Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.30 am on Wednesday, 6th July, 2022

Place
Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To note the minutes of the meeting held on 23 March 2022 (Pages 3 - 10)

   (b) Matters Arising

4. **Adult Social Care Reforms** (Pages 11 - 24)

   Briefing note

5. **Adult Social Care Quality Assurance and Market Failure Plan** (Pages 25 - 50)

   Briefing note

6. **Work Programme and Outstanding Issues** (Pages 51 - 56)

   Report of the Scrutiny Co-ordinator

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

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

Private Business

Nil

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

Tuesday, 28 June 2022

Note: The person to contact about the agenda and documents for this meeting is

Carolyn Sinclair Email: carolyn.sinclair@coventry.gov.uk

Membership: Councillors M Ali (Chair), J Birdi, K Caan (By Invitation), J Clifford, E DeVane (Co-opted Member), G Hayre (By Invitation), A Jobbar, G Lloyd, J McNicholas, C Miks, B Mosterman, M Mutton (By Invitation) and S Walsh

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Carolyn Sinclair
Email: carolyn.sinclair@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, 23 March 2022

Present:

Members:	Councillor J Clifford (Chair) Councillor J Birdi Councillor G Lloyd Councillor A Lucas Councillor A Masih
Co-Opted Member:	David Spurgeon
Other Members:	Education and Childrens Services Scrutiny Board (2) Councillors: J Blundell, J Innes, S Keough and C Thomas S Hanson (Co-opted Member) Councillors M Mutton and P Seaman, Cabinet Members Councillor M Heaven
Employees:	V Castree, Law and Governance G Holmes, Law and Governance L Knight, Law and Governance
Other representative:	Ed De Vane – Coventry Healthwatch
Apologies:	Councillors T Khan, R Lancaster, E Ruane, and D Skinner Councillor R Simpson, Scrutiny Board (2) Councillors K Sandhu and B Gittins, Cabinet and Deputy Cabinet Member

Public Business

30. **Declarations of Interest**

There were no declarations of interest.

31. **Minutes**

The minutes of the meeting held on 2nd February, 2022 were agreed as a true record. There were no matters arising.

32. **University Hospitals Coventry and Warwickshire Organisational Strategy**

The Board received a presentation from Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire on the new organisational strategy for the hospitals for 2022-2030 ‘More than a Hospital’, as part of the consultation process.

Dame Stella Manzie, Chair of the Hospitals Trust also attended the meeting for the consideration of this item and spoke in support of the new strategy.

The presentation commenced with a short video highlighting the employees and the good work they carried out whilst caring for local residents at the hospital, along with the innovation and research that was currently taking place.

Covid was now a springboard for transformation with a collective approach to the response including businesses, communities and individuals. It has enabled agility in making big changes. There was now a focus on building community resilience with a focus on prevention and proactive interventions moving away from a "care and repair" model. The Board were reminded that Healthcare was changing, with a new environment brought about by the Health and Care Act with more opportunities being created by greater integration. There would be a focus on reducing health inequalities by focussing on the wider determinants of health – the economy, employment, education, housing, leisure and the environment, with the hospital's role being that of an anchor organisation

The presentation highlighted the current strategic triangle which put the patient at the top of everything. The current mission, values and objectives were set out. The Board were informed of the refreshed strategic triangle which once again put the patient at the top of everything. The hospital's new vision was 'To be a national and international leader in healthcare rooted in our communities'. The new purpose was 'Local integrated care. Being a regional centre of excellence. Research Innovation and Training'. The following were the values for the new organisational strategy:
Compassion; Openness; Improve; Respect; Partnership; Pride and Learn.

The new strategy contained the following purpose:
'Our fundamental purpose is to deliver the best possible care for our local communities. We will achieve this by leading in all that we do, with our three interconnected purposes enabling us to continually improve local care'.
The three interconnecting purposes were:
i) Local integrated Care – Collaborating with partners to integrate services, improve population health and tackle health inequalities.
ii) Research, innovation and training – developing the next generation of health and care professionals and leading research and innovation to improve patient outcomes.
iii) Being a regional centre of excellence – developing the strongest specialities to meet the needs of a broader population.
Additional information was provided on these three purposes and what they meant for patients, people and the organisation.

Reference was made to supporting strategies – the ability to deliver outstanding care was dependent on how the hospital improved quality, supported employees, invested in digital technology and data insights and promoted sustainability. These cross-cutting enabling strategies related to the three purpose elements of local integrated care; being a regional centre of excellence; and research; training and excellence. The four supporting strategies were:
i) Developing our people – employees define UHCW and were vital to the care being delivered and the outcomes achieved for patients. It was proposed to transform culture, making UHCW a great place to work.

ii) Improving quality of care – high quality care was effective, safe and provided the best possible experience for patients
iii) Investment in digital -the hospital was investing and transforming care using the latest advances in technology
iv) A sustainable future – in the clinical, environment and finance areas.

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

- An acknowledgement of the importance of successful partnership working, with particular reference to the partnership work of the Health and Wellbeing Board and the Place Forum, of which the hospital was a member along with the other health partners in the city
- The need to work in partnership with primary care
- The importance of improving patient discharge from the hospital to back into the community
- Support for the focus on health inequalities
- Further information on shared electronic patient records and the issue of data protection
- Support for the work of the bereavement services team
- Concerns about the availability of out of hours pharmacy services and what could be done to enable existing provision to open 24/7
- The importance of a successful integrated care system to support patients following discharge from hospital and those in their own home with more minor ailments
- Details about what the hospital's work on Covid research including the implications of long Covid and information about Covid vaccine reactions
- The number of Covid vaccines administered by the hospital
- In relation to health inequalities, why patients in affluent areas spent less time on hospital waiting lists and how this could be addressed to support patients from the more deprived areas
- What were the problems currently being experienced with patient transfer between the ambulance service and A and E
- The use of the Government Apprenticeship Levy by the hospital
- The sharing of best practise between hospitals at both national and international levels
- Further details about the recruitment and retention of staff and were employees still having to work excessive hours to enable to hospital to provide appropriate patient care
- The support for patients where English was not their first language
- Moving services out into the community to help address health inequalities
- What was the hospital doing in support of patients whose health was deteriorating whilst on a hospital waiting list
- The issue of missed appointments and how was this being addressed
- The requirement for pooled budgets to enable the best use of resources to support services for local residents.

RESOLVED that:

(1) The contents of the presentation be noted.

(2) The proposals for the new organisational strategy for University Hospital Coventry and Warwickshire 'More than a hospital' for 2022-2030 be supported.

33. **Report Back from the Autism Task and Finish Group**

The Board considered a report back of the Autism Task and Finish Group informing the Board of their recommendations arising from their consideration of the issues around the assessment process and support for children and young people who were referred for an autism assessment, and their families. As the task and finish group had progressed, their remit had expanded to include transition into adult services, inclusion and other aspects of neurodiversity. As the Task and Finish Group comprised members of this Board along with Members of the Education and Childrens' Services Scrutiny Board (2), Scrutiny Board (2) were invited to the meeting for the consideration of this item. Councillor P Seaman, Cabinet Member for Children and Young People and Councillor Heaven, a Member of the Task and Finish Group, also attended.

The report set out the background to the establishment of the Task and Finish Group which had their had their first meeting on 11th October 2021 and met 5 times. The membership comprised Councillor Clifford (Chair), Councillors Innes and Heaven and the Education and Children's Services Scrutiny Board (2) Co-opted Members, Sybil Hanson and Kellie Jones. Councillor Brown and Sarah McGarry also attended the meetings as Experts by Experience. Officers from a range of Council Services, officers from Warwickshire County Council and representatives from Coventry and Warwickshire CCG Joint Commissioning Team and Coventry and Warwickshire Partnership Trust also attended meetings.

