



### **Cabinet Member for Adult Services**

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**Time and Date**

10.00 am on Wednesday, 13th July, 2022

**Place**

Diamond Room 6 - Council House

**Public Business**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 6)
  - a) To agree the minutes of the meeting held on 17 March 2022
  - b) Matters arising
4. **The Introduction of an Adult Social Care Offer** (Pages 7 - 20)  
Report of the Director of Adult Services and Housing
5. **Adult Social Care Quality Assurance and Management of Market Failure**  
(Pages 21 - 54)  
Report of the Director of Adult Services and Housing
6. **Outstanding Issues** (Pages 55 - 58)  
Report of the Director of Law and Governance

**Private business**

Nil

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

Tuesday, 5 July 2022

Note: The person to contact about the agenda and documents for this meeting is Usha Patel, Email: [usha.patel@coventry.gov.uk](mailto:usha.patel@coventry.gov.uk)

Membership: Councillor M Mutton (Cabinet Member)

By invitation: Councillor B Mosterman (Shadow Cabinet Member)

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**Usha Patel****Email: [usha.patel@coventry.gov.uk](mailto:usha.patel@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Cabinet Member for Adult Services held at 3.00 pm on**  
**Thursday, 17 March 2022**

Present: Councillor M Mutton  
Members: (Cabinet Member)  
Employees (by Directorate):  
Adult Services S Caren, P Fahy (Director)  
Law and Governance M Rose  
  
Apologies: Councillor J Birdi

## **Public Business**

### **11. Declarations of Interest**

There were no declarations of interest.

### **12. Minutes**

The minutes of the meeting held on 2<sup>nd</sup> September 2021 were agreed as a true record. There were no matters arising.

### **13. Day Opportunities for Adults with Learning Disabilities**

Further to Minute 8/21 the Cabinet Member considered a report of the Director of Adult Services concerning the consultation regarding day opportunities for adults with learning disabilities.

The report recognised that the Council directly provided or commissioned a range of day opportunities for adults with learning disabilities and/or autism which were a combination of centre-based activity and more flexible community activity related opportunities. The provision of day opportunities served an important function in meeting the responsibilities to adults with care and support needs and their carers in two primary ways:

1. The provision of meaningful activities including learning, stimulation, and recreation. These activities all help in promoting the independence of service users
2. The provision of valuable daytime respite for informal carers

Expectations of people with care and support needs and their families were changing and a more balanced approach with centre based and non-centre based opportunities was required. This move to a more blended approach was accelerated over the Covid-19 pandemic, in response to the closure of centres during the first lockdown in spring 2020, and subsequent partial reopening of centre-based day opportunities.

Since the beginning of the pandemic, there had been a reduction in service users wanting to attend building-based services and more interest in a flexible outreach-based support. The Council responded to this changing position by operating on

an interim basis from fewer centres and providing more alternatives to centre-based activities where required. Such an interim position was implemented for Wilfred Spencer Centre and the Community Zone which used to operate from two centres but since summer 2020 had been based at Wilfred Spencer Centre in Allesley. This interim measure had proven popular with many people that used the service, and as a result a formal consultation exercise commenced in September 2021 to mainstream this way of working and permanently close the day centre provision that operated from the Community Zone at Frank Walsh House in Hillfields.

The consolidation on an interim basis helped the development of a more diverse day opportunity offer which included, a range of alternative and creative therapeutic, educational outreach services. Opportunities afforded by technology were established and delivered better outcomes for many service users. Virtual day services had become more popular and would remain a future offer for service users, their families, and carers.

The changes in demand for centre-based services had been significant. Prior to Covid, Wilfred Spencer offered 170 places per week which supported 34 service users over 5 days, and the Zone offered 125 places supporting 25 service users over 5 days. Currently the combination of both services in the limited space at Wilfred Spencer was offering 120 places per week which was meeting current demand during the recovery from the Covid 19 pandemic. After the refurbishment the new model aimed to increase capacity to 260 places per week over 5 days and would be able to offer a wider variety of activities. Extra capacity would be realised as a result of the refurbishment and also as the use of the centre combined with activities in the community. Demand was predicted to increase as we recover from Covid and a robust and varied day service offer would support people who wanted to remain in their own home. It would also provide valuable respite for carers, thereby supporting carer resilience and helping to avoid admissions to care homes and supported living as a result of carer breakdown.

The report detailed the consultation process, issues raised and responses provided. The report sought permission to implement the proposal to consolidate building based Learning Disabilities Day Opportunities delivered from two establishments: Wilfred Spencer Centre in Whitaker Road, Allesley and Frank Walsh House annex Jenner Street, Hillfields into a single hub at Wilfred Spencer Centre.

As well as consulting on the consolidation of two Learning Disability Day Centres the September Cabinet Member report also included the proposal for Older Peoples Dementia Day Services at Maymorn. The outcome of this would be reported separately as the consultation exercise was not yet complete.

**RESOLVED that approval be given for the consolidation of the Learning Disability Day Centre at Community Zone and Wilfred Spencer Centre to a single hub at Wilfred Spencer Centre in Allesley.**

14. **Renewal of the Section 75 agreement between Coventry City Council and Coventry and Warwickshire Partnership Trust**

Further to Minute 14/19 the Cabinet Member considered a report of the Director of Adult Services which sought approval to extend the existing Section 75 Partnership Agreement with Coventry and Warwickshire Partnership Trust (CWPT) for the delivery of integrated mental health services. Council delegated functions under the S75 agreement and a summary of findings from the review in Oct 2021 were appended to the report.

The City Council entered into a Section 75 agreement on 1 April 2014 following Cabinet approval initially for a three-year period but with provision for annual extensions. The agreement was extended from 1 April 2017 and for various periods since, with the latest in 2020 for a period of 24 months. It was anticipated that during this period significant development would take forward the NHS 10-year plan but did not take account of the COVID-19 pandemic which had impacted on progress.

The Section 75 Partnership Agreement provided the legal framework to underpin joint working in Adult and Older People's Mental Health Services. Under this framework, joint Health and Social Care teams delivered mental health services from a single line management structure led by CWPT with designated Council staff seconded, and the delegation of specific social care duties, namely the Care Act 2014. Although the service delivery elements were integrated the financial responsibilities for health and social care remained separate with this separation to continue under the extended agreement.

Coventry City Council (CCC), Warwickshire County Council (WCC) and CWPT remained committed to integrated working practices as a means for delivering joined up support to people with mental ill health across Coventry and Warwickshire. The S75 agreement continued to provide a suitable vehicle through which to deliver this and to meet the national expectations for integrated care provisions.

There had been various reviews throughout the period of the agreements but one most recently conducted involved all three partner agencies and much of the feedback reflected the positive output of the previous reviews. It highlighted the challenges that were created from differences of approach across organisational, geographical, and professional boundaries. Coventry and Warwickshire were not unique in this regard, and many other Section 75 Partnerships across the country had been disbanded through not being able to adequately address these issues.

The S75 Strategic Board had carefully considered the output from the review, and options for continuation of the partnership and concluded that for users of community mental health services, the benefits of integration continued to outweigh the alternative of services separated by location, design and purpose. This review supported the options appraisal previously conducted by Adult Social Care on behalf of Coventry City Council.

As system partners, the formation of Integrated Care Boards later in 2022 would place further obligation on our organisations to work more closely together. The Coventry and Warwickshire S75 Partnership had been recognised by other

national stakeholders for its tenacity and commitment to making these arrangements work and was seen as one of the few areas nationally where the partnership was undergoing continuous improvement. It was within this context that all partners wished to share their vision to continue to build on the positive relationships that existed, acknowledging the challenges, whilst learning from past experiences to create a partnership which other areas look to for best practice.

System partners agree that the arrangements need to evolve and as such the arrangement would be subject to review and revision on an ongoing basis. This had been a strength to date and the S75 Board had been reinvigorated with new assurance arrangements in place to enable this to happen.

All three partners were recommending that:

- a) Approval of the Partnership Agreements for a further 3 years. The renewal to take effect from 1 April 2022 for the provision of integrated community mental health and social care services, with a 6-month notice period Cabinet Member is asked to approve the agreement between Coventry City Council and Coventry and Warwickshire Partnership Trust.
- b) Endorse the proposal that the existing documentation will be carried forward, with minimal updating for factual accuracy, on the understanding that the Agreements and associated schedules will be reviewed in depth within Year 1 of the next partnership cycle to ensure that they are fit-for-purpose for current and anticipated future requirements.

**RESOLVED that approval be given by the Cabinet Member for Adult Services for a further extension of the S75 agreement between Coventry City Council and Coventry and Warwickshire Partnership Trust for a period of 3 years from 1st April 2022 to 31st March 2025.**

## 15. Outstanding Issues

The Cabinet Member considered a report of the Director of Law and Governance concerning the one outstanding issue item that was to be the subject of an update report at a future Cabinet Member meeting.

Further to Minute 13/21 above the outcome of the consultation exercise for Older Peoples Dementia Day Services at the Maymorn building in Everden Road, Holbrooks would be considered at a future meeting.

Further to Minute 3/19 regarding 'Adult Social Care Practice Framework Adults and their Carers at the Heart of Practice' this update was no longer necessary.

**RESOLVED that the Outstanding Issues report be updated.**

(Meeting closed at 3.10 pm)



**Public report**  
Cabinet Member

**Cabinet Member for Adult Services**

13 July 2022

**Name of Cabinet Member:**  
Councillor Mal Mutton

**Director approving submission of the report:**  
Director of Adult Services and Housing

**Ward(s) affected:**  
All

**Title:**  
The introduction of an Adult Social Care Offer

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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:

This report seeks the endorsement of the introduction of an Adult Social Care Offer and the publishing and sharing of this statement of intent in relation to the provision of services.

