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Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
11.00 am on Wednesday, 17th January, 2024

Place
Diamond Rooms 1 and 2 - Council House, Coventry

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 29th November 2023 (Pages 3 - 8)

   (b) Matters Arising

4. **Changes to the Prescription Ordering Direct (POD) Service** (Pages 9 - 12)

   Briefing Note of the Head of Communications and Public Affairs, Coventry and Warwickshire Integrated Care Board

5. **Safeguarding Adults Annual Report** (Pages 13 - 58)

   Briefing Note of the Director of Adults

6. **Coventry & Warwickshire Integrated Health and Care Delivery Plan** (Pages 59 - 64)

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

7. **Work Programme and Outstanding Issues** (Pages 65 - 72)

   Report of the Scrutiny Co-ordinator

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

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

Private Business
   Nil

Julie Newman, Chief Legal Officer, Council House, Coventry

Tuesday, 9 January 2024

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

Membership: Councillors S Agboola, J Gardiner, S Gray, L Harvard, A Hopkins, A Jobbar, C Miks (Chair), B Mosterman and A Tucker

By Invitation: Councillors L Bigham, K Caan, G Hayre and S Nazir

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Caroline Taylor, Governance Services
caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00 am on Wednesday, 29 November 2023

Present:

Members: Councillor C Miks (Chair)

Councillor S Agboola
Councillor J Gardiner
Councillor S Gray
Councillor A Jobbar
Councillor R Lakha (substitute)
Councillor B Mosterman
Councillor A Tucker

Other Members: Councillor L Bigham (Cabinet Member for Adult Services)
Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)
Councillor S Nazir (Deputy Cabinet Member for Adult Services)

Employees (by Service Area)

Law and Governance   G Holmes, C Taylor

Public Health & Wellbeing   A Duggal

Others Present   Gabrielle Harris, UHCW

Apologies: Councillor A Hopkins

Public Business

22.   **Declarations of Interest**

There were no disclosable pecuniary interests.

23.   **To agree the minutes of the meeting held on 18th October 2023**

The minutes of the meeting held on 18th October 2023 were agreed and signed as a true record.

24.   **Matters Arising**

There were no Matters Arising.

25.   **A&E Waiting Times**

The Board considered a briefing note of the Scrutiny Co-ordinator and a verbal report and presentation of the Chief Operating Officer, UHCW, which provided an

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update on the current position of Urgent and Emergency Care (UEC) at UHCW. The briefing note also provided an update on virtual ward capacity and progress and an update on elective care and the impact of continuing industrial action.

The national target for 4-hour performance within the Emergency Department was 76%. Year to date, UHCW was performing at 72% in comparison with this.

The Improving Lives Programme was a priority for UHCW and integral to achieving an improved 4-hour performance and improved patient experience. It was a partnership programme, across Coventry Care Collaborative, which was about fundamentally changing the way we support people in Coventry with urgent need. It sets out to prevent avoidable hospital attendances and admissions, reduce hospital length of stay and ensure patient discharge as soon as medically fit.

A number of trials had already evidenced improvement and throughout January the improvements would be rolled out across all hospital wards so that the benefits could be realised for all patients across all specialities. This would be sponsored by senior leaders further evidencing the commitment of UHCW to achieve improvements for urgent and emergency care pathways.

In addition, a 'discharge pull' model of care would go live, 'pulling' patients into community provision as soon as medically fit, as part of the One Coventry Integrated Team model.

However, it was recognised that despite the ongoing improvement work that Improving Lives was delivering, there would be challenges with patient discharges to packages of care over the winter period.

There were several supportive strategies in place to aid the discharge process with the aim to reduce length of stay, including:

- Regular escalation meetings.
- Confirm and challenge weekly with all clinical groups for patients with long length of stay (LLOS) >14 days.
- Discharge before 12pm and before 5pm weekly meetings to focus on driving early discharges.
- Quarterly Multi Agency Discharge Event (MADE) meetings.

Ambulance handover performance remained a priority in order to ensure patients were handed over to the Emergency Department within 15 minutes and waited no longer than 30 minutes, thereby releasing paramedic crews to respond to outstanding calls.

In the year to date, 40% of patients had been handed over within 15 minutes compared to a West Midlands average of 36%. In addition, 80% of patients had been handed over within 30 minutes compared to a West Midlands average of 73%. During the same time period, 7% of patients waiting in excess of 60 minutes for handover compared to a West Midlands average of 12%.
To support ongoing improvement, in ED there was daily focus and review of ambulance handover times. A regular 'huddle' in ED was in place, in conjunction

with the HALO, to review daily performance and respond accordingly. This was proving beneficial and would continue over the winter period.

In addition, Same Day Emergency Care (SDEC) continued to be operational providing an option to avoid hospital admission for those who were suitable. Over the winter period opening times would be 08:00 – 22:00, 7 days per week. Medical SDEC currently treated, on average, 55 – 60 patients per day. The Medical SDEC model was Consultant led and supported by a multi-disciplinary workforce mainly comprising of senior clinical fellows and ACP's. Work was continuing to improve efficiencies and develop the offer, including bookable slots for patients who presented out of hours or during surges of activity. This was aimed to be piloted in December 2023. This service routinely accepted more than 100 patients conveyed directly by WMAS each month.