The Task and Finish Group members also attended a Special Educational Needs Co-ordinator (SENCo) Briefing. There were representatives of around 80 schools present who shared their views from an educational perspective about the support to autistic children and young people and their families including those awaiting assessment.

The report provided a definition of Autism and Neurodiversity and included a link to a video from the National Autistic Society which provided further information about Autism.

Reference was made to the Coventry and Warwickshire All Age Autism Strategy that was being developed and finalised during the period that the task and finish group met. The Health and Social Care Scrutiny Board had scrutinised the draft strategy at their meeting on 2nd December, 2021 which was approved at Cabinet on 15th February, 2022. The aims of this strategy were detailed. Members appreciated that the strategy would help to address some of the issues raised throughout the task and finish group but were concerned that funding had only been identified for the first year of the delivery plan.

The report also referred to the National Autism Strategy for 2021-2026 with the six national priorities being set out. The local strategy was designed to complement this national strategy.

Information was provided on the Coventry context which included that there was no register of autistic people nationally or locally and so the true level of occurrence of autism in Coventry was unknown. Evidence suggested that the city had a higher proportion of Special Educational Needs (SEN) support for autism across all state-funded school settings compared to England, the West Midlands, Warwickshire and Derby. Potential reasons for this were highlighted. A lack of an accurate register meant it was difficult to plan services effectively to meet the needs of all people affected.

The report provided statistical information on the referrals and assessments for children and young people between April 2017 and August 2021, along with the current referral demand and assessment delivery. The Task and Finish Group had heard about the work being done to reduce waiting times as well as the challenges which included difficulties in recruiting specialist staff. Whilst this work was acknowledged, Members had stressed that the waiting times were still unacceptable.

Reference was made to the early intervention in Education and Statutory Support included Support including Education, Health and Care Plans. There was transition support from Nursery to Reception, then the core offer for school age children and young people was highlighted in the following four key blocks:
i) Quality First Teaching
ii) Universal Provision Guidance
iii) SENCo Network
iv) Autism in Schools Project.

The report set out recommendations arising from their consideration of the issues set out above, along with the reasons behind their recommendations arising from feedback from the Special Education Needs Co-ordinators; and from consideration of the Pathways and Support Services; the impact of diagnosis; preparing for adulthood; the Employ Autism Higher Education Network project; and the Autism Friendly City.

The recommendations of the Autism Task and Finish Group were as follows:

1) The Council to work with partners to identify sustainable, long-term funding as there is currently only funding available for the first year of the All Age Autism Strategy delivery plan.
2) Ensure tackling health inequalities for autistic people is prioritised for delivery as part of the All Age Autism Strategy implementation plan to improve physical health, mental health and emotional wellbeing.
3) Partners to accelerate and build on existing workstreams, to reduce the unacceptably long waiting times for diagnostic assessment
4) The Council and health partners to work with schools, colleges and universities to ensure that all educational professionals (teachers, senior leaders, early career teachers, support staff) have a good understanding of the needs which may present for autistic and neurodiverse pupils and provide appropriate Continuous Professional Development (CPD) to ensure high quality provision at both whole class and individual intervention level.
5) All partners work to strengthen data sharing between organisations to enable evidence gathered through assessments to be used by other professionals as part

of the autism assessment process, to assist and expedite diagnosis with the necessary data protection safeguards put in place.
6) That the Education and Childrens' Service Scrutiny Board undertake a task and finish group during the 2022/23 municipal year to look at the in-depth challenges facing schools in providing support to children, young people and their families who are on the autism assessment pathway.
7) Health partners review the referral process for diagnosis to simplify it and enable electronic submission of referral forms.
8) Health partners to include schools in correspondence about appointments where schools were involved in the referral process. This will enable schools to support pupils and families through the diagnostic process.
9) Partners to ensure information on referral and support pathways is accessible to parents, carers, young people and professionals.
10) Community support services should be offered in the wider context of neurodiversity rather than limited to those with an autism diagnosis. Services should be titled and described to reflect that not all services require a diagnosis to access them.
11) Partners to develop a holistic approach to support for families post diagnosis which includes emotional as well as clinical support and access to training.
12) To continue the Council's participation in the Employ Autism scheme, or the development of an inhouse equivalent and ensure there is appropriate resource for it to be delivered.
13) For the Council to lead by example and become an inclusive employer including for autism and neurodiversity.
14) That Scrutiny Co-ordination Committee include a future item on skills resilience pathways into employment for those with disabilities, including neurodiversity
15) The Council works towards Coventry becoming a city which celebrates, supports and accepts autism and neurodiversity. This would include:
a) the introduction of more inclusive spaces and autism friendly environments throughout the City including in the City Centre, Parks and Open Spaces
b) safe spaces/low sensory stimulus areas to enable autistic people to decompression throughout the City.
c) public realm designs should include inclusive spaces including Autism friendly environments.
16) The Council resource and pursue digital opportunities including the development and rollout of a Neurodiversity Support App for Coventry.

It was proposed that following the Board's consideration of these recommendations, a report would be submitted to Cabinet on 12th April, 2022 to allow for consideration of the recommendations. It was the intention that progress on the implementation of the recommendations would be undertaken by this Board.

The Board were informed about the highly successful jam board exercise that had taken place at the SENCo Briefing.

Members expressed their unanimous support for the excellent report and the recommendations of the Task and Finish Group. They placed on record their thanks to Vicky Castree and Gennie Holmes, Scrutiny Co-ordinators, for all their work in support of the work of the Task and Finish Group.

RESOLVED that:

(1) The recommendations of the Autism Task and Finish Group as set out above be supported, noting that a report will now be submitted to Cabinet at their meeting on 12th April, 2022.

(2) An update report be submitted to the Board in six months time on progress towards the recommendations, particularly the impact of measures to reduce waiting times for diagnostic assessments with regular briefing being given to Chair in between.

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

The Board noted their final work programme for the 2021/22 municipal year.

35. **Any other items of Public Business - Membership Changes**

The Board placed on record their thanks to David Spurgeon Co-opted Member, who was attending his last Scrutiny Board meeting, having been a member for the previous ten years. The Chair, Councillor Clifford, thanked him for his valuable contribution to the work of the Board during this time. He referred to Ed DeVane who was attending the meeting as an observer and was to be the replacement Co-opted member from Healthwatch from the start of the new municipal year.

The Board also thanked Councillor Lucas for her time as a Member of the Board and wished her well for the future.

The Board acknowledged this would have been Councillor Skinner final meeting before standing down in May 2022 and thanked him for his contributions to the Board over the years.

(Meeting closed at 12.00 pm)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 6th July 2022**

Subject: Adult Social Care Reforms

1 Purpose of the Note

1.1 To introduce to the Board the series of adult social care reforms which are to be implemented over 2022 and 2023 (based on current published timescales) as a result of the introduction of new government policy and legislation.

1.2 The engagement and involvement of SB5 in supporting the preparation for this raft of reforms can have a significant contribution to the success of their implementation.

1.3 This note provides summary information only and is accompanied by a presentation included at Appendix 1.

2 Recommendations

2.1 The Health and Social Care Scrutiny Board (5) are recommended to:

1) Consider the content of the presentation attached at *Appendix 1*
2) Identify any areas the Board would like to consider in more detail for the work programme

3 Information/Background

3.1 At the beginning of the municipal year, each scrutiny board makes suggestions for items to be added to the work programme.

3.2 Appendix 1 provides a presentation containing information on the range of reforms to Adult Social Care which are to be implemented over 2022 and 2023. These reforms include:

3.3 Moving towards a Fair Cost of Care (FCoC): By October 2022 the City Council is required to complete an FCoC exercise related to home support and residential care for people aged 65 and over. As well as the completion of the financial tools the Council is required to produce a provisional Market Sustainability Plan with a final plan required by February 2023.

