in June 2019-20 pre-Covid and the 62 day week pathway referrals were at 100% of pre-Covid levels.

The report set out further details of outpatient, day-case and electives activity. Nationally there had been a significant increase in patients waiting for over 52 weeks for treatment. Across Coventry and Warwickshire at the end of March 2021 7,280 patients were waited over 52 weeks. This number had reduced by 30% to around 5,100 by the end of June 2021.

The report also included an update on restoring and supporting access to GP services including setting out how the primary care model was rapidly adapted, in line with national guidance, to safely deliver services to patients in Coventry and Warwickshire. Further information was provided on the current situation, Minute 10 below refers.

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

- Support for all the work undertaken by NHS staff during the most difficult period in its history
- The importance of maintaining communication with patients on waiting lists
- Further details about the People Plan, which included objectives to address inequalities
- Concerns about the wellbeing of medical staff following all the work they had been involved with during the Covid pandemic
- Support for the additional funding to enable the acceleration of the restoration of elective care services
- The options for the two local universities to be able to help address the skills gaps in the health sector
- Further information about the waiting times for cancer diagnosis and treatment and actions to reduce waiting times
- The importance of partnership work to help reduce waiting times
- The implications of delayed GP appointments.

**RESOLVED that:**

**(1) Contents of the report and presentation noted.**

**(2) The issue of the skills gap within the health sector and how this can be addressed to be discussed at a future meeting with involvement from the two universities and local colleges**

**(3) Further information on the People Plan 2020/21, which concerns addressing inequalities, to be circulated to the Board.**

## 10. Access to GP Services

Further to Minute 9 above, the Board received a presentation from Dr Sarah Raistrick, Coventry and Warwickshire CCGs on the restoration of GP services. Ruth Light, Coventry Healthwatch attended the meeting for the consideration of this item.

The presentation set out how general practice had responded to the Covid pandemic with a rapid implementation of new ways of working and pathways to support safe care for patients and staff. There had been a wholesale move to 'total triage' model across all practices offering patients telephone and video consultations, online consultations and face to face appointments. Practices had worked together with other practices and with other organisations e.g. local hospitals, care homes and the ambulance service and NHS111. There had been an accelerated adoption of technology and the implementation of electronic prescribing. High risk patients who needed to shield were identified and provided with home visiting and prescription deliveries. In addition, core hours were extended, for example GP practices remained open through bank holidays.

The Board were informed about the current position with all practices being open across Coventry offering face to face, telephone and digital appointments. The demand for appointments was back or exceeding pre-Covid levels. The Board noted that 63% of patients were seen on the day or the day after, with 50% of appointments being face to face.

Practices also continued to deliver the vaccination programme, with 78% of all doses being delivered by General Practice.

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

- Clarification about who was responsible for GP services
- A suggestion that there should be more opportunities to make on-line GP appointments
- Concerns about patients being directed to A and E or the walk-in centre due to the unavailability of GP appointments
- Details about the complaint's procedures at surgeries
- Concerns about what happen when a patient doesn't pick up the call for their telephone appointment
- Concerns about the availability of GP appointments and the benefits of face to face appointments to enable diagnosis
- How can Councillors/ residents direct their concerns to Healthwatch
- Concerns about limited access to patient data
- Concerns about access to GP services for patients being discharged from hospital
- What could be done about an under-performing GP practice.

**RESOLVED that:**

**(1) Content of the presentation noted**

**(2) Step down care for patients when moving from the hospital back to their home environment to be considered at a future meeting**

**(3) The report from Healthwatch Coventry on GP access to be circulated to Board members when available.**

**(4) Details about how to report issues to Healthwatch to be circulated to Board members.**

**11. Work Programme 2021-22 and Outstanding Issues**

The Board noted their work programme for the current municipal year.

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

The Board were informed of the recent sad death of Edna Eaves. Edna had been an active member of the Patient Panel which was part of the Primary Care Trust. There were no other items of public business.

(Meeting closed at 11.45 am)

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Health and Social Care Scrutiny Board (5)  
Cabinet

29 September 2021  
12 October 2021

**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 and Key Areas of Improvement 2020/21 (Local Account)

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**Is this a key decision?**

No - This is a report of performance for 2020/21 and no recommendations are made that have significant financial or service implications.

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**Executive Summary:**

The Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (also referred to as the Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year. It also provides specific examples of the operational activities to support service users and carers.

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. This approach was launched following the removal of national targets and assessments for Adult Social Care. It should however be noted that the government has announced an intention for a formal oversight regime for Adult Social Care to be introduced, led by the Care Quality Commission. No detail or specific timescales have been set for this, but the indication is that a move away from Sector Led Improvement will be forthcoming.

The production of the 2020/21 report has drawn on the pool of feedback and information that was gathered over the year from a range of sources including social care staff, Adult Social Care Stakeholder Reference Group, providers, partner organisations and people that have been in contact with Adult Social Care along with their families and carers. It reflects the performance and activities throughout the main period of the COVID-19 pandemic to date.

The Local Account also looks forward to 2021/22 and includes summary details regarding key areas for improvement. These are improvements the service intends to look at to achieve better service delivery, improve outcomes for people and supporting our ability to operate within the resources available. The priority is to improve care and support services for adults and in doing so to create a stable provider market for the city, within the context of the Adult Social Care reforms recently announced.

**Recommendations:**

Health and Social Care Scrutiny Board (5) is asked to:

- 1) Consider the report and submit any comments to Cabinet for their consideration on the content of the report.

Cabinet is asked to:

- 1) Consider comments from the Health and Social Care Scrutiny Board (5).
- 2) Approve the Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account).

**List of Appendices included:**

Appendix One - Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)

**Background papers:**

None

**Other useful documents:**

None

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

Yes – Health and Social Care Scrutiny Board (5) on 29 September 2021

**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 Key Areas of Improvement 2020/21 (Local Account)**

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

- 1.1. The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This approach was introduced following the removal of national targets and assessments 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. The government plans however to reintroduce oversight of Local Authority Adult Social Care functions by the Care Quality Commission (CQC) although no confirmed date exists for this to be introduced. In its NHS reform White Paper, the government has proposed introducing a duty through the Health and Care Bill, in which the CQC would be responsible for assessing Local Authorities' delivery of their adult social care functions. The Bill is currently progressing through Parliament.
- 1.2. The Annual Report describes the performance and achievements along with considering the challenges for Adult Social Care in Coventry. It is intended to provide assurance to stakeholders that Adult Social Care is delivering its objectives and is achieving positive outcomes for people in Coventry within the resources available.
- 1.3. 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.
- 1.4. 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.
- 1.5. The Annual Report reflects on the work during the financial year (April 2020 to March 2021) which included the full year impact of the COVID-19 pandemic. The impact of COVID-19 has been significant to Adult Social Care and we started to see real impact from the end of February 2020.
- 1.6. As we moved into 2021/22 we started to see demand for Adult Social Care return to pre pandemic levels with potential additional pressures associated with the detrimental impact of social isolation on mental health, wellbeing and social skills. We are also experiencing people presenting to us with higher levels of need and approaching social care at a later stage than was the case pre-pandemic. We also know that unpaid carers have seen their caring roles intensify and have been placed under increased pressures during the last year which has had an impact on the emotional and physical health of carers across the city. The Enhanced Support to Carers implemented in September 2020 aimed to mitigate some of the impact on carers.

- 1.7. Although the challenges presented by COVID-19 now and into the future 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. In a decade, 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 illness accessing long term support (with a now additional impact due to COVID-19).
  - Increasing costs of care due to external factors including National Living Wage, increases to employer pension contributions and the increased complexity of the care needs that people are experiencing
  - Challenges to maintaining sufficiency and quality of the adult social care market especially given the impact of Covid-19 on the sustainability of some provision brought about by a combination of factors including heightened requirements for infection control, fluctuating demand and the presence of short term grants.
- 1.8. The production of the 2020/21 Annual Report has drawn on the pool of feedback and information gathered over the year from a range of sources including social care staff, , 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:
- Our work with Sarah (pages 22-23 of the Annual Report) demonstrating how we use legal frameworks to help people gain control of their lives and stay out of mental health hospital with a clear focus on what's important to the person.
  - The work of our joint commissioning team, how we supported care providers across the City during the COVID-19 pandemic and how providers themselves responded when facing unprecedented challenges (pages 35-37 of the Annual Report).
- 1.9. A lot of our ongoing improvement work was impacted on due to COVID-19 but 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, for a period of time it was our primary means of engagement with service users until restrictions were lifted. Whereas the majority of our work was completed face to face doing things remotely has been taken forward wherever possible. This work is aligned with health partners as we jointly develop approaches to the remote monitoring of service users. As we progress achieving the right blend of technology and face to face contact will be required to ensure we continue to engage with people in a way that is both safe and effective recognising the legitimacy of both approaches. For our financial assessments a switch to remote completion has become the normal way of operating. There is of course the opportunity to see people face to face on an exception basis but this has only been required in 2 out of approximately 2000 financial assessments implemented over this period.
  - *Promoting Independence:* We have developed a new approach to support people with mental ill health. We call this SiCoL (Social Interventions Collective). This brings together some key services involved in mental health support to promote independence and avoid hospital or residential care admissions during a mental health crisis. The approach is centred on enabling people to take back control of their lives through working

together to find solutions. What started as a group of passionate professionals working together to try something different has been recognised for its impact and has attracted 3-year grant funding to develop the approach further (pages 16-18 of annual report).

- 1.10. The annual report provides an important opportunity to reflect back on the previous year, and this, combined with the insights gained during the COVID-19 pandemic provide a good foundation for where we focus future improvement work. As we continue to improve, the priority remains supporting people to live independently in their communities. We will work with communities to develop our use of Care Technology to ensure Coventry residents benefit from the growing digital opportunities presented.
- 1.11. 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 to draw on. It is also important to recognise that although our focus is on Adult Social Care our success is increasingly intertwined with our health partners. New partnerships 'Integrated Care Systems' (ICS) will bring together; Acute, Community Health Trusts, GPs, Primary Care services with Local Authorities and other care providers. These aim to bring organisations together to redesign, improve support and outcomes for residents.
- 1.12. We are continually seeking to improve and have developed a Performance Management and Quality Improvement Framework. This framework seeks to ensure a single approach to understanding how well our services are doing, checking impact, outcomes, and learning from what we find to guide improvement plans and actions to support. These plans ensure we are working to address any issues but also provide insights into how our service model may need to adapt to meet changing demand. For example, investigation into levels of admissions into residential care for younger people with mental health problems will be addressed by revisiting our accommodation-based support for this client group.
- 1.13. Moving forward we will continue to frame our service wide development work and models of support in the following four areas and we have been and will continue to engage stakeholders in this work as we develop to help ensure we are focusing our efforts on the areas of highest impact.

- Our Promoting Independence Model

We remain committed to our prime service objective to promote independence where possible. 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.

We are continuing to develop our models of support, evidenced through the work of the Social Interventions Collective (SiCoL) (1.9 above).

- 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.

We have continued to make improvements to our own internal provision (page 43 of the Annual Report). In 2020/21 we also commenced work on a Market Development Plan for Mental Health Accommodation. This plan complements our existing market development plan for provision catering for the needs of adults with learning disabilities and/or autism and finalised and approved by Cabinet Member in September 2021.

- 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. This may entail the loss of some less sustainable provision, especially in the care home market and replacement with more modern facilities. 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.

We are developing new working relationships with partners such as CV Life following the success of support provided to those shielding during the pandemic and are further enhancing the support provided to carers (page 20 of the Annual Report)

- 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 support on their terms, at a time and place of their choosing. Having a complete offer that is tailored, as much as is reasonably possible, to the needs of individuals is important. We will work with care technology suppliers to develop our approach to integrating technology into our resident's care journey. Where appropriate this will be undertaken in partnership with health teams to ensure a consistent and integrated offer.