Frailty SDEC was in place and would continue over the winter in order to ensure patients avoid admission where possible. The opening hours were 08:00 – 20:00, 5 days per week. The Frailty SDEC model was Consultant led and supported by a multi-disciplinary workforce comprising of ACP's, Pharmacists, REACT and a Social Worker. Work was continuing to develop and increase throughput through this service. This included a bespoke telephone number for paramedics to call to discuss suitability of direct conveyance and a push model instead of pull model into the service.

To be more resilient, the Emergency Medicine Group had been working through several transformation projects to provide efficiencies in the system thus building capacity and resilience. Examples of this included:

- Direct Access Pathway ward moves to collocate Acute Medicine services in one location.
- Review of Directory of Services to ensure patients are appropriately directed.
- Continuation of the co-located UTC to see, treat and discharge low acuity patients, this includes booking patients into appointment slots from ED overnight.

UHCW host a 40 bed capacity Hospital@Home virtual ward programme offering patients with acute illness a safe alternative to bedded care. The Hospital@Home service, led by a medical consultant, supported patients with frailty, heart failure, acute respiratory illness, infection and general medicine conditions. Hospital@Home had the capabilities to offer digital support in the home as well as administration of IV medications and medical monitoring.

The Trust continued to work hard to transform Elective Care and was focused on reducing the number of patients on waiting lists, specifically 78, 65 and 52 weeks.

Industrial Action had been a factor in hampering the ability to reach zero, as pathology and radiology delays were the most impacted services as a result of industrial action.

UHCW was ahead of trajectory to meet the 65 week target by March 2024. A range of short, medium and long term actions were in place to ensure the trajectory was maintained including:

- Insourcing
- Outsourcing
- ISP use
- Mutual Aid
- PIDMAS
- Robust validation
- Consultant triaging of referrals via RAS platforms
- Additional sessions
- HVLC pathways

UCHW's DM01/Diagnostic performance had also seen a rapid improvement over the last 6 months with further improvement expected. Low waiting times for diagnostics would aid the ability to achieve the 65 week performance by March

Industrial action had an impact on radiology and pathology turnaround times, which in turn delayed pathways across the services, in particular for routine patients. There were over 1,700 MRI's to be reported and 3 week delay for skin pathology results. Mutual aid had been enacted for pathology across the system and outsourcing capacity had been secured.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, thanked officers for the report, highlighting the effectiveness of the Improving Lives Programme, whilst recognising the multiple challenges at UHCW, stressing the benefits of the presence of GP's on site in A&E and recognising that each patient would provided with support, care and treated with dignity.

Members of the Scrutiny Board, having considered the content of the report and presentation, asked questions and received information from the Chief Operating Officer, UHCW, on the following matters:

- The y axis on the 65+ Week Waiters slide represented patient numbers.
- There had been a significant improvement in elective and emergency department wait times since the opening of the Coventry Urgent Treatment Centre. Training and education for staff had been undertaken to ensure patient care was consistent across the board. Telehealth was being investigated so patients would not need to travel between sites.
- The national target for 65+ week waiters as of March 2024 was zero and this was UHCW's plan. South Warwickshire and George Elliot hospitals were currently ahead of the trend however, their profile and complexity was not so complex as that of UHCW.
- Additional theatre staff had been employed through Medinet, to allow theatre sessions at weekends, which helped with elective care capacity.
- Patients were being seen locally by specialist teams (not employed by UHCW) in gynaecology and dermatology.
- An acute bed in UHCW cost approximately £250 per day. More specialised areas would incur a greater cost.
- UHCW worked with a number of partnership colleagues in order to improve waiting times.
- Whilst clinical judgment was used to determine wait times, UHCW worked closely with Netcall in order to keep patients advised of wait times. Netcall

routinely contacted patients every 3 months via text. Those patients who did not have access to digital platforms were contacted via letter and telephone calls.

- Patients had been reached out to on a national level via the Digital Mutual Aid System. If a patient had been on the wait list for more than 40 weeks, they could request to have their care transferred to another hospital. 7000 patients fell into this category, 400 of which had asked to explore the system.
- UHCW were addressing the challenges of patient wait times. An additional health care professional was available in A&E 24/7, 7 days a week to support patients in the waiting rooms and respiratory hubs and GP's with specialist interests were being used to reduce pressures on A&E.
- When hospital beds were at 92% capacity, patient flow was good however, at 98% (current), flow was slower and ambulance wait times longer.
- There was an inequity of access to private medicine across the population and ENT was UHCW's most challenged area. A community clinic had recently opened in Cheylesmore, providing ENT outpatient treatments and additional capacity.
- UHCW were undertaking research in the ENT space and hoping to raise ENT's profile.
- Weekend hospital discharges was an area for improvement as only half the number of patients were discharged over weekends than during the week, with risk being the main factor. Other factors included old equipment in pathology; replacement equipment would result in quicker turn around times and pharmacy turn around times. The recent purchase of 2 pharmacy dispensary robots had quickened the dispensary process.
- To provide a full weekend discharge service, would be resource intensive and financially challenging.
- Emergency re-admissions were where patients were re-admitted to hospital within 28 days. If patient discharge was planned from admission, then it was more likely to be successful.
- Planning for early discharge for patients was important so that stay was not delayed and beds blocked.
- Each patient was challenged every day regarding length of stay however, there was a cohort of patients ie. Homeless, complex mental or behaviour needs, who tended to get stuck in hospital. These patients required focus to unblock difficult issues.
- Criteria led discharge was being implemented. This was led by consultants for groups of patients with specific objectives to meet in order to be discharged by nursing staff.
- A lot of activity was taking place around recruitment and retention including the culture of the organisation and making UHCW an attractive employer. And there had been notable success in midwifery and nursing. UHCW worked in partnership with Coventry University, Warwick Medical School and the Community Diagnostic Centre as feeders.
- Emergency medicine consultants and teams worked a 24/7 rota. Staff working over the weekend in A&E were of the same number and medical skill as those working weekdays.
- Ward based patients were more likely to become stuck in hospital over the weekend due to lower numbers of consultants and the element of risk.

