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

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**Time and Date**

10.00 am on Wednesday, 22nd March, 2023

**Place**

Diamond Rooms 1 and 2 - Council House

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

(a) To agree the minutes of the meeting held on 1st February and 15th February 2023 (Pages 3 - 14)

(b) Matters Arising

**4. End of Life Strategy (Pages 15 - 34)**

Report of the Director of Adults

**5. Market Sustainability Plan (Pages 35 - 74)**

Report of the Director of Adults

**6. Work Programme and Outstanding Issues (Pages 75 - 82)**

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

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Julie Newman, Chief Legal Officer, Council House, Coventry

Tuesday, 14 March 2023

Note: The person to contact about the agenda and documents for this meeting is  
Caroline Taylor [caroline.taylor@coventry.gov.uk](mailto:caroline.taylor@coventry.gov.uk)

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

By Invitation:

Councillors: K Caan, G Hayre, M Mutton

**Public Access**

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arrangements for public attendance. A guide to attending public meeting can be found  
here: <https://www.coventry.gov.uk/publicAttendanceMeetings>

**Caroline Taylor**

**[caroline.taylor@coventry.gov.uk](mailto:caroline.taylor@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, 1 February 2023**

Present:

Members: Councillor M Ali (Chair)  
Councillor J Birdi  
Councillor J Clifford  
Councillor A Jobbar  
Councillor S Keough  
Councillor G Lloyd  
Councillor J McNicholas  
Councillor B Mosterman

Co-Opted Members: Ed DeVane, Coventry Healthwatch

Other Members: Councillor G Hayre (Deputy Cabinet Member for Public Health and Sport)  
Councillor M Mutton (Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Services: S Caren, A Staunton

Law and Governance: V Castree, C Taylor

Others Present: R Danter (Chief System Transformation Officer and Deputy Chief Executive, Integrated Care Board)  
R Uwins (Head of Communications and Public Affairs, Integrated Care Board)

Apologies: Councillor K Caan  
Councillor J Gardiner  
Councillor C Miks

## **Public Business**

### **28. Declarations of Interest**

There were no disclosable pecuniary interests.

### **29. To agree the minutes of the meeting held on 7th December 2022**

The minutes of the meeting held on 7<sup>th</sup> December 2022 were agreed and signed as a true record.

### **30. Matters Arising**

There were no Matters Arising.

### **31. NHS Report - Developing an Integrated Care Forward Plan**

The Health and Social Care Scrutiny Board (5) received a briefing note and presentation by the Chief System Transformation Officer and Deputy Chief Executive, Integrated Care Board (ICB) regarding Developing an Integrated Care 5 Year Plan for Coventry and Warwickshire.

The Coventry and Warwickshire Integrated Care System (ICS) comprised the following elements:

- Integrated Care Board
- Integrated Care Partnership
- Local Authorities
- Care Collaboratives
- Provider Collaboratives

The purpose of the ICS was to bring together partner organisations to improve health, healthcare, tackle inequalities, enhance productivity and value for money and help the NHS support broader social and economic development.

In order to achieve these aims, the following would be developed:

- An Integrated Care Strategy, setting out the direction of the system and outlining priorities for delivering integrated care. This would be developed by the ICP.
- An Integrated Care 5 Year Plan, responding to the Integrated Care Strategy and detailing how the aims will be delivered. This document would be developed and delivered through the ICB.

The final draft of the Integrated Care Strategy included 3 core priorities:

- 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

Prior to the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts prepared an Integrated Care 5 Year Plan. The plan produced by the ICB must have regard to the Integrated Care Strategy and set out any steps on how the ICB proposed to implement Joint Local Health and Wellbeing Strategy (JLHWS) relating to the ICB area. This would give operational detail around the strategy's vision.

The Health and Care 2022 Act stated that the plan must:

- Describe the health services for which the ICB proposed to make arrangements in the exercise of its functions by virtue of the Act.
- Explain how the ICB proposed to discharge its duties.
- Set out any steps that the ICB proposed to take to implement any JHLWS.
- Set out any steps that the ICB proposed to take to address the particular needs of children and young persons under the age of 25.

- Set out any steps that the ICB proposed to take to address the particular needs of victims of abuse.

A draft of the plan was currently being reviewed by NHS England and feedback was awaited. The final submission date was 30<sup>th</sup> June 2023 and the plan would be refreshed each year.

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:

- Inequalities and how they would be addressed throughout the plan.
- Staffing issues and the focus on tackling immediate system pressures by improving resilience and developing and investing in the workforce. Significant work was being undertaken on recruitment, retention, training and the use of technology.
- The Board would receive a 6 monthly or annual update on the Joint 5 Year Forward Plan with an overview of what has been achieved against the priorities.

The Board noted that the draft plan would be circulated to Members of the Board when available and the NHS would report back to the Board annually on the Joint Forward Plan progress.

**RESOLVED that the Scrutiny Board engage with the ICB on the development of the Joint Forward Plan.**

## 32. **Managing Adult Social Care Referrals and Assessments**

The Health and Social Care Scrutiny Board (5) received a Briefing Note and presentation by the Head of Adult Social Care and Support in response to the Boards concerns regarding the increasing demand for Adult Social Care and the potential impact of this on assessment or review response times.

Adult Social Care had a series of assessment duties under the following legislation:

- Care Act 2014
- Mental Health Act 1983
- Mental Capacity Act 2005
- Disabled Facilities Grant (DFG)

Referrals to social care could be made from a number of sources including the person themselves, family or friends or a GP. The majority of referrals were received via the online referral form and dependent on the source of referral and the team responsible for responding, different processes were applied to assess risk and prioritise.

Adult Social Care had seen an increase in safeguarding referrals and more complex situations, most of which were deemed high risk and high priority and therefore required a more urgent response.

All referrals were screened by intake teams within Adult Social Care to prioritise based on risk and to determine next steps. There were three levels of prioritisation based on need, priority, status and chronology and these were urgent, medium and standard.

Overall levels of risk were monitored by Heads of Service with resourcing decisions made as appropriate to manage risk levels within the service. Escalation processes were in place to ensure cases were appropriately risk assessed and allocated accordingly.

Within Coventry, there were approximately 3500 people in receipt of ongoing care and support with an average of 200 referrals per week into social work teams. The Care Act statutory guidance stated that it was 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 would have been reviewed within the prescribed time frame.

The hospital social work team also received a high level of referrals with on average, 700 referrals per month. All referrals to the Hospital Social Work team were allocated on the same day. The Deprivation of Liberty safeguards (DOLs), was seeing a year on year increase for new assessment and renewal requests. Demand on this service was so high that there was a waiting period for assessment.

There were currently 191 cases waiting for the DFG (Disabled Facility Grant) to be completed. In addition, there were 342 DFG's in the process of completion either by Coventry City Council or the Housing Association. Reasons for this ranged from issues with property ownership, agreeing specifications and availability of contractors or service users' choice as to when the work could be completed. Officers were working closely with Housing and Housing Association colleagues and an improvement plan was in place to reduce the wait times.

The increasing demand on Adult Social Care in terms of complexity of casework and legal standing had meant waiting times were longer for some. This would be a likely area of challenge in the forthcoming CQC Inspections.

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:

- How cases were prioritised according to status and risk and response times to urgent/standard and lower risk cases.
- Finding a way to manage urgent assessments alongside lengthy wait times including the recruitment of additional staff.
- Acting in the service users' best interests when capacity had diminished.
- How the increase in requests of a safeguarding nature of 50% were being processed.
- Waiting times versus case complexity
- More complex needs due to the impact of the pandemic and later referrals to service
- Absence of case number national benchmarking data

- Response times according to the urgency of the case and to disagreements between the service user and their family whether an assessment was required.
- Response times to assessments under the Mental Health Act
- Data collection and caseload feedback, audits and speaking with service users
- Regular reporting on data to improve services
- Importance of feedback from service users and how this shaped service delivery
- Workforce management, pressures and caseloads

**RESOLVED that the Scrutiny Board notes the work of Adult Social Care and understands the approaches and mechanisms that are in place to manage demand on Adult Social Care Services.**

**33. Work Programme and Outstanding Issues**

The Board noted the work programme and suggested the West Midlands Ambulance Service be invited to the Scrutiny Board (5) meeting on 22<sup>nd</sup> March 2023.

**RESOLVED that the Scrutiny Board 5 notes the Work Programme and invites the West Midlands Ambulance Service to the Scrutiny Board (5) meeting on 22<sup>nd</sup> March 2023.**

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

There were no other items of public business.

(Meeting closed at 11.20 am)

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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, 15 February 2023**

Present:

Members: Councillor M Ali (Chair)  
Councillor J Clifford  
Councillor J Gardiner  
Councillor A Jobbar  
Councillor S Keough  
Councillor G Lloyd  
Councillor J McNicholas  
Councillor C Miks  
Councillor B Mosterman  
Councillor M Mutton

Other Members: Councillor M Mutton (Cabinet Member for Adult Services)

Employees (by Service)

Law and Governance V Castree, C Taylor

Others Present: A Cartwright, Chief Planning and Performance Officer, ICB  
G Harris, Chief Operating Officer, UHCW  
J Richards, Chief Strategy Officer, UHCW  
R Uwins, Head of Communications and Public Relations, ICB  
Dr D Yadav, GP Willenhall Primary Care Centre 1

Apologies: Councillor J Birdi  
Councillor K Caan (Cabinet Member for Public Health and Sport)

## **Public Business**

### **35. Declarations of Interest**

There were no disclosable pecuniary interests.

### **36. A&E Waiting Times**

The Health and Social Care Scrutiny Board (5) received a briefing note by the Chief Planning and Performance Officer and Chief Operating Officer, University Hospitals Coventry and Warwickshire (UHCW), regarding A&E waiting times.

The briefing note advised that the national, regional and local Urgent and Emergency Care (UEC) position had experienced significant pressure in the first half of the winter. In response, UHCW with partners across Coventry and Warwickshire, had undertaken a significant amount of work to improve flow and quality of care for the patients.

Teams were working exceptionally hard and seeing improvements, however performance remained significantly challenged. The long term work with partners on Improving Lives through the Coventry Collaborative needed to continue while the Trust managed the short and medium term risk to patients and staff of the current pressures.

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

- Virtual wards
- Hospital at Home
- Urgent treatment centres/minor scheme
- Additional beds to support Pathway 2 and 3 patients
- Workforce pressures
- Engagement being key to solving internal flow issues and improving patient outcomes
- UHCW working with the Council through One Coventry to improve residents access to medical services
- UHCW 4-hour performance statistics for December 2022 and January 2023
- Admission avoidance
- UHCW working with the Council on Project Sherbourne
- Prevention improving due to partnership working
- Bed occupancy influencing wait times
- Ongoing work with hospital departments to reduce wait times.

The Chair invited representatives from UHCW back to SB5 in 6 months time to provide an update on progress with A&E waiting times.

**RESOLVED that Scrutiny Board 5 notes the content of the briefing note and agrees:**

**1. That representatives from UHCW be invited back to SB5 in 6 months' time to provide an update on progress with A&E waiting times.**

**2. That a joint meeting of SB1 and SB5 be considered to discuss virtual wards and the Project Sherbourne digital system.**

### **37. Neuro-rehabilitation Level 2b Beds**

The Health and Social Care Scrutiny Board (5) received a Briefing Note by the Chief Officer, Performance and Delivery, Integrated Care Board regarding neuro-rehabilitation Level 2b Beds

Prior to the COVID-19 pandemic, 12 Level 2b neuro-rehabilitation beds were located on Ward 42 at UHCW. These beds were commissioned by Coventry and Warwickshire CCG and were the only NHS-funded Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire. As part of the Coventry & Warwickshire Integrated Care Board's (ICB) emergency response to Covid-19, the beds were moved from UHCW on 18<sup>th</sup> March 2020 to the Central England Rehabilitation Unit

(CERU), a dedicated rehabilitation unit and part of Royal Leamington Spa Hospital, provided by SWFT.

Moving the beds increased acute bed capacity at the UHCW and the Central England Rehabilitation Unit (CERU) had additional capacity to take on the beds due to an area of the hospital that had not yet opened up but had been built to future-proof site capacity.