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 across the City Council we will seek to address issues of Digital Inclusion to ensure our residents are able to access digital support and services.

We continue to develop our use of technology and have plans for the adoption of new digital approaches and tools to support staff and people accessing our services (page 33 of the Annual Report).

1.14. In pursuing the above improvement themes, we must however acknowledge that the work required to implement the reforms for Adult Social Care announced on 7 September 2021 will be extensive and therefore likely to require significant resource to implement.

## **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 2020/21 is approved by the Cabinet.

### **3. Results of Consultation undertaken**

- 3.1. Although the Annual Report for 2020/21 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. The care studies contained therein are real stories provided with the consent of those involved.

### **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 2020/21 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 £103.2m Adult Social Care Spend in 2020/21 compared to equivalent spend of £95m in 2019/20, with the increase largely driven by additional resources provided to the care market in response to the pandemic. 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 during the pandemic.

#### **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. The proposals for change as set out in the Health and Care Bill and referenced above, requiring inspection by CQC of a local authority's performance of its social care functions, are yet to be approved by Parliament.

### **6. Other Implications**

#### **6.1. How will this contribute to the Council's Plan ([www.coventry.gov.uk/councilplan/](http://www.coventry.gov.uk/councilplan/))?**

- 6.2. 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.

**6.3. 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 the directorate and corporate risk registers.

**6.4. What is the impact on the organisation?**

There is no direct impact on the organisation.

**6.5. 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.

**6.6. Implications for (or impact on) climate change and the environment**

None

**6.7. 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 is 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

<b>Contributor/approver name</b>	<b>Title</b>	<b>Service</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Andrew Errington	Adults Principal Social Worker	Adult Services	09.08.21	09.08.21
Lisa Lawson	Adult Services Programme Delivery Manager	Adult Services	10.08.21	10.08.21
Michelle Salmon	Governance Services Officer	Law and Governance	11.08.21	11.08.21
Liz Knight	Governance Services Officer	Law and Governance	10.08.21	11.08.21
Sally Caren	Head of Social Work-Mental Health and Sustainability	Adult Services	10.08.21	23.08.21
Marc Greenwood	Head of Business Systems	Adult Services	10.08.21	17.08.21
Jon Reading	Head of Commissioning and Provision	Adult Services	10.08.21	17.08.21
Ewan Dewar	Finance Manager	Finance	10.08.21	17.08.21
<b>Names of approvers for submission: (Officers and Members)</b>				
Barry Hastie	Director of Finance	-	10.08.21	06.09.21
Janice White	Team Leader, Legal Services	Law and Governance	10.08.21	16.08.21
Pete Fahy	Director of Adult Services	-	07.09.21	07.09.21
Councillor M Mutton	Cabinet Member for Adult Services	-	08.09.21	09.09.21

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# Adult Social Care

Annual Report and Key Areas of Improvement 2020/21 (Local Account)



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

**People's Stories**

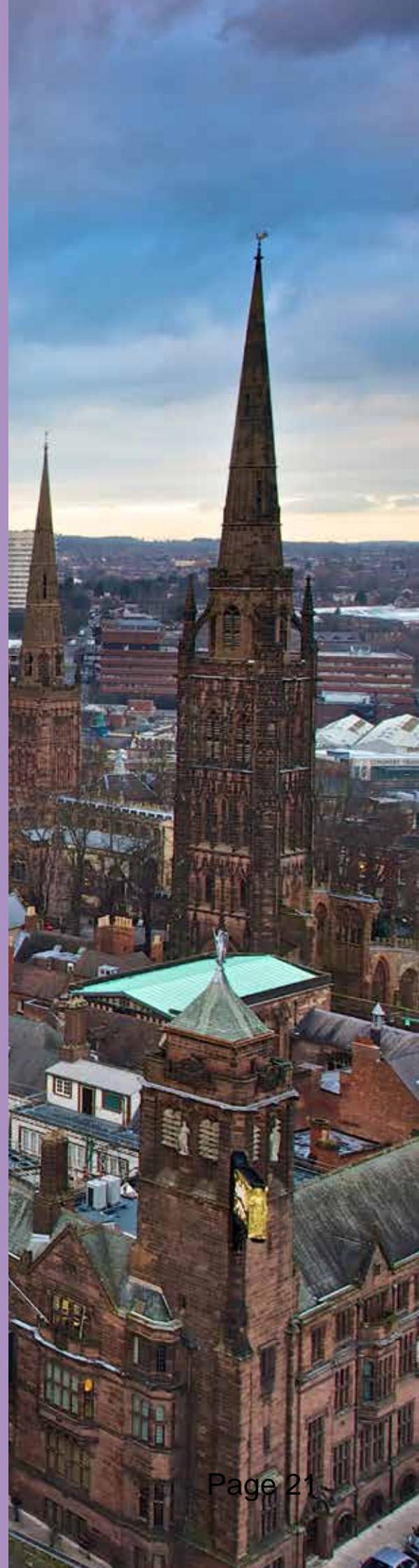
**Our Key  
Achievements**





# Contents

What is the Local Account? .....	4
COVID-19 & Adult Social Care .....	5
Foreword .....	6
Introduction to Adult Social Care.....	9
Adult Social Care Vision .....	10
24 Hours in the Life of .....	11
Adult Social Care	
Setting the Scene - Adult Social .....	12
Care in a Changing Landscap	
Key Achievements - Based on .....	16
the Adult Social Care Vision and our Priorities for 2020/21	
Adults and carers at the heart of .....	16
everything we do	
High quality, person centred and .....	18
effective support	
Reflective and responsive to change.....	20
Outcome driven and meaningful.....	22
Support around people and.....	24
their families	
Effective enablement, prevention.....	26
and wellbeing	
Mature partnerships .....	28
Committed workforce .....	30
Innovative.....	32
High performing .....	34
Performance Matters.....	38
Celebrating Our Own Strengths - .....	40
Awards and Good News	
What's Next? - Key Improvement .....	44
Themes for Adult Social Care 2021/22	
Glossary .....	45
Useful Contacts.....	46



# What is the Local Account?

Every year Coventry City Council produces a report which describes what Adult Social Care is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are 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.



FRESH AIR



TESTING



FACE COVERING



APP



HANDWASHING

# COVID-19 & Adult Social Care

We could not write a Local Account reflecting back on 2020/21 without mentioning the impact Coronavirus (COVID-19) has had on the work of Adult Social Care and how it has dominated our work during this year. It has been a year unlike any previously experienced as such this Local Account needs to be viewed through the lens of a year unlike any other.

When the pandemic commenced, Adult Social Care needed to adapt quickly to continue to deliver most of our responsibilities for assessment and safeguarding through digital means while ensuring we continued to undertake face to face work where this was required. As we progress through continuing to live with COVID-19, we will increasingly blend the use of technology with face-to-face work. This blended approach has proved successful in a number of cases and is an approach we will continue to refine. We did, however, have significant challenges in respect of care capacity during the first wave of the pandemic and were one of only six local authorities nationally to activate the Care Act Easements due to a shortage of care and support staff early in the pandemic and the resulting need to prioritise our work. This required us to temporarily reduce our approach to Promoting Independence and simply 'get care to people', reassigning staff from day centre activity to other services.

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.



During 2020/21 demand for social care has not been like a usual year, as a result of; furlough, stay at home guidance, the requirement to limit face to face contact with people outside of your household or bubble, there was an increased tendency to not seek care and support services. In addition, the group most impacted by the pandemic were those with vulnerabilities. These factors combined meant that demand for Adult Social Care and the number of people supported reduced.

However, as we moved into 2021/22 we started to see demand for Adult Social Care increase and the indication of a return to pre pandemic levels. Indications are however that alongside the support with activities of daily living that make up most of our referrals, more people are presenting with a combination of issues associated with the detrimental impact of social isolation on mental health, wellbeing and social skills. People are also now approaching social care at a later stage in their care journey than would normally have been the case, with higher levels of need.

Unpaid carers have also seen their caring roles intensify and have been placed under increased pressures during 2020/21. This will have had an impact on the emotional and physical health of carers across the city which again is placing demand into Adult Social Care.



## 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.

The year this report covers, 2020/2021, was a year unlike any other as the unique challenges of COVID-19 dominated much of our work, and the demands placed on people who work in social care, along with people that access our services and their families and carers were like nothing previously experienced.

Due to the uniqueness of the year much of the comparative information in this report is of limited use – it was an exceptional year and as a result the performance data is also exceptional. What is however becoming clear is that as we move forward we need to continue to adapt to new challenges, whether resulting from the ongoing impacts of the pandemic or other factors including the changing health and social care landscape due to the introduction of Integrated Care Systems from April 2022.

A key aspect of this Annual Report is the opportunity to highlight improvements and progress made and those who know me will know that the concept of continual improvement and finding ways to do things better are core character traits of mine. For this reason, I am pleased to write this forward to a report that,

despite the many challenges of the year, still evidences improvements made in Adult Social Care and the impact on people as a result.

Indeed, we must never forget that we are a people business. There will continue to be significant amounts of effort and energy taken by the big issues of social care reform, health and care integration, growing demand and a limited resource environment but all of this is for nothing if it does not result in improving outcomes for the people that rely on us for support. This is the reason why this report contains real life examples and stories describing what we have done to improve outcomes for people and producing the report in this way helps ground us back to why we are here.

Due to the people I work with and the commitment they show I remain immensely proud and privileged to be the Director of Adult Social Care for Coventry City Council.

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 continuing challenging 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 continued to make during the last year.

Throughout the COVID-19 pandemic, the most significant and tragic health crisis in living memory, I have felt 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 continue to be astounded by the difference people are making in all areas of Adult Social Care through the ways in which they support and care for the most vulnerable adults in the city. 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 to record my heartfelt thanks for the hard work, perseverance, compassion, humanity and dedication that mean 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](mailto:getinvolvedasc@coventry.gov.uk)



## Karen McKay

### Adult Social Care Stakeholder Group

During the last twelve months the Adult Social Care Stakeholder Group has continued to meet virtually bi-monthly using Microsoft Teams. This has been a learning curve for many of us but has worked really well and has led to some really engaging conversations and contributions from group members. It was lovely to be able to check in even if only virtually. We continue as a group to try to be the voice of service users and carers, to contribute to ongoing developments in Adult Social Care, be part of conversations about new developments, improvements and the way that services have adapted during the pandemic.

Some of the key agenda items have focussed on digital developments and care technology and we have been able to use a demo of a new animated tool for on-line self-assessment which again is helping the group to continue on their own digital skills journey! Thinking about how we can include more voices and improve on real collaborative working is another regular theme, rather than being asked after plans have been made. There is always more work to do on this!

I personally look forward to the long-awaited national review of Social Care, which cannot come soon enough. Previous national crises have led to significant social improvements, and if ever it was a time to tackle the long-standing problems in Social Care it is now. The Association of Directors of Adult Social Services (ADASS) has spoken of significant numbers of people waiting



for support, calls for urgent social care reform, investment and a proper workforce strategy. We need to add our voices locally in any way we can to insist this happens. For me, rather than applause, doing this for our Social Care staff and service users is the best way to show how much we value them.



*A screen shot of one of the group's virtual meetings held on Microsoft Teams*

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*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 <https://www.coventry.gov.uk/getinvolvedasc>*

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# 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 these improvements including;

**Use of Technology:** Our use of technology to support our assessment activity has grown significantly. Whereas previously the majority of our work was completed face to face, doing

things remotely has become the norm wherever possible. 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 both safe and effective.

**Accommodation Offering Care and Support:**

We are finalising a market development plan in respect of accommodation-based support for people with severe mental health problems. This will help care providers plan and develop high-quality provision over the coming years, in line with our Adult Social Care vision and values. We have started work on this by developing new reablement accommodation to support women with mental health problems who have experienced crisis events in their lives such as abuse or exploitation and need support with their recovery and return to independent living.