- Frailty SDEC was same day emergency care and was within A&E but downstairs in the medical assessment unit. It provided an outpatient setting for patients with frail medical needs and those that did not require to be admitted.
- The biggest impact on the workforce had been the pandemic.

The Chair thanked the Chief Operating Officer, UHCW, for the report and presentation on A&E waiting times, advising each patient was different, individual and would be treated with dignity.

Members requested the following information:

- Emergency re-admission data
- Circulate of presentation slides

RESOLVED that the Health and Social Care Scrutiny Board (5):

- **Notes the work being done with projects ongoing and planned to take place at UHCW to improve the quality of care for our patients, together with the ongoing challenges faced.**

26. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme with the inclusion of the following:

- **Virtual Beds (February 2024) as part of the item on Improving Lives**
- **NHS Dentistry**

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

There were no other items of public business.

(Meeting closed at 12.35 pm)

NHS Coventry and Warwickshire Integrated Care Board

BRIEFING PAPER FOR– Closure of NHS POD (Prescription Ordering Direct) Service

1. Background

1.1. In December 2023, and after consideration and engagement, the ICB decided to recommend decommissioning of the POD service on the grounds of lack of value for money. Deteriorating performance and operational difficulties were also noted. We anticipate that the POD will close on 31st March 2024.

1.2. We are now in a transition phase of repatriating repeat prescription ordering to GP practices, which is part of their GMS contract. Support and funding is being made available to practices to manage this transition.

2. Potential Impacts of closing the NHS POD service

Impact on patients

2.1. As the NHS App and Patient Access app gains in popularity, we anticipate that the majority of patients will chose to move to ordering their medications through these methods. All practices have patients using these methods already with app-based prescription ordering varying from 19-73% in those practices that use POD.

2.2. We recognise that digital services are not accessible to everyone however and there remain patients who would prefer to use the telephone or order their repeat prescriptions in person. There are already alternative provisions for ordering regular repeat prescriptions (paper ordering slips, telephone, email) within General Practice as this is a core GMS service which all practices deliver. This provision is usually timelier and an improvement in patient convenience as prescription ordering compared to POD.

2.3. Those patients who are eligible can be transferred to repeat dispensing which allows 6-12 months of prescriptions at a time to be approved with their consent.

2.4. There is already provision in place for community pharmacy to order repeat medication on behalf of vulnerable patients and this would continue if the POD service was no longer in place.

Impact on General Practice

2.5. Regardless of whether a repeat prescription is ordered via the POD service or digitally or via the practice system, GPs still have to review and sign the prescription to authorise it. This will remain the case when the POD service is closed.

2.6. Practices may see an increase in their administrative burden as those patients who do not choose or are not able to access digital alternatives call the practice to order their medications.

Although this is a core GMS service and is the responsibility of GPs to provide this service within the terms of their contract, we are clear that this is a time when Primary Care is already under significant pressure and the ICB is committed to supporting our GP practices to manage any potential issues.

2.7.   Within the ICB there a few PCNs that have independently set up medicine management hubs that, as well as repeat prescribing, provide extra services set up for their local patients and learning from these can be utilised to spread good practice across the affected stakeholders.

Impact on Pharmacy

2.8.   Pharmacy services will not be affected if the POD service was no longer available as they would continue to receive repeat prescriptions directly from the practice, regardless of how the prescription was ordered.

2.9.   Community pharmacy will remain able to order repeat medication on behalf of vulnerable patients with the agreement of the practice, as is the case now.

3.   Transition Plan

3.1.   We understand that the changes may cause a temporary impact to patients whilst they transition over to an alternative service. The ICB will support patients and practices during this transition to ensure that this impact is minimised as far as possible for affected patients and to raise awareness of the changes to the service.

3.2.   From early January a message on the NHS POD website has been posted, advising patients that the NHS POD service will close by the end of March and that the patients GP practice will contact them in due course advising of how they can order their repeat medicines hereon in.

3.3.   A recorded message has also been added to the telephone system advising every patient calling in to the NHS POD service that it will be closing at the end of March. The message also advises patients ringing in to sign up for the NHS or Patient Access app if they have not done so already. The message then advises that if the patient does not have a smartphone or access to a computer and may find it difficult to order in the future, to inform the POD call handler who will ensure the GP practice is aware of this.

