Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.00 am on Wednesday, 1st February, 2023

Place
Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 7th December 2022 (Pages 3 - 8)

   (b) Matters Arising

4. **NHS Report - Developing an Integrated Care Forward Plan** (Pages 9 - 12)

   Briefing Note of the Chief Transformation Officer, Coventry and Warwickshire Integrated Care Board

5. **Managing Adult Social Care Referrals and Assessments** (Pages 13 - 38)

   Briefing Note of the Director of Adult Services

6. **Work Programme and Outstanding Issues** (Pages 39 - 44)

   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, Chief Legal Officer, Council House, Coventry

Tuesday, 24 January 2023

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

Caroline Taylor caroline.taylor@coventry.gov.uk

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

By invitation Councillors

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.30 am on Wednesday, 7 December 2022

Present:

Members:	Councillor M Ali (Chair) Councillor J Birdi Councillor J Gardiner Councillor C Miks Councillor B Mosterman
Co-Opted Members:	Ed DeVane, Coventry Healthwatch
Other Members:	Councillor R Lakha (substitute Cllr Jobbar) Councillor S Nazir (substitute Cllr Lloyd) Councillor M Mutton (Cabinet Member for Adult Services) Mrs S Hanson (Co-optee for Education Matters – Scrutiny Board 2)
Employees (by Directorate)	
Adult Services	J Reading
Education and Skills	K Nelson
Law and Governance	V Castree, C Taylor
Others Present:	M Cresswell (Senior Joint Commissioner for Learning Disabilities and Autism, Warwickshire County Council) L Gaulton (Chief Officer Population Health and Inequalities, Coventry & Warwickshire Integrated Care Board) A Parker (Public Health Registrar - Placement) H Stephenson (Associate Director of Operations, Learning Disabilities & Autism Directorate, Coventry and Warwickshire Partnership Trust) R Uwins (Head of Communications and Public Affairs, Coventry and Warwickshire Integrated Care Board)
Apologies:	Councillor K Caan Councillor J Clifford Councillor G Hayre Councillor J Innes Councillor A Jobbar Councillor J McNicholas

Public Business

21. **Declarations of Interest**

There were no disclosable pecuniary interests.

23. **To agree the minutes of the meeting held on 2nd November 2022**

The minutes of the meeting held on 2nd November 2022 were agreed and signed as a true record.

24. **Matters Arising**

There were no Matters Arising.

25. **Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire**

The Health and Social Care Scrutiny Board (5) received a briefing note by the Head of Communications and Public Affairs Officer, Coventry & Warwickshire Integrated Care Board and a presentation by the Chief Officer Population Health and Inequalities and the Head of Communications and Public Affairs Officer, Coventry & Warwickshire Integrated Care Board, which provided an overview of the Integrated Care Strategy (ICS) and the Integrated Care 5 Year Plan for Coventry and Warwickshire (ICP).

Members of the Scrutiny Board, having considered the content of the briefing note and presentation, asked questions and received information from officers on the following matters:

- The next steps and timeline for the ICS including the Action Plan.
- How the ICS would be monitored and evaluated using metrics to measure success.
- How engagement had been undertaken with communities and residents.
- The variety of formats utilised to ensure residents could engage fully to provide feedback on the ICS.
- The focus of the strategy on the 20% most deprived residents, leading on 3 key priorities and demonstrating through the priorities that a difference will be made.
- The additionality plans the ICS put in place for the most deprived communities, equating to 20% of the city's population.
- Memberships of the boards involved and whether domiciliary care would be represented on them.
- How the Better Care Fund may be used in Coventry.
- How the ICS would impact on finances in the health and social care system.
- Face to face consultation being undertaken as it was more inclusive than online engagement. Consultation being undertaken with groups of each of the 7 protected characteristics.

Scrutiny Board 5 Members expressed concerns that the draft ICS was overcomplicated, the Boards too top heavy with NHS representation and there was not enough representation from the care system. Concerns were also raised regarding finances and the following information was requested:

- That ICB Officers consult further on the Integrated Care Strategy development with the majority of the population.
- That information would be brought back to SB5 regarding who engagement had taken place with, what events had been held and how productive they had been.
- A seminar for all Members on the Integrated Care Strategy Development and how it would align with the One Coventry priorities.
- The draft ICS would be circulated to members of SB5 following the ICP meeting on 8 12 2022.

RESOLVED that the Scrutiny Board engage with the Integrated Care Board and the Integrated Care Partnership on the development of the Integrated Care Strategy.

26. **Autism Task and Finish Group Report**

The Health and Social Care Scrutiny Board (5) received a briefing note by the Scrutiny Co-ordinator and an Autism Update presentation by the Senior Joint Commissioner, Disabilities and Autism, working on behalf of Coventry and Warwickshire Councils and Coventry and Warwickshire NHS ICB, the Head of Commissioning and Quality, and the Associate Director of Operations Learning Disabilities & Autism Directorate, CWPT.

The Autism Task and Finish Group, jointly established by Health and Social Care Scrutiny Board 5 and Education and Children's Services Scrutiny Board 2, took their recommendations to Cabinet on 12 April 2022. The recommendations within the report were approved. The briefing note updated Members on the implementation of these recommendations in Appendix 1.

The Autism update presentation highlighted:

- The Coventry and Warwickshire Autism Strategy
- Vision
- Five Local Strategy Priorities
- Key Areas of Work and progress so far including referral rates and adult autism diagnostic waiting times
    - A cyber-attack on data had made the August – October 2022 figures inaccessible.
    - The referral rate post Covid was higher in Coventry and Warwickshire than ever. The longest wait in October 2022 was 175 weeks.
    - Benchmarking was taking place with other areas of the country and a new trajectory was being modelled.
- Future Priorities:
    - Supporting autistic people and those with social, communication and emotional health needs to help themselves pre and post diagnosis
    - Reducing inequalities for autistic people and making Coventry and Warwickshire autism friendly places to live
    - Developing a range of organisations locally with the skills to support autistic people
    - Developing the all-age autism specialist support offer

- Co-producing, working together and learning about autism
- Reducing waiting times from 242 to 13 weeks or lower by March 2024, in line with NICE guidelines.

Members of Scrutiny Board 5, having considered the content of the briefing note and presentation, asked questions and received information from officers on the following matters:

- Referrals of children were mainly from schools, social workers and families.
- The increase in referrals across Coventry and Warwickshire had been an even geographic spread.
- Investment in training had meant autistic traits were being recognised earlier.
- Long periods of social isolation due to Covid had impacted on pre-school and school age children.
- 'Dimensions' and the e-brochure assisted with signposting and provision of information and advice for neurodivergent people and their families.
- Benchmarking against other health boards and cities was not possible due to each area recording Autism, ADHD and Neurodivergent data in different ways.
- Assessments were carried out both face to face and online and in healthcare and educational settings. All 8 external providers offered online assessments.

Scrutiny Board 5 Members expressed concerns over the long wait times for diagnostic assessments and requested information on the following:

- How many employees of Coventry City Council were autistic (if available) and how the City Council supported autistic employees.
- Could an alternative funder be found for the Employ Autism scheme? If not, whether there were plans for the City Council to introduce an in-house scheme. It was recommended that for Members participating in Autism Awareness Training, this would be discussed at the Member Training Panel.