As part of the Impact Assessment Tool (IAT) process and as the ICB moved into restoration and recovery, a case to propose this as a permanent relocation was developed.

The 12 beds were used for approximately 50 patients per year requiring post-acute, specialist therapy rehabilitation. The conditions treated covered:

- Traumatic brain injury
- Hypoxic brain injury
- Complex neurological conditions
- Acute neuro-behavioural conditions on an interim basis whilst awaiting other units.

Following patient rehabilitation, patients were usually discharged home, where they continued to receive specialist community rehabilitation services.

The key benefits from the proposed model related to the care environment, a specialist and dedicated workforce and improved clinical outcomes including:

- Rehabilitation that matched the recovery needs of the patients and in accordance with the recommended BSRM 2019 criteria for specialist rehabilitation.
- Improved patient flow, reducing the time patients spend in an acute hospital awaiting Level 2b admission.
- Improved specialist staff recruitment and retention.
- Level 2b patients being less exposed to infectious disease than at UHCW.
- Improved management of the rehabilitation programme which reduced the number of occupied bed days.
- Improved treatment that reduced the on-going care costs following patient rehabilitation.

Engagement had been undertaken between November 2021 and January 2022, targeting patients, staff working in the service, friends and family members of those receiving Level 2b rehabilitation and advocates from the voluntary and community sector and had been undertaken as follows:

- An online survey
- Qualitative interviews with patients
- Respondents ranking the most important factors in supporting recovery
- Access to other health services being considered unimportant when linked to direct recovery
- The need for good communication

The FAQ's arising from the relocation, set out on page 9 of the report submitted were acknowledged by the Board.

**RESOLVED that Scrutiny Board 5 notes the content of the briefing note and agrees that the engagement undertaken, numbers of patients affected by the change and observed improved outcomes were sufficient to go ahead with the proposed service charge.**

### 38. GP Access

The Health and Social Care Scrutiny Board (5) received a Briefing Note and presentation by the Chief Officer, Performance and Delivery, Integrated Care Board regarding an Overview of GP Primary Care services in Coventry.

Following the impact of Covid-19 on GP Primary Care services and in line with the National Guidance, efforts had continued to ensure that the vaccination programme had maintained momentum and the full offer of GP Primary Care services was stepped up to respond to patient need.

The pandemic resulted in changes to how Primary Care was delivered and, as a result of these changes, systems had continued to be developed to provide access to GP services to the population of Coventry (and Warwickshire) in a variety of ways including face to face, telephone and video consultations.

The additional impact of Covid-19 waves on the ability to step services back up to pre-pandemic levels and increased capacity during the Winter period had resulted in a number of actions being taken by the ICB to support GP Primary Care to provide care to patients. The efforts made by GP practices to step up capacity and restore services previously paused had resulted in an increase in appointment delivery of 20.4% since December 2019.

Restoration of services delivered in GP primary care had continued and all GP practices in Coventry continued to provide face to face appointments as well as remote triage and video consultations.

There had been a focus on developing the Primary Care Estates Strategy which had developed opportunities and scoped potential requirements for premises. Further work had continued with the roll out of GP IT systems to support the virtual/remote opportunities including upgrading existing software. All practices within the ICB were supported in relation to their workforce and recruitment and retention.

Access to GP appointments across the City had fully recovered and were exceeding levels seen in 2019-20.

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

- Retired staff returning to the workforce
- Surgery Connect/patient telephone tracking/call back system
- Primary Care Estates requirements

- Increased demand for GP appointments
- Workforce pressures and requirements
- GP extended access level
- Different methods of digital online systems to access medical professionals

Members expressed concerns regarding access to GP's, stressing patients be seen the same day or the day after and suggested a Task and Finish Group be established to work alongside GP's to consider primary care estate issues.

**RESOLVED that Scrutiny Board (5) notes the GP Access report and recommends that:**

1. **GP practices via the ICB, ensure patients with a clinical need, unsuccessful in obtaining a GP appointment, be prioritised for an appointment on the next working day.**
2. **All GP practices in Coventry implement a patient ring back facility.**
3. **A Task and Finish Group be established to work alongside GP's to consider primary care estate issues.**
4. **An update report on progress be brought during the 2023/24 municipal year.**

39. **Work Programme and Outstanding Issues**

The Board noted the work programme and agreed the inclusion of A&E wait times and GP access on the 2023/24 Work Programme.

**RESOLVED that the Scrutiny Board notes the Work Programme and includes the following items on the 2023/24 Work Programme:**

- **A&E Wait times**
- **GP Access**

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

There were no other items of public business.

(Meeting closed at 12:30pm)

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Coventry City Council

## Briefing note

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To: Health and Social Care Scrutiny Board

Date: 22 March 2023

Subject: Coventry and Warwickshire All Age Palliative and End of Life Care (PEoLC) Strategy 2023-2028

### 1 Purpose of the Note

- 1.1 The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for PEoLC. This is a joint five-year strategy which is owned by the following organisations:
- Coventry City Council (CCC)
  - NHS Coventry and Warwickshire Integrated Care Board (CWICB)
  - Warwickshire County Council (WCC)
- 1.2 The purpose of this note is to brief colleagues regarding the vision of PEoLC for the people of Coventry and Warwickshire, outline the development of the draft strategy and the ambitions for PEoLC in Coventry and Warwickshire, with a shared timeline for engagement and launch.

### 2 Recommendations

- 2.1 Health and Social Care Scrutiny Board are requested to:
- (i) Provide feedback on the draft strategy, the identified priorities and the proposed timeline
  - (ii) Agree to support further engagement of the draft strategy in 2023 and to review the final version of the strategy later in 2023.

### 3 Information/Background

- 3.1 Palliative and end of life care will impact on all of us at differing points throughout our lives.
- 3.2 More than half a million people are expected to die each year in the UK, and many live with a life expectancy of less than a year at any one time. This is set to increase with a growing older population, so more people are expected to die at an older age. This gives us an opportunity to plan and consider people's wishes and preferences for their end-of-life care and treatment.
- 3.3 Approximately 9,000 people died in Coventry and Warwickshire in 2021. Each year, most deaths are in the adult age group though there are a small number of children and young people who pass away.
- 3.4 Within our system 45% of deaths took place in hospital, 30% at home, 20% in care homes and 4% in hospices.

3.5 The Strategy development is based on the National Ambitions for Palliative and End of Life Care. There are 6 National ambitions:



3.6 The delivery of the PEOLC Strategy will support the ICS partnership organisations to ensure PEOLC is prioritised and equitable across the system

3.7 Coventry and Warwickshire participated in a PEOLC 6 month Getting to Outstanding Quality Improvement (QI) programme. This ran between November 2021-May 2022, the aims were:

- To raise the awareness and profile of end of life and palliative care issues and strategic priorities across Coventry & Warwickshire
- To fully establish the system wide End of Life Care infrastructure and local leadership
- To agree an overarching end of life care strategy for our local system
- To begin the development of Collaborative commissioning model with our local Hospice market to support our strategic intentions.

3.8 A strategy brief for the proposed PEOLC strategy was presented to Coventry and Warwickshire Commissioning Group in June 2022. Agreement was secured from Warwickshire County Council and Coventry City Council to partner this strategy.

3.9 Co-production has been central to the development of the draft strategy and has been achieved via:

- Focus group with carers
- Patient case studies
- Out-reach to systemwide patient participation groups re: PEOLC

3.10 Workforce co-production has been undertaken through a systemwide workshop and a PEOLC survey of health care professionals, along with input from Clinical Leads and members of the Coventry and Warwickshire PEOLC Partnership Board.

3.10 This work has already raised the profile of PEOLC within organisations and with some of our people, but wider systemwide engagement with our under-served communities is planned for June -July 2023.

3.11 4 identified over-arching priorities have been identified for Palliative and End of Life Care for Coventry and Warwickshire:

- **Information** which focuses on identification of people in the last 12 months of life, early intervention and support.
- **Access** to timely palliative and end of life care, with support throughout.
- **Supporting** people diagnosed with a life limiting condition and those who matter to them, carers and communities to prevent crisis.
- **Improving** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life.

#### **4 Next Steps**

4.1 Follow a timeline to achieve a fully engaged strategy as outlined in the accompanying presentation

4.2 The Strategy will be developed & designed for the people of Coventry & Warwickshire as a concise and clear document and will be accompanied by an EQIA and Delivery Plan for each locality.

**Tracy Pilcher**  
Chief Nursing Officer/SRO for PEOLC

**Kate Hoddell**  
Clinical Lead for Coventry and Warwickshire

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# Coventry and Warwickshire Palliative and End of Life Care DRAFT Strategy Overview.

**2024-2029**

Health Oversight Committee : 22<sup>nd</sup> March 2023

# What is palliative and end of life care?

Palliative care is about improving the quality of life of anyone facing a life-limiting condition. It includes physical, emotional and spiritual care.

We want our people of Coventry and Warwickshire to live as well as possible for as long as possible.

End-of-life care is the treatment, care and support for people who are nearing the end of their lives. It is an important part of palliative care and aims to help people live as comfortably as possible in their last months, weeks or days of life and to die with dignity.

Working together, we aim to provide physical, emotional and spiritual support for the individual and those who matter to them.

# The Coventry and Warwickshire palliative and End of Life Care Strategy for 2024-2029

The Palliative and End of Life Care Strategy is an overview of how health, social and third sector care will work together across Coventry and Warwickshire to improve the lives of people with palliative and end of life care needs and those who look after them.

We have asked people with palliative and end of life needs, their carers, those who live in Coventry and Warwickshire and our partners in health and social care what we should focus on to improve the care and support we provide to people.

We have discussed all areas of palliative and end of life care, from activities aimed at identifying people who are likely to be in the last year of life, through to care in the final months, weeks and days of people's lives.

# Our Priorities

Information

Access

Support

Education & Training

# Our priorities: what we want to achieve.

1. Provide **information** which focuses on identification of people in the last 12 months of life, early intervention and support services.

2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities.

3. **Supporting** people diagnosed with a life limiting condition and those who matter to them, carers and communities to prevent crisis.

4. Improving the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through **education and training** for all.

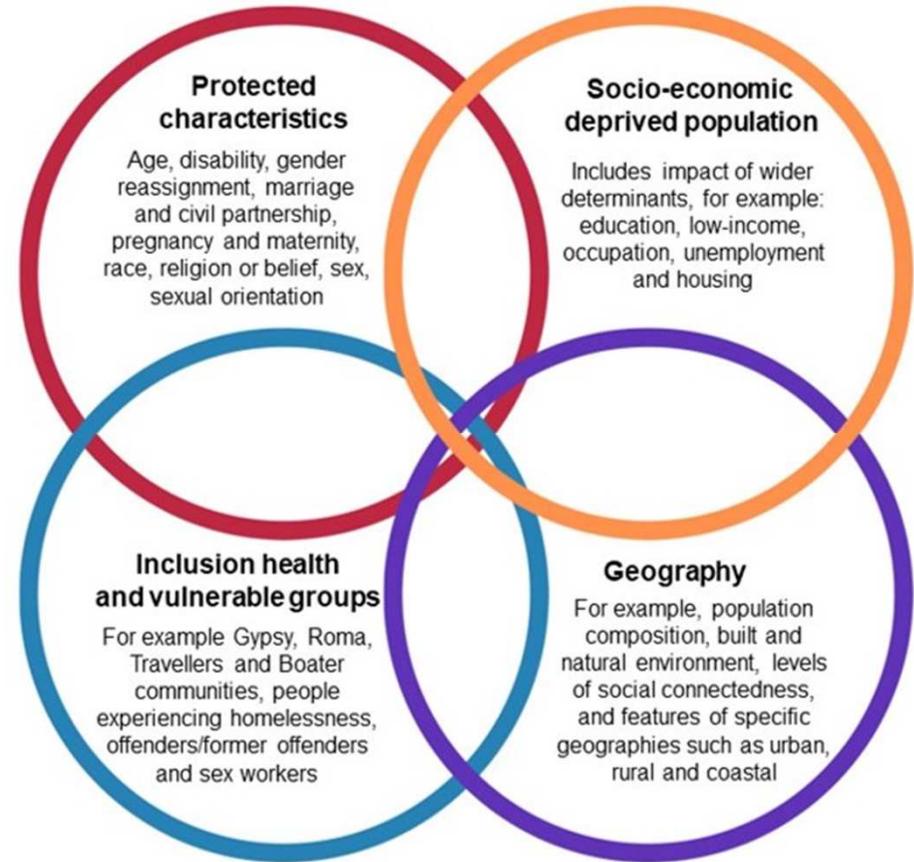
# Health Inequalities in Coventry and Warwickshire



Health inequalities are unfair differences in health between our community groups.