3.4.   The POD call handler on answering a call will ask the patient if they have heard the recorded message on the phone system. They will ask the patient if they have access to the NHS app or alternative online access to prescription ordering. A list of options available from their practice will be presented to the patient and the information discussed with the patient as appropriate (but advising them not to call their GP practice as the practice will in due course contact them). If a patient advises that they cannot order their prescription by the methods advised or do not have a family member (or authorised representative) that could do this for them, then their details (with the consent of the patient) will be recorded onto a 'Register of Vulnerable Patients' for each practice and these details passed to the relevant GP practice.

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3.5.   As patients are only issued with 28 days worth of prescription, we will have two to three opportunities to speak to each patient individually if necessary through the transition process.

3.6.   The specific activities that the ICB is committed to support patients and practices are below:

Alternative Service or Mitigation	Activity
NHS App or Patient Access app	The NHS App and Patient Access App are widely and freely available apps that allow patients to order their prescriptions at any time without the need to contact their practice. We will promote GP online services as the first choice for most patients

Proxy ordering for family members is also available via the Patient Access app for those who are unable to do so themselves. This is only available if the person is registered at the same practice as the patient and this issue has been raised by the ICB to digital colleagues regionally.

We will promote and support patients using the NHS POD to transfer to the NHS/Patient Access App where there is patient willingness to do this.

We anticipate that more than 80% of patients would be realistically able to use this method. Many practices that use practice website or email ordering could transition to this approach that significantly reduces administration in the practice. |
| Funding to GP practices to support transition | £200,000 has been made available to practices to support the transition. This will be distributed on a fair shares basis based upon the number of patients from a practice using POD.

Practices can use this funding to contact affected patients, update their prescription ordering processes and upskill staff as necessary. |
| Supporting practices in alternative methods of prescription ordering | We will promote repeat dispensing as described above and transfer eligible patients to this with their consent

In-person at the practice - Patients can order their repeat prescription via the right-hand side of their repeat prescription slip and drop into their GP practice

The POD already allows community pharmacy to order for a practices vulnerable patients and this would continue utilising the methods above |
| POD Wind Down | All non-essential activity by POD staff has now been halted and closed to new patients. The focus of activity is on the basics of prescription ordering and supporting patients in the transition.

All patients contacting POD will be informed on the planned closure and how to transition to an alternative method of ordering.

As the closure deadline gets closer POD will start issuing double volume prescriptions to ensure that patients have sufficient medication to cover |

	the early weeks in April to reduce the burden on practices during this early transition time.
Training for practice staff	The ICB medicines optimisation team will be providing training to practice staff to upskill them in prescription ordering
Identifying vulnerable patients	POD staff will identify patients that are unable to use app/web based repeat ordering to allow practices to contact them directly to agree alternatives
Identifying vulnerable practices	Practices are being asked to self identify whether they think they will be particularly challenged by the transition. We will endeavour to provide additional support to these practices where necessary
Communications support	As part of the winter campaign we will be promoting the use of the NHS app. We will be providing practices with a resource pack for communicating the POD changes with patients.

4. Conclusions

4.1. We are anticipating that the POD will close on 31st March. Staff are aware of this and currently in consultation.

4.2. POD is now closed to new patients and we have started to communicate the likely closure date when patients contact POD and encourage them to use the NHS/patient access app where possible.

4.3. The ICB will continue to actively engage with practices and PCNs to manage the transition over the next 3-4 months including making £200,000 available to practices to support the transition.

4.4. Training will be provided to all practices that require it.

4.5. We will continue to provide communication resources to practices to support this transition. Vulnerable patients and practices will receive enhanced support where required

Recommendation

Coventry Adult Social Care and Health Overview and Scrutiny Committee are asked to **NOTE** the information about the transition plan for the closure of the POD and repatriation of repeat prescribing to GP practices.

End of Report

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)   **Date: 17ᵗʰ January 2024**

Subject: Safeguarding Adults Board Annual Report

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1   Purpose of the Note

1.1   The purpose of the briefing note is to provide an overview of Coventry Safeguarding Adults Board Annual Report 2022-2023 (Appendix 1).

2   Recommendations

2.1   The Health and Social Care Scrutiny Board (5) Members are asked to note the contents of the reports and to make any further recommendations.

3   Information/Background

3.1   The Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Coventry**.**

3.2   The Care Act (2014) requires that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding
Adults Board is to help protect adults in its area in cases where the adult:
• has care and support needs.
• is experiencing, or is at risk of, abuse or neglect and
• as a result of those needs is unable to protect himself or herself against
the abuse or neglect or the risk of it

3.3   The Safeguarding Adults Board achieves this by co-ordinating and ensuring the efficacy of what each member does.

3.4   Under the Care Act 2014 one of the core duties of the Safeguarding Adults Board (SAB) is to Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions. This Safeguarding Adults Board Annual Report 2022-2023 is in line with this requirement.
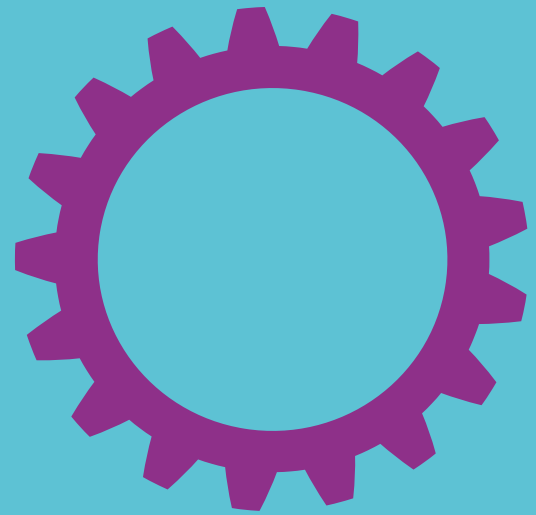