RESOLVED that the Scrutiny Board:

1. Note the update on the implementation of the recommendations from the Autism Task and Finish Group.

2. Note there is a joint Task and Finish Group considering issues of Autism in Schools which is due to report to the Education and Children's Services Scrutiny Board (2) this municipal year.

27. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme and agreed an earlier start time to meetings of 10:00 am from January 2023.

RESOLVED that the Scrutiny Board 5 meets at the earlier time of 10:00am from January 2023 onwards.

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

There were no other items of public business.

(Meeting closed at 12.30 pm)

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Briefing Note – Developing an Integrated Care 5 Year Plan for Coventry and Warwickshire

1. Background

1.1. Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Following several years of locally led development, including the merger of the three Clinical Commissioning Groups in the area, the passage of the Health and Care Act (2022) established Coventry and Warwickshire as an Integrated Care System on a statutory basis on 1 July 2022.

1.2. Coventry and Warwickshire Integrated Care System comprises the following elements

Integrated Care Board (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

Integrated Care Partnership (ICP)

A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

Local authorities

Local authorities in the ICS area, which are responsible for social care and public health functions as well as other vital services for local people and businesses, are a vital part of the ICS. Representatives from the upper tier local authorities sit on the Board of the ICB and are members of the ICP.

Care Collaboratives

Within our ICS, Care Collaboratives will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. There is one Care Collaborative developing in Warwickshire and one in Coventry. The Warwickshire Care Collaborative will be supported by the three Places already established in the area, Warwickshire North, Rugby and South Warwickshire.

Provider collaboratives

Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS areas, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

1.3. The purpose of the ICS is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1.4. In order to demonstrate how we will achieve the aims stated above, we must develop two documents

- An Integrated Care Strategy which sets the direction of the system and outlines our priorities for delivering integrated care. This will be developed by the ICP.
- An Integrated Care 5 Year Plan which responds to the Integrated Care Strategy and details how we will deliver its aims. This document will be developed and delivered through the ICB.

2. Developing an Integrated Care Strategy

2.1. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires all ICPs to write an Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met.

2.2. Members received a briefing on the Integrated Care Strategy in December.

2.3. The final draft strategy includes three core priorities:

- Prioritising prevention and improving future health outcomes through tackling health inequalities
- Improving access to health and care services and increasing trust and confidence
- Tackling immediate system pressures and improving resilience.

2.2. For each of these core priorities we identify specific areas of focus and detail how we will change our ways of working over the next 5 years, and the actions we will prioritise. We have also identified a number of key enablers to delivery of our priorities, and we describe in the strategy where and how we need to integrate for each of these.

3. The Integrated Care 5 Year Plan

3.1. Before the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts must prepare an Integrated Care 5 Year Plan.

3.2. The Integrated Care 5 Year Plan produced by the ICB must have regard to the integrated care strategy and must set out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area. It will provide the operational detail around how the strategy's vision can and will be realised, the Integrated Care 5 Year Plan for Coventry and Warwickshire Integrated Care System should be informed by:

- Health and Wellbeing Board strategies and JSNAs
- The revised Long Term Plan from NHS England
- NHS England priorities and planning guidance
- The Coventry and Warwickshire Integrated Care System Strategy

3.3. The Health and Care 2022 act states specifically that the plan must, in particular—

(a) describe the health services for which the integrated care board proposes to make arrangements in the exercise of its functions by virtue of this Act;
(b) explain how the integrated care board proposes to discharge its duties under—
(i) sections 14Z34 to 14Z45 (general duties of integrated care boards), and
(ii) sections 223GB to 223N (financial duties);

(c) set out any steps that the integrated care board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007

(d) set out any steps that the integrated care board proposes to take to address the particular needs of children and young persons under the age of 25;

(e) set out any steps that the integrated care board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

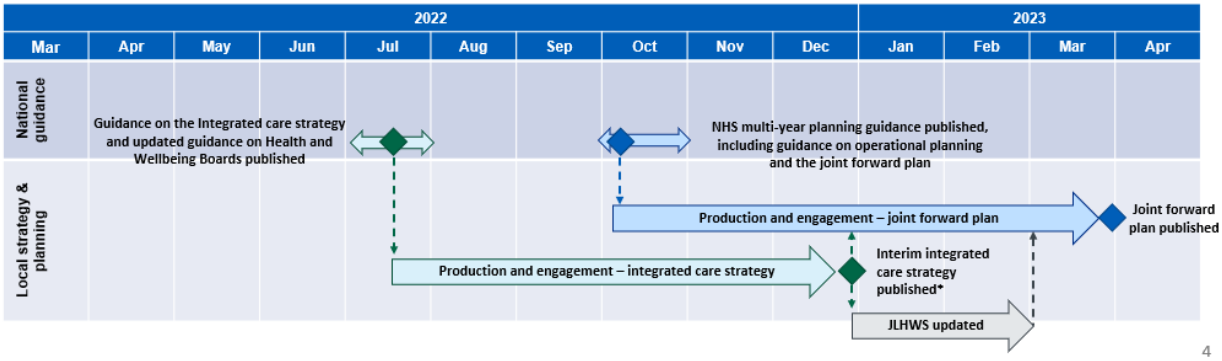
3.4. This plan, like the Integrated Care Strategy, must be refreshed each year.

3.5. Like the strategy, the Integrated Care 5 Year Plan needs to be developed with engagement and involvement with key stakeholders and the wider population. As a system we are committed to and will be directed by what we deem to be purposeful engagement and involvement.

3.6. The first draft of the Integrated Care 5 Year Plan will be developed before 31 March 2023.

4. Timeline

4.1. The timeline for both the Integrated Care Strategy and the Integrated Care 5 Year Plan is set nationally (referred to in the diagram below as the joint forward plan) and as an ICS we must respond to the deadlines.



5. Recommendations

Members are recommended to ENGAGE with the ICB on the development of the Joint Forward Plan and offer FEEDBACK on the contents of the report.

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Executive Lead: Rachael Danter, Chief Transformation Officer, Coventry and Warwickshire Integrated Care Board
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Coventry City Council

Briefing note

To: **Health and Social Care Scrutiny Board 5** **Date: 01/02/23**

Subject: **Managing Adult Social Care Referrals and Assessments**

1 Purpose of the Note

1.1 At a previous meeting of SB5 the issue of increasing demand for Adult Social Care and the potential impact of this on response times by Adult Social Care when people are either waiting for assessment or review was identified as an issue for consideration. This report is in response to this issue and provides information on how waiting lists for social work or occupational therapy intervention are managed within Adult Social Care

2 Recommendations

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

Review and comment on the work of Adult Social Care, to understand the approaches and mechanism that are in place to manage demand on Adult Social Care and make suggestions and comments as to how this could be improved for consideration by the Cabinet Member for Adult Services.