In Coventry and Warwickshire these differences have meant some of our communities have poorer access to information, appropriate services and planning for end-of-life care.

Our aim is to provide equity for all of our diverse communities.



# Timeline for the strategy development



Month	Activity
January – February 2023	Co-production with people, health, social, third sector and independent providers
February - March 2023	Draft strategy fully developed with Equality and Quality Impact Assessment
March - April 2023	Approval for strategy engagement sought
April – May 2023	Action Plan development and engagement planning
June – July 2023	Engagement and commencement of action plan
August 2023	Review of engagement feedback
Sept – December 2023	Governance
Jan 2024	Strategy launch

# National Framework: Ambitions for palliative and end of life care

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

# Each person is seen as an individual

What we will do:

- Improve identification of people in the last 12 months of life.
- Improve personalised care and support planning, through shared-decision making which includes advanced care planning.

# Each person gets fair access to care



What we will do:

- The people of Coventry and Warwickshire will be able to access information regarding palliative, end of life and support services across Coventry and Warwickshire.
- Health and social care staff will have access to information in order to understand the palliative and end of life care pathways and services which are available to support people across Coventry & Warwickshire.

# Maximising comfort and wellbeing

What we will do:

- Symptom management support is available to people when needed
- 24/7 access to anticipatory medication is available
- Support for emotional and spiritual as well as practical living where needed.

# Care is co-ordinated



What we will do:

- Pro-actively support people with palliative and end of life needs and their carers across health and social care to prevent crisis.
- Work collaboratively across health and social care to support people with palliative and end of life care needs, those important to them and their carers.



# All staff are prepared to care

What we will do:

- All professionals and volunteers are appropriately supported and trained to provide Palliative and End of Life Care.
- The health and wellbeing of our staff is prioritised

# Each community is prepared to help



## What we will do:

- Understand the community support services which are available across Coventry and Warwickshire
- Understand the education and training needs of our community assets and how we can link people, those important to them and carers into community support networks.

# Next Steps

- Draft final strategy for engagement
- Draft Delivery Plan with detailed outcomes, measurables and owners.
- Plan systemwide engagement for June-July 2023

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**Public report**  
Cabinet Member

**Cabinet Member for Adult Services**

**17 March 2023**

**Health and Social Care Scrutiny Board 5**

**22 March 2023**

**Name of Cabinet Member:**

Cabinet Member for Adult Services - Councillor M Mutton

**Director Approving Submission of the report:**

Director of Adult Services and Housing

**Wards Affected:**

All

**Title: Market Sustainability Plan**

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**Is this a key decision?**

No - Although the proposals affect more than two electoral wards, the impact is not expected to be significant.

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**Executive summary:**

A key component of Central Government's Adult Social Care reform agenda, introduced in the White Paper "People at the Heart of Care", is sustainability of the care market. Part of the requirement of Government was for Councils with responsibility for adult social care to undertake a Fair Cost of Care (FCoC) exercise to establish the median cost of care for two distinct elements of the care market namely care homes for people aged 65 and over and home support for those aged 18 or over and to move towards payment of median fee rates. A further mandate was for the delivery of a provisional Market Sustainability Plan (MSP).

The production of the MSP was required to ensure that the Council received Central Government financial support in relation to Fair Cost of Care in 2022/2023 and is a condition of receiving the Sustainability and Improvement Fund in 2023/2024.

The Department of Health and Social Care (DHSC) required submission of a provisional MSP in October 2022 and the Council submitted this to DHSC by the prescribed deadline following approval at Cabinet on 11<sup>th</sup> October 2022.

Whilst many of the Adult Social Care reforms have been delayed until 2025 as part of the Autumn Statement 2022, there is still a requirement for publication of a “final” MSP by 27<sup>th</sup> March 2023 including the following three sections.

Section 1: requires assessment of the 65+ care home market and the 18+ home support market which should draw on a range of information to give a comprehensive and representative picture of the current situation.

Section 2: is an assessment of the expected market changes over the next 3 years.

Section 3: plans for each submarket to address the sustainability issues identified including how funds will be used to move towards a fair cost of care over the next three years; any further actions the local authority plans to take to support market sustainability; how the plan complements other strategic documents such as the Market Position Statement and how the authority has engaged providers in the development of these plans.

The MSP contains both financial and non-financial aspects and has been shaped through targeted provider engagement initially informed via the use of a provider survey to understand the key concerns of our contracted provision. The feedback from this survey has informed our support offer as outlined below. Such support will be undertaken alongside our standard quality work and provider engagement.

The key features of the MSP are both financial and non-financial support through measures including skills development, use of technology and recruitment support.

On 6<sup>th</sup> February 2023 Central Government announced a further requirement that Market Sustainability plans would need to be refreshed for Winter 2023. Further guidance is to follow in due course.

### **Recommendations:**

The Cabinet Member for Adult Services is recommended to: -

- 1) Approve Coventry’s Market Sustainability Plan, as appended to the report, and:
- 2) Noting that the Plan will be considered by the Health and Social Care Scrutiny Board (5), on 22 March 2023, delegate authority to the Director of Adults Services and Housing to consider and take on board any comments received by the Scrutiny Board, following consultation with the Cabinet Member, prior to the publication of the Plan and use with the adult social care market

The Health and Social Care Scrutiny Board (5) are requested to consider this report and provide comments prior to publication of the Market Sustainability Plan.

### **List of Appendices included:**

Appendix 1. Market Sustainability Plan  
Appendix 2. Equality Impact Assessment

### **Background papers:**

Cabinet Meeting Tuesday 11<sup>th</sup> October 2022; Social Care Reforms Fair Cost of Care

### **Other useful documents**

None

**Has it or will it be considered by scrutiny?**

Yes, Health and Care Scrutiny Board (5) 22<sup>nd</sup> March 2023

**Has it or will it be considered by any other council committee, advisory panel, or other body?**

No

**Will this report go to Council?**

No

## Report title: Market Sustainability Plan

### 1. Context (or background)

- 1.1 A key component of Central Government's Adult Social Care reform agenda, introduced in the White Paper "People at the Heart of Care", is sustainability of the care market. Part of the requirement of Government was for Councils with responsibility for adult social care to undertake a Fair Cost of Care exercise to establish the median cost of care for two distinct elements of the care market, namely, care homes for people aged 65 and over and home support for those aged 18 or over and to move towards payment of median fee rates. A further mandate was for the delivery of a provisional Market Sustainability Plan (MSP).
- 1.2 The production of the MSP is required to ensure that the Council continues to receive Central Government financial support in relation to Adult Social Care Sustainability and Improvement Fund.
- 1.3 Underpinning the MSP is a broad definition of market sustainability as set out in the Care Act 2014, which places a duty on local authorities to assure themselves, and have evidence, that fee levels are appropriate to provide the agreed quality of care, and enable providers to effectively support people who draw on care and invest in staff development, innovation, and improvement.
- 1.4 The purpose of the MSP is for local authorities to assess and demonstrate how they will ensure local care markets are sustainable, as they move towards implementing reform.
- 1.5 The plan assesses the impact current fee rates are having on the market and the potential future risks. This assessment enables local authorities to inform the development of mitigating actions, including how much they will need to increase fee rates over the current three-year Spending Review period and what non-financial support authorities can give to underpin a sustainable local care market.
- 1.6 Local authorities are required to demonstrate in their MSPs how its content complements other strategic documents, such as, the Market Position Statements and demonstrate how they have worked with local providers to develop the plan.
- 1.7 Completion of the provisional MSP was a condition of receiving future funding from the fund and the plan was required to be submitted in 2 parts:
- 1.8 Part One: A "provisional" MSP was required to be submitted by 14 October 2022, which was approved by Cabinet on 11<sup>th</sup> October 2022 and submitted accordingly. This had to outline a local authority's assessment of the sustainability of their local care market in relation to 65+ care home services and for 18+ domiciliary care services, which:
  - considers the results from the cost of care exercises
  - considers the impact of future market changes over the next three years, particularly in the context of adult social care reform
  - sets out an outline action plan for addressing the issues identified and the priorities for market sustainability investment
- 1.9 Part Two: A "final" MSP is required to be submitted by 27<sup>th</sup> March 2023. The key addition at this stage is the inclusion of a commitment for how the local authority will move towards the

cost of care calculated in their exercise as part of their 2023 to 2024 budget setting process. Commercially sensitive information may be redacted in the published version.

- 1.10 The MSP is required to be published on the local authority GOV.UK webpage, in a way that is clearly labelled, searchable and in an easy to find location.
- 1.11 As prescribed by the Department of Health and Social Care, the MSP has 3 sections:
- 1.12 Section 1: requires assessment of the 65+ care home market and the 18+ home support market which should draw on a range of information to give a comprehensive and representative picture of the current situation.
- 1.13 Section 2: is an assessment of the expected market changes over the next 3 years.
- 1.14 Section 3: Plans for each submarket to address the sustainability issues identified including how funds will be used to move towards a fair cost of care over the next three years; any further actions the local authority plans to take to support market sustainability; how the plan complements other strategic documents such as the Market Position Statement and how the authority has engaged providers in the development of these plans.
- 1.15 On 6<sup>th</sup> February 2023 Central Government announced a further requirement that Market Sustainability plans would need to be refreshed for Winter 2023. Further guidance is to follow in due course.
- 1.16 The Council Produced a provisional MSP submitted to DHSC by the prescribed October 2022 deadline. The plan outlined use of a 3% uplift to those care homes for older people at or below the median Cost of Care calculation and a 3% increase for all commissioned long term home support provision acknowledging that this left a significant gap between the calculated median “Fair Cost of Care” and what the Council could afford to pay.
- 1.17 DHSC had initially indicated that they would review and feedback on all Provisional MSPs. This was later modified so that only local authorities where DHSC had some concerns about their submissions were to be contacted by 31<sup>st</sup> January 2023. No such contact has been made to Coventry City Council.

#### **1.18 The Coventry Market Sustainability Plan**

- 1.19 Provider engagement has been a key part of the development of the final MSP, this was initially informed via the use of a provider survey to understand the key concerns of our contracted provision and supplemented by a series of specific provider engagement sessions. In January 2023 the Council embarked on a specific engagement exercise with providers based on the provisional Market Sustainability Plan.
- 1.20 The feedback from this work has informed our support offer to improve sustainability which includes:
  - ✓ Quality assurance and improvement through working in conjunction with ICB nurses to improve the quality of care provision
  - ✓ Provider engagement and improved communication through in person provider forums; provider bulletin noting the latest developments in social care within the City or affecting provision, best practice, and useful information.