Appendix 1: Coventry Safeguarding Adults Board Annual Report 2022/23

Name   Rebekah Eaves
Job Title   Business Manager Coventry Safeguarding Children's Partnership and
                  Adult Board.
Contact Details rebekah.eaves@coventry.gov.uk

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Coventry Safeguarding Adults Board
Annual Report 2022/23

Board partners

	To report a crime:	
In an emergency, contact the police:		**Tel 999**
If the person is not in danger now, contact the police:		**Tel. 101**
To report a safeguarding concern or seek advice:		
Contact Adult Social Care:		**Tel: 024 7683 3003**
Out of hours:		**Tel: 024 7683 2222**

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Message from the Chair

It is my pleasure to introduce the Coventry Safeguarding Adult Board Annual Report for 2022/23.

As well as setting out the structure and purpose of the Board, the Annual Report provides a comprehensive account of the work carried out with our partners to safeguard people across the city with care and support needs.

Our priorities are explained, and information is provided that details the outcomes achieved and the difference made. All of the activity is underpinned by a shared commitment to keep people at the heart of what we do.

I would like to place on record my appreciation for the work of the partner agencies, and especially to all those dedicated colleagues working to make Coventry a safe place to live, work and visit.
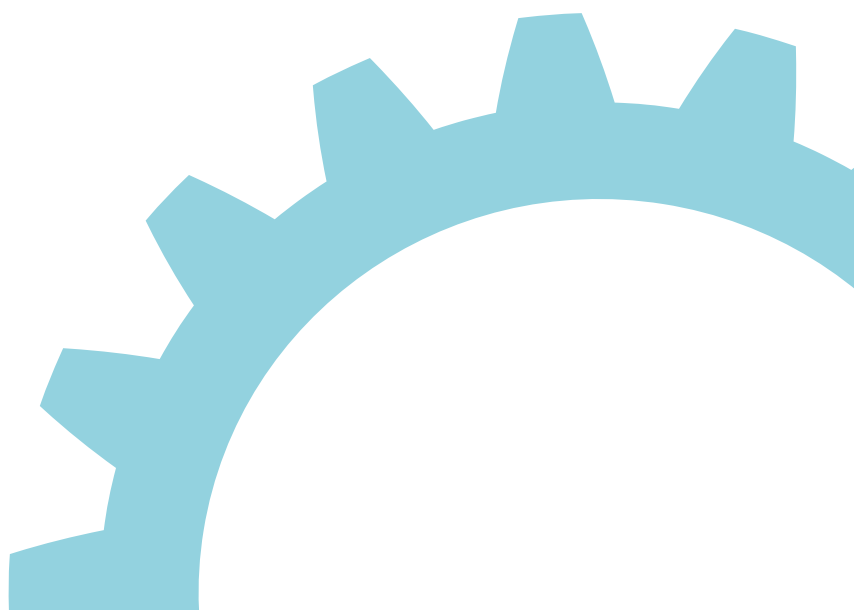
Derek Benson
Independent Chair
Coventry Safeguarding Adults Board

What we do?

The Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Coventry. The Board includes a wide range of organisations that have a role in safeguarding adults with care and support needs, from abuse and neglect. This includes senior representatives from the Local Authority, Police and NHS Integrated Health Board (ICB) as well as other statutory organisations, Healthwatch and the voluntary sector.

The Board commissions an Independent Chair, to provide an independent perspective, challenge and support to the Board in achieving its ambitions. A full list of members is available at appendix 1.

The Care Act (2014) requires that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board is to help protect adults in its area in cases where the adult:

- has care and support needs.

- is experiencing, or is at risk of, abuse or neglect and

- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The Safeguarding Adults Board achieves this by co-ordinating and ensuring the efficacy of what each member does. Each Safeguarding Adult Board has three core duties which are to:-

- conduct any safeguarding adults reviews in accordance with Section 44 of the Care Act 2014

- publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions.

- publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this.

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The work of the Board is underpinned by the six safeguarding principles as defined in the Care Act 2014, which are:

Empowerment

I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.

Prevention

I receive clear and simple information about what abuse is. I know how to recognise the signs and I know what I can do to seek help.

Proportionate

I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.

Protection

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

Partnership

I know that staff treat personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

Accountability

I understand the role of everyone involved in my life and what they do.

For more information see our One minute guide on **Making Safeguarding Personal** or see our **Making Safeguarding Personal leaflet**.

Coventry Safeguarding Adults Board had three priorities for 2022-2023

To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' (MSP) and that adults are supported to achieve the outcomes that they want.

To prepare for and oversee the effective implementation of Liberty Protection Safeguards 2022.