The introduction of an Adult Social Care Offer is in line with an overall approach to improving the information, advice and guidance produced by Adult Social Care. This element of our service provision is one of a range of key performance indicators included within the Adult Social Care Outcomes Framework (ASCOF) which measures how well care and support services achieve the outcomes that matter most to people. In addition, the quality of our information, advice, and guidance provision is a duty included within the Care Act 2014 and will be considered by the Care Quality Commission as part of the new Assurance Framework process commencing in 2023.

This is the first time Adult Social Care has shared information in this format, incorporating a revised vision for Adult Social Care. The intention is that the Adult Social Care Offer will provide a straightforward and accessible statement describing what people can expect from Adult Social Care in Coventry, how services will be provided and the processes that those eligible for services will take part in. It also includes useful sources of additional information, contact information and addresses.

The Adult Social Care Offer will be shared widely amongst; staff, health and other partner organisations, voluntary sector organisations, providers of social care and prospective new employees in several ways including the council web site, briefings, email, social media, posters, and

leaflets. The Adult Social Care Offer has been co-produced by the Adult Social Care Extended Management Team and incorporates contributions and feedback from the Adult Social Care Stakeholder Group following engagement.

**Recommendations:**

The Cabinet Member for Adult Services is requested to

- (1) Approve the introduction of the Adult Social Care Offer
- (2) Approve the publication and sharing of the Adult Social Care Offer with a wide range of stakeholders

**List of Appendices included:**

The following appendices are attached to the report:

Appendix 1 – The Adult Social Care Offer

**Background papers:**

None

**Other useful documents**

None

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

No

**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: The introduction of an Adult Social Care Offer

### 1. Context (or background)

- 1.1 The introduction of an Adult Social Care Offer improves the information, advice and guidance produced by Adult Social Care. Availability of information and advice is one of a range of key performance indicators included within the Adult Social Care Outcomes Framework (ASCOF), which measures how well care and support services achieve the outcomes that matter most to people. The provision of information, advice, and guidance is a duty included within the Care Act 2014, which requires local authorities to ensure that good quality, coherent, and accessible information is available across its area.
- 1.2 Producing an Adult Social Care offer is one way to improve the information and advice offer through making it clear what residents of Coventry can expect from Adult Social Care and what types of support may be available. The improvement of our information, advice and guidance offer is an ongoing area of work for Adult Social Care. To progress this area we have recently undertaken engagement activity with members of the public, the Adult Social Care Stakeholder Group, informal Carers Groups and Adult Social Care staff to establish how our on-line information offer can be improved to increase the accessibility and content of information available. We are currently working with colleagues in other parts of the City Council to make the changes necessary and will continue to engage with our stakeholders to ensure that changes made reflect the feedback and requirements shared during the engagement activity.
- 1.3 As well as the specifics on what people can expect the offer also adopts the Health and Care partnership vision for Coventry and Warwickshire which supersedes the previous Adult Social Care vision. The offer contains three parts as follows:

Part One: Our approach – this section states the vision along with a set of commitments that underpin our work.

Part Two: How we deliver our offer – this section describes what people can expect when they first make contact with Adult Social Care, what types of support are available in Coventry and what people can expect through the stages of assessment, support planning and review.

Part Three: Useful information – this section provides summary information on the Care Act 2014 and a series of contact numbers for key adult social care organisations along with a short description of what each organisations do.

### 2. Options considered and recommended proposal

#### 2.1. Option One – Recommended Option Adopt the Adult Social Care Offer

The introduction of the Adult Social Care Offer intends to provide a straightforward and accessible statement describing what people can expect from Adult Social Care in Coventry, how services will be provided and the processes that those eligible for services will take part in. It also incorporates useful sources of additional information, contact information, links, and addresses. Whilst producing the Adult Social Care Offer the opportunity to adopt the Health and Care partnership vision, rather than continue with a standalone Adult Social Care vision has also been incorporated.

## 2.2 Option Two – Not Recommended

### Continue to Improve our Information, Advice and Guidance Offer without an Adult Social Care Offer

The service could continue without a specific Adult Social Care advice, guidance, and information offer. However, this option is not recommended. The feedback we have, including from the Adult Social Care Stakeholder Group is that the current information, advice and guidance offer would be improved by the introduction of an Adult Social Care Offer which provides clear, concise and accessible information in a single place, this is not currently available on our web pages.

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

- 3.1 Whilst there has been no formal consultation exercise in relation to the introduction of an Adult Social Care Offer it has been co-produced by the Adult Social Care Extended Management Team and incorporates contributions and feedback from the Adult Social Care Stakeholder Group following engagement. Both groups were overwhelmingly positive about the introduction of an Adult Social Care Offer. Several comments and suggestions made during engagement were incorporated into the final version to ensure a comprehensive and accessible statement was produced.

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

- 4.1. The adoption, publication and sharing of the Adult Social Care Offer will commence as soon as possible following the date of approval.
- 4.2. The Adult Social Care Offer will be shared widely amongst; staff, health and other partner organisations, voluntary sector organisations, providers of social care and prospective new employees in several ways including the council web site, briefings, emails, social media, posters and leaflets.
- 4.3. Once implemented we will continue to encourage feedback from our customers and stakeholders and monitor our performance in the provision of information and how well we are delivering our Adult Social Care Offer using both local intelligence and performance data, e.g. results of annual surveys, customer feedback and the results of the annual ASCOF performance measures. We will continue to demonstrate the effectiveness of this through our Adult Social Care Annual Report.

## 5. **Comments from Chief Operating Officer (Section 151 Officer) and Director of Law and Governance**

### 5.1. Financial Implications

There are no direct financial implications relating to the adoption of an Adult Social Care Offer, with services being delivered from within existing budgets.

### 5.2. Legal Implications

Whilst there are no specific legal implications arising out of the introduction of an Adult Social Care offer, the authority is required to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and carers (Care Act s4). The Statutory Guidance is clear that to fulfil this role a local authority must ensure that its information service covers more than just the basic information about care and support. Authorities are required to be proactive in ensuring that the information and advice

available is coherent, sufficient and accessible to the whole of the population in its area. The introduction of the Adult Social Care offer is part of one element that will assist the Authority in meeting its responsibilities under the Care Act 2014.

## **6. Other implications**

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

The policy supports Coventry City Council's Vision for 2016-2024 in the following ways:

- Improving the quality of people's lives in Coventry and focussing on improving health and wellbeing and supporting people to live independent lives through the provision of good quality information, advice and guidance.
- Enabling people to exercise choice and control in their daily lives by offering clear and accessible information.
- Putting local people and their needs at the heart of the customer journey.

### **6.2. How is risk being managed?**

There are no specific risks associated with the introduction of an Adult Social Care Offer.

### **6.3. What is the impact on the organisation?**

None

### **6.4. Equalities / EIA?**

The introduction of an Adult Social Care Offer will not negatively impact on individuals as it treats individuals fairly, regardless of age, sex, gender, disability, and sexual orientation.

The provision of the Adult Social Care Offer increases the accessibility of advice, information, and guidance to residents of Coventry. It will be available in various formats including easy read versions

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

None

### **6.6 Implications for partner organisations?**

None

#### **Report author(s):**

Name Lisa Lawson

Title Programme Manager, Adult Services

**Service:** Adult Services

#### **Tel and email contact:**

Tel: 02476971411

Email: [lisa.lawson@coventry.gov.uk](mailto:lisa.lawson@coventry.gov.uk)

Enquiries should be directed to the above person

<b>Contributor/approver name</b>	<b>Title</b>	<b>Service Area</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Sally Caren	Head of Adult Social Care and Support	Adult Social Care	20/06/2022	21/06/2022
Jon Reading	Head of Commissioning and Quality	Adult Social Care	20/06/2022	20/06/2022
Tracey Denny	Head of Localities and Social Care Operations	Adult Social Care	20/06/2022	23/06/2022
Andrew Errington	Head of Practice Development & Safeguarding (Adults Principal Social Worker)	Adult Social Care	20/06/2022	27/06/2022
Aideen Staunton	Head of Partnerships and ASC Operations	Adult Social Care	20/06/2022	23/06/2022
Louise Ferro	Acting Head – Business Systems and Improvement	Adult Social Care	20/06/2022	23/06/2022
Usha Patel	Governance Services Officer	Law and Governance	01/07/2022	01/07/2022
<b>Names of approvers for submission:</b> (officers and members)				
Finance: Ewan Dewar	Finance Manager	Finance	20/06/2022	20/06/2022
Legal: Janice White	Solicitor, Team Leader	Law and Governance	23/06/2022	29/06/2022
Director: Peter Fahy	Director, Adult Services and Housing	-	23/06/2022	27/06/2022
Members: Councillor Mal Mutton	Cabinet Member Adult Services	-	29/06/2022	30/06/2022

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# The Coventry Adult Social Care Offer 2022



## Introduction

### **The Coventry Offer explains in brief what you can expect from Coventry City Council's Adult Social Care and Support Services.**

Although it refers to the Council provision of adult care and support - many people with care and support needs are helped by other organisations.

This includes other services, from NHS services to housing providers, voluntary and third sector organisations as well as informal networks that may be involved in supporting somebody.