- ✓ Provision of development opportunities through free training on upcoming social reforms e.g. Liberty Protection Safeguards.
  - ✓ Improving the use of technology through the roll out of digital healthcare in care homes.
  - ✓ Improving local connections through facilitating links to community activities and support offers.
  - ✓ Support with recruitment through facilitating monthly recruitment fairs, some of which have supported providers to specifically target recruitment towards migrant and refugee workers to diversify the workforce. A recruitment video is also available for providers to use free of charge to supplement their own recruitment campaigns and encourage values-based recruitment. Providers are signposted to other areas of recruitment support such as overseas recruitment and encouraging younger people to join the social care workforce.
  - ✓ Cost of Living support through sharing DHSC survey on utility costs with accommodation-based providers and communication around cost of living support available for providers to cascade to their staff.
  - ✓ Improving leadership through promotion of the Skills for Care registered managers and nominated individual networks and resources.
- 1.21 There is also a significant financial aspect to sustainability. Section 5.1 of this report details the additional financial support that has been available in 2022/2023 and that which is to be paid in 2023/2024.
- 1.22 In compliance with Department of Health and Social Care requirements the FCoC of care report highlighting details of median, upper and lower quartile costs of care for the 2 submarkets was published prior to the prescribed deadline of 1<sup>st</sup> February 2023.
- 1.23 An Evolving Market**
- 1.24 In any efficient market it is expected that there will be a number of entrants and exits as the market evolves.
- 1.25 The past 2 years has seen 5 closures of homes supporting older people with a loss of 100 beds. All of these homes have been small independent ones. Issues that have precipitated closures have included owner retirement and inability to achieve/sustain necessary quality standards. As there are sufficient vacancies in the local market, reprovision has been readily achievable and moves well planned using the Council's market failure process.
- 1.26 In the last 12 months 1 home support provider served notice requiring the recommissioning of support.
- 1.27 Winter pressures have brought additional strain on the home support market. Two contracted providers had indicated a requirement to hand back short-term home support contracts but have been sustained by a temporary reduction in hours to enable them to consolidate their operations.
- 1.28 Increased capacity has mainly been in relation to a number of supported living schemes being opened catering for adults with learning disability/autism and mental ill health although

one older people home has recently expanded their capacity adding 10 beds to the local care system and a further care home is planning an additional 15 places.

- 1.29 Additional home support capacity has been brought on stream with provision put in place during the initial phase of Covid -19 being sustained and an additional 300 hours added to this from a separate provider funded through Adult Social Care Hospital Discharge Grant to cover the period from December 2022 to 31st March 2023 (see below) Home support has also been boosted by the commissioning of two contingency providers who are able to take packages where primary providers are unable to support individuals in a timely fashion.

### **1.30 Quality**

- 1.31 Local authorities have responsibilities under the Care Act (2014) to ensure the availability of good quality adult social care provision and the City Council strives to ensure this through a number of proactive and reactive initiatives. Our revised approach to quality assurance which is based on a risk-based system was signed off by Cabinet Member at their meeting of 13<sup>th</sup> July 2022. This approach is seeing proportionate oversight of contracted adult social care provision. The approach includes a more robust process for overseeing quality of provision that is Out of City.

### **1.32 Winter Pressures**

- 1.33 On 22<sup>nd</sup> September 2022 the Government announced that £500m would be made available nationally for an Adult Social Care Hospital Discharge Fund. Allocations were published on 18<sup>th</sup> November 2022 with Coventry City Council receiving just under £1.3m and the Coventry and Warwickshire Integrated Care Board £6.7m, the latter being to cover both Coventry and Warwickshire. Grant conditions were published in December 2022. The Council, and its ICB partners have deployed resources on a number of initiatives which in turn have supported the care market by, for example reducing voids, underwriting additional staffing costs, supporting retention in short term home support through retention payments and commissioning extra short-term beds and home support.

## **2. Options Considered and Recommended Proposal**

### **2.1 Recommended Option – Approve the Market Sustainability Plan for publication**

- 2.1.1 Compliance with Fair Cost of Care process is a prerequisite of receiving future years funding and publication of an MSP is part of that requirement. As such there are no other options than to comply with Central Government requirements at this point in time due to negative impact this would have on future funding to support social care.

### **2.2 Other Options**

- 2.2.1 There is no other option that would meet Government requirements in relation to Adult Social Care Reform

## **3. Results of consultation undertaken**

- 3.1 To inform the Provisional MSP, the Council undertook engagement including 2 specific sessions for the “Fair Cost of Care” Exercise and the Market Sustainability Planning process. There were also specific provider forums held which included presentations on the process

and intended outcomes. Providers were sent a questionnaire which sought feedback on the types of support that they would find most useful.

- 3.2 Results of this engagement illustrated that providers would appreciate the following: additional support with staff retention and recruitment including the use of Council and Skills for care recruitment and retention specialist expertise, 'mock' CQC inspections; access to accreditation programmes (for example, Say No To Infection, React to Red pressure ulcer prevention); workshops on meeting statutory requirements and improving CQC ratings; multi-disciplinary best practice events giving providers access to knowledge from occupational therapists, physiotherapists and other supporting professionals.
- 3.3 During January 2023 additional engagement opportunities were provided for providers. These comprised sessions on outcomes of the Cost of Care exercise for older people and home support providers and fee rates increases for the whole market of commissioned providers.
- 3.4 The outcomes of all of the above engagement have been used to inform the final MSP (see Appendix 1)
- 3.5 In February 2023 further engagement with providers around the Final MSP was undertaken, and feedback indicated that the types of support already available and proposed were welcomed.

#### **4. Timetable for implementing this decision**

- 4.1 Should the Market Sustainability Plan be endorsed we would commence delivery of support actions within the Plan with immediate effect and would publish the document by 27<sup>th</sup> March 2023 in line with DHSC requirements.

#### **5. Comments from Interim Chief Executive (Section 151 Officer) and Chief Legal Officer**

##### **5.1 Financial Implications**

- 5.1.1 As reported to Cabinet in October 2022, the Council have deployed its share of £162m made available nationally linked to the "Fair Cost of Care" exercise. Coventry's share of £1.047m has been used to implement a 3% uplift in fees for older people care homes and home support providers who were being paid under the median weekly or hourly values as computed through the exercise.
- 5.1.2 In November 2022, as part of the Autumn Statement, Central Government announced an additional £400m of new ring-fenced funding for adult social care. This is in addition to the ongoing funding of the £162m Fair Cost of Care resources from 2022/23. The new grant is called The Adult Social Care Sustainability and Improvement fund. Coventry City Council's allocation stands at £3.6m for 2023/24.
- 5.1.3 Following the autumn statement 2022 Fair Cost of Care ceased being a stand alone funding stream and was incorporated into the Adult Social Care Sustainability and Improvement Fund which can be used to address discharge delays, social care waiting times, fee rates and workforce pressures and to promote technological innovation in the sector and this removed the specific requirement to use the resource to fund a move towards FCOC. However, recognising the importance of funding in market sustainability we have used the resource available to increase fee rates.

- 5.1.4 Using this funding, an additional sustainability payment of 2.2% will be added to all contracted providers fees for 2023/24.
- 5.1.5 The cost of care uplift and sustainability payment are in addition to the payments made to the whole adult social care market in 2022/23 (5.5%) and 2023/24 (9.0%) which represent increases to National Living Wage and Inflation.
- 5.2 Legal Implications
- 5.2.1 The City Council has a number of duties in respect of the social care market under the Care Act (2014) including to facilitate and shape the care market to ensure a sustainable and diverse range of care and support, continuous improvement in quality and choice and the delivery of cost-effective outcomes.
- 5.2.2 The Government Proposals on social care reform set out in “People at the Heart of Care” introduced a requirement on local authorities to produce a provisional Market Sustainability Plan by October 2022 with a final version by February 2023. This deadline was subsequently revised to 27<sup>th</sup> March 2023.
- 5.2.3 The Market Sustainability Plan is also informed by the Government White Paper on Health and Social Care Integration “Joining up Care for People Places and Populations”.
- 5.2.4 The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic and those who do not share it. These matters have formed an integral part of the decision-making processes in relation to the continuation of the Dementia strategy. The Council continues to engage with service users and representative groups, and use the information and views gathered in its consultation and equality impact in order to achieve accessible and inclusive service provision

## 6. Other implications

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

The Market Sustainability Plan will contribute to the Council's objectives in a number of ways i.e.

- Improving the quality of people's lives in Coventry and focussing on improving health and wellbeing and supporting people to live independent lives.
- Helping people to maintain their independence and supporting them when they need help.
- Enabling people to exercise choice and control in their daily lives.
- Helping support people facing multiple and complex needs.
- Putting local people and their needs at the heart of the customer journey.

### 6.1 How is risk being managed?

- 6.1.1 Although Market Sustainability is not solely based on provider income this inevitably plays a large part. There is a significant risk that Government funding will not enable sufficient bridging of the gap between FCOC calculations and what the Council can afford to pay in fee rates.

- 6.1.2 There remains a risk to the Council of increased fee rate demands from providers, however, the 2.2% Cost of Care increase in addition to 9% for National Living Wage and general inflation results in an 11.2% increase for all commissioned provision for 2023/24.
- 6.1.3 There is a risk that there will be further closures of accommodation-based provision and/or further contract hand backs. The Council is well sighted on this risk through its Market Position Statement and quality assurance work and has tried and tested processes for managing provider failure.
- 6.1.4 Identification and mitigation of risks will for part of the implementation of the MSP. Key financial risks are captured in the Adult Social Care risk register. Any future risks identified will be managed through the City Council and ICB governance mechanisms.

## **6.2 What is the impact on the organisation?**

None

## **6.3 Equalities / EIA?**

The EIA is attached as Appendix 2 to this report and indicates individuals both in receipt of and delivering support will benefit positively from the proposals as outlined in the Market Position Statement, namely:

- Increased job security for staff of contracted providers due to improved financial sustainability of schemes, including a competitive rate of pay.
- Improved outcomes and continuity of care for individuals in receipt of support as a result of increased staff retention.
- A reduction in the prevalence of digital inequalities in accessing employment opportunities through the facilitation of in person recruitment events and support.
- Diversification of the workforce through targeted recruitment support to increase uptake of care roles in under-represented groups. A more diverse workforce will in turn be better placed to meet the varying cultural needs of the individuals being supported.

## **6.4 Implications for (or impact on) climate change and the environment?**

None.

## **6.5 Implications for partner organisations?**

- 6.5.1 The Action Plan supports the Health and Care system vision that we will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.' Partner organisations involved in the development of the Plan will contribute to the delivery of the priorities outlined.
- 6.5.2 For the Integrated Care Board (ICB) who have received no specific funding for FCOC there is a clear risk around matching local authority fee increase. This issue is discussed regularly with ICB colleagues.

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# Appendix 1. Market Sustainability Plan

## Covering note

We have amended the template for the final Market Sustainability Plans to reflect the delay to charging reform.

We have made minor changes to the template to limit the amendments local authorities will have to make to your draft plans. To allow local authorities to amend your Market Sustainability Plans, we have extended the deadline for submission to **27 March 2023**. The submission portal will be open from **18 January – 27 March 2023**. Local authorities are also required to publish your final Plans on your GOV.UK websites by **27 March 2023**.

Final Market Sustainability Plans provide local authorities with an opportunity to signal their assessment of current market sustainability and intended direction of travel to your local markets and public. These should support other existing documents such as Market Positioning Statements and Joint Strategic Needs Assessments.

### Changes to Section 1:

Section 1 asks for a *revised* assessment of the current sustainability of local care markets. Building on the provisional Plan, you should also draw on additional factors to provide the Department with an updated picture of your current market sustainability. These considerations should now include the impact of current inflationary pressures (including National Living Wage increases) and how delays to charging reform have impacted your ability to manage current pressures on market sustainability.

### Changes to Section 2:

In light of the delay to charging reform, section 2 has been revised to ask for an assessment of the impact of future market changes between now and October 2025, for each of the service markets, considering that charging reform is no longer planned for October 2023.

### Changes to Section 3:

In section 3, local authorities should include a summary of how Fair Cost of Care funding has been committed. We have also given examples of other elements local authorities may wish to consider in setting out further actions to support market sustainability in adult social care.

For ease, all revisions have been made **in red** on the new template.

Throughout final Plans, local authorities should draw on Cost of Care reports and reflect on your approach to Cost of Care exercises, including any subsequent provider engagement, perspectives on the validity of results, and plans for use of Cost of Care exercises to set sustainable fees going forwards.

## Annex C: final market sustainability plan template

Please delete the guidance text in the template before completing.

### Section 1: Revised assessment of the current sustainability of local care markets

#### a) Assessment of current sustainability of the 65+ care home market

##### Capacity profile

Coventry has 46 care homes catering for people aged 65 plus with over 1815 beds available in the City. The majority of homes (64%) are part of a group or larger organisation.

Since 2019, the overall demand for adult social care in Coventry has been steady, though there is evidence to suggest complexity is increasing.