The Board to seek to understand and respond to safeguarding issues arising out of lockdown easing of the COVID-19 pandemic crisis.

Governance arrangements

The Board is a multi-agency statutory body which makes decisions about the strategic direction of safeguarding in Coventry. The work of the Board is supported through its Business Executive Group and Subgroups. The structure of these groups is shown in the chart below:

Coventry Safeguarding Adults Board

Chair: Derek Benson

Business Executive

Chair: Derek Benson

Safeguarding Adults Review Subgroup

Chair: Andrew Errington

Policy and Workforce Development Subgroup

Chairs: Belinda Kirk & Julie Vaughan

Quality Assurance and Performance Subgroup

Chair: Vicki Herbert
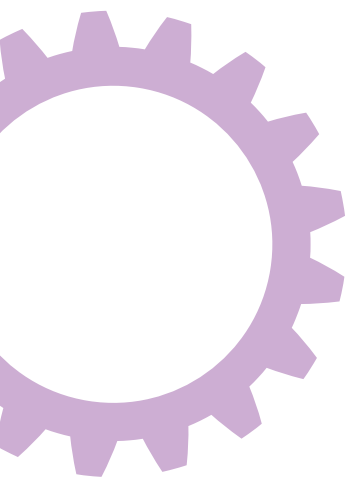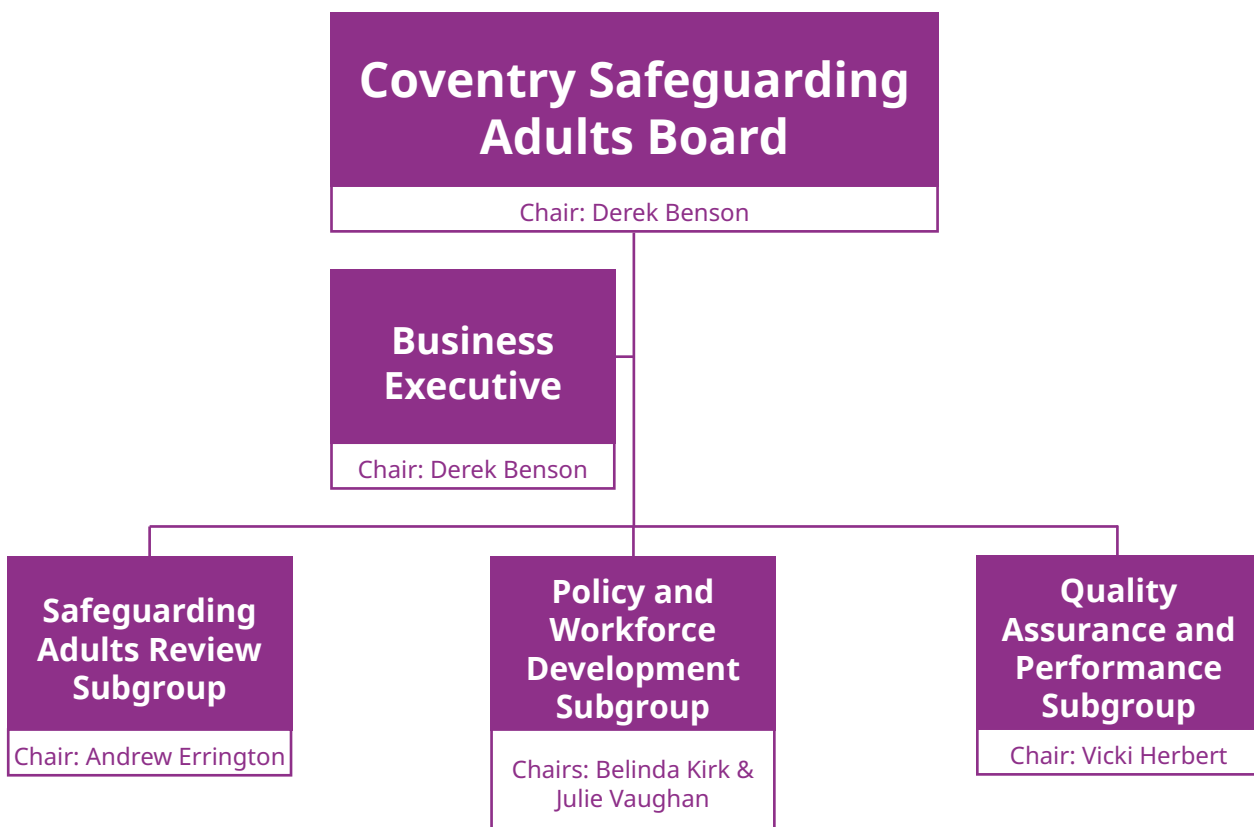
Coventry population

345,300

Median age is

35

26% under 19

59.4% are aged 19-64

14.6% are aged over 65

Ethnic groups

■ **Coventry** | (England)

Asian, Asian British or Asian Welsh **18.5%** (9.6%)

Black, Black British, Black Welsh, Caribbean or African **8.9%** (4.2%)

Mixed or Multiple ethnic groups **3.4%** (3.0%)

White **65.5%** (81.0%)

Other ethnic group **3.7%** (2.2%)

% of all people

3.4 of adults who are unemployed in 2020

reported through the 2021 census. This may have been influenced by the Covid-19 pandemic.