It outlines the wider health and care services' vision and principles – in other words what we are aiming to achieve, and then translates these into our approach to supporting people who come to Adult Social Care seeking support. This includes for their carers too.

The reason that we have summarised what we offer in this way, is to ensure that people with care and support needs, and their families, understand the support that is available.

We want to give reassurance to those residents who use the Council's Adult Social Care Support Services and to give people realistic expectations about how these may be accessed.

### **It is explained in three parts, each of which can be read independently or as a whole depending on what you want to find out.**

The parts are as follows:

#### **○ Part one **Our approach****

This part outlines our overall approach to Adult Social Care and support, our vision as part of the Coventry and Warwickshire health and care system and how we aim to work with people with care and support needs, and with their carers.

#### **○ Part two **How we will deliver our offer****

This part provides more practical information about the types of support available and what you can expect if you contact us for support.

#### **○ Part three **Useful information****

Social Care can be complicated. This part aims to provide some basic and useful information regarding social care, including our legal duties, how to make contact and other organisations that may be able to support you. **Page 13**



## 1. Our approach to adult care and support

Adult Social Care in Coventry is one of several health and care organisations across Coventry and Warwickshire, making up the Coventry and Warwickshire Health and Care Partnership - [www.uhcw.nhs.uk/our-organisation/coventry-and-warwickshire-health-and-care-partnership/](http://www.uhcw.nhs.uk/our-organisation/coventry-and-warwickshire-health-and-care-partnership/). This Partnership is working to improve the health and wellbeing of our residents.

In all our efforts to achieve this we share a common vision:

*'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.'*

**○ In working to this vision, we believe that all our residents deserve to -**

- **Lead a healthy, independent, and fulfilled life**
- **Be part of a strong community**
- **Experience effective and sustainable health and care services**

To deliver this, our main aim is to help people achieve the outcomes that matter to them in their lives.

Our work, at every level, intends to provide support to the residents of Coventry, in the least intrusive manner possible, based on the assets, resources and abilities that are available to them.

Our focus is on the promotion of independence and this continues to be at the heart of the way we work and provide support.

We believe in the importance of the principles of diversity and inclusion underpinning everything we do. Everyone should have access to the support and care they need regardless of their circumstances. We have a responsibility to promote equality and diversity across all areas of our work, providing a service that is fair, personalised and meets diverse needs. This will include providing access to interpretation, translation and advocacy to ensure our support is accessible for all.

**○ When someone contacts the Council, we will consider the following:**

1. People are part of families and part of communities and, therefore, care and support provided by the Council should primarily be a means to help people live the lives they want with their families and friends; enjoying the city and neighbourhoods in which they live.
2. Often the best solutions will be found in the community, rather than through statutory Council services. This often assists people to continue to live and be an active part of a wider community network.



## 2. What you can expect from us in delivering our approach

Our approach to Adult Social Care and support is based on the following commitments -

**○ Adopt a strengths-based approach and promote independence** – this means we will support people to gain or regain the skills required to live as independently as possible making the best use of what is available in local communities. We will focus on what is important to people and what they can do. We are committed to enabling people to have the skills they need to live as independently as possible.

**○ We will work with people to ensure their living environment is suitable** - this may involve undertaking some adaptations to people's homes and providing equipment to enable people to live an independent life more easily. Where someone's existing home is not suitable, we will explore how we may be able to adapt the current environment and if we are unable to do so, we will then support people to explore alternative living accommodation options.

**○ Enabling people to live well and age well by putting them at the heart of what we do** - we will help people think about their need for care and support and plan for how they can live the best life possible both now and into older age. People will need to make their own decisions, where they are able to do so, about the sort of life they want to live.

We will support people to have choice and control over their own health and wellbeing, enabling people to take responsibility and find solutions that work best for them.

**○ Making the best use of all resources** - We aim to provide the right amount of support to meet people's needs and outcomes (what you want to achieve). To provide the most appropriate care and support, we will consider costs and look for innovative ways, including the use of technology, to deliver care and support.

**○ Joined up and connected care and support** – We will work closely within the Council and with different organisations, including the NHS, voluntary organisations, care providers, community groups and local businesses, to support you to achieve what is important to you. We will work with the organisations that have been chosen to provide services to make sure they are safe, sustainable and of the right quality and will act if there are concerns.

**○ Keeping you safe** - We will ensure the safety and wellbeing of our most vulnerable people. We will help people stay safe from harm and abuse, working alongside other organisations when we need to, and supporting people to make their own choices. This is central to everything we do.

**○ Carers at the heart of everything we do** - We recognise, value and support the vital role of unpaid carers and the huge difference they make to people's lives and to their communities. We will support them to continue caring, as well as support them if the caring responsibilities change or end.

**○ Committed workforce** - A valued and respected workforce is critical to the delivery of Adult Social Care. We will support and develop the workforce, both our own and those of our partners, wherever possible to ensure they have the necessary skills, knowledge, values and attributes to provide effective care and support.

### 3. How will we engage with you and our communities?

Adult Social Care is a vital lifeline to many people across our city. We are committed to ensuring our support and services meet our standards and those of our residents. We will work closely with users of services, their carers and our wider communities to understand the value and benefits of the services we provide. We will use feedback from what people tell us to inform how we design and deliver services in the future.

There are three key elements to how we will make this happen:

1. We will involve experts by experience, talk to them and get feedback when we are looking to develop new approaches.
2. We will use feedback from individuals care and support reviews and provider quality assurance visits.
3. We will deliver on our pledges as outlined in our 'Engagement, Involvement and Co-Production Approach' This will ensure services take on board what our residents want to achieve.

### 4. What we will ask of you?

Effective Adult Social Care and support is a partnership between the City Council, the resident, their families and carers and providers of care and support.

In working with you to provide effective care and support we will look to yourself and your family carer network to help us by -

- Exploring local community support networks that can fulfil some of your needs, such as accessing community groups.
- Receiving support from your family and carers where it is appropriate and possible to do so.
- Looking after yourself and leading a healthy lifestyle.

By working together, we can help you live an independent life within your own community.



## Part two How we will deliver our offer

### 1. What support is available?

A variety of services are available to support people, based on their needs and what they want to achieve.

A list of these services is below, visit the Council website - [www.coventry.gov.uk/care-support/types-support](http://www.coventry.gov.uk/care-support/types-support) for more information.

- Information and advice through the Council and our partners.
- Support for unpaid carers, for example, respite and emotional support through the Carers' Trust.
- Equipment and adaptations around the home – for more independent living.
- Day opportunities, for example, day centres or personalised support in the day for adults with disabilities and older people.
- Direct payments where people receive funding directly to organise social care and support services.
- Home support, for example, to support with personal care and meal preparation.
- Reablement support, to enable people to regain skills that may have been lost or reduced, develop existing skills, or learn new skills so that they are able to remain as independent as possible.
- Housing with care, where people have their own flat and there is care available on site.
- Shared Lives Scheme - [www.coventry.gov.uk/sharedlives](http://www.coventry.gov.uk/sharedlives)
- Care homes including residential and nursing homes.

#### • We also provide a range of support for carers to support them with their carer's duties including -

- Information and advice through the Council and our partners.
- Group-based support where we connect you to other carers for support.
- Training so that you have the skills to undertake caring duties – for example manual handling.
- Access to counselling services.
- Contingency planning through our CRESS (Carers Response Emergency Support Service).
- A Direct Payment to meet your needs as a carer.
- Opportunities to take a break such as residential respite or hours of support to take a break throughout the week (as part of a joint assessment).
- Providing direct support to the person you are caring for (as part of a joint assessment).



### ○ When you first contact Adult Social Care

Contacting us can happen in different ways, this may be either you or a carer or family member making independent and direct contact. However, Adult Social Care support can also be accessed following contact with other professionals, for example hospital staff, your GP or other health professionals who recognise the need for assistance for you to continue to live independently or to enable an assessment of your ongoing needs.

Contact can be achieved via our website

[www.coventry.gov.uk/health-social-care](http://www.coventry.gov.uk/health-social-care) or directly to

Adult Social Care Direct on: **024 7683 3003**.

E-mail: [ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk)

Our approach means that we will look at ways that could support you to live without the need for care services and would reduce the need for you to receive longer-term care and give you the opportunity to maintain or regain your independence.

For example, we may provide information, advice and guidance, on changes you could make at home or equipment that may help you with the things you find difficult or make it safer for you.

We might talk to you about telecare [www.coventry.gov.uk/help-live-home/telecare](http://www.coventry.gov.uk/help-live-home/telecare) which is equipment linked to your phone line and a 24 hour monitoring centre that can respond to problems, for example, if you fall over at home.

You can have a pendant alarm to press in an emergency but there is also a range of sensors that can detect if you may be in difficulty and raise the alert for you. Trained operators can contact your family or the emergency services if necessary.

We may also talk to you about 'brain in hand' <https://braininhand.co.uk/> which offers a level of support and reassurance via an app downloaded to your phone.

It may be that some support is provided for a brief period that could help you regain the skills and confidence to manage more for yourself. This could involve an Occupational Therapist visiting you to practice using the equipment or doing things differently, or a support worker from a care agency who may come to help you with things like washing and dressing until you are able to do them for yourself.

As part of that offer we:

- will agree a plan with you about how you will be supported, what outcomes you want to achieve and how long the support period will last, usually no more than six weeks. There will usually be no charge for this service.
- will stay connected with you during this time to review how you are getting on and whether your outcomes have been met. If they have, we will conclude your assessment and make sure that you have all the information, advice and equipment you need to continue to manage at home. You will receive a copy of your assessment and a summary of the support and information that has been provided. The assessment will help you to explain your situation and what you want to achieve and to think about the choices available to you.