3.4 Introduction of the care cap: From October 2023 an £86k "cap" on the maximum individuals (anyone over 18) will pay for their care during their lifetime is due to be introduced. This will have a significant impact on charging for social care as well as the monitoring of contributions made by individuals as they progress towards reaching the "cap".

3.5 Changing contribution thresholds: From October 2023 the upper capital asset threshold will increase from £23,250 to £100,000; with the lower threshold increasing from £14,250 to £20,000. This will have a significant impact on charging for social care.

3.6 Liberty Protection Safeguards (LPS): LPS will replace the Deprivation of Liberty Safeguards (DoLS) and the Court of Protection, as the vehicles for authorising Deprivations of Liberty under the Mental Capacity Act (2005) for people aged 16 or above. No specific date for implementation has been confirmed

3.7 Care Quality Commission (CQC) oversight of Adult Social Care: From April 2023 CQC will commence oversight of Adult Social Care. The content and requirements of this process is not yet known but is likely to cover four areas of:

i) **Working with people** - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

ii) **Providing support** - markets (including commissioning), workforce equality, integration and partnership working

iii) **Ensuring safety** - safeguarding, safe systems and continuity of care

iv) **Leadership and workforce** - capable and compassionate leaders, learning, improvement, innovation

3.8 Alongside these five major areas of reforms there is other work including the transformation of Mental health, improvements to Urgent Care and Frailty and revised Discharge processes alongside revisions to the Mental Health Act.

3.9 The input of Scrutiny Board 5 can play an important role in supporting Adult Social Care to prepare for these reforms over the next two years. A particular area where SB5 can start to have an immediate contribution is in respect of preparation for CQC oversight and the review of i) how we oversee quality within commissioned support, ii) how risk is managed when people approach the city council for support iii) how effective our safeguarding procedures are, and iv) how we monitor the customer experience and take feedback from this to improve.

3.10 Members of the Board are invited to consider their input to preparation for reforms with a particular focus on preparation for CQC oversight.

Pete Fahy
Director of Adult Social Care
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Appendix One: Accompanying presentation

Adult Social Care
The reform agenda

Scrutiny Board 5

7 July 2022

What is Adult Social Care

- Adult social care provides personal and practical support to help people live their lives
- Promoting independence, dignity and control and avoiding unnecessary reliance on long term support
- Provides care, support, information and safeguards for those people in our communities who have the highest level of need and their carers
- Provides equipment and adaptations for people's homes incl. new technologies such as Telecare to minimise risks
- A significant partner service to the NHS – working hand in hand with health services in supporting people
- Primary legislation – Care Act 2014, Mental Health Act and Mental Capacity Act.

Adult Social Care in Coventry

- **Prevention:** Referrals not requiring a service indicating people being supported elsewhere
- **Short term interventions:** Where people require support this is provided in a way that enables (promoting independence a core service principle)
- **Comparatively low numbers of people in receipt of long term support:** Indicating effectiveness in supporting independence with people primarily supported at home

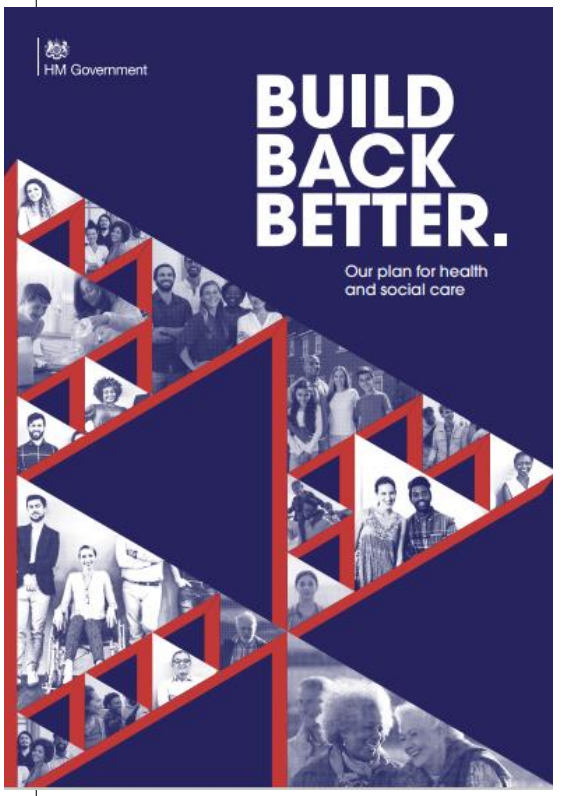
However:

- Pandemic showing no quick recovery. More complex needs requiring more intensive support
- No slowing of health related activity in admission avoidance and discharge
- Managing demand levels – prioritising resources, delivering outcomes in most cost effective way

Reforms


Department of Health & Social Care
CARE
People at the Heart of Care
Adult Social Care Reform White Paper
CP 560
Published December 2021


Department of Health & Social Care
Joining up care for people, places and populations
PUBLICATION: 09 FEBRUARY 2022
The government's proposals for health and care integration


HM Government
BUILD BACK BETTER.
Our plan for health and social care


The Health and Care Act 2022:
our work to inform and make sense of the legislation
kingsfund.org.uk/projects

Reforms

A huge reform agenda over 2022 and 2023

- Introduction of ‘moving towards’ Fair Cost of Care
- Introduction of the Care Cap
- Changing financial thresholds for charging
- Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards
- Introduction of CQC oversight for Adult Social Care

Plus

- Transformation of Mental health, Urgent Care and Frailty improvements, revised Discharge processes and Mental Health Act revisions

And

- Introduction of the Integrated Care System and getting the best from this for people who need our support

1. Moving Towards a Fair Cost of Care

- Included within the paper **Build Back Better – Our Plan for Health and Social Care**
- It requires each Local Authority to conduct a 'fair cost of care exercise" by October 2023 and a Market Sustainability plan (in draft) with final version by February 2023
- Intention is to identify the local sustainable rate for care either at home or in a care home initially focussed on home support and care homes for people aged 65 and over
- Enable providers to meet the challenge of the adult social care reforms
- Necessary tools are now available and shared across the local provider market

2. The Care Cap

- Included within **Build Back Better – Our Plan for Health and Social Care**
- Introduces a care cap and is applicable from Oct 2023
- The care cap is set at £86000 meaning no one is expected to pay more than that for care irrespective of savings and assets
- The cap will not cover daily living costs which will be set nationally
- Impacts on both demand and finances for the service

3. Changing the thresholds

- Included within **Build Back Better - our plan for Health and Social Care** alongside the Care Cap
- Increases the current threshold from £23,250 to £100,000
- Increases the lower limit from £14,250 to £20,000
- Introduced from October 2023 with expectation that Local Authorities plan early to identify those that may be eligible
- Introduces a care account for individuals to track progress to the upper and lower limits
- Links to eligibility for care so impacts on workforce-assessments and care planning as well as financially as more people access services

4. Liberty Protection Safeguards

- Previously Deprivation of Liberty Safeguards
- Reviewed and extended in March 2017
- Implementation delayed – now expected 2023
- Public Consultation on the Code of Practice
- Demand and capacity considerations
- Workforce implications as it introduces new roles, responsibilities and extends the scope to 16- 18 yr olds
- Applies irrespective of settings

5. CQC Assurance of Social Care

- Introduced as part of The Health & Social Care Act 2022
- Places a new duty on CQC to review how local authorities deliver certain adult social care functions, under part 1 of the Care Act 2014
- Gives new powers to allow the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement
- 4 key themes to the assurance process although work in progress
  - Working with People
  - Providing Support
  - Ensuring Safety
  - Leadership and Workforce
- Also introduces requirement for CQC assurance for the ICS

How HOSC can work with us

- Preparation for the CQC Assurance
  - We are reviewing a number of key processes including managing quality in commissioned services, managing demand for support, and user experience
  - Opportunity to engage SB5 in supporting this preparatory work
- Other reforms
  - Much will be prescribed but HOSC can have valuable role in assurance of implementation

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board **Date: 6th July 2022**

Subject: Adult Social Care Quality Assurance and Market Failure Plan

1 Purpose of the Note

1.1 To inform SB5 of the Council's refreshed approach to quality assurance of adult social care provision and to seek support for the approach.