As of 22 February 2023, the Council supports approximately 44% of the long-term occupants (713 of 1613 people). The remaining people are either there on a short-term basis, self-funding, fully funded by health or are supported by a different local authority. Care home occupancy during 2021 and 2022 has averaged between 80-85%. This has enabled the sourcing of places to be made efficiently with no significant waiting lists, an important indicator when determining sufficiency of supply.

Coventry trend data in respect of residential and nursing provision indicates an increase in new admissions to care homes for 65 plus individuals. In 2020/2021, 321 nursing and 634.1 admissions were made per 100,000 population. For 2021/2022, this has increased in both areas to 370 for nursing placements and 723.6 for residential.

Coventry is a compact City only 98.64 km<sup>2</sup> in area so does not face significant geographical challenges with 55% of care homes in the North of the City and 45% in the South. Provision available varies in size, as below:

Size of home	Number of care homes
10 to 20 beds	3 (7%)
21 to 30 beds	17 (37%)
31 to 40 beds	13 (28%)
41 beds plus	13 (28%)

A total of 5 independent care homes (total of 100 beds) have closed during the last two years for a variety of reasons including owners retiring, financial sustainability, regulatory issues, staffing challenges, occupancy, size of home and difficulty in obtaining insurance. This would evidence that independent smaller homes are more at risk of closure within the Coventry area; all five care homes had capacity of 25 beds or less ranging from 12 to 25 in total.

Of the 15 small independent care homes currently operating in Coventry, 4 have capacity of under 25 beds which would place them in the most at-risk category for closure based on size and occupancy alone.

The closure picture is somewhat counterbalanced by new provision coming on stream. During 2021, one care home expanded by ten new beds and another home plans to expand by a further fifteen beds. Where practicable, the Council will support care homes in expanding their bed bases as well as supporting new developments. A joint venture partner has recently been selected who will work

with the Council with an aim to provide additional capacity to the care home and housing with care market, supporting individuals with complex needs. There also continues to be additional providers seeking sites for care homes in Coventry indicating an appetite to invest in the City.

Residential care fees are paid on the basis of provider quoted rates per room; third party contributions are commonplace where different homes are sought. An inflationary fee uplift is awarded annually, following which any provider with evidence of financial viability issues can approach the Council to discuss further.

Although not part of the cost of care review, Coventry has a healthy stock of Housing with Care provision, around 500 nominations and access to a

further 400 units, offering an alternative to residential care where individual needs can be met. Likewise, our support offer in respect of learning disability and mental health provision continues to strengthen. In the past year one 15-unit supported living scheme assisting individuals with a learning disability and / or autism live independently has opened; another 19-unit scheme is also planned to open in May 2023. Also, in the past 2 years 6 new schemes comprising 61 places (largely Supported Living but some residential beds) have become available to support younger adults with mental ill health and a further 56 supported Living places are expected to be opened in 2023/24. Innovative new day opportunities are now also available for individuals with more complex needs, and a community-based friendship network scheme has also been launched in the city to tackle loneliness and isolation. Our dedicated strategies for these areas listed in Section 3 below work to give clear direction to the market and support innovation and development in the city.

The Office of National Statistics provides a useful indication suggesting approximately 30% of residents in care homes are self-funders; providers who participated in Coventry's Cost of Care exercise had similar percentages of self-funders in their care homes.

**Factors affecting sufficiency of supply in the city – Quality:**

Care Quality Commission data has highlighted an increase in the last 12 months of care homes rated as 'Requires Improvement' and a change in our quality position following the onset of the pandemic:

<b>CQC ratings February 2023</b>	
Outstanding	1
Good	28
Requires Improvement	15
Inadequate	2

<b>CQC ratings February 2019</b>	
Outstanding	1
Good	28
Requires Improvement	19
Inadequate	1

As a result of changes to Care Quality Commission ratings, some providers are experiencing difficulties in obtaining insurance due to their quality rating or are facing higher insurance premiums,

an issue affecting the wider market in the context of a shrinking specialist insurance provider market with less appetite for risk. Lower Care Quality Commission rated provision may sometimes be less attractive to prospective service users and their representatives when selecting care homes, increasing the risk of voids; for smaller homes in particular, an increase in voids can quickly lead to financial sustainability issues.

Lower ratings can also exacerbate workforce issues with some prospective employees less likely to apply for posts and existing staff more likely to leave. Alongside the issues highlighted, these were further exacerbated during the pandemic where some homes with older buildings could not isolate outbreaks leading to long term absences of new admissions.

The Council regularly undertakes a review of the quality of care home accommodation and understands the limitations associated with older buildings with limited scope for improvement. This has informed a risk analysis which identified a small number of homes most at risk of failure and allows us to contingency plan effectively.

The Council's joint health and care Quality Assurance team has recently refreshed its approach to quality monitoring of Adult Social Care provision. In addition to risk-based monitoring a recent initiative has engaged providers with less than "Good" CQC ratings to have improvement plans developed, submitted, and monitored by the Council.

### **Additional factors**

#### **Cost of living and inflationary pressures:**

Nationally we are currently operating at a time of significantly high running costs aligned to the cost-of-living crisis. This includes food, utility, building, fuel prices and workforce costs.

National Living Wage and inflationary increases also continue to impact providers significantly. According to the responses received in the cost of care exercise, staffing costs currently make up on average between 60-68% of the total operating cost of a provider. Impacts such as increases to National Living Wage therefore have a profound impact to providers financial sustainability.

The scale and pace of these inflationary increases (specifically, gas and electricity costs) is stretching providers financial positions in a manner previously unseen. Where previously providers were able to meet cost pressures (or at least, a proportion of these pressures) within their business models, the volume and severity of cost pressures faced by providers in the current market leaves little surplus funding able to absorb rising additional costs. All of these inflationary increases place additional financial pressures on providers and local authorities.

#### **Wider Health / NHS pressures:**

The link between health and social care has become ever more critical in light of the escalating pressures to support safe and timely Hospital discharges. We continue to support providers to facilitate timely discharges and utilise grant funding available (Hospital Discharge Fund). In Coventry we have a strong partnership with the Integrated Care Board and University Hospital Coventry and Warwickshire to ensure safe and timely patient flow where a supported discharge is required.

We have purchased additional capacity to support hospital discharges during the winter period funded from the Adult Social Care Hospital Discharge grant.

#### **Staffing:**

For residential care homes in 2020/21, Skills for Care data shows turnover was 34.4% (up 2% on the previous year) with a vacancy rate of 3.4%. By contrast, and in opposition to national trends, turnover of staff in nursing provision was down 3.9% on the previous year at 21.5%, with a vacancy rate of 2.5%. Anecdotally, a number of home support providers have reported a loss of staff to accommodation-based services due to the cost of travel.

Coventry offers a wide range of competitively paid roles requiring no specific training or qualifications, such as labour or warehouse positions, often offering more favourable and less onerous working conditions to the same potential pool of recruits. Ongoing support and engagement with this market

is, therefore, required to ensure its future sustainability and the Council has in place a range of initiatives to support the care market with recruitment, retention, and staff development.

**Market challenges and support:**

Commissioned providers were recently surveyed to gauge their concerns regarding sustainability outside of fee rates. For care homes, the highest reported priority concerns were in relation to recruitment of staff, followed by staff retention and utility costs. For nursing provision, their most notable challenge was utility costs, followed by insurance costs and the recruitment of staff. The results of this survey have informed the support offer outlined in Section 3.

**How delays to charging reform have impacted your ability to manage current pressures to market sustainability**

In the absence of further Fair Cost of care funding, the Adult Social Care Sustainability and Improvement Fund will be used to increase fees and charges for providers. With the delays to charging reforms this will mitigate the expected impact of fees reducing where self-funders could ask the local authority to commission care.

The Council will support contracted providers in respect of costs pressures and market challenges through the following measures, as discussed with providers at our fee setting meeting in February 2023:

- Clear and early communication of fee uplifts for 2023/24 (and moving forward) to ensure businesses can manage budgets effectively.
- 9% National Living Wage and inflation increase on contracted fee rates
- 2.2% Adult Social Care Sustainability and Improvement Fund increase on contracted fee rates
- A total uplift of 11.2% on contracted fee rates for financial year 2023/24
- Targeted recruitment and business support free of charge to providers.

Our full support offer to both areas of the market is outlined in Section 3 however focuses heavily on recruitment and retention in recognition of the weight of staffing costs to providers.

**b) Assessment of current sustainability of the 18+ domiciliary care market**

**Capacity profile**

Coventry contracts with 16 home support providers, 15 of which are rated 'Good' by CQC (1 is "Requires Improvement"). Two of these providers operate within Coventry only. In the past 12 months, one provider has handed back its contract due to financial viability issues. Whilst the market has been stretched and continues to be challenged, we have re-commissioned successfully and remain able to source replacement capacity to date.

Each provider is commissioned to deliver support within their allocated 'cluster' area within the City, an approach which works to improve both efficiency and sufficiency, ensure effective care delivery and reduce (as much as possible) the associated travel and fuel costs and carbon footprint of travel. Each of the 9 clusters are also supported by a contingency provider to support should the cluster provider experience a business emergency, for example staffing issues or following a large influx of referrals.

During 2023/24 we will be re-commissioning short term home support provision using customer feedback and intelligence gathered from previous contract performance to design the model and level of hours required to support provider sustainability. For long term support we will be re-commissioning the model during 2024/25, again using customer feedback and intelligence gathered to design the model and level of hours required to ensure maximum sustainability and resilience of

providers. Both areas of commissioning activity will involve a review to understand the optimal number of providers required to serve demand in the city whilst maintaining business viability, including the potential of increasing our number of contracted providers per cluster.

As with care homes, we have purchased additional short term home support capacity through the use of the Adult Social Care Hospital Discharge grant to facilitate hospital discharges through the period of winter pressures.

During 2022 / 2023 we have been able to source home care (on average within a week) at a volume required to meet demand with no significant waiting lists.

As of 22/02/2023 Coventry funded 1122 service users for long term home support directly with providers (note, data below does not include direct payments) with the average support package being 13.56 hours per week per person. Whilst the average hours delivered per week has remained relatively stable over the past three years, the number of people in receipt of a service has increased steadily year on year:

08/09/2020	08/09/2021	08/09/2022	22/02/2023
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**Service User**

<b>Count</b>	992	1,016	1,078	1,122
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All contracted domiciliary care services within Coventry are commissioned via a tender process ensuring the most suitable providers are selected based on quality and best value. The volume of providers available within the City means additional choice is available for individuals whose preference is outside of contracted provision, accessible via a Direct Payment (DP).

**Staffing:**

The market was recently surveyed to gauge their concerns regarding sustainability outside of fee rates. The survey highlighted there are challenges in the recruitment and retention of staff generally within the home support market leading to difficulties in ensuring a consistent and well-trained workforce. Skills for Care data for Coventry’s non-residential provision notes a turnover of 54.1% and a vacancy rate of 11.3%. This is significantly higher than accommodation-based services as noted above, although in line with national trends. The outcome of our autumn provider survey noted staff recruitment as providers single highest concern over the next 3 years with many providers also listing travel costs as a cause of workers leaving roles for positions in residential services.

High rates of staff turnover have resulted in increased agency use; whilst increasing costs for providers this also risks the continuity of care for the service user where staff are unfamiliar with the complexities of the individuals they are supporting. Other areas of concern reported by providers in the survey were the ongoing retention of staff with high turnover feeding a cycle of constant recruitment activity.

Linked to this, the quality of services is intrinsically affected by the level of staff turnover and recruitment challenges. The Council has in place several initiatives to support all providers with recruitment and retention.

The results of our cost of care exercise indicate direct staffing costs account for around 70% of the providers total cost per hour a significant proportion of operating cost to uplift, when required, in line with National Living Wage and inflation. When undertaking market research and validating Cost of Care submissions, all providers paid at minimum the National Living Wage with some paying in excess of this or rates akin to the Real Living Wage to remain competitive.

The Council will support contracted providers in respect of these costs through:

- Clear and early communication of fee uplifts for 2023/24 (and moving forward) to ensure businesses can manage budgets effectively.