If you are admitted to hospital and need support on discharge, this can be arranged by either the team of professionals based at the hospital or Adult Social Care.

If you need ongoing care, we will look at whether you need further support and move on to the next stage. This stage of the assessment includes making decisions about your ongoing needs and whether you are eligible for continued support from the Council. It will also involve having a financial assessment [www.coventry.gov.uk/money-legal-matters/financial-assessment-overview](http://www.coventry.gov.uk/money-legal-matters/financial-assessment-overview) to find out if you need to pay towards the cost of your care.

### ○ Assessing your needs

If you appear to have ongoing care and support needs, then we will provide a care and support assessment. To assist us all to determine what support you can receive through the Council, we will use the guidance set out in the Care Act 2014 [www.legislation.gov.uk/ukpga/2014/23/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted) (please see further information below). The Care Act 2014 also sets out the basis for understanding how we will work out how much you will pay towards your care.

The assessment will help you explain your situation and what you want to achieve and think about the choices available to you.

If you are in hospital and need support on discharge, we will make sure support is in place, when it is needed, so you can return home safely.

If this isn't possible, we will arrange for you to move to a temporary care setting, so you don't have to stay longer in hospital than you need to. We will identify which one of the discharge pathways [www.coventry.gov.uk/nhs-services/guide-short-term-discharge-assess-d2a-services](http://www.coventry.gov.uk/nhs-services/guide-short-term-discharge-assess-d2a-services) best meet your needs identified at the point of discharge from hospital, this will then be followed by a care and support assessment if it appears that you may have an ongoing need for care and support.

We will work with you to find your own solutions, to enable you to build on positive areas of your life and identify whether you are eligible for support provided by the Council.

We will also consider the needs and views of family members or others who support you with aspects of your everyday life.

We support this process by enabling you to have control over the assessment process. To aide this we have created an online assisted self-assessment. The assessment form uses visuals and animations to support you to provide us with information about your strengths and needs. We will then use this information to help us understand how we can support you in the most effective way.

We will offer unpaid/family carers their own assessment and information and if appropriate, support for their needs. The assessment might involve meeting with a social care professional at your home, but where appropriate could also be done in other ways such as through a telephone assessment or a video call or an online questionnaire.

The means of assessment we will offer will be based on information you and professionals, already involved in your care, provide to us as well as any other concerns raised, but we will be clear why we propose these options and ensure we discuss them with you or the person who supports you.

If you require independent support to help you to understand information or to express your views, we will make sure this is available for you. We can support you with this by involving a suitable family member or friend or Advocate if needed.





If you need to pay for some of the support we provide for you we will ask you to complete a financial assessment <https://coventry.bettercare.org.uk/#/home>. That way we can work out how much you can pay. If you don't want to tell us about your money, you will have to pay for all of your care. You can still get information and advice about services available from us.

### Supporting Carers

We will offer you a carer's assessment if you are providing unpaid care. We will talk to you about how you want your assessment to be undertaken. This might be alongside the person you are caring for, sometimes called a combined or joint assessment or you may wish to have your assessment undertaken separately.

We will explore what is important to you, how your caring role impacts you, what parts of your caring role you want to maintain, need support with or want to end. We will explore how regularly you are able to take breaks and the other areas of your life that are important to you. Will also help you think about the future and what support you might need in the event of an emergency.

We will complete a support plan with you if required (and jointly with the person you are caring for) and will review this as your needs change over time.

We work in partnership with the Carers Trust Heart of England to provide carers' support services. The contact details for Carers Trust Heart of England <https://www.carerstrusthofe.org.uk/> can be found in part three 'useful information'.

### Personal budgets for care and support

During the assessment, we will agree with you the level of support required to meet your assessed and eligible needs and translate this into an amount of money required to meet your needs - we call this a personal budget.

Once you know your personal budget and the agreed outcomes it will deliver, there are a number of ways you can manage your support. You can choose to:

**a. have more choice and control over your care and organise your own support, manage your budget, and make all payments yourself. We call this a Direct Payment.**

OR

**b. have us organise support for you within the levels of your budget and make all the payments. Any contribution you make towards the cost of your support package is paid to the Council.**

We'll talk to you about your options to help you make your decision. If you would like to explore the Direct Payment option but are concerned about how you would manage, we can explore this with you, as someone can manage the Direct Payments on your behalf.

As part of our Care Act assessment, we may identify some health needs. In this case we would arrange for a continuing health care assessment in order to determine your health needs and how best these will be met. This may lead to health services contributing to your personal budget whether you are having support in the community or in a nursing home.

### Your care and support plan

We will write down the solutions that we have agreed with you in a care and support plan. A care and support plan is a detailed document setting out what services will be provided, how they will meet your needs, when they will be provided, and who will provide them. We will share the care and support plan with other professionals involved in your care. If you consent, we will also share it with family and friends if appropriate to do so

Where this includes financial support from the Council, your plan will include a budget agreed for your needs. This is called a personal budget. In determining your budget, we will work with you to find the best value options that meet your assessed needs and promote your wellbeing.

There are different ways we offer financial support -

- If you require alternative accommodation, we will offer placements that meet your needs and are cost effective. However, if you choose a more expensive care facility we can support this if there is a third party (relative or friend for example) who can assist you to fund it. On these occasions we can enter into a 'Top Up Arrangement' with them.
- If you are receiving care at home we will offer you the opportunity to receive your budget directly into a separate bank account through a service called a Direct Payment from which you will purchase your care and support services. We will provide support to help you manage your funds when you need this.
- If you choose not to receive a Direct Payment, we will arrange appropriate services on your behalf and you would make your assessed contribution to the costs directly to the Council.

### Reviewing your needs

We will work with you to monitor your care and support and to see if your care needs change over time.

Through reviewing your care and support plan, we will discuss with you whether the plan is working effectively, whether your needs have changed, whether more cost-effective options are available that can meet your needs (for instance through new technology), and whether your ability to make a financial contribution has changed.

This may result in changes to your care and support plan and personal budget.

Providers that are supporting you may contact us at an earlier point as your needs may change. We will involve them in your review along with others who are also involved. This might include family members and other professionals supporting you.



## Part three Useful information

If you would like to know more about Adult Social Care in Coventry, please read our Annual Report [www.coventry.gov.uk/downloads/file/37256/adult\\_social\\_care\\_annual\\_report\\_202021](http://www.coventry.gov.uk/downloads/file/37256/adult_social_care_annual_report_202021).

### ○ Care Act 2014 Information

All councils use the same guidelines set by the Care Act 2014 [www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets) to see if they can support people. To get support -

- your needs must arise from, or are related to a physical or mental impairment or illness.
- without support you are unable to achieve two or more outcomes in the areas listed below.
- without support there is likely to be a significant impact on your wellbeing.

The areas outlined in the Care Act 2014, that all councils look at, include -

- eating, drinking and preparing meals.
- personal care.
- being appropriately clothed.
- being able to make use of the home safely.
- running and maintaining the home.
- developing and maintaining family and other personal relationships.
- accessing and engaging in work, training, education or volunteering.
- making use of necessary facilities or services in the local community including public transport and recreational facilities.
- carrying out any caring responsibilities for a child.

### ○ Jargon Buster:

[www.thinklocalactpersonal.org.uk/\\_assets/AlJargonBusterFINAL.pdf](http://www.thinklocalactpersonal.org.uk/_assets/AlJargonBusterFINAL.pdf)

### ○ Useful Contacts

#### Adult Social Care and Communities Directory

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

Website: [cid.coventry.gov.uk](http://cid.coventry.gov.uk)

## Coventry City Council Adult Social Care and Support Services and Mental Health Services contact details

<b>Adult Social Care Direct</b>	The first point of contact for any referrals into Adult Social Care.	<b>024 7683 3003</b> <a href="mailto:ascdirect@coventry.gov.uk">ascdirect@coventry.gov.uk</a> Next Generation Text (also known as Text Relay and TypeTalk): Call <b>18001 024 7683 3003</b>
<b>Emergency Out of Hours</b>	For urgent enquiries / emergencies only outside of normal office hours After 5pm Monday to Thursday, 4.30pm on Friday and through the weekend	<b>024 7683 2222</b>
<b>Main Council Customer Services</b>	The main switchboard for Coventry City Council.	<b>080 8583 4333</b>
<b>Mental Health Access Hub</b>	Run by Coventry and Warwickshire Partnership Trust (CWPT), this is the first point of contact for people accessing mental health services and CWPT services.	<b>0300 200 0011</b>

## Other Organisations

<b>Age UK Coventry</b> <a href="http://www.ageuk.org.uk/coventryandwarwickshire/">www.ageuk.org.uk/coventryandwarwickshire/</a>	Supporting adults providing information and advice, support and groups.	<b>024 7623 1999</b>
<b>Alzheimer's Society Coventry</b> <a href="http://www.alzheimers.org.uk/support-services/Coventry%20Local%20Services/Dementia%20Connect%20Coventry/regional">www.alzheimers.org.uk/support-services/Coventry%20Local%20Services/Dementia%20Connect%20Coventry/regional</a>	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	<b>024 7665 2602</b>
<b>Carers Trust Heart of England</b> <a href="http://www.carerstrusthofe.org.uk/">www.carerstrusthofe.org.uk/</a>	One-stop shop for unpaid carers of all ages.	<b>024 7663 2972</b>
<b>Coventry &amp; Warwickshire MIND</b> <a href="https://cwmind.org.uk/">https://cwmind.org.uk/</a>	Support for people living with a mental health condition	<b>024 7655 2847</b>
<b>Macmillan Cancer Support</b> <a href="http://www.macmillan.org.uk/">www.macmillan.org.uk/</a>	Cancer Support Service.	<b>024 7696 6052</b>
<b>Healthwatch</b> <a href="http://www.healthwatch.co.uk">www.healthwatch.co.uk</a>	Independent organisation supporting people to have their say in health and social care services.	<b>024 7625 2011</b>
<b>SEND Information, Advice and Support Service</b> <a href="http://www.coventry.gov.uk/send-information-advice-support-service-iass">www.coventry.gov.uk/send-information-advice-support-service-iass</a>	Providing information and advice to young people with disabilities and special educational needs.	<b>024 7669 4307</b>



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**Cabinet Member for Adult Services**

**13 July 2022**

**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: Adult Social Care Quality Assurance and Management of Market Failure**

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**Is this a key decision?**

No – Although the matters within the report affect all wards in the City, it is not anticipated that the impact will be significant. The proposals are in relation to discharging responsibilities for overseeing the quality of adults care and support provision commissioned by the City Council.