1.2 To inform SB5 of the enhanced approach to management of market failure in adult social care and request support for this

2 Recommendations

2.1 SB5 is requested to make comments on the proposals and approaches to Quality Assurance and market failure planning to the Cabinet Member for Adult Services for consideration at her meeting on 13th July 2022.

3 Information/Background

Quality Assurance

3.1 The Council's Adult Social Care Service remains committed to ensuring best value in its commissioning and procurement and requires on-going assurance that the quality standards for care and support outlined in its service specifications and contracts continue to be met. This includes requirements for individual outcomes to be delivered by providers working with service users and their representatives with dignity and respect being central to the quality of services.

3.2 As at June 2022, the Council has around 130 services (including some in house services) that require monitoring including 73 care homes (of which 48 cater for older people, 15 for younger adults with learning disabilities/autism and 10 for younger adults with mental ill health) 17 home support providers (providing both short-term promoting independence support and longer-term care) 18 housing with care schemes for older people and 14 supported living facilities catering for people with learning disabilities/autism or mental ill health. Other services include day opportunities, community meals and a range of voluntary sector preventative support.

3.3 The work to monitor and oversee the quality of these services is led by the City Council as contractor. This is undertaken collaboratively by our Adult Commissioning Team, working with nurses employed through Coventry and Warwickshire Clinical Commissioning Group (CWCCG) who provide clinical input to the Quality Assurance function. We also work closely with colleagues at the Care Quality Commission (CQC) whose role as regulator is distinct and separate to our role as contractor of services for people with care and support needs. The collective approach with CWCCG colleagues and the CQC ensures we are better able to identify issues and take remedial steps to improve the delivery and quality of care locally.

3.4 The service has applied a risk-based approach to quality assurance for many years with more focus on those services considered to be most at risk due to indications of poor quality gathered from local intelligence. This process has been reviewed and on the basis of this a

refreshed approach based on 4 levels of risk, outlined, is proposed with endorsement sought for this approach.

3.5 The enhancements to the approach are:

- Introduction of an improved risk-based approach with greater clarity on levels of concern and appropriate oversight and action
- Improved processes and management of providers where there are quality concerns with clear escalation process

3.6 This revised approach has 4 levels as summarised in table one below.

Table One – Risk levels

Level of Risk	Description	Level of oversight	Support Options available	Contractual options
1	Providers with concerns which are defined and / or single or time limited in cause and / or the scope is restricted e.g. infection control failure	Ongoing monitoring by contracts officer/clinical nurse with proactive visit brought forward or frequency reviewed	Monitored Improvement plan Signposting to key partners e.g. Infection Prevention and Control, Medication Optimisation Team etc. Focus and access to Learning & development sessions	Not applicable
2	Persistent or widespread low risk concerns - concerns continue, need formal action	Ongoing monitoring of data Reactive visit Develop and agree actions with service an action plan Scheduled ongoing visits to monitor compliance with action plan	Escalate to Lead officer/Quality Assurance officer/care home lead Monitored action plan Signposting to key partners e.g., IPC support, medication optimization etc. Priority access to learning and development support Regular virtual meeting with Manager and /or owners	Voluntary Placement stop/restriction of hours Notice of concern letter issued
3	Persistent serious concerns - significant and / or sustained concerns that require enforcement action	Ongoing monitoring of data Reactive visits Coordination of intelligence with key partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding's concerns Monitoring action plan Unannounced ongoing visits to monitor compliance in accordance with action plan	Multi-agency Strategy meeting instigated – escalation to Head of service Escalation / Briefing note to Director and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support Quality Performance meetings with strategic directors/owners CCC/CWCCG formal meeting (senior managers)	Imposed Placement stop/restriction of hours Decommissioning/end contract Potential breach of contract letter issued or notice of concern letter
4	Persistent Serious Concerns -	Ongoing monitoring of data	Multi-agency Strategy meeting instigated –	Imposed Placement Stop/restriction of hours

	where the provider is at risk of urgent closure or failure or significant risk to service user	Reactive visit Coordination of intelligence with key partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding's concerns Conduct unannounced ongoing visits to monitor compliance in accordance with the action plan	escalation to Head of service Escalation / Briefing note to ADASS and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support/service Quality Performance meetings with directors/owners/managers CCC/CWCCG formal meeting (senior mgrs.)	Termination of contract letter issued Decommissioning/ end contract

3.7 Oversight of level 3 and 4 provision is through the Provider Escalation Panel (PEP). This is a multi-agency panel led by the service on behalf of City Council that considers service provision which is causing the most serious quality concerns and ensures support and/or recommends contractual action to the Head of Commissioning and Quality and Director of Nursing and Clinical Transformation. Level 2 provision is held at Quality Peer Support Group (QPSG) level. This group comprises a Quality Assurance Officer, contracts and commissioning officers and quality assurance nurses. Its remit is to oversee moderate level concerns putting in the necessary support and challenge. It is supplemented by two-weekly meetings for contract officers to improve consistency of approach and support with monitoring of quality. Level 1 concerns are those that are managed by individual contract officers and clinical nurses with oversight from their line managers.

3.8 PEP will apply the escalation framework to manage the risk, monitor progress, track, and coordinate the response, action/activity undertaken across all agencies with providers and seek assurance that sustainable improvements are being achieved leading to de-escalation (or escalation) from (to) PEP and QPSG.

3.9 Governance will continue to be via PEP through to Coventry Safeguarding Adults Board. With the inception of the Integrated Commissioning Board there is also reporting through System Quality Assurance mechanisms (see Appendix 1)

Market Failure

3.10 Under the Care Act (2014) local authorities are required to develop their local knowledge in respect of potential provider failure, and focus where appropriate, on supporting providers at risk of failure. Crucially we are required to have plans in place to manage exits from the market to ensure continuity of care. This paper outlines the approach to market failure through its updated Market Failure Plan. The plan outlines a number of scenarios and our approach to managing these. Of crucial importance is the Council's response to emergency situations requiring immediate action to ensure continuity of care for vulnerable people. The Council is responsible for ensuring continuation of services, for both funded and non-funded social care recipients in the event of provider failure and has a legal requirement to do so. The plan in place addresses both and provides a robust response to situations by Adult Social Care Commissioning, Contracting and Operational functions.

3.11 There are several scenarios which can cause a provider / market failure. Some of these are sudden (although very rare), some are as part of national / local financial pressures and others staffing capacity issues which are well publicised and / or communicated to Council's

through regular dialogue with organisational leads. Actions vary according to whether provision is building based e.g, care home, Housing with Care, Supported Living, or day centre; or delivered in the service users own home e.g. home support/community meals. These are described in the Market Failure plan (see appendix 2) however there are several actions that are common to both approaches i.e, a clear communication and engagement strategy; safeguarding (including consideration of Large-Scale Safeguarding Investigation) and quality assurance/safe and well checks for service users.

3.12 The amended approach to managing market failure through its updated Market Failure Plan is attached as appendix 1. The plan outlines several scenarios and our approach to managing these. It is of crucial importance that the Council's response to emergency situations requiring immediate action to ensure continuity of care for vulnerable people, the commissioning team has recently refreshed their emergency failure protocol (any action required within 72 hours), the approach is outlined in this paper.