Total male population 172,200

173,100 **Total female population**

Healthy Life expectancy at birth

64.0 For females (in years)

61.1 For males (in years)

Life expectancy at birth

82.0 For females (in years)

78.0 For males (in years)

Depending on the way it is measured, Coventry ranks

66th most deprived local authority area of 317 in England

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Outcomes for Coventry Adults

During 2022/23 data was collated into a Performance Scorecard and analysed by the Quality, Assurance and Performance (QA&P) Subgroup to help understand how the partnership was progressing in its objectives and priorities:

Priority 1 – To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' and that adults are supported to achieve the outcomes that they want.

1. **The number of identified outcomes achieved for concluded safeguarding enquires:**

	Fully Achieved	Partially achieved	Not Achieved	Asked but not expressed	Person not asked	Blanks/ don't know	Total
2021-2022	410 (47%)	241 (28%)	21 (2%	91 (10%	99 (11%	7 (1%)	**869**
Previous Q4	181 (61%)	68 (23%)	8 (3%	26 (9%	20 (6%	0 (0%)	**303**
Q1	86 (38%)	71 (32%)	14 (6%	39 (17%	15 (7%	0 (0%)	**225**
Q2	91 (43%)	51 (24%)	7 (3%	46 (22%	18 (8%	0 (0%)	**213**
Q3	84 (32%)	73 (28%)	10 (3%	59 (23%	36 (14%	0 (0%)	**262**
Q4	133 (46%)	86 (298%)	10 (3%	30 (10%	33 (11%	0 (0%)	**292**
Total	**394**	**271**	**41**	**174**	**102**	**0**	**992**
% of total	**40%**	**28%**	**4%**	**18%**	**10%**	**0%**	

2. The percentage of adults who lack capacity with concluded safeguarding enquiries that confirm that they were supported by an advocate or family member acting as a representative:

	Prev Q4	Q1	Q2	Q3	Q4
Supported by an advocate	**88%**	89%	94%	95%	98%

3. Conversion rate from concerns to enquiries (evidencing proportionality of involvement):

	Prev Year Total	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of new Concerns	**5858**	520	583	491	526	537	483	521	545	516	526	463	567	**6278**
Number of new Enquiries	**899**	83	90	67	79	86	97	96	92	92	102	86	89	**1055**
% of concerns who became an Enquiry	**15%**	16%	15%	14%	15%	16%	20%	18%	17%	17%	19%	19%	16%	**17%**

4. Number of hits on MSP resources on the CSAB website:

MSP Resources	Q1	Q2	Q3	Q4
Safeguarding Adults Board Resources Page	42	70	17	71
MSP Leaflet	5	10	0	0
MSP Learning Event YouTube Video	2	6	0	4

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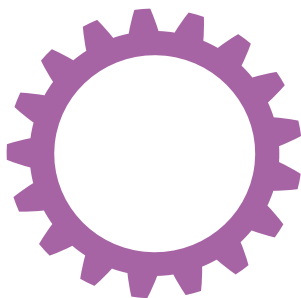
5. % of staff currently trained in basic safeguarding awareness:

Agency	End of last Q4	Q1	Q2	Q3	Q4	CAVEAT
ALL Local Authority	77	77	76	78	81	
Local Authority Adult Services	91	91	89	90	93	Calculated at 3 years (employer requirement)
Local Authority Adult Social Care Teams	91	92	92	89	92	
UHCW	95.4	96	96	95.8	96	Calculated at 3 year (employer requirement)
ICB	90.1	91.4	90.1	91.3	91.1	Calculated at 3 year (employer requirement)
CWPT	97.1	94.5	93	93.4	93.9	Calculated annually (employer requirement)
SWFT	92.5	92	90	92	91	Calculated at 3 year (employer requirement)
NPS	100	75	78.5	84	92	Calculated at 3 year (employer requirement)

Making Safeguarding Personal continues to be a key focus for the Board and, where possible, we want individuals to express their wishes and ensure their outcomes are achieved, and the end of year data demonstrates that throughout the year 68% of outcomes for concluded safeguarding enquiries were either fully or partially achieved. This represents a decrease of 7% in fully achieved outcomes compared to the previous year (no change for partially achieved outcomes) and is in line with the 7% increase of individuals not expressing their wishes regarding outcomes when asked. There was also a very slight increase (2%) in outcomes that were not achieved.

It was encouraging for the Quality, Assurance and Performance subgroup to observe an upturn in the percentage of individuals who lack capacity being supported by an advocate, going from 90% in Q1 to 98% by then end of year – this is the highest rate this performance indicator has reached since the Board began collecting this data 3 years ago.

There continued to be evidence of excellent safeguarding training compliance across all agencies this year. Probation reported a decline in their training compliance at the start of the year due to their organisation operating in 'Red Status' and as part of their national prioritisation framework, training was an area where they were permitted to pull back from

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during that time. However this steadily improved and by the end of the year all agencies' compliance with safeguarding training was above 90%.