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**Executive Summary:**

Where people within Coventry are eligible for a care and support service following a needs and wellbeing assessment under the Care Act 2014 the quality of that care service is critical to ensuring that the person with care and support needs has a good experience of social care and that their needs and outcomes are met.

The majority of care and support services in Coventry are provided under contracts by the City Council with independent providers of care and support. Therefore effectively managing and monitoring contracts is a key responsibility for Adult Social Care alongside ensuring that effective mechanisms are in place to respond to issues of provider failure (where a provider is no longer able to continue to deliver their contract).

This report is produced following a review of the processes currently in place. This review was initiated as a result of the learning from the Covid 19 pandemic which has proved a major and persistent challenge to the care market.

The report covers revisions to the two key processes for ensuring quality and business continuity in commissioned care and support services:

1. How contracts and the quality of care and support is monitored, based on a set of indicators and the risks associated with specific services
2. How the City Council responds to issues where a provider, or number of providers, cannot continue to deliver services due to a range of factors including quality issues, cost issues or provider choice to not continue. This is often referred to as 'market failure'

**Recommendations:**

Cabinet Member is requested to

1. Approve the revised risk-based approach to Quality Assurance.
2. Endorse the revised Market Failure Plan including the approach to managing provider failure in the event of an emergency.
3. Consider comments from Scrutiny Board 5 resulting from their meeting on 6 July 2022 in relation to the above.

**List of Appendices included:**

Appendix 1. Quality Assurance risk escalation and governance arrangements

Appendix 2. Market Failure Plan

**Background papers:**

None

**Other useful documents**

None

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

Yes – 7 July 2022 Health and Social Care Scrutiny Board (5)

SB5 is requested to make comments on the proposals and approaches to Quality Assurance and market failure planning to Cabinet Member for Adults for consideration at her meeting on 13<sup>th</sup> July 2022.

**Has it been or will it be considered by any other Council Committee, Advisory Panel, or other body?**

No

**Will this report go to Council?**

No

## Report title: Adult Social Care Quality Assurance and Management of Market Failure

### 1. Context (or background)

- 1.1 Where people within Coventry are eligible for a care and support service following a needs and wellbeing assessment under the Care Act (2014) the quality of that care service is critical to ensuring that the person has a good experience of social care and that their needs and outcomes are met.
- 1.2 The Council remains committed to ensuring best value in its commissioning and procurement and requires on-going assurance that the quality standards for care and support outlined in its service specifications and contracts are met. This includes requirements for individual outcomes to be delivered by providers through working with people with care and support needs and their representatives.
- 1.3 The Covid 19 pandemic has proved a major and persistent challenge to the care market. The challenges have been multiple and have included managing infection prevention and control, supporting providers with outbreak management, managing the capacity in the market to support hospital discharges, ensuring community support is available, keeping abreast and ensuring compliance with changing national, regional and local guidance, supporting the vaccination programme (including Vaccination as a Condition of Deployment which was subsequently withdrawn), restrictions on visiting and striving to maintain a committed and sufficient workforce in the light of concerns regarding contracting Covid and generally working in a low paid and stressful environment that requires a significant level of intelligence and compassion. To respond to this range of factors it has been essential to work closely with partners to protect the care market, and support providers in order to maintain sufficient supply and quality of provision.
- 1.4 During the height of the Covid Pandemic, Quality Assurance visits had to be scaled back from in person to a largely remote function with on-site visits made in exceptional circumstances. This change was due to Infection Prevention and control restrictions. During this period visits were still conducted where absolutely necessary to those services where with the most significant concerns were apparent and were supplemented with other means of understanding the quality of provision and user experience.
- 1.5 A number of providers of care and support also ceased trading during and following the pandemic. This was due to a number of reasons including financial sustainability as a result of high numbers of vacancies and provider choice where owners of care and support organisations decided to no longer operate. Each of these situations, although managed effectively by the City Council, prompted a review of how provider failure of this kind is managed to ensure continuity of service for people affected.
- 1.6 Market Management Responsibilities
  - 1.6.1 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.
  - 1.6.2 The content of this report is in respect of quality assurance and provider failure, but other key responsibilities are met through:
- 1.7 **Publication of a Market Position Statement (MPS).** This document signals to the Adult Social Care market the type, volume, and quality of services that it wishes to see in the

City. The MPS was last reviewed and issued in November 2018 and will reviewed by winter 2022.

- 1.8 Market Sustainability Plan.** The Government Proposals on social care reform set out in “People at the Heart of Care” introduce a requirement on local authorities to produce a provisional Market Sustainability Plan by October 2022 with a final version by February 2023. The Market Sustainability Plan will also be informed by the Government White Paper on Health and Social Care Integration “Joining up Care for People Places and Populations”.
- 1.9 Fair Cost of Care** A further requirement is the completion of a cost of care exercise for care homes catering for older adults (65+) and adults 18+ receiving home support with results published by October 2022. This will also require the publication of a spend report detailing how funding allocated from Central Government is deployed for 2022/23. Further Government funding will be allocated for 2023/24 and 2024/25. Moving towards a “Fair Cost of Care” is expected to support quality and sustainability.
- 1.10 Managing and monitoring quality within social care and support**
- 1.10.1** As at June 2022, the Council has around 130 services (including some in-house services) that require monitoring including 73 care homes (of which 48 cater for older people, 15 for younger adults with learning disabilities/autism and 10 for younger adults with mental ill health) 17 home support providers (providing both short-term promoting independence support and longer-term care) 18 housing with care schemes for older people and 14 supported living facilities catering for people with learning disabilities/autism or mental ill health. Other services include day opportunities, community meals and a range of voluntary sector preventative support.
- 1.10.2** The work to monitor and oversee the quality of these services is led by the City Council as contractor. In delivering these responsibilities our Adult Commissioning Team works with nurses employed through Coventry and Warwickshire Clinical Commissioning Group (CWCCG) who provide clinical input to the Quality Assurance function. We also work closely with colleagues at the Care Quality Commission (CQC) whose role as regulator is distinct and separate to our role as contractor of services for people with care and support needs. Though working with CWCCG colleagues and the CQC we are better able to identify issues and take remedial steps to improve.
- 1.10.3** Recognising that each provider has a different risk profile in respect of CQC rating, number of people supported, complaints, concerns and safeguarding issues, location, and complexity of service our contract monitoring approach has, and continues to be based on risk, with those providers with the greatest risk profile being the main focus of contract monitoring activity.
- 1.11** The Council has applied a risk-based approach to quality assurance for many years with more focus of our contract management resource being on those services considered to be most at risk due based on a range of quality indicators gathered from local intelligence. Following review, a refreshed approach based on 5 levels of risk is proposed.
- 1.12** Use of a risk-based approach based on a range of factors to ascertain the quality of service and determine the level of risk with the use of key triggers such as manager experience and competency, duration in post, staffing levels, staff competencies and skills, dependency tools, Infection, Prevention and Control (IPC) compliance, medication management, nutrition and hydration compliance, leadership, and governance. Other factors include professional, customer & family feedback, including concerns raised; using feedback from CQC inspectors with regular catch ups with inspector managers on



provider progress including any regulatory action, frequency, substantiated and severity of safeguarding referrals

**1.13** The approach is one of unannounced or announced monitoring visits based on risk and provider profile which is guided by type of care setting. Visits could be a full visit covering all aspects of quality, focused visits concentrating on areas of concerns, clinical or non-clinical, enhanced visits for providers on escalation, support/proactive visits (including accreditation schemes such as pressure ulcer prevention) or a visit by a specialist team e.g., Infection, Prevention and Control nurses and Medication management specialists etc.

**1.14** The changes from the previous approach are:

- Introduction of an improved risk-based approach with greater clarity on levels of concern and appropriate oversight and action for all provision (reducing the risk of poor quality care not being uncovered)
- Improved processes and management of providers where there are quality concerns with clear escalation process within shorter time-scales (reducing the time taken for improvements to be implemented)

**1.15** Prompt action to review poorer quality services and possible termination/decommissioning of services if improvements are not made in an timely manner This revised approach has 4 levels as summarised in table one below.