- £1.59 National Living Wage and inflation increase per hour
- £0.44p Adult Social Care Sustainability and Improvement Fund increase per hour
- A total uplift of £2.03 uplift per hour for financial year 2023/24
- Targeted recruitment and business support free of charge to providers.

Our full support offer to both areas of the market is outlined in Section 3 however focuses heavily on recruitment and retention in recognition of the weight of staffing costs to providers.

## **Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets**

Based on the results of the cost of care exercise, current Government funding will not significantly bridge the gap between current average rates and the medians calculated. Whilst the funding will support a modest move towards the cost of care, there is a concern regarding the expectations of the market that the exercise will be a solution to presenting financial pressures. This is not possible within the financial envelope provided and exacerbated by significant cost inflation.

### **Other changes impacting on providers:**

- **Digital switchover:** The transition from analogue to digital will require a coordinated and clear approach to ensure a seamless conversion. The use of analogue assistive technology and aids is prevalent in both accommodation-based schemes and in supporting individuals live as independently as possible in the community. It is a key priority to ensure everyone remains as safe and informed as possible through the switchover, whilst using this as a time to promote the benefits of advancing technologies to support individuals.
- **Regulation of Local Authorities by Care Quality Commission:** Coventry welcomes the regulation of local authorities and continues its preparations in readiness for inspection. Our management of inspections alongside business as usual operational and commissioning activity will be a challenging but necessary adaptation.
- **Changes to Care Quality Commission regulation to providers:** The change to ongoing and real time data gathering of providers has influenced our approach to quality assurance. The development and implementation of our Quality Assurance Framework ensures a clear process and pathway is in place to support providers, escalate concerns and assist in maintaining the quality of provision in both a proactive and reactive (where necessary) way.
- **People at the Heart of Care (White Paper):** The White Paper placed particular focus on the importance of suitable housing and the interlink between housing and social care. Work is currently underway to understand the demand for different alternative options, and how aging infrastructure of existing provision can be adapted to meet modern requirements.
- **Inflationary and external cost pressures:** The next three years represent an increasingly challenging financial climate for both the local authority and care providers. Projected increases to National Living Wage and general provider costs depict a concerning picture for the adult social care market alongside the local authority's budget.
- **Occupancy and void rates:** whilst the City Council does not expect providers to operate at 100% occupancy, equally it is unable to financially support providers with ongoing high levels of vacancies. Historical trends indicate homes with a capacity under 25 beds, or where occupancy is under this level for a prolonged period, are most at risk. Existing void levels mean some reduction in care home capacity would not immediately create a problem in the market, however, there is a risk that a tipping point could be reached over time. According to the Capacity Tracker, as at 22 February 2023 occupancy for residential and nursing provision was 88%.
- **Integrated Care Boards:** With the introduction of the Integrated Care Boards, this is likely to lead to greater levels of integrated commissioning between health and social care

partners, giving a higher level of consistency to the market. Examples of this include the joint commissioning of our learning disability and mental health supporting living framework and day opportunities framework, and the commissioning of long-term home support. The latter is to be re-commissioned in partnership with ICB for new contracts to be in place by Summer 2024.

In summary, whilst Coventry City Council will always look to support the financial viability of provision, we must evolve our approach to ensure we are meeting market need and provide a tailored and suitable care offer. Our revised Market Position Statement (due in Summer 2023) will provide direction to the market in respect of Coventry Council's position on demand and standards of accommodation and care.

### **Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.**

**Note:** As part of these plans local authorities should also demonstrate how they complement other strategic documents, such as, but not limited to their Market Position Statements and demonstrate how they have worked with local providers to develop the plans in this section.

#### **(a) 65+ care homes market**

The purpose of our Market Sustainability Plan is to give clear direction on our intention to support the market through current areas of challenge and how we will continue to work with both existing and new provisions to develop provision and encourage innovation.

This Market Sustainability Plan will complement the following strategies and processes will feed directly into our revised Market Position Statement to be published in 2023:

- Joint Strategic Needs Assessment
- Market Development Plan for working age mental health individuals
- Market Development Plan for individuals with a learning disability and autism
- Adult Social Care Vision
- One Coventry Plan
- Quality Assurance Framework
- Autism Strategy
- Carers Action Plan
- Adult Social Care Offer
- Equality Impact Assessment (Fair Cost of Care and Market Sustainability Plan)

#### **Cost of care exercise**

Cost of care funding for 2022/23 was divided as an equal percentage uplift across home support and residential provision. Allocating funding in this manner recognised the differing but equally significant gap between existing rates and the cost of care based on the national methodology and works to assist both markets to remain sustainable. All contracted care and nursing homes (below the median weekly rate) received a circa 3% increase to current rates for 2022/23, backdated to April 2022. This is in addition to inflationary rates already awarded for this financial year.

Only contracted rates below the median were uplifted using year one funding, acknowledging the limits of the financial envelope available and to ensure a meaningful increase could be applied to those in most need of support. Funding for 2023/24 has however been opened to the wider market to ensure we are supporting the sustainability of the market in its entirety.

#### **Care fee uplifts 2023/24**

Coventry City Council consider a further increase to fee rates a key component of supporting improvement and sustainability. For 2023/24, our intention is to supplement the National Living Wage

and general inflation increase of 9% by an additional 2.2% from the Adult Social Care Sustainability and Improvement Fund. This would equate to a total increase of 11.2% for contracted care home fee rates for 2023/24.

For future years uplifts (2025 and beyond) of care fees we will further engage with the care market and where funding can be best utilised to support improvement and sustainability.

### **Engagement**

Ongoing communication and engagement with the market is key to maintaining stability. In Coventry, we promote an open dialogue with providers to ensure we can be responsive to the market changes and pressures. In respect of the cost of care exercise specifically, we have engaged with our 65+ residential and 18+ home support markets at first instance and have since opened this to the wider market.

We have also sought support from a range of stakeholders, including our Social Care Reform Group and Stakeholder Reference Group (made up of a range of experts by experience, service users, carers and social workers/practitioners).

In respect of engagement specifically with the market regarding the cost of care exercise, we have:

- Facilitated virtual meetings for all providers to attend to introduce the cost of care exercise and related social care reforms, assist in providers understanding the purpose of the exercise, and address any questions or concerns
- Facilitated meetings with each provider market specifically to outline how to use the provided toolkits (iESE and homecare cost of care toolkit)
- Ensured consistent communications and sharing of resources in respect of the exercise e.g. guidance, FAQs, webinars. Information was also updated and shared via our [website](#)
- Undertook a survey of 65+ residential and 18+ home care market to understand current challenges and how we can best support. This was originally undertaken alongside the cost of care exercise and has been refreshed to incorporate the whole market in 2023/2024 due to the ongoing and developing pressures and changes to planned reforms.
- Facilitated a cost of care outcome session with providers involved to inform as to the findings of the exercise.
- Facilitated a fee uplift session (whole market) to outline plans for inflationary uplifts in 2023/24, and non-financial support available.
- Facilitated a Market Sustainability Plan session (whole market) to inform providers of the various support options available as outlined below and further understand challenges.

### **Non-financial Support Offer 2023 - 2025**

Engagement with providers has also signified the need for a substantial non-financial support offer to supplement increases to fees. Significant areas of concern, for example recruitment and retention, cannot be resolved through financial increases alone. Our provider support offer therefore includes a variety of tangible actions aiming to make a meaningful impact in the following areas:

- Recruitment of new workers into the sector through monthly job fayres, access to an employment hub, advertising tips and support from Coventry's The Job Shop and Coventry's Employers Hub
- Recruitment campaigns working alongside Coventry's Migration Team, aiming to promote a career in care to individuals who may be unaware of the opportunities available in the sector
- Guidance on bid writing and funding applications, recognising independent businesses may not have the expertise or resources available to respond to tender exercises. Our support

will assist in ensuring our contracting process supports all businesses in accessing opportunities available

- Resources and tips to reduce business costs. Again, this support is particularly welcomed by small or medium enterprises who appreciate additional free resources in this area
- Assistance and guidance to boost CQC ratings
- Resources, including accessing group sessions, to promote wellbeing at work for existing staff aiding wider recruitment and retention strategies and support the health of our workforce.
- Effective digital market techniques.
- Guidance on co-production, specifically the benefits this can have on the business and individual outcomes.

The above areas are all included in our Provider Support Pack available to all providers (both commissioned and non-commissioned) on our [website](#).

Information on cost of living and wellbeing support is circulated monthly for providers to cascade to their staffing groups and to promote further.

Our support offer already in place includes the promotion of the Skills for Care registered managers and nominated individual networks and resources; in person provider forums; monthly provider bulletin noting the latest developments in social care both locally and nationally; best practice and useful information; free training on upcoming social reforms e.g. LPS; roll out of digital healthcare (DOCOBO) and Urgent Community Response in care homes; facilitating links to community activities and support offers. Coventry City Council have also supported monthly recruitment fairs and worked in partnership with our migration team to promote working in care as an option for refugees and migrants. A [recruitment video](#) is also available for all providers to use free of charge to supplement their own recruitment campaigns and encourage values-based recruitment. Providers are signposted to other areas of recruitment support such as overseas recruitment and encouraging younger people to join the social care workforce.

The feedback and suggestions from our survey will supplement the above care offer and over the next 12 months we will begin a programme of support to include, as requested, additional support with staff retention and recruitment including the use of Council and Skills for care recruitment and retention specialist expertise; 'mock' CQC inspections; access to accreditation programmes (for example, Say No To Infection, React to Red pressure ulcer prevention); workshops on meeting statutory requirements and improving CQC ratings; multi-disciplinary best practice events giving providers access to knowledge from occupational therapists, physio therapists and other supporting professionals. We will also look to facilitate an annual Provider Practice Development Week to reaffirm and evolve practice.

#### **Use of technology**

The implementation of DOCOBO remote patient monitoring (68 care homes from 73 have now signed up) has increased schemes ability to cater for hospital discharges whilst working to prevent hospital admissions and increase safety. A range of health professionals, for example, advanced nurse practitioners, therapists and paramedics, are also available to all care homes via the Urgent Community Response service, offering health support within two hours, again easing the pressure on frontline services. Both means of support have given assurances to providers that robust, practical support is available to meet the increasingly complex needs of individuals.

### **(b) 18+ domiciliary care market**

#### **Cost of care exercise**

Our approach to the allocation of funding for the home support market mirrors the approach to the residential market, with contracted provision below the median receiving a circa 3% uplift increase on the hourly rate in 2022/23. As all commissioned home support provision falls below the median rate, all providers received the uplift including Direct Payments.

#### **Care fee uplifts 2023/24**

Coventry City Council consider a further increase to fee rates a key component of supporting improvement and sustainability. For 2023/24, our intention is to supplement the £1.59 per hour National Living Wage and general inflation increase by an additional £0.44p per hour from the Adult Social Care Sustainability and Improvement Fund. This would equate to a total increase of £2.03 per hour for contracted home support hourly rates for 2023/24.

For future years uplifts (2025 and beyond) of care fees we will further engage with the care market and where funding can be best utilised to support improvement and sustainability.

#### **Further support 2023-2025**

Coventry City Council's support offer to home support mirrors that outlined in the residential care section above.

Our recruitment support offer will concentrate heavily on encouraging uptake to positions within home support recognising the more urgent need for staff and ongoing recruitment difficulties in this market. We will look to work innovatively with this area of the market to better understand the barriers to working in home support, for example, requiring a driver's license or car ownership, to support recruitment in this area specifically.

In recognition of the complexities of the varying business models of care providers and the national challenges in the market, business development support will also be offered to **all** providers through the Coventry and Warwickshire Growth Hub. This service is free of charge and supports businesses maximise efficiency, expand, access other areas of support and information to ensure they have the tools to be successful, sustainable, and profitable.