# 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.



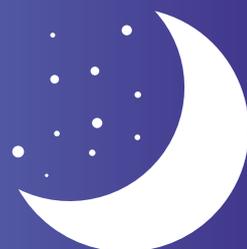
**High performing:**  
The outcomes we achieve for adults and older people compare favourably with similar local authorities. We make an active contribution to the delivery of the Council Plan.



# 24 Hours in the Life of Adult Social Care

## Adult Social Care works 24/7

With spending of over **£103million**, Adult Social Care works with many organisations, providing advice and support to our residents



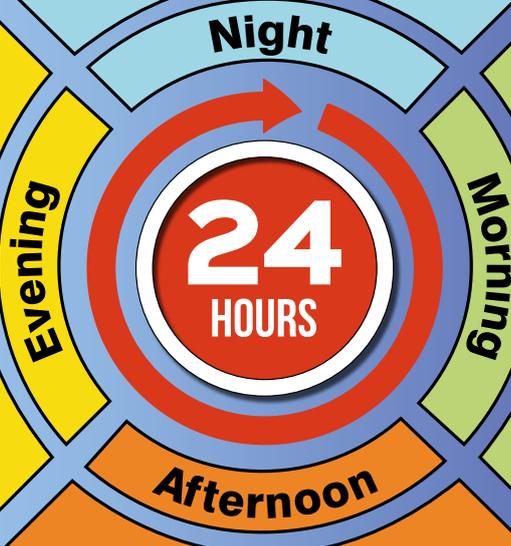
**Emergency Duty Team**  
- From 5pm onwards our emergency duty team help people who might require urgent support during the evening and night.

**Mobile Night Carers** - From 10pm onwards the Mobile Night Carers service supports people who need help and assistance during the night.



**Assistive Technology**  
- We provide a wide range of assistive technology to help people be as independent as possible both day and night.

**Self-Online Assessment** - Our online-assessment can be completed at any time of the day and suits people that might have busy lives.



**Adult Social Care Direct** - Our Adult Social Care contact team opens at 9am, they provide information and advice and are the first point of contact.

**Home Visit** - Our home support providers help people to maintain their independence in their own homes.



**Jenner8** - Our Jenner8 project supports adults with learning disabilities to access the community.

**Shared Lives** - Our Shared Lives Service supports people 24/7 by providing support in a family setting.



# 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 the next few pages give you an indication of the position for Adult Social Care during 2020/21 in respect of:

**Budget** – Money Matters

**Activity** – Facts and 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 £238.4m on revenue activity during 2020/21.

The gross Adult Social Care spend in 2019/20 minus citizen's and other contributions was £103.2m as shown below. This includes £7.8m of additional resources provided to support the care market during the pandemic.

## BUDGET-MONEY MATTERS

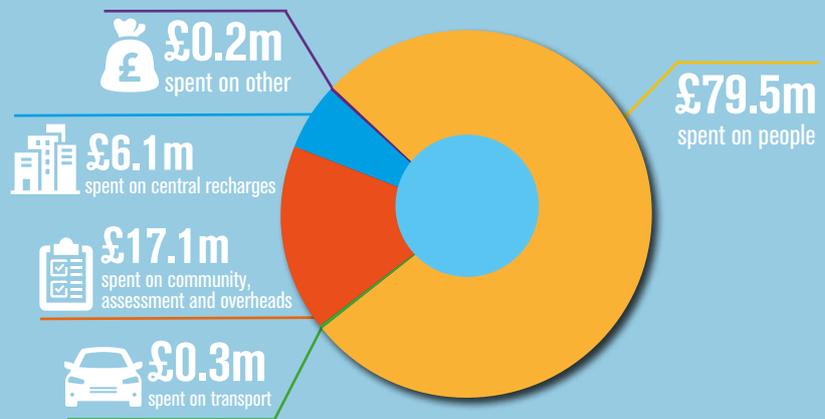
## 2020/21 ADULT SOCIAL CARE SPEND (£103.2m)

This compares to a spend of

**£95m**  
in 2019/20



The largest element of the increase relates to Spend on People (provision of services)



## BUDGET-MONEY MATTERS

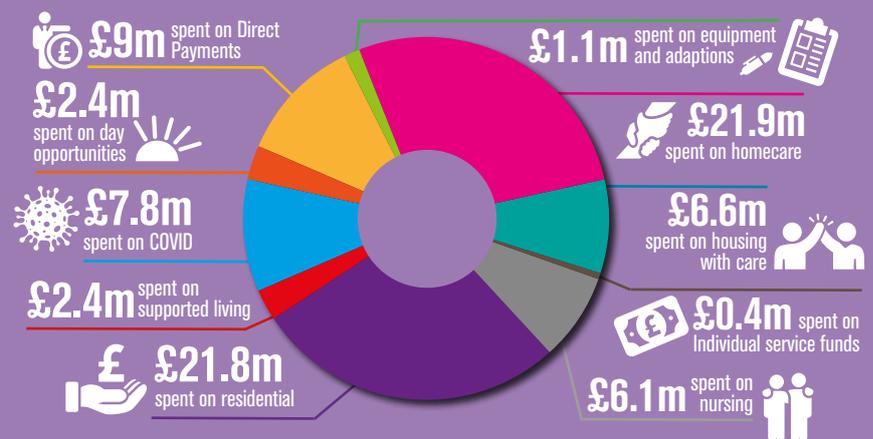
## 2020/21 SPEND ON PEOPLE (£79.5m)

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

**£70.4m**  
in 2019/20



£7.8m of that increase relates to the additional support to providers referenced above. 'Spend on People' is money spent directly on the following services



## BUDGET-MONEY MATTERS

## HOW DO WE COMPARE?

Coventry still continues to be a comparatively low spending local authority per

**100,000**  
population

Page 30

In recent years we know that Coventry demonstrates comparatively low spending as a local authority per 100,000 population. The Local Government Association publish information about spend later on in the year but you can view information for 2020/21 at <https://www.coventry.gov.uk/LGInformASCReport>

COVID-19 and the country's response to the pandemic, with national lockdowns and limited family contact impacted on the activity of Adult Social Care, those accessing our support and

how we needed to work. We don't know what the future holds but as a consequence of the pandemic we are starting to see more demand associated with mental health and wellbeing.

PEOPLE RECEIVING SUPPORT

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.

**9,902**  
new requests for support  
(a small decrease on last year's figures of 10,534)



**5%** of requests resulted in a long-term service decrease from last year's 7%



**34%** received low level support  
(increase from last year's 25%)



**30%** received a short-term service to promote independence (increase from last year's 21%)



**4,529** people received long term support during the year (an increase of 1.7% from last year's 4453)



**1,430** received a planned or unplanned review throughout the year



**23↓** people transitioned from Children's Services to Adult Social Care compared to 44 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:

**588** carers had their needs assessed of which **286** received a separate assessment

**802** carers received formal 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 the most recent reports from <https://www.cqc.org.uk/publications/themes-care/area-data-profiles#profiles-c>.

In comparison to other local authorities Coventry continues to have;

Low rates of new requests for Adult Social Care, with an average of 27 a day compared to the national average of 35 in 19/20

A lower rate of new requests for Adult Social Care support going straight into an ongoing long-term service than comparators

A higher proportion of new requests for people aged 65+ going on to receive short term support to maximise independence than comparators

Continued lower rate of people receiving long term support per 100,000 population compared with our comparators

# 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.

## 2020/21 Safeguarding Information:

**4,321** safeguarding concerns received, a 2% decrease from the previous year

**508** completed safeguarding enquiries were undertaken in the year compared to 563 in the previous year

**11%** the rate of concerns that led to an enquiry was down from 12% last year

**423** people (83%) were asked about their outcomes, an increase from 80% of people asked last year

**493** safeguarding enquiries, a 7% decrease from the previous year

**93%** of people reported fully achieved/partially achieved outcomes compared to 95% last year

We continue to closely monitor our all our activity and use 'sampling' audits and develop improvement plans when we need to look into our approaches in more depth.

## HOW DO WE COMPARE?

Coventry has a higher rate of concerns per **100,000** population than comparators. In **2020/21** **1481** compared to the average rate in England (2019/20) of **938** - but thorough initial enquiries address these sooner without the need for a full enquiry. 2020/21 comparator data is due to be published in November 2021 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 1% (13) reduction in the number of applications from **2,250** 2019/20 to **2,237** 2020/21

**349 (16%)** are in due process compared with **254 (11%)** in 2019/20

In **2020/21** there were **1,889** applications completed which is a 5% decrease from **1,996** in 2020/21

There was an increase of applications granted after **6 MONTHS** of being received from **22 (3%)** in 2019/20 to **37 (4%)** in 2020/21

## HOW DO WE COMPARE?

Comparator information will be published at the end of 2021 however we know from last year that Coventry continues to have a higher proportion of applications and completes a higher proportion of assessments per 100,000 than our comparators. As a result of this Coventry has a lower rate of applications not completed than our comparators.

Our work during the year was impacted as a result of the pandemic due to reduced staffing capacity and assessments taking longer to complete. Liberty Protection Safeguards are due to replace DoLS in April 2022 for which the service is actively preparing for.

# DEMOGRAPHIC



Coventry's population is growing, changing and increasingly diverse



Coventry is home to **379,387** residents (mid-2020 est)

Population growth is still amongst the top **10%** of local authority areas but has stabilised (growing by 2.1%)



Highest growth in the population is amongst the young working aged adult population

**13.31%**

of the population is **65+** but this is expected to grow and accelerate in the next 10-15 years

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 2015-2017 and 2017-2019, life expectancy between the richer and poorer increased further. 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	X	X
Cancer	X	X
Liver disease	X	
Respiratory diseases	X	X
Communicable diseases	X	X

# OUR WORKFORCE

**928** internal staff

**83%** Female staff **17%** Male staff

Average age of workforce **47.5 YEARS**

**50%** workforce aged over 50 **69%** workforce is white

Vacancy rate is **9%** compared to **6%** nationally

**19%** of workforce is BAME up 2% from last year



Leaver rate is **9%** **83** people

New starter rate is **15%** **141** people

The wider Adult Social Care workforce in Coventry amounts to **9,600 jobs**

which includes staff working in 177 CQC registered establishments

# Key achievements - Based on the Adult Social Care Vision and our Priorities for 2020/21

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 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. Our goal 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 Social Interventions Collective (SICol) - Working together to empower

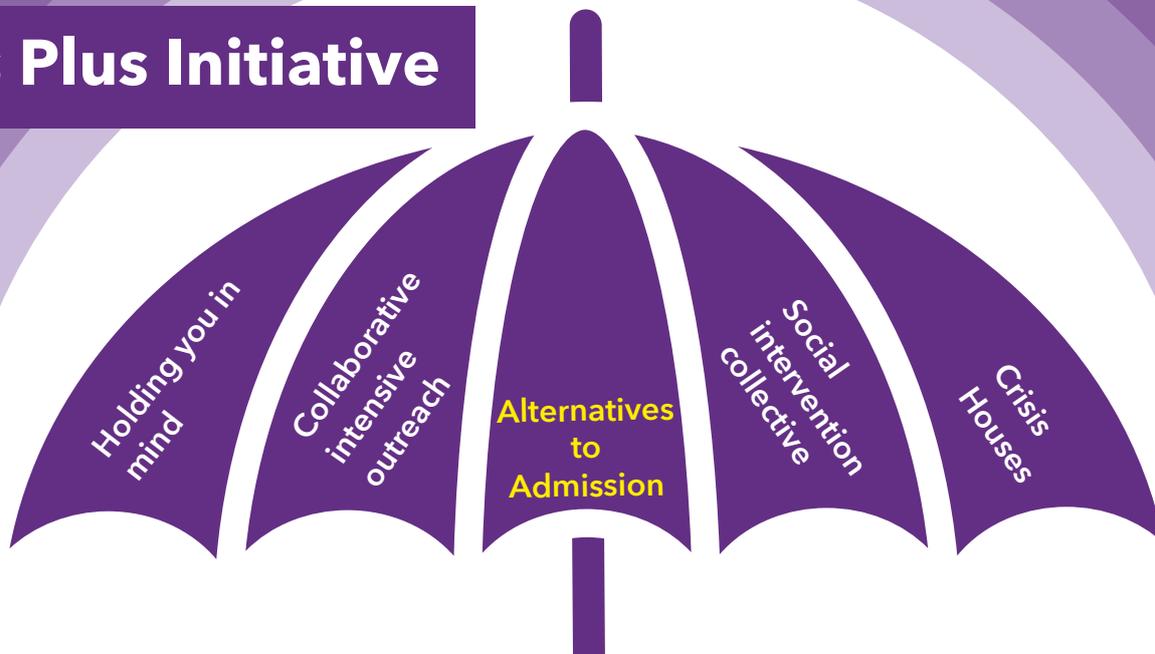
#### What is SICol?