3 Information/Background

Adult Social Care has a series of assessment duties enshrined in different legislation as follows:

Care Act 2014

3.1 The Care Act 2014 is the primary legislation relating to the delivery of Adult Social Care. Under the Care Act the local authority is required to provide services and support to adults aged 18 or above pursuant to the nationally published eligibility criteria for adult social care. This applies to older people, people with long term conditions, physical disability and sensory impairment, mental ill health, carers and those with needs arising from problems associated with substance misuse.

3.2 Under the Act, the Council has a statutory duty to undertake an assessment for any adult with and appearance of need for care and support and then to determine whether those needs require support or services from the local authority.

3.3 Eligibility must be determined at the point of an assessment. This means that whether the person is likely to fund their own care or that their needs could below the eligibility threshold the assessment is the first consideration in determining eligibility. There are no timescales set within the Care Act 2014 for assessments to be completed but there is the requirement

to carry out an assessment over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs.

3.4 An assessment starts as soon as the local authority begins to gather information about the person. This is essentially at the point the person contacts the local authority; however, many people require a comprehensive assessment to support the determination of whether needs are eligible for care and support from the local authority and understanding how the provision of care and support may assist the adult in achieving their desired outcomes.

Mental Health Act 1983

3.5 The Mental Health Act (1983) is the primary legislation that covers the assessment, treatment, and rights of people with a mental health disorder. The Act has specific responsibilities for practitioners in those who require assessment and consideration of detention in an acute Hospital with social workers needing to undertake advanced training and approval to act in this capacity (Approved Mental Health Professional). The duty to assess is specified with specific consideration to harm, acuity and whether the assessment can be completed without detention. This role has a high interdependency with additionally trained medical staff but it is the social care staff that agree and complete the detention.

3.6 The interdependency of social care and health providers in supporting those with mental illness is well established and the Council has in place a formal agreement with Coventry and Warwickshire Partnership NHS Trust (CWPT) this is known as a Section 75 agreement. Social Care have, under the agreement seconded staff to CWPT to undertake integrated work and the delegation of the Care Act duties.

3.7 Responsibility for the delivery of the AMHP service remains the responsibility of the City Council. There has been an increase in activity at local, regional and national levels that is now monitored via performance reporting.

Mental Capacity Act 2005

3.8 The Mental Capacity Act 2005 requires that all professionals assume a person has capacity to make a decision unless there appears to be good reasons to suggest otherwise. If that is the case then a Mental Capacity Assessment should be undertaken, formally recorded and decisions made in the best interests of the person. These assessments can be undertaken by health or social care professionals (not just social workers). This decision can range from how to spend their money to where they should live but is fundamental to the role of Adult Social Care. For the most part the assessments are conducted alongside the Care Act assessments but in some cases the assessments are more specific and relate to a level of care that the person is unable to consent to- a deprivation of liberty.

3.9 The Deprivation of Liberty Safeguards (DOLs) is the procedure prescribed in law when it is necessary to deprive a resident or patient who lacks capacity to consent to their care and treatment of their liberty in order to keep them safe from harm. A DOLs assessment, or Best Interest Decision is required before any restriction is put in place. Best Interest Assessments are undertaken by social workers who are also trained Best Interest Assessors (BIAs). DOLs is due to be replaced with Liberty Protection Safeguards (LPS) although there is no confirmed date for this change. The Council acts as the supervisory body for those in residential, nursing or hospital care.

3.10 However, deprivations that occur in the person's own home can only be authorised by the Court but the Social Worker or BIA would undertake the assessment and support the Court process.

Disabled Facilities Grants (DFG)

3.11 Where individuals approach the local authority seeking an adaptation, or where an adaptation is identified as a way to support an individual then a DFG assessment is required.

3.12 The timescales assessing and completing adaptations is dependent on the urgency and complexity of the adaptations required.

4 Referrals to Social Care

4.1 Referrals can be made from a number of sources including the person themselves, family or friends, GPs, or other health professionals and internally where the presence of a care and support need may have been identified by a different team such as Occupational Therapy. University Hospital Coventry and Warwickshire (UHCW) are also a source of referral where it is considered that care and support is required to facilitate a discharge.

4.2 Although there are a number of referral sources the majority of referrals are received via the online referral form. Self-referrals can be made via the self-assessment tool or by contacting Coventry City Council Customer Services via telephone or email.

4.3 Dependant on the source of referral and the team responsible for responding, different processes are applied to assess risk and prioritise. The types of referrals will vary and will be a combination of new people making contact for the first time, as well as those already in receipt of support but require a reassessment as their situation has changed. Within Adult social care we are seeing an increase in safeguarding referrals and more complex situations, most of which are deemed high risk and high priority, thus require a more urgent response.

4.4 The increased numbers of Safeguarding concerns received demonstrates an increase in awareness of safeguarding more generally. Raising the concern doesn't necessarily mean the threshold is met for an enquiry or investigation but the level of triage results in increased demand, places a significant pressure on Adult Social Care as decision in relation to Safeguarding concerns needs to be made within 2 days, and in many circumstances a same day response is required. As a result, all safeguarding referrals are prioritised which impacts on other assessment activity.

4.5 Once received, all referrals are screened by intake teams within Adult Social Care to prioritise based on risk and determine next steps. Several referrals can be dealt with and closed within the intake team leaving only those that require a further intervention will need to be allocated to a worker in the long-term Teams or to an Occupational Therapist. Approximately 40% of the contacts are resolved at source without the need for further involvement.

5 Responding to needs assessment requests

5.1 All referrals to Adult Social Care are risk assessed and prioritised according to the situation and level of risk and this is recorded on our recording system. This is also reflected in the arrangements in place with Coventry and Warwickshire Partnership NHS Trust where risk assessments form a key component of the triage and assessment process.

5.2 As each person presents with a unique set of circumstances and it is neither possible nor necessary to commence all assessments at the point of referral. As people's situation and circumstances change the associated risk factors can also change.

5.3 Professional determination of priority is defined and formal document in place; 'responding to needs assessment requests. This is included at **Appendix One.**

5.4 This document places the prioritisation of requests for assessment at three levels based on a range of factors including need, priority, status, and chronology:

Urgent

5.5 There is a critical level of risk due to an immediate risk to the person, a sudden and unpredictable change in circumstances or serious abuse has occurred. Safeguarding and manual handling related issues are considered urgent which requires response with a same or next day response determined with decisions related to safeguarding made within 48 hours of referral.

Medium

5.6 There is a substantial level of risk brought about by factors including extensive care and support needs and the risk of collapse of existing arrangements.

Standard

5.7 There is a low to moderate risk where the presence of some care and support needs may impair the person long term ability if not addressed. The person does however have a support network and can ask for/arrange appropriate assistance when needed.

6 Management of Risk

6.1 Overall levels of risk are monitored by Heads of Service with resourcing decisions made as appropriate to manage risk levels within the service. Escalation processes are in place to monitor level of risks and response times to ensure cases are appropriately risk assessed and allocated accordingly. Each week managers review the priority cases on the list for allocation to a worker.

6.2 For the AMHP activity twice daily handover meetings are in place to support the handover between shifts to ensure safe transfer of care.

6.3 Where necessary heads of Service will take action to mitigate risk. Such measures include moving staffing resource to meet demand and manage risks, and the reallocation of cases to enable professionally qualified staff to deal with more complex higher risk cases.