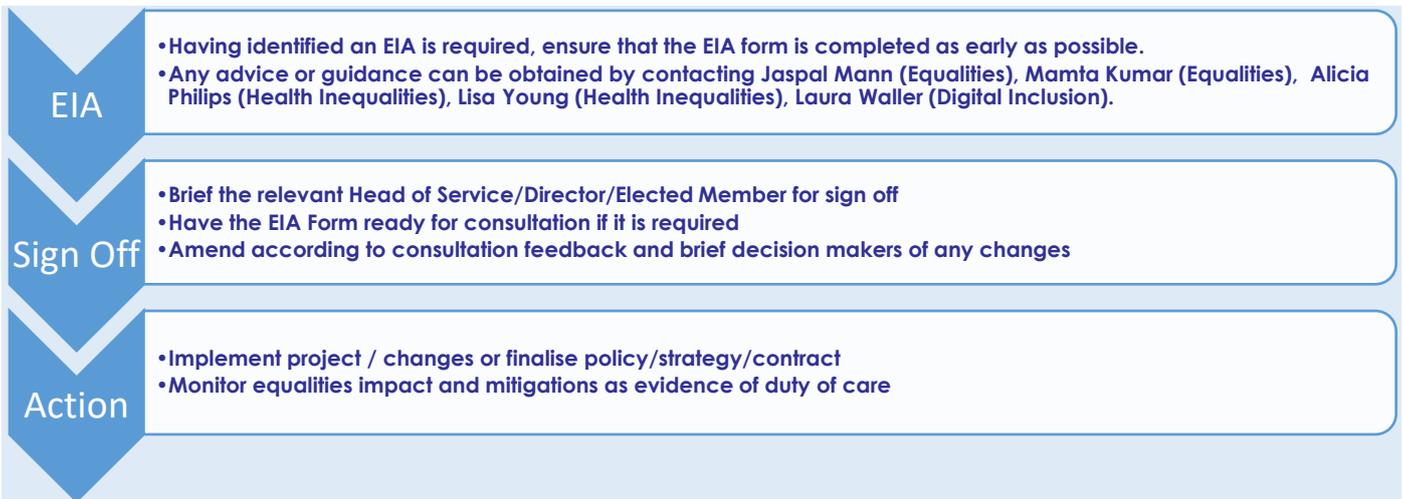
We are currently in the process of trialing a digital support offer which utilises technology to support people to remain at home safely and promote their independence in the least intrusive manner possible. The impact and success of this trial will inform our digital offer in the community moving forward.

The home support market is an ever-changing landscape and support from Coventry City Council will need to be adapted as required to suit presenting need. We will therefore continue to seek the views of the home support market on an ongoing basis to ensure our support offer is tailored to the needs of the market. This will be informed through local intelligence alongside a provider forums and ongoing communications.

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<b>Title of EIA</b>		<b>Market Sustainability Plan</b>
<b>EIA Author</b>	Name	<b>Chloe Elliott</b>
	Position	<b>Carers and Engagement Lead</b>
	Date of completion	<b>09/02/2023</b>
<b>Head of Service</b>	Name	<b>Jon Reading</b>
	Position	<b>Head of Service – Commissioning and Quality</b>
<b>Cabinet Member</b>	Name	<b>Cllr Mal Mutton</b>
	Portfolio	<b>Adult Services</b>



PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

**SECTION 1 – Context & Background**

1.1 Please tick one of the following options:

This EIA is being carried out on:

New policy / strategy

New service

Review of policy / strategy

Review of service

Commissioning

Other project (*please give details*)



1.2 In summary, what is the background to this EIA?

As part of the [People at the Heart of Care: adult social care reform white paper](#), local authorities are required to complete a [Cost of Care](#) (COC) exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan on working towards the ‘fair’ cost of care (where this is not already being paid) over the next 3 years and support market sustainability.

In undertaking the exercise, local authorities must identify the lower quartile, median and upper quartile costs in the local area for the following care categories:

- 65+ care homes
  - standard residential care
  - residential care for enhanced needs
  - standard nursing care
  - nursing care for enhanced needs
- 18+ domiciliary care (home support – excluding short term or reablement provision).

The Department of Health (DHSC) consider the median cost of care across the market to be the 'Fair Cost' and has indicated they will provide additional funding over the next few years to **move towards** this fair cost where local authorities are paying below this rate.

Whilst the exercise is not a mandatory requirement for providers, all providers who are registered to deliver the above care in Coventry have been invited to participate, regardless of whether they contract with the City Council. Participating providers are required to submit their costs via the nationally commissioned tools for the exercise; [IESE](#) supply the tool for care homes and [CHIP](#) the toolkit for domiciliary care.

Coventry City Council were allocated an initial fund of £1.047million to assist in moving towards the payment of the established “fair” cost for year one, which has been distributed to the above providers with contracted rates below the median cost. As per requirements from Central Government and CoC grant conditions, the following documents were submitted to the Department of Health and Social Care on the 14 October 2022:

- cost of care exercises for 65+ care homes and 18+ domiciliary care (published in line with DHSC requirements)
- a provisional Market Sustainability Plan
- a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund’s purpose

All decisions and funding allocations in respect of the exercise will be made following approval in line with CCC governance procedures.



The final Market Sustainability Plan (MSP) is now required to finalise compliance with grant conditions and summarise support to the market following execution of the exercise. Whilst focused predominately on the above specific markets, the MSP will outline planned support for the Coventry care market in its entirety in recognition of the need for robust support to all areas of the market and appreciating market interdependencies where meaningful support cannot be given in isolation. This will include how the Council will be engaging with services and supporting commissioned providers on both a financial and non-financial basis.

### 1.3 Who are the main stakeholders involved? Who will be affected?

- Coventry City Council
- Integrated Care Board (ICB)
- Providers of adult social care in Coventry (full list available from Commissioning)
- Individuals in receipt of adult social care services
- LGA (Local Government Association)
- ADASS (Directors of Adult Social Services)
- DHSC (Department of Health and Social Care)
- Neighbouring local authorities e.g. Solihull, Warwickshire

### 1.4 Who will be responsible for implementing the findings of this EIA?

Chloe Elliott – Carers and Engagement Lead

## SECTION 2 – Consideration of Impact

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not



### 2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

As described above, the original scope of the COC exercise and Market Sustainability Plan only covered care homes catering for people aged 65 and over and home support (domiciliary care) care providers providing long term support for those aged 18 years and over. However for 2023/24, we will be applying the principles of the exercise across the whole market as outlined in our final MSP, meaning all commissioned providers will benefit from the support and financial offer facilitated via this programme of work.

Data taken from the Capacity Tracker (a national database that adult social care providers are legally required to update) indicates the following number of people were in receipt of a services as of 08/02/2023 (regardless of funding source) and therefore potentially affected by this exercise:

- 3926 people are in receipt of community support in the city e.g. home support, supported living; of these 3048 people receive a home support service specifically.
- 1778 people in total live in a residential care home or nursing provision in the city; 1587 people living in a 65+ care / nursing home specifically.

The above data therefore captures all individuals recorded as in receipt of registered support in Coventry. The exercise itself will not impact service users directly but any implementation of increased fee rates and provider support (e.g. staff recruitment and retention support) may indirectly serve to improve service user experience through improved financial sustainability of care provision helping to support the continuity of care received, overall quality and outcomes delivered.

#### **General Data: Coventry City Population and Workforce**

##### **Age**

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Coventry City Council [population and demographics](#) data indicates there are 55,846 people aged 65+ in Coventry, around 16% of Coventry's population and a 9% increase since 2011. By 2029, the city should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

The population of adults aged 18-65, alongside the general population of Coventry, also continues to increase; Census 2021 data notes an increase of 8.7% for the 15-64 age range.

Coventry also has an aging care workforce. Data from Skills for Care\* indicates the average age of a worker in adult social care is 43 years; 66% are aged between 25-54, 24% above 55 and only 11% are under 25.

##### **Diversity**



33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry's\* social care workforce, 26% of individuals are from a BME background. Only 15% of the workforce are male.

*\*Information is in respect of Coventry and Warwickshire ICS data via [Skills for Care](#), February 2023*

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 – **not below***

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	NI	The exercise does not cover this age group
Age 19-64	P	<p>This group could be positively impacted.</p> <p>Moving towards a more sustainable care market and having a robust support offer from the local authority will benefit providers of adult social care in the city. Through the MSP, we hope to encourage investment and innovation, improve staff retention and best practice, and in turn facilitate a wider range of flexible services better able to meet the varied needs of individuals in receipt of care. With increased recruitment and retention, we expect to improve both the quality and the continuity of care received.</p> <p>In addition to service users benefiting from the MSP we envisage provider staff captured within this age range will benefit from:</p> <ul style="list-style-type: none"> <li>• Assurance of payment of the NLW (or above, where possible)</li> <li>• Increased financial stability of their employer</li> <li>• Access to training and support facilitated by the local authority</li> </ul>



		<ul style="list-style-type: none"> <li>• Access to employment in the care sector through a variety of recruitment campaigns and programmes</li> </ul> <p>In line with Herzbergs Two Factor theory, we recognise provider staff require both motivational and hygiene factors to achieve job satisfaction and deliver quality care. As such, our MSP ensures both hygiene factors (for example, enabling payment of a competitive wage, job security) and motivational factors (professional training and development, creativity and innovation) are key components of our offer to the market.</p>
Age 65+	<b>P</b>	<p>This group could be positively impacted.</p> <p>69% of individuals in receipt of social care support in Coventry are over 65. This demographic will, therefore, be the user group most commonly affected by anticipated improvements to the stability and quality of the social care market in the city and experience improved care outcomes.</p>
Disability	<b>P</b>	<p>This group could be positively impacted.</p> <p>The Market Sustainability Plan should positively benefit individuals with a disability supported by adult social care providers. The MSP specifically outlines plans to support providers with both financial and practical support, for example, training and information sharing on best practice. For some individuals with a disability, e.g. a learning disability, the potential impact of this on staff retention and continuity of care and support may be significant; it can be particularly distressing for individuals when their support offer or individual staff members change. We, therefore, hope to keep continuity of this care by retaining staff who have supported individuals for prolonged periods of time and learnt an individual's communication methods and preferences, and therefore increase the health and wellbeing of people in receipt of support.</p> <p>The Census 2021 survey indicates 1 in 5 of the working age population are classed as disabled and a national disability employment rate of 52.7% (compared to 81% for non-disabled people). In Coventry, 8.4% of residents identified as being disabled and were limited a lot; 10% identified as disabled and limited a little. Where appropriate, recruitment support outlined in the MSP may be able to support individuals with a disability into employment in the care sector. It is noted by CQC the positive impact and perspective</p>



		that individuals with lived experience as ‘Experts by Experience’ themselves can have through being involved in care work.
Gender reassignment	<b>NI</b>	
Marriage and Civil Partnership	<b>NI</b>	
Pregnancy and maternity	<b>NI</b>	
Race (Including: colour, nationality, citizenship ethnic or national origins)	<b>P</b>	<p>This policy is expected to impact this group positively.</p> <p>There is some evidence that some ethnic groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups (<a href="#">source Gov.uk</a>) and health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey (<a href="#">source Gov.uk</a>). By supporting those with care needs to access appropriate and affordable care, this policy may have particular benefits for some ethnic groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not.</p> <p>People from BAME communities form 31.4% of the social care workforce (source WM ADASS). The Council will work to ensure that at least a proportion of any fee rate increases are passed on to the workforce thus having a positive impact on wages.</p>
Religion and belief	<b>P</b>	<p>This group could be impacted positively.</p> <p>We know that some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days. Likewise, people of different backgrounds or faiths may not believe a career in care is open to them or be aware of the career paths available.</p> <p>Through our recruitment support offer we hope to attract a range of individuals of different cultural backgrounds and beliefs into the care workforce. In turn, we envisage (alongside facilitating jobs) this will</p>



		bring different perspectives into the care workforce and assist in providers delivering support in line with an individual’s religious preferences and beliefs by carers with shared faiths and experience.
Sex		<p>This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers, and that this policy will thereby promote equality of opportunity between these 2 groups.</p> <p>Women are more likely than men to be disabled. In the <a href="#">2019 to 2020 Family Resources Survey</a>, 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled.</p> <p><a href="#">Office for National Statistics</a> (ONS) indicate that women’s lifetime earnings are substantially lower than men’s: in 2018 women received, on average, equal to 59% of men’s lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy.</p>
Sexual orientation	<b>NI</b>	The new policy is aimed at specific types of care and age ranges and is provided irrespective of sexual orientation.