The SICol brings together some of the key services involved in mental health support; Home Treatment, The Pod, Axholme Services and is a unique approach aimed at promoting independence and avoiding hospital and residential care admissions during a mental health crisis which is proving to be hugely successful.

This strengths-based approach relies on a mix of human connection, relationships and support to enable people to take back control of their lives. Intensive support is provided through daily contacts, active listening and working together to find solutions, leading to better outcomes and increased long term mental health stability.

What started as a project bringing a group of passionate professionals together to make a difference has now been recognised for its innovation and impact. The project has now attracted a 3-year funding grant to enable the team to continue and expand their work, in order to reach more people in mental health crisis.

# Crisis Plus Initiative



## What difference is this approach making to people's lives?

### Peter's Story

Peter is a 32-year-old man with a long history of mental health problems leading to hospital admissions and a prison sentence. He had moved to Coventry from London to escape gang culture and had become disconnected from all family and friends, leaving him with no social connection and support.

Peter had been placed in inadequate accommodation which was making his situation worse and he had lost all trust and confidence in mental health services due to a lack of consistency in support provided. All of this led to Peter feeling unloved and abandoned with risk of further hospital treatment or involvement with the police.

### What did we do?

The team worked closely and intensely with Peter, showing kindness and compassion to regain trust and to really listen to his needs. 'Co-production' is at the heart of the work of the team and enabling Peter to make decisions and plan his own future was key to this. Twice weekly visits and daily phone calls to listen, offer hope and address practical issues and discuss options all contributed towards enabling Peter to have choice and control over his life.

Practical support helped Peter to find solutions to some of the difficulties he had been experiencing, for example; liaising with family to gain support, viewing properties with Peter, help in making an application for benefits, GP registration, provision of funding towards essential goods such as microwave, pots and pans and advocacy and advice.

There is a long list of improved outcomes for Peter as a result of the work of the team and Peter's commitment to co-production and consistent contact, including the following:

- Peter is better able to trust professionals
- Peter has avoided the need for acute medical services, admission to hospital and police involvement
- Peter has improved family and professional relationships
- Peter is using his medication appropriately and taking a lead in liaising with pharmacy and GP
- Peter is accessing psychological and employment support

Peter said;

*"I trust you guys, just want to say thank you so much for all your help, I'm sorry I come across as blunt sometimes and direct but it's not you guys, I just feel let down all the time. I really appreciated the microwave and everyone seeing me, I still get stressed where I am but just want to say thank you I appreciate it even if I can come across as I don't."*

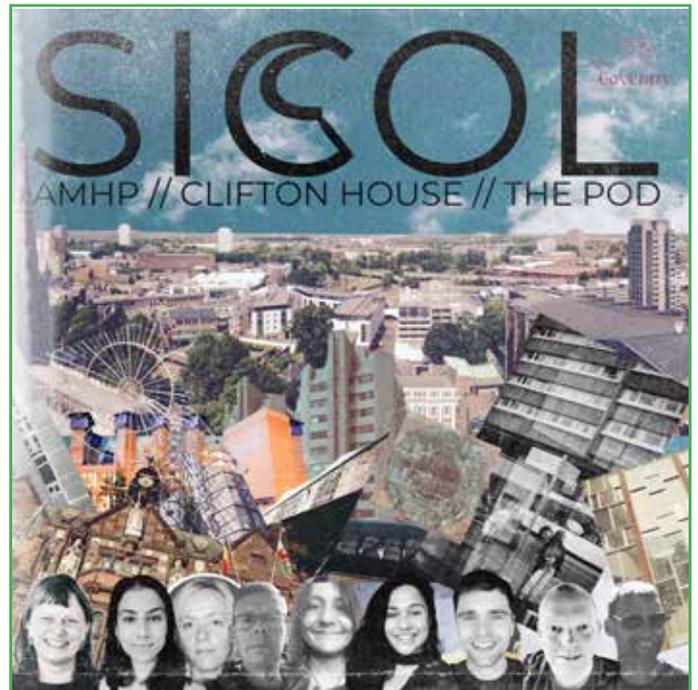
Peter's journey continues and he is hopeful in finding employment

*"I have a trial shift at a restaurant as a kitchen hand tomorrow afternoon, I think this may benefit me as it is giving me purpose to better myself in my life for my future and I believe being positive can help me deal with feeling stressed and very low at points."*

Peter's social worker Mariam said;

*"Peter's journey showed us that using an empowering approach with*

*co-production at the heart, helped Peter achieve what he wanted to. Not only this, but by Peter working with the different services involved in SiCoL, he was able to become better connected with housing, employment as well as creating his own support networks."*



## 2 High quality, person-centred and effective support

# Transforming Care - Martin's Story

Martin is a young man who has Autism. He lives in a shared house just outside of the City. In December 2020 Martin became unwell, there were incidents within the home where he assaulted another person and took an overdose of his medication. His relationships with friends and family were breaking down and Martin felt out of control.



***"I felt angry, depressed, shouting at people and being abusive. I didn't take care of myself, hitting people and screaming. I was upset inside, anxiety, shaking and worrying about everything."***

To avoid a hospital admission Martin was supported under Transforming Care where he worked with his Social Worker, Learning Disabilities Nurse and Personal Assistant (PA) accessing a direct payment.

An urgent increase in Martin's support was agreed and this enabled Martin to have access to additional hours to support him at home. Gradually these hours were reduced to a level that Martin is now able to manage with in order to keep himself safe and well.

Martin now has strategies in place supported by Julie his PA to minimise any future incidents within his house and the community.

***"Julie listens to what the problem is and gives me advice, with a direct payment I can change the hours around with Julie, she is kind and helpful and makes me feel better."***

The increase in support has enabled Martin to stabilise his mood and thought processes which in turn has had a positive impact in every aspect of his life and his ability to cope with anxieties and stress levels.

***"I don't feel frightened in my own home anymore."***

Those that know Martin well cannot believe the changes in him and have voiced that;

***"It is like having the old Martin back, the Martin I have not seen for many years. He is calmer, kinder and more engaging and is a pleasure to spend time with."***

Everyone is proud of Martin's achievements including his family and friends.

Martin has also recognised that he is feeling much better and able to cope with stress in a different way and is very positive about this change.

***"I can get back to being creative and doing amazing pictures, I feel in my own head things are working out."***

Martin was offered support from an agency but this model did not suit him as it was too fixed and they had set times. A direct payment gives flexibility to meet changing needs and has been the best solution for Martin.

***"The networks in Transforming Care continue to grow stronger with our health colleagues supporting people to improve their situations and preventing hospital admissions for people with autism and learning disabilities to remain in their own homes with the right support to live their best lives."***

Michelle Perry Social Worker,  
All Age Disability Team

Direct Payments enable people to have control over spending their personal budgets and many people choose to have a payment to employ their own personal assistant because they wish to have support from someone they know well and who has the right skills or experiences. Coventry City Council are working closely with a local direct payment support service, Penderel's Trust to attract more people to apply to become personal assistants making this a more viable option for people eligible for social care.

Interested in becoming a PA?  
<https://www.penderelstrust.org.uk/coventry.php>

# 3 Reflective and responsive to change

## Enhancing Support to Carers

The pandemic changed all our lives when it hit in 2020 but for carers the impact was huge with many having to cope with additional caring responsibilities. Carers Trust adjusted what they did, like many organisations to ensure that there was continued support for carers. Carers Trust was granted additional funding in September 2020 by Coventry City Council to give extra support to carers.



### What the Carers Trust did

The additional funding was used to support carers by addressing several key themes:

#### Loneliness and isolation

We supported over 400 carers with over 1000 contacts and have provided a buddying service and a listening ear.

#### Loss and grief

We held three, six-week courses and additional one-off sessions on change. This has supported over 350 carers who are dealing with grief in their lives, whether it is the loss of a loved one, change in a relationship or coping with the diagnosis of a loved one.

#### Impact on BAME (Black, Asian and Minority Ethnic) carers

We appointed a BAME development worker to link and engage with various groups and networks representing the diverse population of the city.



## Digital inclusion and engagement

We supported carers to access platforms such as Zoom and access equipment (laptops and tablets) through a one-off payment to enable them to digitally engage in their communities and access peer support virtually.

## Hardship and poverty

We helped to address hardship through providing one off payments to over 40 carers, to pay for equipment and appliances and to engage in activities to support their health and wellbeing.

## Working and caring

We recruited a Working Carers Development Officer and supported over 400 working carers and encouraged employers to support those who are carers in their workplaces.



## One carer tells us his story

Stephen, a carer (who now is a volunteer providing awareness workshops on scamming) talks about how the support has helped him.

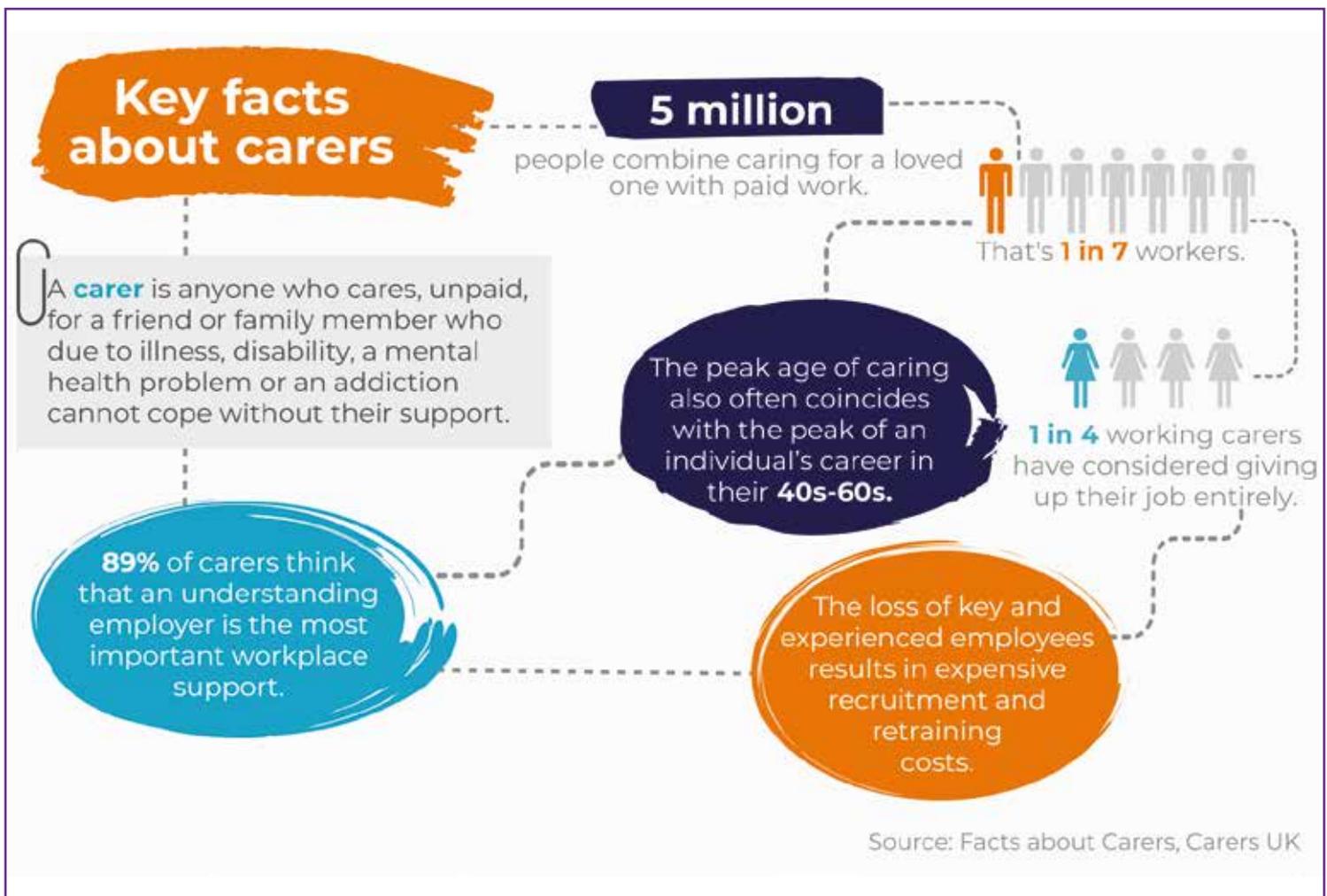
***"I am so grateful that, when the COVID-19 pandemic hit, and I found myself caring for two people, my older mother, and my wife. My ability to cope with the burden of care, a burden that turned out to be larger and longer than expected, got a huge boost when I engaged with the Carers Trust. My stress levels dropped enormously just knowing that there was an understanding and well-organized service out there, one that had diligently assessed my needs and was ready to help me meet them.***