3.13 The changes proposed with the refreshed Market Failure Plan are as follows:

- More precision around emergency situations of service closure
- Enhancement of the number of transport options available in the plan to ensure appropriate transport is available in an emergency
- An updated and increased number of agencies who may be available to support in an emergency to include recruitment agencies
- Further detail on the approach to emergency provider failure can be found in the Market Failure Plan at appendix 2

Appendices

- Appendix 1 Quality Assurance risk escalation and governance arrangements
- Appendix 2 Market Failure Plan

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CCC / CWCCG GOVERNANCE ARRANGEMENTS TO MANAGING COMMISSIONED PROVISION

Adult Safeguarding Board

ICS Quality Surveillance Group

Coventry Adults Safeguarding performance & quality Sub-Group

Provider Escalation Process (PEP)
Multi-Agency approach to managed concerns - shared responsibility for managing significant levels of risk that have been escalated due to considerable quality concerns.

Council and CWCCG Quality Peer Support Group (QPSG)
Officers Intelligence & Peer support - Forum to raise issues, discuss approach and manage Provider concerns

Covers all Commissioned Provision (Older People / Learning Disabilities / Mental Health)
- Care Homes
- Home Support
- Supported Living
- Housing With Care
- Day Care

Risk Based Approach (RBA)
Integrated and coordinated approach to Quality Assurance jointly across CCC / CWCCG

Factors to manage Risk based Approach (RBA) / Quality will be based on:
- Regular unannounced monitoring visits guided by profile of care settings
- Professional, customer & family feedback and concerns
- Financial sustainability issues
- Delivery / Performance challenges i.e. staffing, incidents, complaints, IPC
- Frequency and severity of safeguarding referrals

Level 4
Persistent Serious Concerns - where the provider is at risk of urgent closure or failure

Level 3
Persistent Serious Concerns – Significant and / or sustained concerns that require enforcement action.

Level 2
Persistent or widespread but low risk concerns – concerns continue, need formal action.

Level 1
Low risk concerns - address with provider

Multi-agency Strategy meeting with range of professionals to manage concerns at operational level

Escalation to DASS and cabinet portfolio member

Membership / key professionals includes
- Commissioners – Managers / Contract officers
- CWCCG – clinical assessment and placement officers, IPC, medication management
- Social Workers/Team Leaders/service managers, DOL's
- Brokerage – Team manager
- CQC – inspection manager

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Appendix 2
Coventry City Council

Adult Social Care

Market and Provider Failure Approach

Version	4.0
Lead Author	Jon Reading
Designation	Head of Commissioning and Quality
Head of Service	Jon Reading
Target audience	Adult Services Commissioning Staff
Review Date	July 2024

Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Comments/changes
2.0	25/05/21	Jon Reading	Revised commissioning intentions/dates. Removal of references to CRCCG and replaced with CWCCG
3.0	26/10/21	Neil Byrne	Updated risk-based tool.
3.0	27/10/21	Chloe Phillips	Updated Coronavirus information.
4.0	16/06/22	Neil Byrne	Updated emergency provider failure approach.

Contents

1. Introduction

This document sets out the approach taken by Coventry City Council (the Council) to prevent, mitigate and respond to market and provider failure across the local social care market in Coventry.

The approach aims to ensure compliance with duties under the Care Act (2014) along with setting out definitions of provider and market failure and how the Council will work with all stakeholders, providers, and system partners, to manage the risk of failure and impact on adults receiving care and support should service be disrupted.

2. Scope

This document outlines the approach that the Council will take in respect of market/provider failures of social care provision. This includes services that may also cater for people supported solely through the NHS through, for example, using Continuing Health Care funding.

Services covered include provision regulated by the Care Quality Commission e.g., nursing, and residential homes, housing with care and home support agencies and non-regulated services such as day opportunities and community meals suppliers.

The approach is not intended to cover provision which is commissioned solely by the NHS such as hospitals and community health services.

3. Definition of Failure

Provider failure may occur for several reasons, including but not limited to:

- Business failure as defined in the Care Act (2014) as a financial failure of the care provider's business where regulated activity can no longer continue. Business failure is the type of provider failure that is specifically addressed by the Care Act (2014).
- Decisions by the provider (or any Corporate Insolvency Practitioner that has been appointed) to change the registered care status or exit the market and therefore alter or cease trading.
- Decisions taken by the Care Quality Commission (CQC) within scope of their enforcement powers (Health and Social Care Act 2008 and (Regulated Activities) Regulations 2014) to remove a care registration or require immediate closure to protect people who use regulated services from harm and the risk of harm.
- An emergency such as serious infection outbreak, flooding, significant lack of staffing, fire or loss of power which may be failure of a temporary nature and such that recovery is possible in order to return to business as usual.

This approach seeks to manage any provider and market failure across all types of regulated and non-regulated social care provision.

Coronavirus and other outbreaks

The approach to coronavirus will be managed across Commissioning, Public Health England and CWCCG (Coventry and Warwickshire Clinical Commissioning Group) or its successor body.

Public Health will lead on outbreak management, including notification to the Commissioning team of a positive result / outbreak once aware, and complete initial contact with the provider to undertake contact tracing and verify infection control measures. Where required, for example where there a widespread outbreak across the service, an Incident Management Meeting (IMT) will be arranged to determine next steps in outbreak management. Public Health will also organise additional testing for the service via local arrangements and make a recommendation for an infection control audit by the CWCCG Infection Control Nurse, if required. Public Health and CWCCG will include Commissioning into any updates in respect of positive tests, outbreaks, or infection control concerns. Data on positive cases / outbreaks will also be recorded by the Insight Team.

Upon notification of an outbreak, Commissioning will immediately contact the provider to understand the extent of the outbreak, potential risks to service delivery and ensure the provider is adequately stocked with Personal Protective Equipment (PPE). A communication will then be made to adult social care teams to issue a temporary placement stop, ensuring no new admissions through the duration of the outbreak and advise of restrictions to visiting professionals.

Commissioning will remain in regular contact with the provider throughout and provide support to the home and Public Health as necessary, including attendance at an Incident Management Team (IMT).

The provider will have ongoing responsibility to ensure rigorous PPE and Infection, Prevention and Control (IPC) standards are in place and undertake ongoing Lateral Flow Tests (LFT) and Polymerase Chain Reaction (PCR) testing as recommended by Public Health. The provider will update Public Health and Commissioning of any further cases or concerns.

Where there is concern that the provider will not have adequate staffing levels due to the outbreak, Commissioning will support the provider in activating their business continuity plan and sourcing external agency support if required. As a final contingency measure, Coventry City Council staff may be identified to support in the event the staffing levels remain unsafe, this will be a temporary measure and last resort only. It is the responsibility of the provider to ensure adequate and safe staffing levels and a robust contingency plan, of which will be monitored through the standard quality assurance process.

A similar process will be followed for other types of outbreaks to manage the situation.

4. Legislative Duties

Market Shaping

Section 5 of the Care Act (2014) established a statutory duty for local authorities to facilitate a diverse, sustainable and high-quality market for their whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care market.

Care Act 2014 Statutory Guidance states:

> *Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to encourage and facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high-quality services (both in terms of the types of services and the types of provider organisation) and ensure the market remains vibrant and sustainable.*
>
> *The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It also includes working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants. A local authority's own commissioning practices are likely to have a significant influence on the market to achieve the desired outcomes, but other interventions may be needed, for example, incentivising innovation by user-led or third sector providers, possibly through grant funding.*

Market Oversight

The Care Act (2014) places a general duty on local authorities to oversee the care market; ensuring that services are sustainable and can continue to meet the care and support needs of adults and their carers when a registered care provider becomes unable to carry on a regulated activity, establishment or agency as a result of business failure.