6.4 The assessment of risk is inevitably imperfect in the absence of the formal assessment and relies on information received which may not always be accurate. Professionals make decisions and recommendations based on several factors including whether the person lives alone, has an existing support package in place, the nature of the request and importantly the capacity of the person. This means there are, and will be, occasions where the actual risks are later found to be greater than the initial information would have suggested resulting in harm.

7 Existing levels of demand and risk

Community Teams

7.1 There are approximately 3500 people in receipt of ongoing care and support within Coventry with on average 200 referrals per week into social work teams. Not all referrals to the service will need ongoing support and significant numbers are resolved at source with approximately 40% requiring intervention from a Social Worker or Occupational Therapist.

7.2 The Promoting Independence offer supports this with increased numbers now accessing short term services to support the assessment process and divert from long term statutory provisions.

7.3 This means it is it the more complex cases that are allocated involving safeguarding, deprivations in the community, legal processes or high risk situations. Currently, there are 450 cases awaiting allocation for an assessment or review. This number will change on a daily and weekly basis.

Reviews

7.4 The Care Act statutory guidance states that it is an expectation that authorities should conduct a planned review of the support in place on an annual basis. Currently 55% of people with a support package will have been reviewed within the prescribed time frame. Teams are working on improvement plans to increase our review activity. Due to the lower levels of risk associated with annual reviews, some people will wait longer for a review as other more high-risk cases require interventions. For example, for many people we may complete more than one review/reassessment a year, due their changing needs and situation, which might increase the associated risk. Thus, those with stable care and support arrangements may wait longer for an annual review, as the workforce will be dealing with more high-risk cases and completing multiple reviews/reassessments.

8 Hospital Team

8.1 The hospital social work team also receive a high level of referrals with on average 700 referrals a month.

8.2 Due to the timely nature of hospital discharges, all referrals to the Hospital Social Work team are allocated on the same day. Those who need to be discharged from hospital are not all deemed to be high risk, however, to support the NHS and ensure no delays to hospital discharges, all referrals to the Hospital Social Work Team are prioritised and allocated on the same day. The hospital social work team undertake a different role to community teams as they are not required to undertake Care Act assessments within a hospital setting but instead to ensure short term support is in place where required to discharge people safely from hospital.

8.3 Those that are discharged with short term support are generally discharged from hospital within 2 days from the point of referral

9 Deprivation of Liberty Safeguards

9.1 Deprivation of Liberty safeguards (DOLs) are part of the Mental Capacity Act 2005 but implementation of this element of legislation took place in 2007. In 2014 a landmark case provided a definitive definition and took requests from 681 2014/15 to 2544 2021/22. Year on year the service sees increasing requests for new assessments and renewals.

9.2 The legislative framework enables urgent application by the Managing Authority and beyond that the service applies the nationally agreed ADASS priority framework. The assessments have 3 components and in total 6 assessments that covers the whether the person has a formal diagnosis (a doctor completes), whether the person has capacity to make decisions and whether the restrictions are necessary and proportionate (least restrictive) completed by the Best Interest Assessor.

9.3 The demand on the service is such that there is a waiting period for assessment and there are 327 waiting allocation to a BIA assessor. However, within this there will be people whose circumstances have changed, are less of a priority or are temporarily detained by the Managing Authority pending recovery or where the medical assessment is being completed. Each request is triaged in terms of priority and to assist the service contracts with another agency to complete the less urgent cases.

10 Disabled Facilities Grant (DFG)

10.1 There are 191 cases waiting for their DFG (disabled facility Grant) to be completed. In addition, there are 342 DFG's are in the process of completion either by Coventry City Council or Housing Association.

10.2 The reasons for this will be varied and range from issues with property ownership, agreeing specifications, availability of contractors or service User choice as to when the work can be completed.

10.3 We recognise for some people their DFG is not being completed within a year and we are working closely with Housing and Housing association colleagues to improve this for people. We have an improvement plan in place and working collectively with colleagues we are looking to reduce the time taken for DFG to be completed. In addition, this year we increased what we pay to contractors to increase opportunities for works to be completed.

11 Waiting Times

11.1 The increasing demand on Adult Social Care in terms of complexity of casework and legal standing of some of it, inevitably means waiting times are longer for some. Numbers waiting have remained relatively static in most areas but are likely to be an issue of challenge in the forthcoming CQC Inspections. Whilst waiting times and numbers waiting will feature it is more likely that the management of the situation will be the predominant issue to be addressed.

11.2 There is no consistent way that local authorities collate and report the information which means that comparison or benchmarking in respect of this would be hard to achieve but information collated informally suggests that Coventry is in a very similar position to others locally and across the region. We do have mechanisms in place to prioritise, manage and monitor the situation.

11.3 Waiting times and numbers are monitored closely by the service and the Management Team. This is included on the service risk register is reported regularly.

12 Workforce and Caseloads

12.1 Approaches to Adult Social Care have not increased to any significant level. However, the types of referrals received are more complex in nature, take time to resolve and more are associated with safeguarding vulnerable adults. This complexity impacts on a worker's caseload and subsequently the overall ability to allocate cases within teams. Many Social Workers are presenting cases in the court arena and these cases are high risk and are time intensive in terms of reports and interventions required. Current average caseloads are 20 based on a case load and workload audit completed in 2019/20 and is due to be repeated in 2022/23. There are no national benchmarks in relation to caseloads levels in adult services, however it's important to focus on workload and case weighting as this will focus on risk, complexity and time outputs of any caseload.

12.2 An Adult Services Organisational Health Check 2022/23 was completed between June and August 2022, in which 89% of practitioners expressed that their caseload was appropriate to their experience and knowledge. https://www.coventry.gov.uk/downloads/file/39318/adult-social-care-healthcheck-2022-2023

12.3 Monitoring and oversight of complexity and levels of risk was detailed in previous Scrutiny Board 5 paper titled Keeping People Safe (02/11/22). Access to training and supervision is crucial in supporting staff in assessing risks on individual cases. In addition, further support is provided via Risk Enablement and Legal Planning Meeting.

12.4 Since the pandemic, we have seen increased movement of staff in terms of employees leaving and wishing to pursue other job roles. This reduced workforce impacts on service delivery. Service areas have worked closely with HR colleagues to support recruitment campaigns, however new employees do not always have the experience required to work with more complex case scenarios which impacts on more experienced staff. An increased proportion of our new recruits have been newly qualified social workers that require significant support and development within the first year of employment and beyond, to get them to a place where they are confident in dealing with safeguarding and complex casework.

12.5 Local workforce issues are mirrored at regional and national levels across all professional groups and across the health and social care system.

13 Summary

13.1 Managing risk within a high volume and dynamic environment is part of the daily business of Adult Social Care. Although the numbers of people waiting for an assessment across the services appears high these are all prioritised on the basis of information available in respect of the levels of risk presenting to the person in question.

13.2 Within this number will be many who are already in a stable care and support situation but have experienced a change in care and support needs that may be minimal.

13.3 We recognise that some people wait longer for interventions than others and the average days waiting for assessment is not necessarily what we would want it to be. To mitigate risk and ensure those with greatest need have an assessment completed in a timely manner, we have robust risk assessments and escalations in place.