***The people I support benefited, and not just because their carer was less stressed thanks to Carers Trust; they too were better able to get through the lockdowns, the isolation, and the long road to vaccination, knowing that Carers Trust knew what care they would need if something happened to me. Now, as we work our way towards whatever the new normal may be, I am benefitting from the excellent 'HOPE Programme' and looking forward to the growing number of opportunities to engage with other carers that the Carers Trust is enabling."***

Anna Luczyna Working Carers Development Officer, reflected on the support provided by the Carers Trust

***"The pandemic has had a huge impact on everyone, but it has been particularly hard on people who juggle work and caring responsibilities. It has been so rewarding being able to support carers facing those challenges and working alongside such a dedicated team."***





# 4 Outcome driven and meaningful

*Helping people take back control of their lives*

## Sarah's story

Sarah is a 43-year-old woman who has a diagnosis of attention deficit hyperactivity disorder (ADHD) and has a Personality disorder which has led to several admissions into hospital since 1989 under the Mental Health Act (MHA) 1983 (amended in 2007). Sarah also experienced a year long compulsory stay in a mental health hospital (under a section of the MHA 1983) and had appealed her stay under a section of the Act several times. Being discharged into the community under Community Treatment Orders had not helped Sarah to improve her mental health, particularly as she was often recalled into hospital due to not feeling safe in the community. Sarah was struggling to live independently.



Sarah lived with several risks including self-harm and self-neglect and consuming alcohol would often make things worse. Her longest period outside of hospital since 1989 had been 6 weeks and therefore Sarah had regarded the local mental health hospital as her 'home' and the outside community felt unsafe and unknown to Sarah.

Although Sarah felt the hospital was her home, she was desperate to leave, to be closer to her family and to build a life outside of formal services. She was worried about managing her distress in the community but said

***"I hate being in hospital, but I'm scared of being in the community I don't feel safe without a section on me."***



## What we did?

Adult Social Care suggested to Sarah that a Guardianship Order could enable her to become more independent and less reliant on services and Sarah agreed to try this approach.

Guardianship is a different approach to managing mental ill health with a focus on enabling individuals to live as independently in the community as possible, with a focus on welfare rather than treatment. The use of a Mental Health Act advocate is key in ensuring an individuals' voice is heard and at the centre of the discussion.

The role of an advocate depends on the person's situation and the support people want, they are there to support a person's choices. An advocate can listen to someone's views and concerns, explore their options and rights, help them to contact relevant people and accompany and support them in meetings or appointments. It can often be overwhelming when the room is full of professionals, without the help of an advocate.

With an advocate, Sarah was able to identify that Guardianship would help her feel safer in the community. She was also included in all discussions regarding options for support in the community, this was with the social workers, doctors, nurses and psychologist involved. This meant that Sarah was at the centre of every conversation about her wellbeing and her wishes and feelings were listened to.

Sarah's family, nearest relative and other important people were also included, and this meant all of the important parts of Sarah's life were being considered when care and support planning was undertaken.

Sarah's care and support plan was co-produced with her heavily involved. This included finding a suitable placement to meet her needs and enable her to continue seeing her sister. Sarah moved into a specialist supported accommodation setting and has now had the longest period out of hospital since she first came into contact with mental health services - approximately 9 months! Sarah takes an active part in the community she lives in and has stated that she feels safe under the Guardianship Order.

Sarah stated;

***"The Guardianship makes me feel safe, it feels like it's a section for me and for the people looking after me. Even when I have low points, the most important thing is the staff bring me back home."***

Not only this, Sarah told us she is now an activity champion in the community and said;

***"I've organised a trip to Weston-super-Mare for the residents in a few weeks. We are looking forward to it! I'm part of the coffee mornings and planning of activities in the community. I also now go see my sister on my own."***

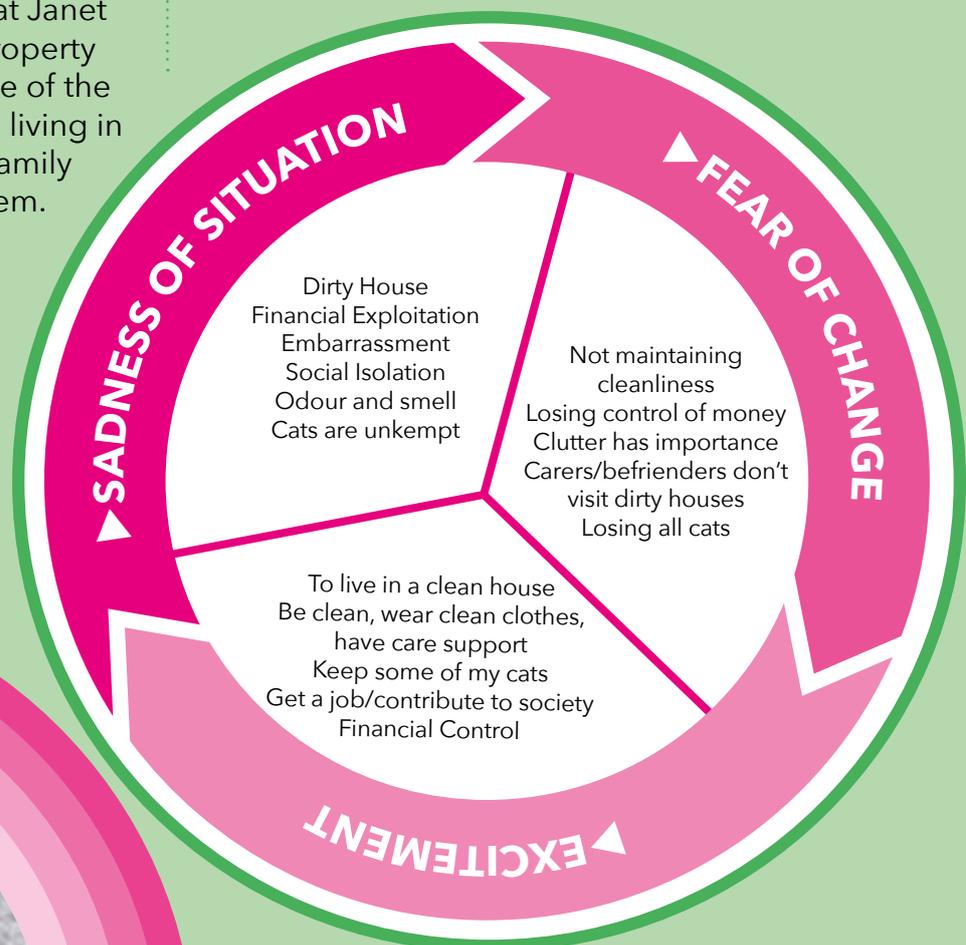
# 5 Support around people and their families

## Janet's Story

Janet is a 71-year-old woman who was referred to Adult Social Care by the Police who were concerned about her vulnerability and welfare.

Janet was the victim of financial abuse by a doorstep scammer and was visited by Maxine the Social Worker as part of a safeguarding investigation. Maxine became aware that Janet had problems with hoarding and her property was almost uninhabitable due to the scale of the problem. Janet also had seventeen cats living in the home and although they were like family to her, she was struggling to care for them. Janet told Maxine that she felt very isolated and it soon became apparent that Janet had social care needs. She was not looking after herself, eating regular meals or taking her medication as prescribed. Formal carers were unable to provide care within her home environment as it was cluttered and unkept.

Janet's strengths were recognised and she was willing to accept support to help her maintain her home and with personal care, medication and meal preparation. Janet had a love of cats but was overwhelmed by the responsibility of caring for 17. Janet stated that she wished to stay in her family home and that she was keen to meet new people and contribute to the local community in which she had lived all her life.



Maxine worked with Janet to access support from voluntary, private and statutory agencies to help her situation:

- Enabling Spaces, an agency that helps people to learn/gain skills in maintaining a healthy home environment, supported her to clear and clean her home over 7 months. They now visit weekly to support Janet to make sure everything is still ok <https://enablingspacescic.co.uk>



- A care agency to support Janet with her personal hygiene, meal preparation and medication management
- The RSPCA attended to 15 of Janet's cats and rehomed them. Janet wished to keep 2 female cats and agreed for them to be spayed for their welfare
- An appointee was set up to support Janet with her finances, help her pay her bills and agreed plan for how she wants to spend her remaining money
- Support with shopping on a weekly basis to ensure she has regular nutritious food in for the care staff to prepare
- A fortnightly companionship visit from AGE UK to reduce her social isolation Maxine also supported Janet to find a job as a volunteer in a local charity shop. She now goes every Tuesday. Janet has met new friends and her confidence has improved dramatically

Janet's wellbeing has been enhanced. Janet is happy living in a clean environment with her beloved cats. She is receiving the support she requires to remain living in her home. Janet states that she loves her volunteer job and the charity shop staff love Janet

***"I am really happy working in the charity shop. I enjoy meeting new people and working with the other members of staff. The staff like me and I feel valued."***

### **What have we learnt?**

- The importance of working with people at their own pace, listening to people, identifying what's important to them, their resilience and resourcefulness
- When identifying older adults' strengths and needs during assessments, we need to think creatively to empower people by looking beyond traditional services to meet social isolation needs such as day centres and support people with their desired outcomes such as working and volunteering
- Multidisciplinary working with private and voluntary partners is crucial in meeting people's identified strengths and needs



Want to know more about how to support people who may be hoarding, see the Coventry Safeguarding Adults Best Practice Framework and Guidance

<https://www.coventry.gov.uk/hoarding>

# 6 Effective enablement, prevention and wellbeing

## Mohammed's Story

Mohammed is a 20-year-old man who now lives with his mum and two younger brothers in a rented three-bedroom house. Mohammed came to the UK in 2018 from Syria. Mohammed has physical disabilities which includes scoliosis, a spine condition and has no movement or function in his lower limbs. Mohammed has good upper body strength which enables him to move from one place to another and will use a self-propelling wheelchair to mobilise.