Care Act 2014 Statutory Guidance states:

> *The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual*

themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

Importantly, local authorities need to have a good knowledge of their social care market in order to:

- Shape the quality, diversity and sufficiency of care
- Understand which providers may be experiencing challenges and are at risk of business failure
- Know which providers would be able to take the place of exiting providers in meeting local needs if any care providers fail.
- Be prepared to deal with the consequences of providers failing, exiting the market or being temporarily unable to provide services because of natural disasters or other emergencies.

The Care Act (2014) also introduced a market oversight scheme, started in April 2015, requiring the Care Quality Commission (CQC) to protect people using care services, their families and carers from the anxiety and distress that may be caused by the failure of a major care provider. This is done by monitoring the performance and finances of large-scale social care providers and providing local authorities with an early warning of where a provider is at risk of failure that is likely to result in a registered care service ending.

The scheme is intended to identify potential failure so that timely action can be taken to prevent large-scale failure. The duty on CQC to mitigate the risk of provider failure is present throughout sections 48-55 of the Care Act and is focussed on supporting providers through sustainability plans and business reviews as opposed to stepping in to prevent failure. In addition, the Act allows CQC to request financial information from providers whilst ensuring that information sharing across all stakeholders is in place.

Temporary Duty

Section 48 of the Care Act 2014 places a temporary duty on local authorities in the event that a regulated care provider becomes unable to provide a service or regulated activity to an individual due to a financial business failure. This duty applies regardless of whether an individual's care is funded by the local authority or not and whether another local authority originally made the arrangements to provide care services.

It is important to recognise that there may be instances where the local authority can charge individuals or other local authorities for arranging 'emergency care' under this duty.

This temporary duty is engaged when all the following criteria are met:

- The provider is a registered care provider

- The provider is unable to carry out the activity
- The activity is a regulated activity.

5. Role and Responsibilities

The Council will have responsibility for managing the instances of provider and market failure along with ensuring continuity of care for all part-funded and fully adult social care funded placements commissioned by the Council.

The responsible agency for fully health funded individuals receiving care from providers at risk of failure is with CWCCG. This also includes responsibility for coordinating arrangements on behalf of individuals whose care is fully funded and commissioned by other health bodies, i.e. "Out of Area" CCGs. In any such circumstances the Council will work jointly to find alternative provision, ensure that any move is well managed, and enable risks and costs to be shared accordingly.

It is important to recognise that all individuals receiving a social care service (funded or not, fully or in part, by the Council) will have broader health needs that are supported by GP involvement. Therefore, all health needs should be a consideration regardless of whether health / Continuing Health Care (CHC) funding is in place.

In addition, the Council will have responsibility for co-ordinating care continuity and ensuring the immediate welfare of all self-funders and other individuals funded or commissioned by local authorities 'Out of Area'; ensuring that any move to alternative provision is well managed. However, funding responsibility and the detailed longer-term care planning responsibility for affected individuals will remain with the placing authorities.

6. Priorities and Principles

The priorities and principles are mainly the same regardless of the scale of the failure.

Whilst each case of market failure will be different the three key priorities in all cases will be to:

- Ensure continuity of care and support for people using the services delivered in the local authority's area and ensure the safeguarding of individuals
- Support the failing provider to retain its workforce during this time
- Ensure communication with service users and their relatives to provide reassurance that continuity of care is the priority.

Whatever the nature of market failure or emergency incidents a number of key principles apply:

- Person-centred care – individuals' needs are paramount, and any process/practice should maintain dignity and respect.
- Safeguard – while providers may fail, service continuity should not. The local authority's duty to safeguard and ensure continuity of care comes first.
- Communicate – service users, carers, their families and care workers themselves must never be left out of the loop.
- Managing information – holding good, accessible data on people receiving care.
- Management of personal data will be crucial in fulfilling the duties defied in the Care Act and ensuring continuity of care for all individuals in a locality, including self-funders.
- Be prepared – preparing, testing and regularly reviewing contingency plans

7. Market management and sustainability

Market analysis

The Council and CWCCG are aware of and have up to date information regarding market capacity across all sectors within Coventry.

Market engagement to support major events

The following section details the commissioning and procurement activities being taken to try and ensure that Coventry has a sustainable market that has the capacity to respond in potential provider and market failure situations.

Area / Issue	Key Project to initiate	Timescale
Long Term Home Care Contingency	To initiate tender	2023/24
Pathway 2 Residential Beds (discharge from Hospital)	To initiate tender	2022/23
Housing with care recommissioning	HWC review and re-commissioning	2023/24
Provision with CQC ratings less than "Good"	Key focus in quality assurance regime	Part of current Quality Assurance arrangements

8. Scenarios / scope of market failure

The table below details those stakeholders with a regulatory and/or quality assurance responsibility/interest in each service type, who will need to be involved should market failure materialise and what type of resource is required.

Service / Provider Type	CCC	CWCCG	CQC
Residential (national)	Financial / Operational	Operational	Oversight
Residential (local)	Financial / Operational	Operational	Oversight
Nursing (National)	Financial / Operational	Financial / Operational	Oversight
Nursing (Local)	Financial / Operational	Financial / Operational	Oversight
Housing with Care (national)	Financial / Operational	Operational	Oversight
Home Support (National)	Financial / Operational	Operational	Oversight
Home Support (local)	Financial / Operational	Operational	Oversight
Day Service (National)	Financial / Operational	Operational	None
Day Service (Local)	Financial / Operational	Operational	None
Sheltered (non-social care)	Information	None	None
Third Sector (Large)	Information	Information	None
Third Sector (small and local)	Information	Information	None

Scope of risk mitigation by organisation

The following section aims to outline the pro-active process of managing a provider where significant risks are presented which may impact on their ability to continue providing services.

Coventry City Council

Initial scope

- Identify and record provider delivery issues and risk of failure

- Engage with provider through senior level meetings including Care Quality Commission (CQC) where applicable
- Identify all people in receipt of services including service users and Out of Area placements
- Strategy meeting to review information, evaluate risk, co-ordinate urgent action and lead development of an action plan
- Action plan developed, implemented and monitored on a weekly basis
- Instigate enhanced monitoring at Provider Escalation Panel (PEP) if not already in place
- Instigate Large Scale Investigation if required
- Identify social care resource to undertake reviews of all people affected, to ensure up to date understanding of individual needs and requirements and invoke safeguarding processes where appropriate
- Development of a communication plan including letters to people in receipt of services / carers,
- Development of press and media statements/response as appropriate
- Produce and provide Cabinet Member briefings
- Appropriate liaison with Out of City placing local authorities
- Market Identification of checks for alternative capacity

Continuous scope should provider continue to be on the verge of failure

- Liaison with CQC at a greater level to jointly work on provider failure
- Communication (face to face meetings) with individuals receiving care and their families and carers where applicable
- Reviews of all individuals receiving care including mobilisation of Independent Mental Capacity Advocates (IMCA) / DOLS (or successor Liberty Protection Safeguards) assessments (and Best Interest processes where applicable)
- Ensure Information and Communications technology (ICT) / Council systems are set up to react to potential changes
- Liaison with providers regarding their own ICT systems and use of Electronic Systems
- Engagement of wider provider market to ascertain definitive capacity and the ability to: -
  a) Accept care placements of current individuals receiving care
  b) Explore the market appetite/options to transition care delivery to an alternative provider
  c) Assess and gather information in relation to potential Transfer of Undertakings / Protection of Employment (TUPE) undertakings
- Ensure measures are in place for continuity of care for current service users through staff levels and competencies
- For building based services - explore the potential of using the existing building to avoid unnecessary disruption to individuals' care and support
- Arrange transport for service users where applicable

Coventry and Warwickshire Clinical Commissioning Group (CWCCG)

Initial scope

- Joint meetings with City Council
- Joint communication plan where necessary
- Identification of review resource for health funded service users
- GP engagement
- Identification of nursing team to provide specialist assessment and support with health-related needs (e.g. tissue viability concerns / falls / nutrition and hydration / medication needs / health checks etc)
- Identify risk to University Hospital Coventry 7 Warwickshire (UHCW) re: capacity and discharges for both current and future intended placements
- Ensure continuity of medication supplies as appropriate

Continuous scope should provider continue to be on the verge of failure

- Mobilisation of nursing team to work jointly with Coventry City Council (CCC) social work teams

CQC

Initial scope

- Joint meetings with CCC
- Establish and communicate enforcement action including any action to restrict or remove registration
- Ensure compliance notices are in place and implemented
- Share inspection reports as appropriate

Large Scale Market Failure

For large scale market failure affecting more than one local authority in the West Midlands/nationally action would be as per approach 1 but should be co-ordinated by West Midlands regional Association of Directors of Adult Social Care (ADASS).