## HEALTH INEQUALITIES

<b>2.3</b>	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p>
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<p><b>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider
<p>2.3a What HIs exist in relation to your work / plan / strategy</p>	<ul style="list-style-type: none"> <li>● Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>)</li> <li>● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation</li> </ul>
	<p>Response:</p> <p>Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. The ethos of the COC and MSP works to ensure providers are paid in a manner which ensures the longevity and sustainability of the market, therefore ensuring providers can maintain service delivery. In turn, the improvement to market sustainability will assist in ensuring providers can deliver the best care possible and meet health and care outcomes.</p> <p>Inequalities may also be faced by provider staff, or potential staff, in accessing care roles; language barriers, accessibility issues and cost of transport to interviews or work ,for example, may prevent individuals accessing careers in the care sector.</p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of</p>	<p><b>Consider and answer below:</b></p> <ul style="list-style-type: none"> <li>● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income</li> <li>● Consider what the unintended consequences of your work might be</li> </ul>



<p>different groups that share protected characteristics</p>	
	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <p>b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.</p> <p>The DHSC advised scope of the policy itself specifically focuses on providers of care within 65+ residential settings and (long term) home support providers supporting individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the CoC exercise. Coventry have however decided to expand the remit of the MSP to cover and benefit all areas of the adult social care market and will look to influence HIs in a positive manner through this plan.</p> <p><b>Service Users:</b> The health of individuals in receipt of the services may benefit in a positive way through improved continuity of care, resulting in better outcomes.</p> <p><b>Provider staff:</b> There may be positive impact on the health of provider staff. The Council has and will continue to work with providers to ensure best use of funding within the financial envelope available. Any effect of this on provider staff will likely be positive in relation to:</p> <ul style="list-style-type: none"> <li>➤ Increased job security</li> <li>➤ Fair recruitment practices (supported by CCC)</li> <li>➤ Payment of the NLW or above</li> <li>➤ Good working conditions</li> </ul> <p>We will work with the home support market to understand the benefits of access to green travel / electric vehicles and investigate options to facilitate this, in turn reducing both fuel costs and the carbon footprint of this method of care delivery.</p>



The Council will also be supporting on recruitment events to assist in diversifying the workforce; Skills for Care data states only 15% of the workforce are male and 26% of the general workforce are BAME. Such statistics are not reflective of the city’s demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. Examples of events which have taken place so far have included job fayres specifically supporting refugee and migrant workers into adult social care employment and held in Churches or community halls. Future events are planned to be held in a range of wards / areas across the city to eliminate barriers in respect of transport, enable ease of access by different communities and create links between local people and local businesses; likewise, events aimed specifically to support unpaid carers and individuals with a disability are also planned. Wherever possible, we will look to facilitate interpreters at events to reduce potential communication barriers in accessing and understanding role requirements.

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

Funding will be distributed to all commissioned providers as quickly as possible in the new financial year (April 2023). Specific support sessions and recruitment events will also be facilitated by the Council on an ongoing basis; the impact of these will be monitoring to ensure these are fit for purpose and meeting the aims of the MSP and EIA.

**DIGITAL INCLUSION**

**2.5** The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English ([NHS Digital.](#))

Some of the barriers to digital inclusion can include lack of:

- **Access** to a device and/or data
- **Digital skills**



	<ul style="list-style-type: none"> <li>• <b>Motivation</b> to get online</li> <li>• <b>Trust</b> of online safety</li> </ul> <p>Digital exclusion is not a fixed entity and may look different to different people at different times.</p> <p>Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.</p> <p>Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.</p> <p>Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.</p> <p>It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.</p> <p><b>Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Laura Waller (<i>Digital Services &amp; Inclusion Lead, CCC</i>). More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>
Question	Issues to consider
<p>2.5 What digital inequalities exist in relation to your work / plan / strategy?</p>	<ul style="list-style-type: none"> <li>• Does your work assume service users have digital access and skills?</li> <li>• Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access?</li> <li>• Consider what the unintended consequences of your work might be.</li> </ul>
	<p>Response:</p> <p>Our Market Sustainability Plan includes reference to the following areas which may require mitigations to reduce the potential for digital inequalities:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> individuals in receipt of the support of assistive technology may experience a possible disturbance</li> </ul>



	<p>when switched over from analogue to digital. This is a national programme and control over this by the Council is minimal.</p> <ul style="list-style-type: none"> <li>- <b>Knowledge of digital technologies and systems to support a move towards a more digitalised care offer:</b> We are aware staff may not necessarily have the skills to support a move to a more digital based care offer and its associated systems.</li> <li>- <b>Advertisement of recruitment fairs:</b> Digital advertisement of our recruitment initiatives e.g. advertising job fayres / recruitment days, job descriptions and advertisements, are publicised online.</li> </ul>
<p>2.5b How will you mitigate against digital inequalities?</p>	<ul style="list-style-type: none"> <li>● If any digital inequalities are identified how can you reduce these? For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.</li> </ul>
	<p>Response:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> We will work with providers and relevant stakeholders to ensure, as much as possible, both individuals and providers effected by the switch are informed and able to remain safe should an issue arise.</li> <li>- <b>Digital technologies / digital support offer:</b> Support and ‘digital champion’ training will be offered to providers via the Coventry Connects digital training scheme to ensure staff are appropriately skilled in an effective, sensitive manner.</li> <li>- <b>Advertisement of recruitment fayres:</b> To supplement digital advertisement, posters / paper advertisement and conversations will be utilised to ensure as many people are aware of up coming events. Paper information will also be available during events, including the ability to complete paper job applications (online application options also available) at job fayres the day.</li> </ul>

2.6 How will you monitor and evaluate the effect of this work?



The Council will be required to produce an updated winter Market Sustainability Plan where we will reflect on the impact of our April MSP and outline plans for future support, especially across the winter 2023/24 period where pressures and risk to the market and individuals are most prevalent due to heightened demand.

Intelligence drawn from provider feedback e.g. through provider forums and specific engagement sessions, and market sustainability data e.g. contract monitoring and review of provider quality ratings and entrances and exits to/from the market will also be used to understand the impact of our MSP and support offer.

2.7 Will there be any potential impacts on Council staff from protected groups?

Internally Provided Care Services will be captured under this framework. Whilst impact will likely be minimal any impact would be positive.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [Nicole.Powell@coventry.gov.uk](mailto:Nicole.Powell@coventry.gov.uk)

**Headcount:**

**Sex:**

Female	88.9%
Male	11.11%

**Age:**

16-24	5.56%
25-34	5.56%
35-44	11.11%
45-54	27.78%
55-64	38.89%
65+	11.11%

**Disability:**

Disabled	
Not Disabled	88.89%
Prefer not to state	5.56%
Unknown	5.56%

**Ethnicity:**

**Religion:**

Any other	
Buddhist	
Christian	50%
Hindu	5.56%
Jewish	
Muslim	5.56%
No religion	22.22%



White	72.22%
Black, Asian, Minority Ethnic	27.78%
Prefer not to state	
Unknown	

Sikh	16.67%
Prefer not to state	
Unknown	

**Sexual Orientation:**

Heterosexual	94.44%
LGBT+	
Prefer not to state	5.56%
Unknown	

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

- No impact has been identified for one or more protected groups
- Positive impact has been identified for one or more protected groups
- Negative impact has been identified for one or more protected groups
- Both positive and negative impact has been identified for one or more protected groups

4.0 Approval

<b>Signed: Head of Service:</b> 	<b>Date: 03.03.2023</b>
<b>Name of Director: Pete Fahy</b>	<b>Date sent to Director: 03.03.23</b>
<b>Name of Lead Elected Member: Cllr Mal Mutton</b>	<b>Date sent to Councillor: 03.03.23</b>



Email completed EIA to [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

# Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2022/23

Last updated 13<sup>th</sup> March 2023

Please see page 2 onwards for background to items

<b>6<sup>th</sup> July 2022</b>
<ul style="list-style-type: none"><li>- Adult Social Care Reforms</li><li>- Adult Social Care Quality Assurance and Market Failure Plan</li></ul>
<b>14<sup>th</sup> September 2022</b>
<ul style="list-style-type: none"><li>- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)</li><li>- Customer Experience</li></ul>
<b>2<sup>nd</sup> November 2022</b>
<ul style="list-style-type: none"><li>- Adult Safeguarding Annual Report 2021/22</li><li>- Keeping People Safe</li></ul>
<b>7<sup>th</sup> December 2022</b>
<ul style="list-style-type: none"><li>- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire</li><li>- Report back of the Autism Task and Finish Group</li></ul>
<b>1<sup>st</sup> February 2023</b>
<ul style="list-style-type: none"><li>- Joint Forward Plan for Coventry and Warwickshire Health Care</li><li>- Managing Adult Social Care Referrals and Assessments</li></ul>
<b>15<sup>th</sup> February 2023</b>
<ul style="list-style-type: none"><li>- GP Access</li><li>- A&amp;E Waiting Times</li><li>- Neuro-rehabilitation Level 2b Beds</li></ul>
<b>22<sup>nd</sup> March 2023</b>
<ul style="list-style-type: none"><li>- End of Life Strategy</li><li>- Fair Cost of Care – Sustainability Plan</li></ul>
<b>2023/24</b>
<ul style="list-style-type: none"><li>- West Midlands Ambulance Service (June 2023)</li><li>- Community Mental Health Transformation</li><li>- A&amp;E Waiting Times (September 2023)</li><li>- Virtual Beds</li><li>- Director of Public Health and Wellbeing Annual Report</li><li>- Pharmaceutical Needs Assessment</li><li>- Health Sector Skills Development</li><li>- Child and Adolescent Mental Health (Joint with SB2)</li><li>- Preparing for Adult Social Care CQC Assurance</li><li>- Modernising Sexual Health Services</li><li>- Pet Therapy</li><li>- All Age Autism Strategy 2021-2026 Implementation Update</li><li>- Health Protection</li><li>- Effect of 5G masts on health</li><li>- Integrated Care Forward Plan</li></ul>

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>6<sup>th</sup> July 2022</b>	- 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
<b>14<sup>th</sup> September 2022</b>	- 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
<b>2<sup>nd</sup> November 2022</b>	- 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
<b>7<sup>th</sup> December 2022</b>	- 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 1 <sup>st</sup> 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

Health and Social Care Scrutiny Board Work Programme 2022/23

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
	- 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
<b>1<sup>st</sup> February 2023</b>	- 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
<b>15<sup>th</sup> February 2023</b>	- 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
<b>22<sup>nd</sup> March 2023</b>	- End of Life Strategy	To consider the End of Life Strategy.	Cllr M Mutton Pete Fahy Jon Reading
	- Market Sustainability Plan	A key component of Central Government's Adult Social Care reform agenda, introduced in the White Paper "People at the Heart of Care", is sustainability of the care market. Part of the requirement of Government was for Councils with responsibility for adult social care to undertake a Fair Cost of Care (FCoC)	Cllr Mutton Pete Fahy Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		exercise to establish the median cost of care for two distinct elements of the care market namely care homes for people aged 65 and over and home support for those aged 18 or over and to move towards payment of median fee rates.	
2023/24	- West Midlands Ambulance Service (June 2023)	WMAS have been invited to the meeting to discuss performance times.	WMAS
	- 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
	- A&E Waiting Times (September 2023)	Identified at the meeting on 15.02.23 to discuss what progress has been made to reduce A&E waiting times.	UHCW
	- Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful.	UHCW CWPT
	- 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
	- Pharmaceutical Needs Assessment	To consider the pharmaceutical needs assessment and the role of pharmacies in the system.	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

Health and Social Care Scrutiny Board Work Programme 2022/23

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
	- 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 scrutinised 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
	- Effect of 5G masts on health	A request has been received to consider the public health impacts of 5G masts.	Cllr Caan/ Allison Duggal
	- Integrated Care Forward Plan	To receive an annual update on the Integrated Care Forward Plan	ICB Racheal Danter

### 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 Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- 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

Health and Social Care Scrutiny Board Work Programme 2022/23

- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service

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