Mohammed was originally referred into 'Promoting Independence' services when he was 18 in 2019, he could speak very little English and required an interpreter. He was at the time living in a first floor two bedroom flat with his family which was unsuitable. Mohammed's mum was having to carry him up a flight of external stairs to the property.

Mohammed's mum was providing all care at this time and wished to continue with no formal support. The Occupational Therapist (OT) assessed Mohammed and due to the size of the property and space within it there was little that could be done to make the property more suitable to support the situation.



### What did we do?

The family needed to have more accessible accommodation so the OT got in touch with a Housing Association and discussed Mohammed's needs for a priority move to another property, which would allow Mohammed safe access to the community and education facilities.

Mohammed was also very keen to access education and wanted to study ESOL (English to speakers of other languages) and he said he hoped to become a lawyer. The OT contacted the Special Educational Needs (SEN) team regarding Mohammed's wish to access education and an EHCP (Education, Health and Care Plan) was started.

Once a new property was identified the OT visited and requested provision of a stair lift so that he can move between the upstairs and downstairs of the property. A ramp at the front for access and converting the bathroom to level access showering facilities means that Mohammed can maintain his independence.

More recently Mohammed's mum was needing some support in her caring role and a care package of two calls a week to assist with personal care was arranged. This is the only support that Mohammed and his mum felt that they needed at this time to ease some of the pressure off his mum.

### **How did it go?**

Mohammed's mum said they feel comfortable and very happy in their new property and Mohammed is freer to do what he wants to do. His mum said;

***"The only word I can say to you is thank you you have the magic touch and thanked all those involved."***

Mohammed has been attending college studying ESOL, English, Maths GCSE and ICT and he no longer requires an interpreter as his English has improved greatly. Mohammed stated that;

***"I am much happier in my new home and the care support is working well. I can be independent and can get myself around. I am very happy with college, the teachers are very good, I go there on the bus like everyone else and have made friends. I struggle on the telephone with English, but this is getting better."***

***I am unsure what I will do after this course but there are lots of good courses at the college and I hope to have a job working in an area where I can help people."***

Rachel the OT involved said;

***"It has been satisfying seeing all the different services joining up to support Mohammed, they are such a great family that have been through such a lot."***



# 7 Mature Partnerships

## Coventry Dementia Hub



During the past six months informal engagement with partner organisations, people living with dementia, their carers and networks has led to resounding support for the proposals for a 'Coventry Dementia Hub' to open. If plans go ahead this will be one of the very first within the country and the only one of its kind in the West Midlands region.

The proposed Dementia Hub offers an innovative approach providing a One Coventry service. Using an existing Council building (Maymorn day centre), Coventry City Council are in the process of developing a proposal for dementia hub that will bring together a range of health, social care and voluntary sector services in one place.

Take a virtual tour of the current building here;  
<https://www.youtube.com/watch?v=zW0JnsnzOXE>

The hub will potentially include both a physical location and a single telephone number, simplifying access to support for people with dementia, their families and professionals including GPs. The physical base will be designed, furnished and managed in a dementia friendly way to ensure those attending feel safe, comfortable and relaxed, reducing stress and anxiety often felt by those accessing support for dementia. The hub will include a social space café to enable people to build relationships with others living the same experiences and to facilitate peer support, helping people to help themselves.

There will be a wide range of activities and information provided through the hub to enable people to extend their living well years through information. This will include; healthy lifestyles advice and support, physical and social activities leading to improved quality of life for those with

dementia and their carers and families. Some traditional day service activity will continue from the hub, but this will be combined with outreach approaches to ensure options available are inclusive and personalised.

It is proposed that the hub offers a source of information and support based on good practice elsewhere as well as specific community outreach events, public information via the café and information on accessing dementia assessments. It is hoped that the hub will be open Summer 2022.

April Ross, Service Manager said;

***"At the very heart of this model is the person living with dementia. Their personal experiences pre and post diagnosis were integral to the design of the model and will hopefully improve the experiences for those with dementia and their loved ones, now and in the future."***

The illustration was produced during virtual workshops held with stakeholders to engage on the plans and clearly highlight the most important elements for those living with dementia and the organisations that support them.

COVENTRY

# DEMENTIA CLUB

LIVE WELL WITH DEMENTIA

GARDENING

TALK TALK TALK

GET THE VIBE INTO ACTION

SAFETY & SECURITY BALANCED WITH OPEN

WILL BE LIKE...  
A MAN FORWARD  
TO SUPPORT  
SIGNPOSTING  
LANGUAGE

WALLS WITHOUT  
GET OUT & ABOUT  
ORGANISED  
THEME CALENDAR  
FOR DIFFERENT GROUPS

OT ROOM  
WITH OT PRESENCE  
TRY EQUIPMENT TO SEE HOW & IF IT CAN HELP

STRATEGIES TO COPE  
CAN BE SHARED  
CHOICE & EDUCATION

OTs  
TEACH TECH TO KEEP VIRTUAL  
AMINER & ACTIVITY COORDINATION

TALES  
FROM SERVICE USERS & PROFESSIONALS  
YOUNGSTERS & VOLUNTEERS

TALES  
FROM SERVICE USERS & PROFESSIONALS  
YOUNGSTERS & VOLUNTEERS

ADVANCED SUPPORT  
ADVICE & LEARNING ABOUT THE TOUGH END TOPICS

WELCOMING  
SAFE FOR EVERYONE  
THE PERSON NOT A DIAGNOSIS

FORMAL & INFORMAL  
LIFE CASES  
DISCUSSIONS TO GO

CONTROL  
COFFEE SHOP  
GALLERY EXHIBITION BAKING

INTER-GENERATIONAL  
MIXING IN SCHOOL CHILDREN - TEENS EVERY ONE

PROFESSIONAL SURGERIES  
COMMUNITY GROUPS

PEER PEER  
PHYSICAL + MENTAL HEALTH VIRTUAL AS WELL

PEER PEER  
HOW BUSY - HOW MUCH ACTIVITY REDUCED SUPPORTER BROADWAY UP

GIVE CHOICES + OPTIONS! EARLIER!  
NEXT  
GET SOMETHING CONCRETE

SHINE  
EXPERIENCE  
TIPS & SUPPORT  
ONE STOP SHOP

ACCOMMODATION FOR TRANSPORT

OPEN  
LATE PEOPLE CAN GET THERE

CO-CREATE  
WITH PEOPLE WITH LIVED EXPERIENCE

PROFESSIONAL SURGERIES  
COMMUNITY GROUPS

PEER PEER  
PHYSICAL + MENTAL HEALTH VIRTUAL AS WELL

PEER PEER  
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NEXT  
GET SOMETHING CONCRETE

Graphic: Scribe facilitation by ice  
www.recreats.com - @myjazz

# 8 Committed Workforce

## *Our Internally Provided Services – Adapting and Innovating during COVID-19*

**During the past year staff within our internally provided services have been working differently to ensure continuity of care and support for the most vulnerable adults in the city.**

### ***Movement of staff***

During the first national lockdown, some of the non-critical services were closed such as day services. During this time over 70 staff were moved to support critical 24/7 services at very short notice. These staff ended up being crucial members of the teams often in services they were not familiar with, working with a different group of people. At the same time many staff needed to self-isolate and it cannot be underestimated how these staff played an integral part in keeping services operational, most of whom had their own fears and anxieties around the unknowns of COVID-19.



### ***Changes to the way we supported people***

In responding to the pandemic, staff at Maurice Edelman House installed a COVID-19 safe 'Visiting Pod' during the lockdowns to enable families to visit their loved ones. This allowed families to meet in a safe, private space and ensured those vital relationships were maintained when visits into care homes were not possible.

Across our day opportunities services for people with Learning Disabilities, we implemented a creative timetable of 'virtual activities'. The staff teams worked very hard to develop these sessions and hosted them live on Microsoft Teams so that service users who could not return (due to social distancing restrictions at the time of the Annual Report) were able to be involved, see and interact with their friends.



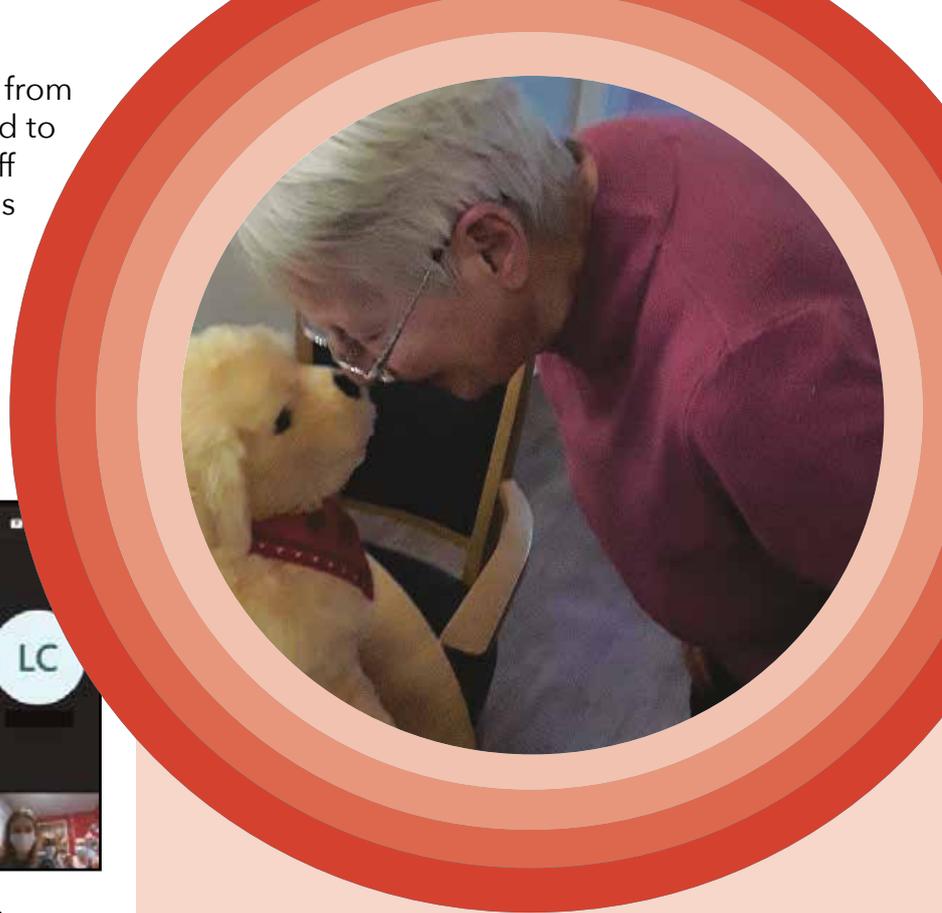
and people they know. Sessions ranged from quizzes and music from around the world to relaxation and sensory activities. The staff team attracted funds to purchase laptops for service users and families who previously didn't have access.

It was lovely to see how we supported people to stay connected and develop relationships with people they know whilst keeping safe.



At any time, not just during the pandemic loneliness can be a big problem for people, with a lot of older people being affected and this can trigger depression and anxiety.

Research has linked animal-assisted therapy to improvements in mood and the quality of life for older people, including those with dementia. A recent review of studies on robotic pets for people with dementia linked time spent with the robots to lower levels of depression and anxiety.



These pets respond to the person's voice and touch and have a 'lifelike' coat. They also make sounds, cats can purr, dogs can bark and are able to move their heads, lift their front paws and open and close their eyes.

Eric Williams House purchased these robotic cats and dogs and the residents took great pleasure in unwrapping the boxes to see what was inside, their faces lit up and big smiles spread across their faces.

The pets have had a positive impact within the home and have provided the residents with hours of joy and comfort. Some of the residents will sit for hours nurturing the pets and talking to them, the pets bark/purr and move in response to touch so they are also providing sensory benefits as well as the sense of self-worth.