**1.16** Table One – Risk levels

Level of Risk	Description	Level of oversight	Support Options available	Contractual options
0	No known concerns	Routine monitoring in line with contract provisions	Support with continuous Improvement programmes	Not applicable
1	Providers with concerns which are defined and / or single or time limited in cause and / or the scope is restricted	Ongoing monitoring by contracts officer/clinical nurse with proactive visit brought forward or frequency reviewed	Monitored Improvement plan Signposting to key partners e.g. Infection Prevention and Control, Medication Optimisation Team etc. Focus and access to Learning & development sessions	Not applicable
2	Persistent or widespread low risk concerns - concerns continue, need formal action	Ongoing monitoring of data Reactive visit Develop and agree actions with service and agree action plan Scheduled ongoing visits to monitor compliance with action plan	Escalate to Lead officer/Quality Assurance officer/care home lead Monitored action plan Signposting to key partners e.g., IPC support, medication optimization etc. Priority access to learning and development support Regular virtual meeting with Manager and /or owners	Voluntary Placement stop/restriction of hours Notice of concern letter issued
3	Persistent serious concerns - significant and / or sustained	Ongoing monitoring of data Reactive visits Coordination of intelligence with key	Multi-agency Strategy meeting instigated – escalation to Head of service Escalation / Briefing note	Imposed Placement stop/restriction of hours Decommissioning/end

	concerns that require enforcement action	partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding's concerns Monitoring action plan Unannounced ongoing visits to monitor compliance in accordance with action plan	to ADASS and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support Quality Performance meetings with strategic directors/owners CCC/CWCCG formal meeting (senior managers)	contract  Potential breach of contract letter issued or notice of concern letter
4	Persistent Serious Concerns - where the provider is at risk of urgent closure or failure or significant risk to service user	Ongoing monitoring of data Reactive visit Coordination of intelligence with key partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding concerns Conduct unannounced ongoing visits to monitor compliance in accordance with the action plan	Multi-agency Strategy meeting instigated – escalation to Head of service Escalation / Briefing note to ADASS and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support/service Quality Performance meetings with directors/owners/managers CCC/CWCCG formal meeting (senior mgrs.)	Imposed Placement Stop/restriction of hours Termination of contract letter issued Decommissioning/ end contract

**1.17** Where quality issues reach levels 3 and 4 a multi-agency approach is taken. This oversight is through the Provider Escalation Panel (PEP). This is a multi-agency panel led by the City Council that has membership from Adult Social Care (commissioning/contracting, brokerage social work and safeguarding), NHS clinical staff and the Care Quality Commission. PEP considers service provision which is causing the most serious quality concerns and ensures support and/or recommends contractual action to the Head of Commissioning and Quality and Director of Nursing and Clinical Transformation.

**1.18** For Level 1 and level 2 the oversight is held at Quality Peer Support Group (QPSG) level. This group comprises a Quality Assurance Officer, contracts and commissioning officers and quality assurance nurses. Its remit is to oversee moderate level concerns putting in the necessary support and challenge. It is supplemented by two-weekly meetings for contract officers to improve consistency of approach and support with monitoring of quality. Level 0 are those that are managed by individual contract officers and clinical nurses with oversight from their line managers. Level 0 is business as usual with no concerns.

**1.19** We have refreshed the provider escalation process including a revised terms of reference produced in June 2022. Providers are escalated to the Panel via the Quality Peer Support Group (QPSG).

- 1.20** Our revised processes incorporate the 5-level escalation framework outlined above (level zero being business as usual / no concerns). Recommendations to escalate providers for enhanced quality monitoring and management action to PEP is made by the QPSG alongside other partner agencies. The framework will allow PEP members to consider the level of oversight and frequency of visits required, the support options available to seek assurance on progress, consider any potential contractual actions and review the level of risk (criteria for providers to move up or down the levels) based on progress or the lack of assurance with sustainable improvements.
- 1.21** PEP will apply the escalation framework to manage the risk, monitor progress, track, and coordinate the action/activity undertaken across all agencies with providers and seek assurance that sustainable improvements are being achieved leading to de-escalation (or escalation) from (to) PEP and QPSG. Additional oversight will continue to be via PEP through to Coventry Safeguarding Adults Board and through Health and Care System Quality Assurance mechanisms (see Appendix 1)
- 1.22** Market Failure and Business Continuity
- 1.23** Under the Care Act (2014) local authorities are required to develop their local knowledge in respect of potential provider failure, and focus where appropriate, on supporting providers at risk of failure. Crucially we are required to have plans in place to manage exits from the market to ensure continuity of care. The paper included in Appendix Two outlines the Council's approach to market failure through its updated Market Failure Plan. The plan outlines a number of scenarios and our approach to managing these. Of crucial importance is the Council's response to emergency situations requiring immediate action to ensure continuity of care for vulnerable people. The Council is responsible for ensuring continuation of services, for both funded and non-funded social care recipients in the event of provider failure and has a legal requirement to do so.
- 1.24** The Care Quality Commission (CQC) has parallel duties in relation to larger providers where provision spans several authority areas and there is a requirement for co-operation between CQC and local authorities.
- 1.25** Working effectively with providers is a key element to our approach to identifying and responding to potential and actual market failure. The Council has a strong partnership approach with providers in the City and continues to manage relationships effectively and retain an open dialogue. This enables the Council to liaise with providers at an early stage where concerns around market failure are becoming apparent. The Council acts to support providers wherever practicable and works jointly to manage situations effectively.
- 1.26** There are a number of scenarios which can cause a provider / market failure. Some of these are sudden (although very rare), and some are as part of national / local financial pressures and staffing capacity issues which are well publicised and / or communicated to Council's through regular dialogue with organisational leads. Others can be for reasons where and owner/manager wants to retire and proceeds with closure as a result. Actions vary according to whether provision is building based e.g. care home, Housing With Care, Supported Living, or day centre; or delivered in the service users own home e.g. home support/community meals. These are described in the Market Failure plan (see appendix 2) however there are several actions that are common to all scenarios i.e. a clear communication and engagement strategy; safeguarding (including consideration of Large-Scale safeguarding Investigation) and quality assurance/safe and well checks for service users.
- 1.27** Working with providers to establish their own processes and mechanism for business continuity is an important and critical step in ensuring market stability and preventing

provider failure. Care providers might encounter a number of issues that could cause disruption to their daily operations including unexpected change in staffing levels, ICT issues, temporary unavailability of premises etc. Through producing and revising Business Continuity Plans (BCPs) these potentially disruptive business issues can be managed without having a significant impact on services provided. The production of a BCP is therefore a pre-requisite of every organisation contracted to the City Council across all sectors and also the Council's directly provided services. These plans vary in detail, but all will have a focus on provider assurances to facilitate a range of actions should an incident (small or large) require so. BCPs are checked as part of the regular quality assurance monitoring and the Council facilitates business continuity sessions with the provider market led by the community resilience team to support providers with having robust contingency plans

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

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

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

## **2. Options considered and recommended proposal**

### **Recommended Option**

#### Quality Assurance

- 2.1** The adoption of the refreshed risk-based approach to quality assurance which ensures that most focus is on those services where the likelihood and impact of quality and safeguarding issues is greatest, with other services being scrutinised to a degree proportionate to risk.
- 2.2** This is the preferred option as it targets staffing resources to areas that have greatest impact on service user outcomes and safety.

#### Market Failure

- 2.3** The implementation of an enhanced market failure plan to include greater emphasis on actions in relation to continuation of care and support in emergency situations improves clarity on what needs to be done to support service users in such circumstances.

### **Other options considered – Not recommended**

#### Quality Assurance

- 2.4 A blanket, non-risk-based approach to quality assurance. This is not recommended because it would be resource intensive and would not focus where the need is greatest.
- 2.5 There is no alternative to developing plans in connection with market failure or meeting requirements of the Care Act for Council's to respond in emergencies to enable continuity of support to vulnerable adults.

#### Market Failure

- 2.6 Failing to adopt the recommended approach would add risk to the safety and wellbeing of vulnerable adult service users.

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

No specific consultation was undertaken in respect of the proposals within this report however, the methodology described in well communicated and developed with partner organisations and providers. The feedback and input from users of services and their carers is part of the mechanism of quality management and as such user involvement is an ongoing part of this work.

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

Should Cabinet Member endorse the approach to Quality Assurance and market failure this will be implemented with immediate effect

Quality assurance and market management requires a constant improvement effort. The proposals within this report identify the outcome of recent reviews and demonstrate an improvement from what had gone before. There is nevertheless the requirement and ambition to continue to improve with such improvements to be further implemented as identified.

### **5. Comments from the Chief Operating Officer (Section 151 Officer) and the Director of Law and Governance**

#### **5.1 Financial implications**

There are no direct financial implications arising from this report or approach. All activities described will be completed within existing resources.

#### **5.2 Legal implications**

- 5.2.1 The Care Act (2014) statutory guidance states *that 'high quality, personalised care and Support can only be achieved where there is a vibrant, responsive market of service providers'* (para 4.1). The Local Authority role is seen as critical and under section 5 of the Care Act,

*"the local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market*

- (1) has a variety of providers to choose from who (taken together) provide a variety of services.*
- (2) has a variety of high-quality services to choose from.*
- (3) has sufficient information to make an informed decision about how to meet needs in question".*

- 5.2.2 Section 48 of the Care Act 2014 places a temporary duty on local authorities to, for as long as considered necessary, meet and adult's (and carer's) needs for care and support which were being met by a provider immediately before the provider became unable to carry on the regulated activity. This duty also covers self-funders, who may not be known to the local authority. It is for the local authority to determine when the temporary duty is triggered.
- 5.2.3 It is anticipated that the proposals for monitoring and quality assurance detailed in this report will enable the Council to meet its statutory obligations set out above.