13.4 Increased complexity of casework impacts on capacity and throughput of cases, thus cases deemed lower risk will wait longer for an assessment or review.

13.5 It is acknowledged that the risk assessment process is imperfect as the reality of a situation is only really known once the living circumstances have been seen. However, triangulating information from other organisations and family/friends helps mitigate this.

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Responding to Needs Assessment Requests

Version	V1.0
Lead Author	Andrew Errington and Aideen Staunton
Designation	Head of Practice Development & Safeguarding (Adults PSW) and Acting Head of Service (Partnerships and Social Care Operations)
Head of Service	Sally Caren Head of Adult Social Care and Support
Target Audience	All managers and staff responding to needs assessment requests
Approved By	Adult Social Care Management Team
Approval Date	14th June 2022
Review Date	June 2024

Version Control Sheet

Version	Date	Author	Status	Comment / changes
V1.0	15/06/22	Andrew Errington and Aideen Staunton	Final	

Contents

1. Introduction and Purpose

This Operating Procedure specifies the steps to be taken in receiving, recording, and processing referrals (for Adult Social Care this will be requests for assessment, reassessment, or review – unplanned or requested reviews); booking assessments and recording activity for needs assessments. It also describes the steps to be taken to manage assessment requests and waiting times to prevent unnecessary delay and escalate issues where necessary in a timely fashion to enable corrective action to be taken.

2. Managing Requests for Responding to Needs Assessment

2.1. Adult Social Care (ASC and Assessment Duties)

Adult Social Care provides services and support to adults aged 18 or above entitled to receive service from, and funded by, the Local Authority, pursuant to the national published eligibility criteria for adult social care.

These client groups include older people, people with long term conditions, physical disability and sensory impairment, carers and those with needs arising from problems associated with substance misuse.

Adult Social Care is delivered within a legal, regulatory, and statutory framework. Legal statutes provide the circumstances under which the local authority must carry out an assessment of needs. These are set out in Acts of Parliament.

This Operating Procedure does not cover the provision of equipment and adaptations and any legislation pertaining to this. Occupational Therapists will apply elements of legislation pertaining to provision of equipment and adaptations.

Under the Care Act 2014, the council has a statutory duty to undertake an assessment for any adult with and appearance of need for care and support and then to determine whether those needs require support or services from the local authority.

For those people experiencing mental health problems, Adult Social Care has a S75 agreement with Coventry & Warwickshire Partnership NHS Trust which involves the Trust delivering Council Functions including assessment of needs.

The local authority must assess anyone who has an appearance of need for care and support, regardless of whether the person appears to have eligible needs or their financial situation. People who fund their own care are still entitled to an assessment. People whose needs are likely to fall below the eligibility threshold are still entitled to an assessment. Eligibility must be determined at the point of assessment.

For the purpose of this guidance when referring to ‘assessments’ this also includes reassessments, unplanned and requested reviews.

In carrying out an assessment, practitioners must always consider whether they need to conduct an assessment of the person’s capacity to consent to any actions that may need to be taken to meet their needs.

Assessment of an individual's needs for support offers an opportunity to identify scope for early intervention and short-term help such as reablement that might increase the individual's independence or prevent the development of complex support needs. Where a local authority judges the person may benefit from preventative approaches, the local authority may 'pause' the assessment process to allow time for the benefits of such activities to be realised.

Assessment of an individual's need for care and support should take account of the support which carers, family members, friends and neighbours are willing and able to offer, and the impact of the adults needs for care and support on family members of others in their support network. Assessment of needs should focus on the strengths and capabilities of the person.

Local authorities must ensure that an expert with an appropriate level of qualification is involved in the assessment of adults who are deafblind.

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care, or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse, or neglect.

In instances where an individual has refused a needs or carer's assessment but later request that an assessment is carried out, the local authority must do so.
Additionally, where an individual previously refused an assessment and the local authority establishes that the adult or carer's needs or circumstances have changed, the local authority must consider whether it is required to offer an assessment, unless the person continues to refuse.

Under the Care Act 2014, having conducted the assessment, the local authority must decide whether the individual's needs are eligible for support from the local authority. The local authority must do this in accordance with the national eligibility criteria.

Decisions about eligibility must be made following an assessment of the individual's needs. Individuals with eligible needs will be offered a personal budget which will enable them to meet their assessed eligible needs in accordance with a care and support plan.

A review is an assessment that looks at the individual's current situation and identifies any changes to their eligible needs and to the support required to meet them. All statutory requirements relating to assessment apply to a review.

There are no national legal rules on how quickly a local authority must carry out a care assessment request or complete an assessment. However, to ensure no unnecessary delay and promote improved performance, Adult Social Care will look to have a timely, same or next day response to any urgent referrals and up to 28 days for other referrals once a need for assessment has been identified.

Adult Social Care recognises that all assessments should be based on individual situation and circumstances but will look to apply a standard for assessment completion of 28 days from the point of assessment commencement.
An assessment may take place over an extended period of time as opposed to a specific single date of assessment, therefore commencing an assessment and supporting people whilst going through an assessment process is what is an important factor here alongside assessment completion.

2.2. Referral Arrangements

The assessment process can be initiated by referral routes including:

- An approach to the local authority by an individual or by a third party acting on their behalf
- Hospital discharges
- The local authority if it becomes aware that a person may need care and support
- Self-referral via a self-assessment tool

2.3. Management of Referrals - Receipt, Review & Recording

The majority of referrals are received centrally via online referral form. Self-referrals can be made via the self-assessment tool or by contacting Coventry City Council Customer Services via telephone or email. Internal referrals will also be received direct via other sources for example as part of hospital discharge mechanisms or via OT department. Key details are recorded about the service user and the nature of the referral within Care Director (CD).

Care Director (CD) has an in-built priority rating system (this is not currently a mandatory field) used to determine how urgent a referral is (urgent, medium, standard). Use of this will enable a consistent application of prioritisation control.

The promptness and type of assessment, when requested, must reflect the severity of needs and level of risk to the individual requesting it. For example, if there are urgent presenting needs or risk factors these must be addressed urgently.

The Care Act provides local authorities with the powers to meet urgent needs where they have not completed an assessment. Authorities may meet urgent need for care and support regardless of the person's ordinary residence. Where an individual with urgent needs approaches or is referred to the local authority, the local authority should provide an immediate response and meet the individual's care and support needs. For example, where an individual's condition deteriorates rapidly or they have an accident, they will need a swift response to ensure their needs are met. Following this initial response, the individual should be informed that a more detailed needs assessment, and any subsequent processes, will follow. Once the local authority has ensured these urgent needs are met, it can then consider details such as the person's ordinary residence and finances.

2.4. Scheduling and Arranging Assessment Visits

There are no national legal rules on how quickly a local authority must carry out a care assessment following request. To promote improved performance by local authorities, the Government previously introduced performance indicators under which local authorities should work towards starting all new assessments within 48 hours and completing them within 28 days, with all services put in place within a further 28 days.