The pets have also given people a sense of purpose which is very important as it makes people feel like they have something to look after having a positive impact on mood and self-esteem.



# 9 Innovative

## *From Tablets to Tables – Using Digital Solutions*



During the last year Adult Social Care has continued to develop and increase our use of digital solutions to help residents living in care settings to remain connected to family members and loved ones during the pandemic.

### **What's been happening?**

The Council provided a significant number of tablets and laptops to independent care homes in the city in November 2020 and some to our own internal provider services. The Council have also facilitated a number of workshops to review the use of the tablets and to understand the challenges providers may have experienced in using technology.

This equipment is being used by staff to keep in touch with professionals for example in holding virtual reviews, virtual consultations with GPs and enable residents to see and speak to relatives.

This includes using them for special occasions, for example to enjoy virtual birthday celebrations with family members as seen in the photograph below from Brandon House Care Home.

Another example of the service utilising new digital tools has been the purchase of two interactive projector activity tables. Staff at Eric Williams House Care Home strive to deliver the best care possible for the residents who have dementia. This has included looking at new ways to keep residents active and using the key skills in life for as long as possible. The OMi Activity Table is a portable projector system that enables this to happen in the most amazing way.

Firstly, it provides sensory stimulus, whilst being bright it also plays music and sounds in the background. One of the residents was able to recognise the call of a thrush in the background. This then led to him reminiscing about the times he had spent out in his garden. The table also allows residents to keep active and mobile as some of the games involve movement, so they can have a game for example of air hockey or beachball.



Angela Wilson, Activities & Lifestyles Co-Ordinator at Eric Williams House said;

*"For me the best games are those that encourage co-ordination, these games require the residents to think about what they have to do, where they need to place their hands or feet in order to continue with the game. The table is mobile and on wheels, it can be taken anywhere within the home. I can honestly say it is the best piece of equipment that we have purchased, and residents are really benefiting from it."*

The residents have taken to it like ducks to water, one resident said;

*"It's brilliant, I love it' another 'Well, I've never seen anything like that before!"*

Jon Reading Head of Commissioning and Provision said;

*"Staff at Eric Williams House do a wonderful job in not just looking after people with dementia but also helping them to live well and enjoy new experiences as well as old favourite pastimes. This state of the art equipment helps residents (and staff!) to participate in an enjoyable activity whilst benefitting from stimulation and interaction."*

The team at Eric Williams House update Facebook on a regular basis so that the families can keep in regular contact and see how their loved ones are. Below are some quotes from resident family members in reaction to sharing pictures of the table in use on Facebook;

*"I need an OMI table; they all look so well."*

*"That looks amazing."*

*"Fantastic fun."*

Another table is also available for use across other establishments and is currently being utilised by residents living in Housing with Care settings.



## What Next?

We are continuing to adopt new digital approaches and tools to support staff and people accessing our services. Some initiatives we will be focussing on during the next year are;

- the development of an Integrated Care Record enabling health and social care staff to view shared information
- the implementation of an animated online self-assessment tool, offering people who contact Adult Social Care an accessible guided process to learn more about their own needs and the help that is available
- a project focussing on increasing and improving our use of care technology such as sensors and reminders within the home
- adoption of a digital dictation tool to reduce administrative time for our practitioners, enabling them to spend more time working directly with people

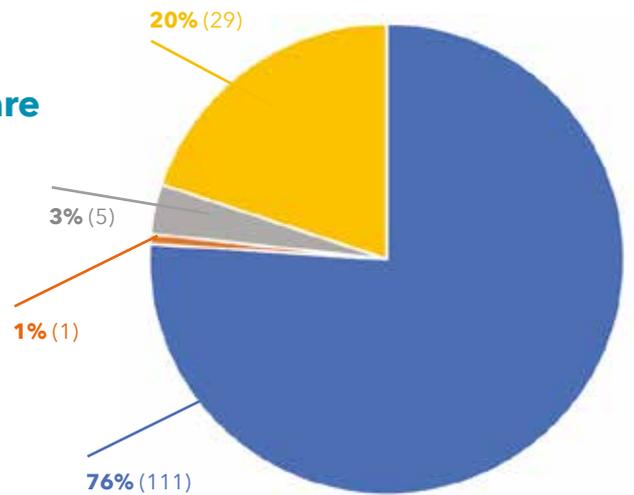
# 10 High Performing Care Provider Support, Improvement and Response to COVID-19

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.

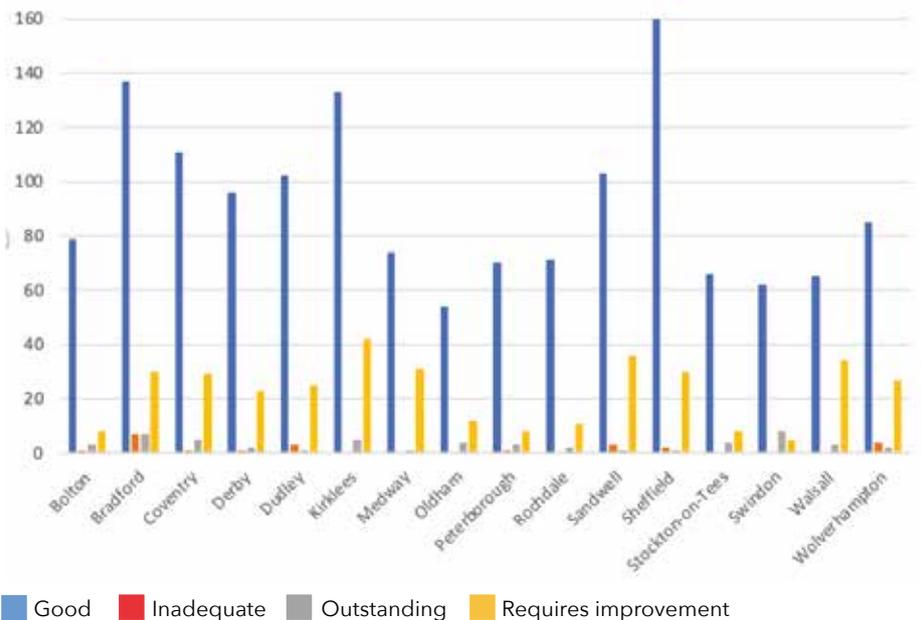


## March 2021 - CQC Rating for the Coventry Care Market

- Good
- Inadequate
- Outstanding
- Requires improvement



## CQC Care Provider Ratings across Coventry's Comparator Group



During the last 12 months Coventry's (Care Homes and Community based adult social care services) Care Quality Commission (CQC) ratings have not changed significantly as CQC paused visits during the pandemic and reconvened visits based on a risk-based approach from March 2021. Therefore, the ratings are very similar to 2020.

## Care Home Improvement Programmes

We currently use a range of quality improvement campaigns, which are central to contract and quality assurance activities for the people of Coventry. The quality improvement campaigns look to ensure good care outcomes for commissioned services. Unfortunately, due to the COVID-19 pandemic all campaigns were put on hold and these will be recommenced as soon as possible.



### Supporting Care Providers across the City

COVID-19 brought challenges to all, not least of all the health and social care providers across the country. All care providers had to manage challenges most had never experienced before. Care providers across the city demonstrated amazing resilience and commitment to the people they support during the pandemic. Staff had to make significant changes within their day-to-day practices at work as well as in their personal life.

The Joint Coventry City Council and Coventry and Warwickshire Clinical Commissioning Group (CRCCG) Quality Assurance Team, adapted their working practices in line with government guidance and provided an extensive range of support to providers across the city in response to changing government guidance on how to manage COVID-19, from Personal Protective Equipment (PPE), self-isolation and care home admissions.

### What did we do?

- Kept in regular contact with all providers to offer support and ensure they were aware of changes to national and local guidance and how to apply this to their practice. This contact was as frequent as required and included visits to providers as appropriate. The City Council Public Health team supported all providers and chaired an Incident Management Review meeting for each outbreak

- Held information events for providers during the pandemic for example on Infection prevention control and outbreak management
- Produced a weekly bulletin with information as a reference point for all providers and this continues a monthly basis
- Implemented a PPE request service for free PPE due to the difficulties some providers were having purchasing stock as there was an unprecedented demand before the national portal commenced in September 2020
- The CRCCG medicines team for care homes implemented a medicines support telephone line, staffed by experienced pharmacy technicians who could access records and support with queries
- Supported providers to respond to and to record capacity information on a new single national system, the National Capacity Tracker. This provides real time data on bed capacity, staffing, PPE supplies and COVID status of homes
- Myton Hospice introduced a 24-hour helpline for all care providers with access to a medical support

Finally, in December 2020 the rollout of the COVID-19 vaccination amongst frontline workers in Coventry commenced, the team supported our NHS colleagues ensuring maximum uptake of vaccination and access across staff groups. This was a fast-paced program and we were and continue to be in constant contact with providers ensuring they are aware of availability and access to vaccines.

## Care Providers and their responses to COVID-19

Care providers across the city needed to respond to the COVID-19 pandemic with a focus on keeping their clients and staff safe whilst continuing to provide support for people and help them maintain contact with friends and family.

Weavers Care Home in Coventry upgraded their network supply to help the home deal with increased IT usage needed to keep residents connected and confirmed equipment was in place to ensure a COVID safe environment for visitors and staff.



Residents were supported via iPads so they could communicate with family and friends.

The home also worked hard to keep up the spirits of residents with events including a live stream from the Belgrade Theatre for the Christmas panto on a big screen, cinema afternoons, quizzes and celebrations.



All of this was very well received by those living in the home;

Jean said; *"staff have kept us busy we have had Skype calls on iPads and they have been a lifeline as my family live out of area and it means I can still see their faces."*

Dora said; *"now we have pod in the garden I can see some family members, not touching is hard but having contact is important to me and the home have made this possible and safe."*

Brandon House Care Home also went to great lengths to keep in touch with staff with more frequent staff meetings via Zoom to keep all the staff updated. They encouraged staff to bring their furry friends into work which benefited both residents and staff alike and established a staff Whatsapp group to be able to send messages of support to everyone to keep them going or to ask for support and help when they needed it.

Staff were encouraged to learn the facts about COVID-19 via a COVID notice board.



Just a thank you from me for everyone's support this week, we are doing an amazing job keeping everyone safe, you are all hero's and i was clapping for you all tonight thank you



8:13 pm ✓



The home also set up a POD for visting, which was funded from the Adult Social Care Infection Control Fund. They also made all the residents a framed picture of what they have been doing during lockdown.



# 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 2020/21

The National Survey of Adults Carers in England did not take place in 2020 due to the pressures of COVID-19 however the survey will take in place in November 2021.

## Understanding the views and experiences of adult social care PEOPLE WITH CARE AND SUPPORT NEEDS 2020/21

NHS Digital due to COVID-19 did not require Local Authorities to undertake a survey in 2020. However, a decision was made by the Director of Adult Services to carry out a local survey to provide an opportunity for people in receipt of long-term support to share their views with us. We asked a smaller number of questions and used telephone calls as well

as encouraging staff to help people complete the questionnaires. This survey was different to the usual annual survey and respondents were in a smaller number of settings which may not be representative of the population.