## **6. Other implications**

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

The approach outlined in this report supports the Council Plan by contributing to the following objectives:

- Improving the quality of life for Coventry people
- Improving health and wellbeing
- Protecting our most vulnerable people
- Reducing health inequalities

### **6.2 How is risk being managed?**

Market Failure risks and contingencies are documented in the Council's Risk Register.

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

There are no direct impacts on the Council's human resources, buildings, or infrastructure

### **6.4 Equality Impact Assessment (EIA)**

Not applicable

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

None

### **6.6 Implications for partner organisations?**

- 6.6.1 This is a joint approach with Coventry City Council and Coventry and Warwickshire Clinical Commissioning Group.

**Report author(s):****Name and job title:**

Jon Reading  
 Head of Commissioning and Quality

**Service:**

Adult Services

**Tel and email contact:**

Tel: 02476 972739  
 Email: jon.reading@coventry.gov.uk

Enquiries should be directed to the above persons.

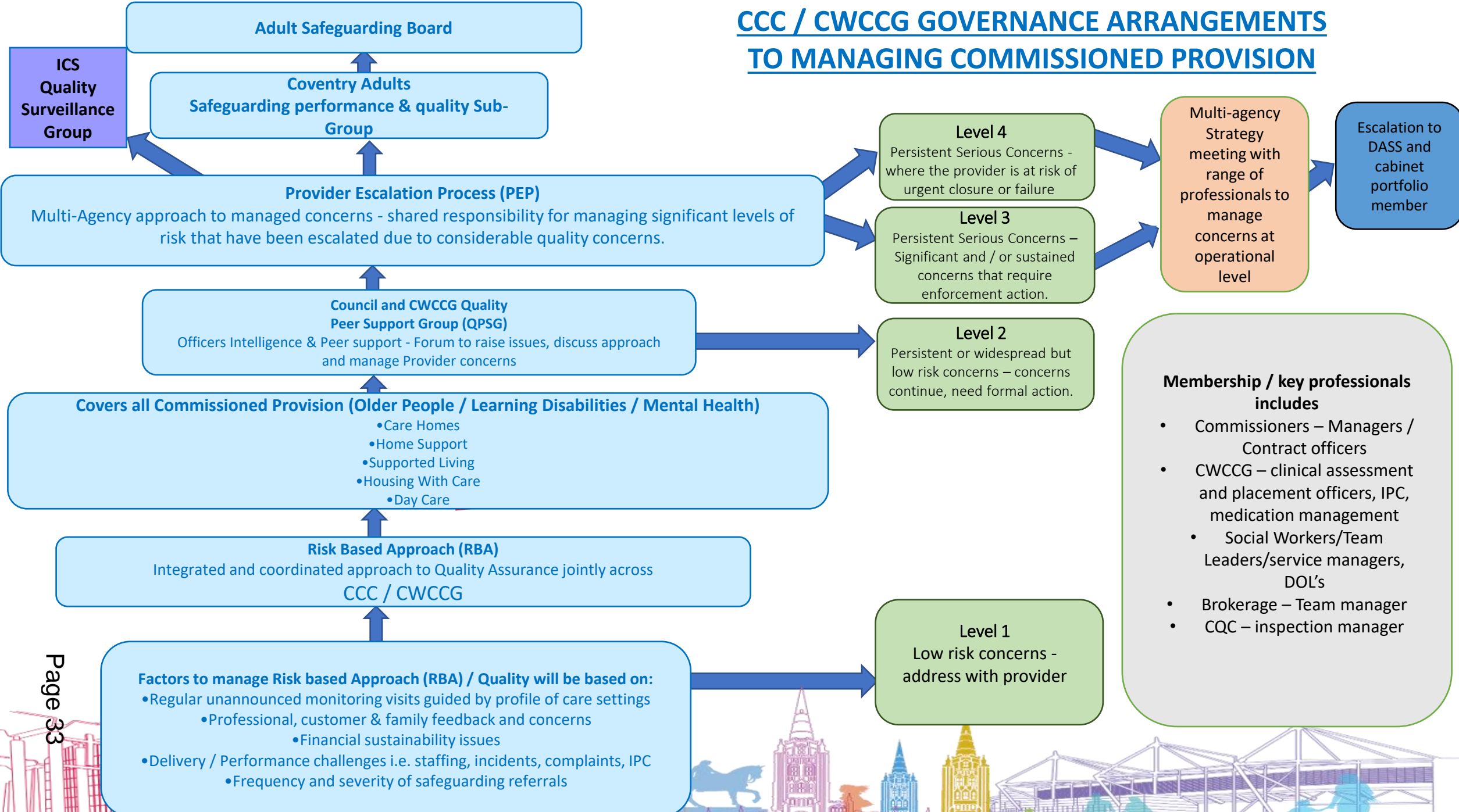
<b>Contributor/approver name</b>	<b>Title</b>	<b>Service Area</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Usha Patel	Governance Services Officer	Law and Governance	22/06/22	22/06/2022
Sally Caren	Assistant Director Adult Social Care	Adult Services	22/06/22	28/06/2022
Tracey Denny	Head of Service Localities and Social Care Operations	Adult Services	22/06/22	28/06/2022
Neil Byrne	Commissioning Service Manager	Adult Services	22/06/22	30/06/2022
Craig Dutton	Commissioning Manager	Adult Services	22/06/22	30/06/2022
<b>Names of approvers for submission:</b> (Officers and members)				
Ewan Dewar	Finance Manger	Finance	22/06/22	28/06/2022
Janice White	Team Leader, Legal Services	Law and Governance	22/06/22	29/06/2022
Pete Fahy	Director of Housing and Adult Services	-	22/06/22	29/06/2022
Councillor M Mutton	Cabinet Member for Adult Services	-		

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# CCC / CWCCG GOVERNANCE ARRANGEMENTS TO MANAGING COMMISSIONED PROVISION



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**Appendix 2  
Coventry City Council**

**Adult Social Care**

**Market and Provider Failure Approach**

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

## Version Control Sheet

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

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

## Contents

1. Introduction
2. Scope
3. Definition of failure
4. Legislative duties
5. Roles and responsibilities
6. Priorities and principles
7. Market management and sustainability
8. Scenarios / scope of risk
9. Responses to managing market failure risk
10. Emergency closure process

## **1. Introduction**

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

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

## **2. Scope**

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

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

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

## **3. Definition of Failure**

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

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

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

### **Coronavirus and other outbreaks**

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

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

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

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

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

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

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



#### 4. Legislative Duties

##### **Market Shaping**

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

Care Act 2014 Statutory Guidance states:

*Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to encourage and facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high-quality services (both in terms of the types of services and the types of provider organisation) and ensure the market remains vibrant and sustainable.*

*The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It also includes working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants. A local authority's own commissioning practices are likely to have a significant influence on the market to achieve the desired outcomes, but other interventions may be needed, for example, incentivising innovation by user-led or third sector providers, possibly through grant funding.*

##### **Market Oversight**

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

Care Act 2014 Statutory Guidance states:

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

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

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

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

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

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

### **Temporary Duty**

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

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

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

- The provider is a registered care provider

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

## **5. Role and Responsibilities**

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

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

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

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

## **6. Priorities and Principles**

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

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

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

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

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

## **7. Market management and sustainability**

### **Market analysis**

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

### **Market engagement to support major events**

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

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

## 8. Scenarios / scope of market failure

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

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

### **Scope of risk mitigation by organisation**

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

#### **Coventry City Council**

##### **Initial scope**

- Identify and record provider delivery issues and risk of failure

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

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

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

## **Coventry and Warwickshire Clinical Commissioning Group (CWCCG)**

### **Initial scope**

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

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

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

## **CQC**

### **Initial scope**

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

## **Large Scale Market Failure**

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

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

**9. Responses to managing market failure risk**

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

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

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

Approach 1

Issues	Options	Key Involvement / Factors
Accommodation	Source alternative accommodation	<ul style="list-style-type: none"> <li>• Building availability within CCC and private market</li> <li>• Cost of building (rent / charges etc.)</li> <li>• Suitability of building and adaptations needed</li> <li>• Where no capacity exists an option to use cross border accommodation</li> <li>• Hotels</li> </ul>
	Use existing building (s)	<ul style="list-style-type: none"> <li>• Suitability of building and adaptations needed</li> <li>• Arrangements with current landlord (this may be a creditor)</li> <li>• Risk assessments to be undertaken (CCC Health and Safety to be mobilised)</li> </ul>



	Re-provide service in another building (e.g. Housing with Care or another vacant care home)	<ul style="list-style-type: none"> <li>• Building availability within CCC and private market</li> <li>• Source increased staffing levels</li> <li>• Health input mobilised</li> <li>• Suitability of building and adaptations needed</li> <li>• Change of tenure / tenancy arrangements – cost implications and arrangements to be formalised</li> </ul>
Staff	CCC / CWCCG TUPE staff	<ul style="list-style-type: none"> <li>• Consider CCC staff to support and use of agency staff</li> <li>• Policies and processes to be implemented swiftly</li> <li>• CCC / CWCCG terms and conditions – do they become permanent statutory services employees with same conditions?</li> </ul>
	A new provider takes over the staffing	<ul style="list-style-type: none"> <li>• Agreement of which provider takes over and agreed mobilisation period</li> <li>• Which terms and conditions and policies and procedures are used? Existing or new providers?</li> <li>• Longer term the need to line up providers within procurement processes for this type of scenario</li> </ul>
Service Users	Reviews	<ul style="list-style-type: none"> <li>• Social Care reviews on all service users including private clients where needed</li> <li>• Options appraisal / risk assessments</li> <li>• Advocates / IMCA arrangements in place</li> </ul>
	Health and well-being checks	<ul style="list-style-type: none"> <li>• Health and well-being checks on all service users</li> </ul>