The underlying principle is that service users should receive assessment and services without unnecessary delay. The promptness and type of assessment, when requested, must reflect the severity of needs and level of risk to the individual requesting it. If there are urgent presenting needs or risk factors these must be addressed urgently. If it is apparent that the person requires urgent support, immediate provision for care can be undertaken before carrying out a full assessment of the person's needs.

As each person presents with a unique set of circumstances and it is neither possible nor necessary to commence all assessments at the point of referral it is important to have a process to prioritise those with the greatest risk. Service user assessments will therefore be 'scheduled' based on a range of factors including need, priority, status, and chronology.

Once a referral is received and processed by Customer Services, it is passed onto the Initial Contact Team (all new referrals/people not currently known to Adult Social Care) or into the Intake Teams (cases known to Adult Social Care). Following contact by one of these Teams, a variety of outcomes can be achieved (this is not an exhaustive list):

- Provision of information, signposting and advice
- A period of short-term Promoting Independence (PI) identified (Learning Disability PI or Community PI)
- Case allocation for assessment within Older People (OP) or All Age Disability (AAD)
- Case allocation for OT assessment or the provision of equipment or adaptations
- Carers Assessment
- Identification of a safeguarding concern

If a period of Promoting Independence has been identified, the case is referred via CD to the Learning Disability PI Team of Community PI Team.

Care Director (CD) has in-built priority rating system which can be utilised to determine how urgent a referral is (urgent, medium and standard). Use of this will enable a consistent application of prioritisation control. All referrals *into* Intake Teams will be prioritised based on risk and all cases that require allocation will be prioritised based on risk. If the risk levels change when a case is to be allocated, the risk rating can change to reflect work required. The risk priorities are captured on 'Involvement priorities' which enables workers and teams to see levels of risk within an area or on a caseload. Risk will inevitably change as cases flow through the system or as people's situations change.

<u>Referrals into Intake Teams (inclusive of Initial Contact Teams)</u>

Risk priorities for Referral routes *into* Intake and Initial Contact Teams. For all referrals *into* Intake Teams, the intake worker will risk assess and prioritise using the below risk Priorities to determine level of work required and response times in Intake Teams.

- Intake – Urgent
- Intake – Medium
- Intake – Standard

See Appendix 1 for definitions.

All work within Intake Teams should be completed within 28 days (upon receipt of a referral from Customer Services), on the basis that urgent pieces of work are completed within 48 hours (same of next day response). Intake Teams also deal with non-urgent queries such as finances queries which are likely to be fully resolved in Intake. It is envisaged that Intake Teams complete a thorough piece of work that prevents the need for allocation into long term teams, this will include undertaking urgent and high priority assessment visits.

Cases that require allocation

Following Intake intervention, all cases that require allocation when *exiting* Intake Teams, will be risk assessed to determine level of work required and response times for allocation and assessment response or start based on the priority ratings below:

- Allocation – Urgent (up to 7 days)
- Allocation – Medium (up to 14 days)
- Allocation – Standard (up to 28 days)

If a case requires allocation within the OP (Older People) Service, it is allocated to a worker via the Booking System and the individual service user will be aware of the assessment visit date. Cases are either allocated directly to workers of provisionally allocated dependent on risk.

When there are capacity issues within the Booking System, OP operates a back-up rota, whereby; there are staff on each day to cover urgent situations. If cases cannot be allocated according to the priorities above via Booking System or back up rota, Intake Team Leader escalates to Service Manager who has the overview of priorities across the service area so can determine risks and identify how best resources can be used to manage the risks.

Cases that require allocation for AAD (All Age Disability) will be risk assessed by Intake as per above priority ratings and added to a waiting list. All cases within the allocation list will have a risk rating attached so managers can review levels of risk on cases that are waiting which will aid prioritisation of cases. Waiting list is reviewed weekly by managers in AAD team.

If the case requires an OT (Occupational Therapist) assessment these are booked via the Booking System and a similar principle applies as per the Older People's Booking system. As OT's are 'secondary workers' in the CD system, cases are either allocated direct or allocated as secondary worker, even if a visit is not for a further 6 weeks.

Cases that require Manual Handling Duty visit are sent to the Manual Handling duty team

Cases that are discharged via Hospital via a discharge pathway are allocated to an Occupational Therapist in the first instance. Cases, where a long-term need has been identified including following a period of Promoting Independence are then referred into the relevant Social Work Team.

Continuing Health Care cases that require an assessment are allocated to specific workers within Case Management applying similar priority ratings.

If it is identified that a safeguarding concern requires an enquiry this will be transferred to the Older People's or All Age Disability Teams.

A definition of these priority ratings can be found in Appendix 1. Booking systems in place will need to change to take account of these assessment response times (visits are currently booked in within a timescale of 0-8 weeks dependent on risk levels).

Allocation of work will need to have due regard to the presenting complexity of the case and the role, qualification, workload, and capacity of the proposed assessor.

Due consideration will be given for assessment activity allocated to unqualified workers and newly qualified social workers on the Assessed and Supported Year in Employment (ASYE).

Allocation of work will ensure that a worker's professional judgment about workload capacity issues is respected in line with the requirements of their professional registration.

A range of public information has been produced to support understanding of the assessment process:

- Adult social care assessment and eligibility printable leaflet
- Personal budgets leaflet
- Advocacy under the Care Act factsheet

2.5. Awaiting an Assessment Visit

In the absence of a Booking System scheduling will take place weekly, based on all the referrals that have been reviewed for completeness and them having been reviewed for urgency and priority. Once a schedule of service users has been made, they will be allocated in that order for an assessment to be undertaken.

The service user or representative will be informed of whom to contact pending the arranging of the assessment, the next steps in the process and how long they might have to wait for an assessment.

Regular communication will be maintained with the service user or their representative who is waiting for assessment to ensure there is no change in their need, priority, or status. Any change identified will result in an amendment to the scheduling.

2.6. Principles to Guide Assessment Visits and Contacts

As and when our working environment changes (especially in relation to the pandemic, but also in respect of issues such as adverse weather, seasonal flu or health and care system pressures), so will the balance of risk, and therefore decisions will need to be made in the context of the specific circumstances at the time. This makes it difficult to provide a standard guide which determines which visits and contacts need to be in person, and which can be conducted remotely, using technology and telephony.

However, as a core and guiding principle direct and in person contact with people who are seeking our support (new assessments including safeguarding enquires), in their normal living environment should be the expectation we seek to meet in all cases.

Doing our work in person enables us to fully build relationships, engage with the person and fully appreciate their situation and circumstances.

We will be therefore guided by the following practice principles:

- For all newly allocated cases the expectation is that the individual will be met in person at commencement of the assessment.
- At any initial meeting the practitioner will agree with the individual the extent to which further interactions can be undertook remotely, using any available technology and telephony.
- Where circumstances are such that an in-person meeting is not possible this is to be clearly documented showing evidence of rationale and how information was gathered as part of any assessment – and whether the circumstances leading to an in-person not being possible are temporary, where an in-person meeting can be arranged at a future date.
- The nature of our contact with people will always wherever possible be led by the person themselves and their individual situation and circumstances, not by preferences of the service.