This would not replicate detailed local authority plans but would identify steps to be taken regionally. This would include ADASS regional chair or vice chair identifying a DASS lead who would coordinate the response including ensuring identification of key contacts holding initial meeting, deciding governance arrangements, clarifying roles and responsibilities, developing a regional action plan, managing communications and ensuring lessons learned are captured and shared.

9. Responses to managing market failure risk

The following section details the high-level actions and decisions that will need to be taken should market failure occur. Example scenarios are detailed as: -

Provider Type	Key Factors	Risk Management Process
Care Homes	e.g. Building(s) closed	Approach 1
Housing with care	e.g. Building(s) still available	Approach 1
Home Support	e.g. Branch closed immediately	Approach 2
Day Centre	e.g. Building (s) closed	Approach 1

Under differing scenarios, although a provider may exit the market buildings may or may not remain available for use in the short/long term

Approach 1

Issues	Options	Key Involvement / Factors
Accommodation	Source alternative accommodation	• Building availability within CCC and private market • Cost of building (rent / charges etc.) • Suitability of building and adaptations needed • Where no capacity exists an option to use cross border accommodation • Hotels
	Use existing building (s)	• Suitability of building and adaptations needed • Arrangements with current landlord (this may be a creditor) • Risk assessments to be undertaken (CCC Health and Safety to be mobilised)

	Re-provide service in another building (e.g. Housing with Care or another vacant care home)	• Building availability within CCC and private market • Source increased staffing levels • Health input mobilised • Suitability of building and adaptations needed • Change of tenure / tenancy arrangements – cost implications and arrangements to be formalised
Staff	CCC / CWCCG TUPE staff	• Consider CCC staff to support and use of agency staff • Policies and processes to be implemented swiftly • CCC / CWCCG terms and conditions – do they become permanent statutory services employees with same conditions?
	A new provider takes over the staffing	• Agreement of which provider takes over and agreed mobilisation period • Which terms and conditions and policies and procedures are used? Existing or new providers? • Longer term the need to line up providers within procurement processes for this type of scenario
Service Users	Reviews	• Social Care reviews on all service users including private clients where needed • Options appraisal / risk assessments • Advocates / IMCA arrangements in place
	Health and well-being checks	• Health and well-being checks on all service users

Approach 2

Issues	**Options**	**Key Involvement / Factors**
Staff	CCC / CWCCG TUPE staff	• Consider CCC staff to support and use of agency staff • Policies and processes to be implemented swiftly

		• CCC / CWCCG terms and conditions – do they become permanent statutory services employees with same conditions?
	A new provider takes over the staffing	• Agreement of which provider takes over and agreed mobilisation period • Which terms and conditions and policies and procedures are used? Existing or new providers? • Integrate calls within new providers existing staff group • Longer term the need to line up providers within procurement processes for this type of scenario
Service Users	Reviews	• Social Care reviews on all service users including private clients where needed • Options appraisal / risk assessments • Advocates / IMCA arrangements in place
	Health and well-being checks	• Health and well-being checks on all service users

Holistic actions across all approaches

Clear communications strategy – consistent across stakeholders, service users and families. To involve: -

- Letters to service users and families (From provider if possible, content approved by local authority)
- Meetings with service users and families (Led by provider if possible, otherwise local authority and CWCCG)
- Cabinet Member briefing
- Local media press release / plan for press release
- Provider engagement throughout
- Shared information across neighbouring authorities

Business continuity plans (BCP's)

BCP's are a pre-requisite of every organisation contracted to the City Council (across all sectors). These plans vary in detail, but all will have a focus on provider assurances to facilitate a range of actions should an incident (small or large) require so.

BCP's are checked as part of the regular quality assurance monitoring. Plans for the Council's internal provision are refreshed on an annual basis.

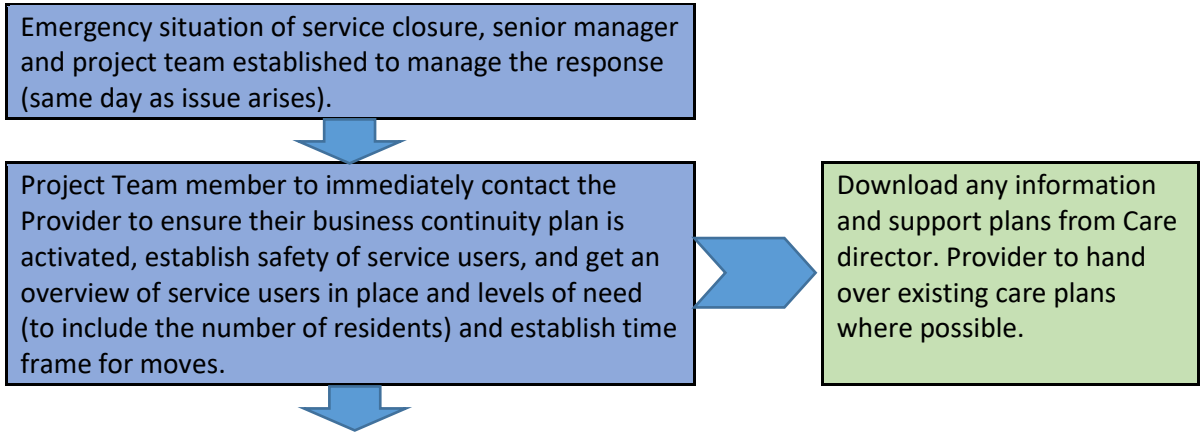
In line with provider BCP's, there will be scenarios, as identified within this document, where the Council will need to mobilise actions and support swiftly. The market and provider failure approach will be used, through market engagement and planning, as a mechanism to react to such scenarios.