Approach 2

Issues	Options	Key Involvement / Factors
Staff	CCC / CWCCG TUPE staff	<ul style="list-style-type: none"> <li>• Consider CCC staff to support and use of agency staff</li> <li>• Policies and processes to be implemented swiftly</li> </ul>

		<ul style="list-style-type: none"> <li>• CCC / CWCCG terms and conditions – do they become permanent statutory services employees with same conditions?</li> </ul>
	A new provider takes over the staffing	<ul style="list-style-type: none"> <li>• Agreement of which provider takes over and agreed mobilisation period</li> <li>• Which terms and conditions and policies and procedures are used? Existing or new providers?</li> <li>• Integrate calls within new providers existing staff group</li> <li>• Longer term the need to line up providers within procurement processes for this type of scenario</li> </ul>
Service Users	Reviews	<ul style="list-style-type: none"> <li>• Social Care reviews on all service users including private clients where needed</li> <li>• Options appraisal / risk assessments</li> <li>• Advocates / IMCA arrangements in place</li> </ul>
	Health and well-being checks	<ul style="list-style-type: none"> <li>• Health and well-being checks on all service users</li> </ul>

### Holistic actions across all approaches

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

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

### Business continuity plans (BCP's)

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

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

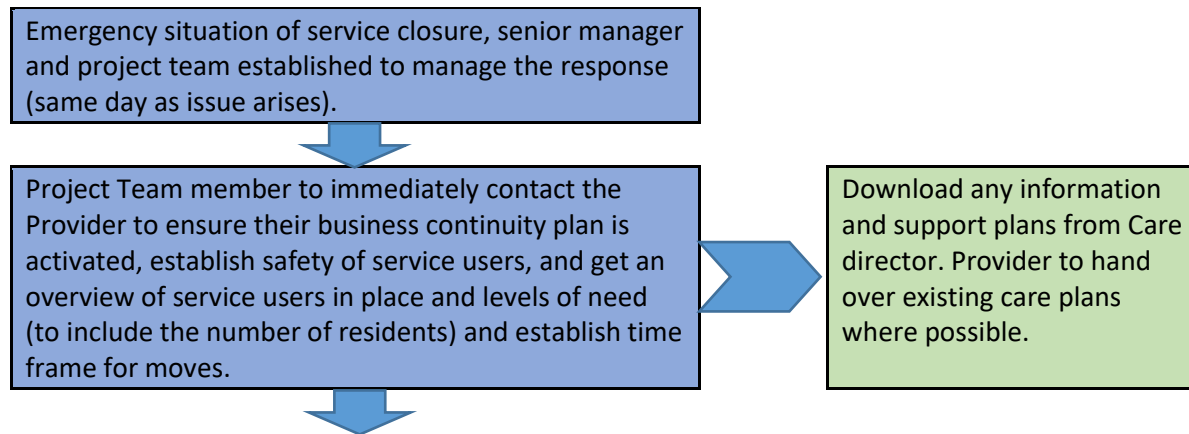
In line with provider BCP's, there will be scenarios, as identified within this document, where the Council will need to mobilise actions and support swiftly. The market and provider failure approach will be used, through market engagement and planning, as a mechanism to react to such scenarios.

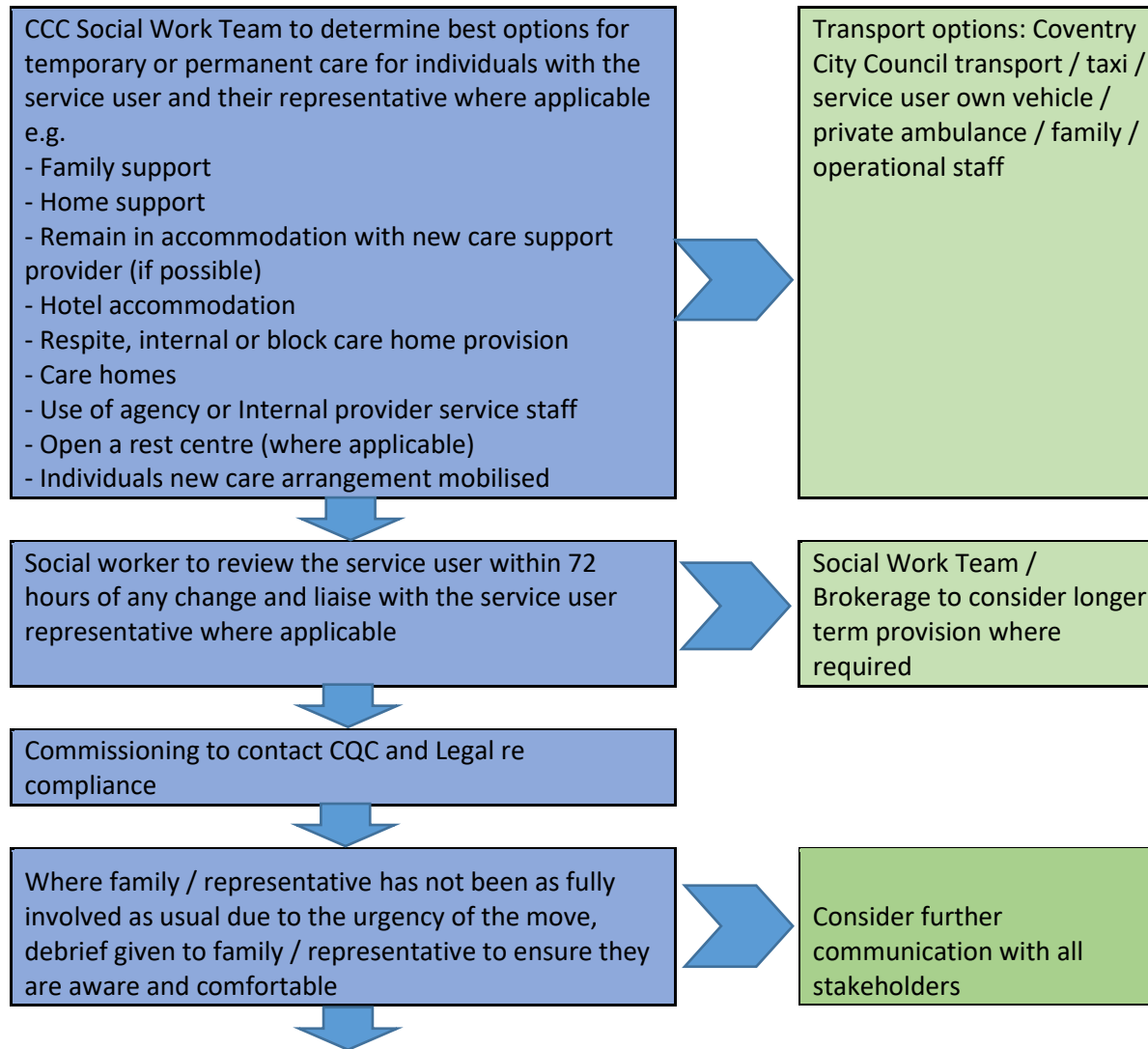
### 10. Emergency Closure (within 72 hours)

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

#### Flowchart detailing immediate actions to be followed

##### Emergency Closure





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



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

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Cabinet Member for Adult Services

13 July 2022

**Name of Cabinet Member:**

Cabinet Member for Adult Services – Councillor M Mutton

**Director Approving Submission of the report:**

Director of Law and Governance

**Ward(s) affected:**

None

**Title:**

Outstanding Issues

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**Is this a key decision?**

No

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**Executive Summary:**

In May 2004 the City Council adopted an Outstanding Minutes System linked to the Forward Plan, to ensure that follow up reports can be monitored and reported to Elected Members. The appendix attached to the report sets out a table detailing the issues on which further reports have been requested by the Cabinet Member for Adult Services, so that she is aware of them and can monitor progress.

**Recommendations:**

The Cabinet Member for Adult Services is requested to consider the list of outstanding issues and to ask the Member of the Strategic Management Board or appropriate officer to explain the current position on those which should have been discharged at this meeting or an earlier meeting.

**List of Appendices included:**

Table of Outstanding Issues

**Background papers:**

None

**Other useful documents:**

None

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

No

**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 author(s):**

**Name and job title:**

Michelle Rose  
Governance Services Officer

Law and Governance

**Tel and email contact:**

Tel: 024 7697 2645

E-mail: [michelle.rose@coventry.gov.uk](mailto:michelle.rose@coventry.gov.uk)



Enquiries should be directed to the above persons.

This report is published on the council's website: [www.coventry.gov.uk/meetings](http://www.coventry.gov.uk/meetings)

	<b>Subject</b>	<b>Date for Further Consideration</b>	<b>Responsible Officer</b>	<b>Proposed Amendment to Date for Consideration</b>	<b>Reason for Request to Delay Submission of Report</b>
1	<b>Day Opportunities for Adults with Learning Disabilities</b> Further report providing an update on the proposal for Older Peoples Dementia Day Services at Maymorn once the consultation exercise was completed. (Minute 13/21 of the Cabinet Member for Adult Services refers – 17 <sup>th</sup> March, 2022)	Date to be confirmed	Director of Adult Services  Pete Fahy	To be confirmed	

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