For further information please read the 'Decision Making Framework for Assessment Visits and Contacts'.

When arranging the assessment appointment, Adult Social Care will provide service users a choice of times and venues, as appropriate, and will consider any mobility/disability/language requirements the service user has.

2.7. Cancellation, did not Attend and Refusal of Assessment

If the service cancels an appointment they will rebook as soon as possible. If a service user or representative cancels an appointment, the service user should then be offered another appointment as required. The reasons for cancellation are to be understood and appropriately challenged to ensure coercion is not a factor.
An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care, or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. Reasons

for refusal are to be understood and explored to ensure that this is a decision made in the understanding of the possible implications to health and wellbeing.

However, where the local authority identifies that an adult lacks mental capacity and that carrying out a need's assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse, or neglect.
In instances where an individual has refused a needs or carer's assessment but at a later time requests that an assessment is carried out, the local authority must do so.
Additionally, where an individual previously refused an assessment and the local authority establishes that the adult or carer's needs or circumstances have changed, the local authority must consider whether it is required to offer an assessment, unless the person continues to refuse.

2.8. Assessment of Need

The purpose of an assessment is to evaluate the individual's needs and how they impose barriers to their independence and wellbeing. This provides a basis for:

- determining eligibility for services or other types of support,
- providing information and advice to the individual and targeting prevention services,
- estimating the personal budget required,
- planning support to meet the identified and eligible needs,
- identifying and managing risks in line with the council's safeguarding responsibilities,
- working in partnership with health and other organisations, including sharing information.

Under the Care Act Care and Support (Assessment) Regulations a local authority must carry out an assessment in a manner which:

- is appropriate and proportionate to the needs and circumstances of the individual to whom it relates; and
- ensures that the individual is able to participate in the process as effectively as possible.

In seeking to ensure that an assessment is carried out in an appropriate and proportionate manner, a local authority must have regard to:

- the wishes and preferences of the individual to whom it relates,
- the outcome the individual seeks from the assessment; and
- the severity and overall extent of the individual's needs.

In a case where the level of the individual's needs fluctuates, the local authority must take into account the individual's circumstances over such period as it considers necessary to establish accurately the individual's level of needs.

A local authority must give information about the assessment process:

- to the individual whose needs are being assessed; or
- in the case of a child's needs assessment or a young carer's assessment, if the child or young carer is not competent or lacks capacity to understand the assessment process, to all parents of that child or young carer.

The information must be provided prior to the assessment wherever practicable, and in a format which is accessible to the individual to whom it is given.
As Coventry is a diverse City, please give consideration to any cultural barriers that may prevent an individual from actively and fully participating in an assessment and what might be done in order to overcome, or at least reduce the impact of these barriers.

Following and assessment if services are to be provided a care and support plan will be co-produced with the individual concerned. This plan must detail the needs to be met and how those needs will be met and will link back to the outcomes that the adult wishes to achieve in day-to-day life as identified in the assessment process. Keeping plans under review is an essential element of the planning process. It is the expectation that authorities should conduct a review of the plan no later than every 12 months, although a light-touch review should be considered 6–8 weeks after agreement and sign-off of the plan and personal budget, to ensure that the arrangements are accurate and there are no initial issues to be aware of.

2.9. System Update

All data should be entered in a timely manner to ensure that data is available for statutory, corporate, local reporting and ensure other users of the system are aware of the status of the case.

Systems will be updated at each stage of the process, referral receipt, awaiting assessment, allocation and assessment. Data should be recorded in real time wherever possible. All recording should be undertaken in accordance with the CCC ASC Recording Policy.

All records that detail activities and events, such as meeting summaries or telephone calls, should be completed within a maximum of two working days. Where safeguarding an adult at risk or children are involved staff should aim to complete the record the same day and at the latest within 24 hours. All activities should be recorded. This includes telephone calls, correspondence, meetings, or support visits held with or in relation to the person or the carer and details of information shared with others. If it is not recorded it did not happen!

2.10. Assessment Completion

Although individual situation and circumstances will always inform how long it takes to complete an assessment, it is important that we complete an assessment in a timely manner so that the care and support planning process can commence to meet any assessed eligible care needs. Adult Social Care will therefore look to apply a standard for assessment completion of 28 days.

2.11. Follow-up

When service users are seen for assessment, if they need further visits, follow-up bookings will be made, at the time of the appointment if possible, or within one working week if not. If this is not possible (service user response) the reasons are to be recorded.

2.12. Performance Monitoring

To enable staff and managers at all levels to use performance management information as a tool to keep practice under review Coventry City Council (CCC) Adult Social Care (ASC) has access to a dashboard of reports, this forms part our ASC 'Performance Management and Quality Improvement Framework'. A report will be created to identify how we are achieving our standards of undertaking assessments within 28 days. Performance Dashboards are available to monitor this activity.

These reports will allow ASC across all service areas including Older People, All Age Disability and Occupational Therapy, to have clear information on average how long people spend within intake/initial contact, how long it takes for an assessment to start after intake/initial contact and how long it takes to for any assessment to be completed

The Adult Social Care Management Team receives a Balanced Scorecard on a quarterly basis and improvement plans will be developed for any service wide issue requiring a plan to understand the improvement required and actions being taken to address.

This performance monitoring will both help ensure that we are providing a good standard of service to people who come to us for support and enable an overall monitoring of levels of risk and activity which could stimulate action including temporary additional resource in order to reduce risk.

2.13. Escalation

Any delay in assessment which has had an adverse impact on any service user or carer, will be investigated and any learning identified.

Escalation will depend on the known capacity of the service to respond to requests and how this is impacting on any unnecessary delay being experienced:

- when any individuals requiring assessment have waited for one week more than the maximum waiting time and/or there is inability to assess urgent referrals, there is a risk of a breach of the standard and thus this will be reported to the relevant Service Manager.
- based on the capacity of the service, when the waiting list contains more individuals than there is capacity to assess and there is a risk to meeting the waiting time target, therefore this number will be a trigger to notify the relevant Service Manager;
- based on the capacity of the service, when individuals have breached the waiting time and/or there is unnecessary delay occurring or likely to occur the Service Manager will escalate the details to the relevant Head of Service.

At each of these escalation points investigations will take place regarding additional capacity or other options to prevent a failure to meet the standard or unnecessary delay. These other options include:

- ensure appropriate referral scrutiny,
- ensure caseloads at an appropriate level,
- ensure appropriate level of work allocation,
- ensure scrutiny of cases and their risk ratings,
- ensure systems, processes, and resources supportive of timely progression of referrals to allocation.

3. References and Supporting Documents

3.1. References

- CCC ASC Decision Making Framework for Assessment Visits and Contacts
- CCC ASC Recording Policy
- CCC ASC Performance Management and Quality Improvement Framework

3.2. Supporting Documents

- Care Act 2014
- The Care and Support (Assessment) Regulations 2014
- The Care and Support (Eligibility Criteria) Regulations 2014
- The Care and Support (Discharge of Hospital Patients) Regulations 2014
- Care and Support Statutory Guidance 2014

4. Procedure Review

This procedure will be reviewed in two years following ratification or sooner if the necessity arises.