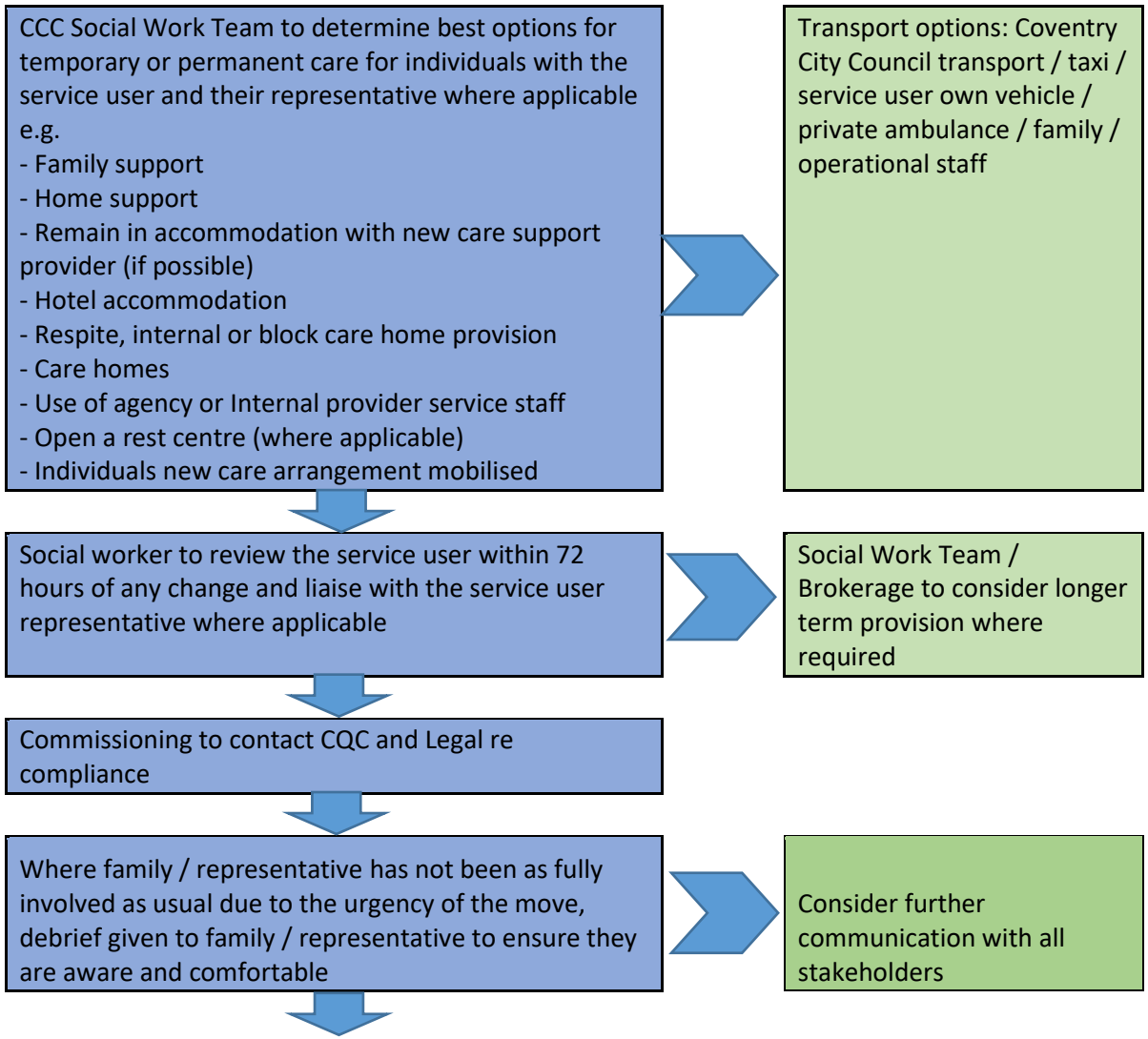
10. Emergency Closure (within 72 hours)

Where there is an emergency closure (accommodation based / home support), the Council will follow their emergency closure protocol as outlined below. A senior manager will establish a project team and co-ordinate an approach to ensure the safety and well-being of service users.

Flowchart detailing immediate actions to be followed

Emergency Closure




CCC Social Work Team to determine best options for temporary or permanent care for individuals with the service user and their representative where applicable e.g.
- Family support
- Home support
- Remain in accommodation with new care support provider (if possible)
- Hotel accommodation
- Respite, internal or block care home provision
- Care homes
- Use of agency or Internal provider service staff
- Open a rest centre (where applicable)
- Individuals new care arrangement mobilised
Transport options: Coventry City Council transport / taxi / service user own vehicle / private ambulance / family / operational staff
Social worker to review the service user within 72 hours of any change and liaise with the service user representative where applicable
Social Work Team / Brokerage to consider longer term provision where required
Commissioning to contact CQC and Legal re compliance
Where family / representative has not been as fully involved as usual due to the urgency of the move, debrief given to family / representative to ensure they are aware and comfortable
Consider further communication with all stakeholders

Review of events leading to closure i.e. were there warning signs / quality issues / financial pressures we could have assisted with? Review of the success of the closure and undertake a lessons learnt to prevent future issues

Social Work Team to undertake a review / wellbeing check of all people impacted (4 to 6 weeks).

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board 5

Date: 6th July 2022

Subject: Health and Social Care Scrutiny Board Work Programme 2022-23

1 Purpose of the Note

1.1 To provide committee members an opportunity to discuss items for the work programme 2022-23

2 Recommendations

2.1 Health and Social Care Scrutiny Board 5 is recommended to:

1) Consider the draft work programme attached at Appendix 1
2) Identify and agree additional items for the work programme 2022-23

3 Background and Information

3.1 The work programme provides a schedule of items for meetings over the coming municipal year. The draft work programme for Health and Social Care Scrutiny Board 5 for 2022-23 is attached at Appendix 1.

3.2 Scrutiny work programmes are working documents and will adapt and change over the year to respond to Members' requirements and policy developments.

3.3 Any items agreed at this meeting will be scheduled at an appropriate time during the municipal year in discussion with the Chair of the Board.

3.4 Outcomes from the discussion at this meeting do not preclude any future amendments or additions to the work programme.

Appendix 1: Health and Social Care Scrutiny Board 5 Work Programme 2022-23

Victoria Castree
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Health and Social Care Scrutiny Board Work Programme 2022/23

Last updated 27th June 2022

Please see page 2 onwards for background to items

6th July 2022
- Adult Social Care Reforms - Adult Social Care Quality Assurance and Market Failure Plan
14th September 2022
- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)
2nd November 2022
-
7th December 2022
- Integrated Care System (ICS)
1st February 2023
-
22nd March 2023
-
2022/23
- Community Mental Health Transformation - Maternity Services: Implications of the Ockenden Review - Adult Social Care Safeguarding Board Annual Report 2022/23 - All Age Autism Strategy 2021-2026 Implementation Update - Director of Public Health and Wellbeing Annual Report 2021-2022 - Report back of the Autism Task and Finish Group - Primary Care including recruitment, retention and supporting self-care - Health Sector Skills Development - Child and Adolescent Mental Health (Joint with SB2)

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
6th July 2022	- Adult Social Care Reforms	The Board will receive information on Adult Social Care reforms which will be introduced in 2023.	Cllr M Mutton Pete Fahy Sally Caren
	- Adult Social Care Quality Assurance and Market Failure Plan	Scrutiny will scrutinise this report before it goes to Cabinet in July. The report focusses on the Council's commitment to ensuring best value in its commissioning and procurement and ensuring quality standards for care are met.	Cllr M Mutton Pete Fahy Jon Reading
14th September 2022	- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy (CCC)
2nd November 2022	-		
7th December 2022	- Integrated Care System (ICS)	The NHS Long Term Plan has evolved into the development of ICS which was formally established on 1st July 2022. ICSs are 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. This item will review the first six months of operation of the ICS.	ICP
1st February 2023	-		
22nd March 2023	-		

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
2022/23	- 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
	- Maternity Services: Implications of the Ockenden Review	Requested by a Board Member. To scrutinise whether the recommendations within the report have been implemented at UHCW.	UHCW
	- Adult Social Care Safeguarding Board Annual Report 2022/23	To receive the Adult Social Care Safeguarding Board annual report.	Cllr M Mutton Rebekah Eaves
	- All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinsed by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on the delivery of the Year 1 action plan.	Cllr M Mutton Pete Fahy
	- Director of Public Health and Wellbeing Annual Report 2021-2022	To present the annual report for and feedback on progress from the previous report.	Cllr K Caan Allison Duggall
	- Report back of the Autism Task and Finish Group	SB2 and SB5 established a joint task and finish group in July 2021 to look at Autism and neurodiversity. This includes referral rates, support to families and the impact on education.	Victoria Castree
	- Primary Care including recruitment, retention and supporting self-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.	Integrated Care System
	- 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.	Integrated Care System

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- 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. To include wider children's mental health support.	Integrated Care System