**The findings were positive though, with very few negative responses to any of the questions asked.**

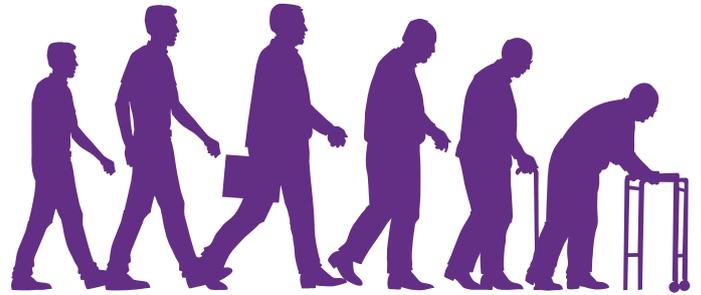


## About the survey

Total number of responses  
**166**

**166**

Compared with 345 in 2019/20



Aged 65+

**75%**

Aged 18-64

**20%**

Age unknown

**5%**

When analysing the results, although not comparable we tried to link these to the usual survey questions and as a result we found;

**93%** of people who are vulnerable felt safe and protected from harm



**93%** of people had a positive experience of care services and support



**92%** of people with care and support needs had enhanced quality of life



We also asked people some specific questions about their experience during the pandemic, responses included;

"Staff helped me stay in contact with friends and family."

"I would like more social contact."

"Would like more consistency with carers."

"More chocolate."

"Staff did well at keeping people safe."

"Staff have done everything they can to support me."

# Celebrating Our Own Strengths

## Awards and Good News



## Great British Care Awards Shortlisting

The Great British Care Awards are a series of regional events throughout the UK and are a celebration of excellence across the care sector. We have 7 staff/services shortlisted for the regional awards and if successful they will go on to the national finals.

## Coventry's nominations are:

**Dolly Kirby: Housing with Care Award**

**Dawn Faulkner: Home Care Registered Managers Award**

**Terri Hallinan: Care Home Registered Managers Award**

**Telecare Responder Service includes mobile night team: Home Care award**

**Elizabeth O'Grady: The Ancillary worker Award**

**Copthorne Lodge: Housing with Care Award**

**Eric Williams House: Care Home Team Award**

Councillor Mal Mutton, Cabinet Member for Adult Services, said;

*"This is a fantastic achievement and I send my congratulations to everyone who has been shortlisted.*

*The amazing and selfless work carried out by Adult Social Care staff often goes unnoticed so I'm delighted Coventry's staff and teams are getting the spotlight. I wish them all well."*

April Ross, Service Manager, added;

*"Just to be shortlisted is an achievement so well done to all. Good luck!"*

Page 58



# Shared Lives Scheme

## Do you have a room to spare and a life to share?

Relationships and human contact are so important to all of us, so how did Shared Lives ensure the people we supported made and maintained these relationships through such difficult times? COVID-19 has proven to be a challenge to all of us, having to change habits of a lifetime and losing those all-important contacts that are so important to us.



Shared Lives with the help of Shared Lives carers, have helped to break the isolation felt by people with learning disabilities and helped them to keep in touch with family and friends. Kerry and Damien both live in Shared Lives placements with different carers. They have a very close relationship and although they don't live together it's extremely important to both of them that they continue to enjoy each other's company and spend time together. Lockdown and the restrictions in place threw a challenge to both carers to support them maintaining that relationship. Through the use of Facetime and Zoom they were able to catch up with each other, enjoy meals together over Zoom and their carers organised virtual Bingo nights and fancy-dress discos, so both could enjoy some fun together and as shared lives families. Kerry and Damien also decided to make cards and write letters to each other and on their walks posted them, both thoroughly enjoying receiving their post.

A lessening of restrictions allowed Kerry and Damien to meet once again and are being

supported to organise lots of days together. Shared Lives really is about supporting each other, giving individuals the opportunity to live with families who will support and nurture the opportunities to make and maintain real relationships. Kerry and Damien love sharing their life together on the Shared Lives Facebook and Twitter pages. If you would like to know more about our Scheme and see more stories and photos please take a look at our new website which explains the Scheme's values and commitments to supporting people to live their lives the way they want to.

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

Interested in becoming a Shared Lives Carer? <https://www.coventry.gov.uk/sharedlivescommunity>



Follow us on Facebook  
**Shared Lives Coventry**



Follow us on Twitter  
**@SharedLives18**

Page 59

# Clinical Extremely Vulnerable and 'Shielding'

The government produced guidance for people, including children, who were at very high risk of severe illness from COVID-19 because of an underlying health condition. This included the use of 'Shielding' as a measure to protect people during national lockdowns. People identified were strongly advised to stay at home at all times and avoid any face-to-face contact for a defined period after receiving a letter from the NHS.



**15,743** people were identified as needing to shield in Coventry



**29,000**

calls were made to check if people had access to food and check if they needed additional support

**1,300**



food parcels were delivered

**3,000**

social contact calls were made

The library, customer services, CV life, adult social care and third sector organisations all worked together during the the three periods of shielding to support Coventry residents



## Shielding timeline

● **23/03/2020 - 01/08/2020**  
clinically extremely vulnerable people were asked to shield

● **05/11/2020 - 02/12/2020**  
clinically extremely vulnerable people were asked to follow additional precautions during the 2nd national lockdown

● **05/01/2021 - 01/04/2021**  
clinically extremely vulnerable people were asked to shield again



## Improving our Internal Provision



We are continuing to improve the physical environment for people supported in our internal services.

Maurice Edelman House is a care home for people with learning disabilities.

Residents used to have small bedrooms with a sink, with all other facilities being shared with other residents. New extensions meant we were able to create en-suite facilities offering a much-improved personal living space for residents.

Quinton Lodge is a Housing with Care scheme for older adults, we have improved the shared communal space and there is now more space for people with mobility issues, more natural lighting for visual impaired and dementia friendly furnishings.



## Principal Social Worker Annual Report

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 third annual report.

Read the report at [www.coventry.gov.uk/apswannualreport](http://www.coventry.gov.uk/apswannualreport)

Page 61

Reflecting on the last year, our own service model and our work with partner organisations we are continuing to frame our improvement work under the four key areas identified below. We are keen to continue to engage stakeholders in this work as we develop it to help ensure we are focussing on areas of greatest impact.

However, we recognise we will need to monitor the post pandemic impact of

### 1 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 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.

This approach will help us to support people be as independent as possible and reduce and delay the need for people to move into residential care settings.

### 2 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.

Providing the right accommodation within the city is a key part of enabling people to live as independently as possible and to be close to family and friends. This also reduces the need for more intensive care and support.

changing demands on Adult Social Care as we move through 2021/22 and will adjust our improvement areas to reflect this as required. We will also adjust what we do as we move into a new landscape with Health of Integrated Care Systems.

### 3 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 the resources available in the local area, thus delaying and reducing the need for more formal packages of care.

### 4 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 use of technology helps us support people to live as independently as possible and enables people to access services remotely and in a more flexible way.

*"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.

## **Integrated Care Systems (ICS)**

These are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

## **The Association of Directors of Adult Social Services (ADASS)**

This is a charity representing Directors of Adult Social Services in England and a leading body on Social Care issues.

## **Care Act Easements**

As part of the government's response to the coronavirus pandemic, some temporary changes were made to the Care Act 2014. These changes, called 'easements' made it possible for local authorities to reduce their usual duties.

## **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.

## **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.

## **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.

## **Co-production**

When an individual influences the support and services received, or when groups of people get together to influence the way that services

are designed, commissioned and delivered.

## **Transforming Care**

Transforming Care is about improving health and care services so that more people with a learning disability and/or people with autism can live in the community, with the right support and close to home.

## **Personal Budgets**

An amount of money the Council will pay towards any social care and support a person may need.

## **HOPE Programme**

HOPE (Helping to Overcome Problems Effectively) courses are self-management support courses. They are designed to help people become more knowledgeable, skilled and confident in managing the consequences of living with a long-term condition.

## **Community Treatment Order (CTO)**

A community treatment order (CTO) is part of the Mental Health Act. A CTO allows you to leave hospital and be treated safely in the community rather than hospital.

## **Education, Health and Care Plan (EHCP)**

A written plan for children and young people (up to 25) who have special educational needs or a disability that cannot be met by the support that is available at their school or college.

## **'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.

## **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.

## **Adult Social Care Infection Control Fund**

Government grants to improve Infection Prevention Control measures in care homes, provided to Adults Social Care to facilitate access.

# 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 throughout 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 NHS 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	0333 150 3456
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....

Peter, Martin and Stephen  
Carers Trust Heart of England  
Sarah, Janet and Mohammed  
Residents and staff at Eric Williams House  
Residents and staff at Weavers and  
Brandon House Care Homes  
All care providers across the city  
Kerry and Damien  
The staff at Adult Social Care  
All our partners

## Contact Us

You can contact us about this report at:  
[getinvolved@coventry.gov.uk](mailto:getinvolved@coventry.gov.uk)

For Adult Social Care Direct:  
email: [ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)  
Telephone: 024 7683 3003

More information about  
Adult Social Care can be found at:  
[www.coventry.gov.uk/adultsocialcare](http://www.coventry.gov.uk/adultsocialcare)

# Agenda Item 5

Health and Social Care Scrutiny Board Work Programme 2021/22

Last updated 20/09/21

Please see page 2 onwards for background to items

<b>23<sup>rd</sup> June 2021</b>
<ul style="list-style-type: none"><li>- Emotional Wellbeing and Mental Health Support to the Population of Coventry</li><li>- Community Mental Health Transformation</li></ul>
<b>14<sup>th</sup> July 2021</b>
<ul style="list-style-type: none"><li>- NHS Restoration</li><li>- Access to GP Services</li></ul>
<b>29<sup>th</sup> September 2021</b>
<ul style="list-style-type: none"><li>- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)</li></ul>
<b>3<sup>rd</sup> November 2021</b>
<ul style="list-style-type: none"><li>- Director of Public Health and Wellbeing Annual Report</li></ul>
<b>8<sup>th</sup> December 2021</b>
-
<b>2<sup>nd</sup> February 2022</b>
-
<b>23<sup>rd</sup> March 2022</b>
-
<b>2021/2022</b>
<ul style="list-style-type: none"><li>- NHS Long Term Plan</li><li>- Primary Care</li><li>- Health and Wellbeing Strategy Priorities Refresh</li><li>- Adult Safeguarding Annual Report 2020/21</li><li>- Drugs and Alcohol Overview</li><li>- Social Prescribing</li><li>- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)</li><li>- Health Sector Skills Development</li><li>- Step down care – from acute to community</li><li>- Child and Adolescent Mental Health (Joint with SB2)</li></ul>

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>23<sup>rd</sup> June 2021</b>	- Emotional Wellbeing and Mental Health Support to the Population of Coventry	To scrutinise the emotional wellbeing and mental health support to the Population of Coventry with a focus on the emotional well-being and mental health support for children and young people.	Coventry and Warwickshire Partnership Trust/ Coventry City Council
	- Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Coventry and Warwickshire Partnership Trust
<b>14<sup>th</sup> July 2021</b>	- 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.	Coventry and Warwickshire CCG
	- Access to GP Services	To scrutinise access to GP services. This includes appointment booking process and access to face to face care.	Coventry and Rugby CCG
<b>29<sup>th</sup> September 2021</b>	- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy (CCC)
<b>3<sup>rd</sup> November 2021</b>	- 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
<b>8<sup>th</sup> December 2021</b>	-		
<b>2<sup>nd</sup> February 2022</b>	-		
<b>23<sup>rd</sup> March 2022</b>	-		

Health and Social Care Scrutiny Board Work Programme 2021/22

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
2021/2022	- 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
	- 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.	Coventry and Warwickshire CCG
	- Health and Wellbeing Strategy Priorities Refresh	To look at the updated Health and Wellbeing Strategy and the actions to progress the refreshed three priorities.	Liz Gaulton
	- Adult Safeguarding Annual Report 2020/21	This is an Annual Report received by the Board on Adult Safeguarding.	Rebekah Eaves
	- Drugs and Alcohol Overview	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,
	- 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

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
	- Health Sector Skills Development	Identified at the meeting on 14.07.21, Members asked to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry.	
	- Step down care – from acute to community	Identified on 14.07.21, Members asked to scrutinise the provision of step-down care, for when a patient leaves hospital but requires care at home to continue their treatment.	
	- 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.	Coventry and Warwickshire CCG