5. Appendix 1 Priority Rating System

Intake priority ratings (Including OT Intake Worker Manual Handling)

Urgent - Critical risk where serious harm or loss of life may occur – 48-hour response (same or next day)

- There is an immediate risk to the person.
- Serious abuse to self or others has occurred, or is suspected to the extent that protection measures are required.
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an immediate risk to the person or others.
- There is a manual handling risk to the person and or carer
- There is an urgent need to review/replace equipment without which there is an immediate risk to the person
- The carer relationship(s) has collapsed and/or no existing carer relationship, sudden and unpredictable change in need and circumstances and there is a requirement for immediate care and support.

Medium – Substantial risk where harm may occur now or in the near future

- Harm to self or others has occurred or are at risk of occurring.
- There are extensive care and support needs on an ongoing or time limited basis.
- There are urgent extensive care and support needs which require therapy assessment support
- There are urgent therapy assessment, equipment and adaptations without which there is risk of collapse of persons and or carer needs
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate.
- The carer relationship(s) is at risk of collapse and the person needs care and support and/or there is no existing carer relationship.

Standard – Low to moderate risk where harm may occur if action is not taken in the longer term and where a person's quality of life may be affected if needs are not met

- There are some care, therapy and/or support needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living arrangements. Some temporary support may be required to mitigate risks.
-
- The person can make their needs known and ask to for/arrange appropriate assistance when needed.
- The carer relationship(s) is under strain and unlikely to be sustainable in the longer term.

- The person has a support network.

Allocation priority ratings

Urgent - Critical risk where serious harm has occurred or could occur – up to 7-day response

- There is an imminent risk to the person.
- Serious abuse to self or others has occurred, or is suspected to the extent that protection measures are required.
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an imminent risk to the person or others.
- The carer relationship(s) is at risk of collapse and/or no existing carer relationship, sudden and unpredictable change in need and circumstances and there is a requirement for imminent care and support.
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate.
- There is a manual handling risk to the person and or carer, some measures in place to mitigate some immediate risk**.**
- There are urgent extensive care and support needs which require therapy assessment support
- There are urgent therapy assessment, equipment and adaptations without which there is imminent risk to the person or others
- Some measures have been put in place to mitigate some immediate risks.

Medium – Substantial risk where harm may occur now or in the near future – up to 14 days- response

- Harm to self or others has occurred or are at risk of occurring but mitigating factors in place as a temporary measure.
- There is a need for care and support needs on an ongoing basis but temporary support in place in the interim to manage the risk.
- There are therapy, assessment, and or equipment/adaptations but temporary support in place to manage the risk
- The carer relationship(s) is at risk of collapse and the person needs care and support and/or there is no existing carer relationship.

Standard – Low to moderate risk where harm may occur if action is not taken in the longer term and where a person's quality of life may be affected if needs are not met – 28-day response

- There are some care and/or support and therapy needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living arrangements. Temporary arrangements may be in place to mitigate risks and need to be reviewed to determine ongoing care and support needs.
- The person can make their needs known and ask for/arrange appropriate assistance when needed.
- The carer relationship(s) is under strain and unlikely to be sustainable in the longer term. Interim support may be in place to support the Carer which needs to be reviewed to determine longer term needs of the Carer.
- The person has a support network in place.

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Health and Social Care Scrutiny Board Work Programme 2022/23

Last updated 20th January 2023

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) - Customer Experience
2nd November 2022
- Adult Safeguarding Annual Report 2021/22 - Keeping People Safe
7th December 2022
- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire - Report back of the Autism Task and Finish Group
1st February 2023
- Joint Forward Plan for Coventry and Warwickshire Health Care - Managing Adult Social Care Referrals and Assessments
15th February 2023
- GP Access - A&E Waiting Times - Neuro-rehabilitation Level 2b Beds
22nd March 2023
- Pharmaceutical Needs Assessment - End of Life Strategy - Fair Cost of Care – Sustainability Plan
2023/24
- Community Mental Health Transformation - Director of Public Health and Wellbeing Annual Report - Health Sector Skills Development - Child and Adolescent Mental Health (Joint with SB2) - West Midlands Ambulance Service - Preparing for Adult Social Care CQC Assurance - Modernising Sexual Health Services - Pet Therapy - All Age Autism Strategy 2021-2026 Implementation Update - Health Protection - Effect of 5G masts on health

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
	- Customer Experience	To scrutinise the experience those receiving Adult Social Care have.	Cllr M Mutton/ Pete Fahy
2nd November 2022	- Adult Safeguarding Annual Report 2021/22	To receive the Adult Annual Safeguarding Board Annual Report.	Cllr M Mutton/ Pete Fahy/ Rebekah Eaves
	- Keeping People Safe	To scrutinise how Adult Social Care work to keep people safe.	Cllr M Mutton/ Pete Fahy
7th December 2022	- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire	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.	ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- 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. Included an update on the implementation of the All Age Autism Strategy.	Jon Reading/ Michelle Crewswell/ Victoria Castree
1st February 2023	- Joint Forward Plan for Coventry and Warwickshire Health Care	To scrutinise the Joint Forward Plan for Coventry and Warwickshire Health Care (time critical).	ICB Racheal Danter
	- Managing Adult Social Care Referrals and Assessments	To review how the demand for Adult Social Care is managed. This will include demand for the Disabled Facilities Grant (DFG).	Cllr M Mutton Pete Fahy
15th February 2023	- GP Access	To include the challenges of GP access, the reset of services post Covid, GP numbers and capacity, recruitment and retention.	Kirston Nelson/ Integrated Care System
	- A&E Waiting Times	To review A&E waiting times at UHCW.	UHCW
	- Neuro-rehabilitation Level 2b Beds	To consider the permanent relocation of the neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital.	ICB
22nd March 2023	- Pharmaceutical Needs Assessment	To consider the pharmaceutical needs assessment and the role of pharmacies in the system.	Cllr K Caan Allison Duggall
	- End of Life Strategy	To consider the End of Life Strategy.	Cllr M Mutton Pete Fahy Jon Reading
	- Fair Cost of Care – Sustainability Plan		Cllr Mutton Pete Fahy Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
2023/24	- 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
	- Director of Public Health and Wellbeing Annual Report	To present the annual report for and feedback on progress from the previous report.	Cllr K Caan Allison Duggall
	- 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
	- 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
	- West Midlands Ambulance Service	WMAS are experiencing operational challenges which are impacting on patient care. The Board would like to scrutinise the Ambulance Service and see how other partner agencies are supporting WMAS, including the Fire Service.	WMAS
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Cllr M Mutton Pete Fahy
	- Modernising Sexual Health Services	To consider the 'modernising sexual health services' agenda.	Cllr Caan Allison Duggal
	- Pet Therapy	To consider the benefits of pet therapy.	
	- 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 its delivery.	Cllr M Mutton Pete Fahy
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council.	Cllr K Caan Allison Duggal

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Effect of 5G masts on health	A request has been received to consider the public health impacts of 5G masts.	Cllr Caan/ Allison Duggal

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- C&WCCG – Coventry and Warwickshire Clinical Commissioning Group
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilties Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board

- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service