The number of adults referred in as a concern increased by 7% this year compared to last year. Coventry continues to have a higher rate of concerns, per 100,00 population compared with 2021/22 in England and the West Midlands. The conversion rate from concern to a Section 42 enquiry increased to 17% this year. The group understood that conversion rates can vary - both regionally and nationally (anywhere from 5% to 95%) however 15% is the expected rate locally.

Priority 2 – To prepare for and oversee the effective implementation of Liberty Protection Safeguards.

The implementation of Liberty Protection Safeguards was expected in the Spring of 2023 and therefore the Board decided that this should be one of their priorities, however in April 2023 the Government set out its plans for adult social care reform and in order to enable them to focus on their critical priorities, the Government made the decision to delay the implementation of the Liberty Protection Safeguards (LPS) beyond the life of this Parliament. Hence, the Deprivation of Liberty Safeguards (DoLS) remain an important system for authorising deprivations of liberty, and it is important that health and social care providers continue to make applications in line with the Mental Capacity Act 2005 to ensure that the rights of individuals who may lack capacity are protected and looked after in a way that does not inappropriately restrict their freedom.

The data outlined below was intended to provide assurances to the Quality, Assurance & Performance subgroup that DoLS applications are processed timely and to provide details of numbers of outstanding applications:

1. **Deprivation of Liberty Safeguards (DoLS) applications:**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
Applications carried over from previous period	469	563	511	540	
Number of applications received 2022-23	576	518	563	631	2288
TOTAL Number of applications at the end of the quarter	1045	1081	1074	1171	2757
Total number of granted	203	269	233	350	1055
Total number of not granted	279	301	301	363	1244
Total number of completed	482	570	534	713	2299
Competed %	46%	53%	50%	61%	83%
To be completed	563	511	540	458	458
To be completed %	54%	47%	50%	39%	17%

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	Applications granted timescale form being received					
	0-3 months		3-6 months		6+ months		Total
Total 20-21	259	30%	565	66%	37	4%	**861**
Total 21-22	216	24%	554	62%	127	14%	**897**
Total 22-23	199	19%	750	71%	106	10%	**1055**

Reason for Not Granted DoLS	2022-23	
	Number	**%**
Change of circumstances	905	73%
Deceased	257	21%
Criteria not met	82	7%
Grand Total	**1244**	

The QA&P subgroup recognised that the number of DoLS application is still increasing; this is an observed trend year on year. 2022/23 saw the highest number of applications to date (2757) with highest number of applications completed (2299 – 83%) and at year end, 17% of applications were yet to be completed.

1055 (45%) of applications were granted; most applications were granted within 3 – 6 months, 199 (19%) were granted within 90 days, however 10% of applications were granted 6+ months after they were received and measures to ensure that this was reduced were put in place and included a 360 review of the DoLS process from receipt of application to final authorisation. The aim of the review was to identify where delays occur in the process and if possible, put measures in place to reduce them. Another measure was to ensure that all G8 managers who had completed the recent authoriser training were actively participating in the Authorisation Rota and ensuring that Best Interest Assessors (BIAs) were taking a proportionate response to assessing citizens who were being deprived of their liberty. BIA's were completing face to face assessments in care homes and hospital and remote assessments were only being done in exceptional circumstances.

CQC rating of Coventry care homes:

The Care Quality Commission (CQC) is the independent regulator of Health and Social Care in England. Each quarter a representative from the Commissioning Team brought a report to the subgroup to provide assurance around the internal and external audit and inspection systems in care homes in Coventry, how they are rated by CQC and plans for improvement along with current campaigns and any success stories.

This year the Joint Quality Assurance Team continued to focus assurance activity on commissioned providers with 'Inadequate' or 'Requires Improvement' ratings and shared information and intelligence with the CQC to inform their inspections. The Quality Peer Support Group (QPSG) and Provider Escalation Panel (PEP) continued to monitor and manage providers that had quality concerns and presented levels of risk to both the users of the service and/or risks to the market. These multi-agency groups have a shared responsibility for managing local quality assurance.

All providers should have a full quality assurance monitoring visit (announced and unannounced) completed on a yearly basis as a minimum; the joint quality team apply a risk-based approach to contract monitoring and quality assurance, with more focus on those providers identified to be most at risk.

The Commissioning Team developed and launched a new Quality Assurance Framework (QAF) which outlines the joint quality team's (Coventry City Council and Integrated Care Board (ICB) combined) contract monitoring and quality assurance process. This approach aligns to the 'Adult Social Care Offer' in Coventry, which emphasises the importance of ensuring people in receipt of services feel safe, well supported, listened to, and have choice and control.

As part of the Market Sustainability Plan, the Commissioning Team developed, jointly with providers and key stakeholders, an Adult Social Care Provider Support Pack which included advice, support and signposting on key challenges being faced by the adult social care market.

The Commissioning Team also worked with providers and other agencies to increase recruitment and retention in the care sector. Retention is particularly important in the care sector to build strong relationships with vulnerable service users and to strengthen staff relationships.

This year, the Commissioning Team strengthened the Out of City (OOC) process and has developed an Out of City placements and review process to ensure there is consistency provided to the individuals who are placed out of city – this applies to all care home, supported living, and housing with care placements made outside of Coventry City Council tax boundaries. When a person has been placed there will be a number of checks completed to ensure the quality of service they are receiving is of an acceptable standard.

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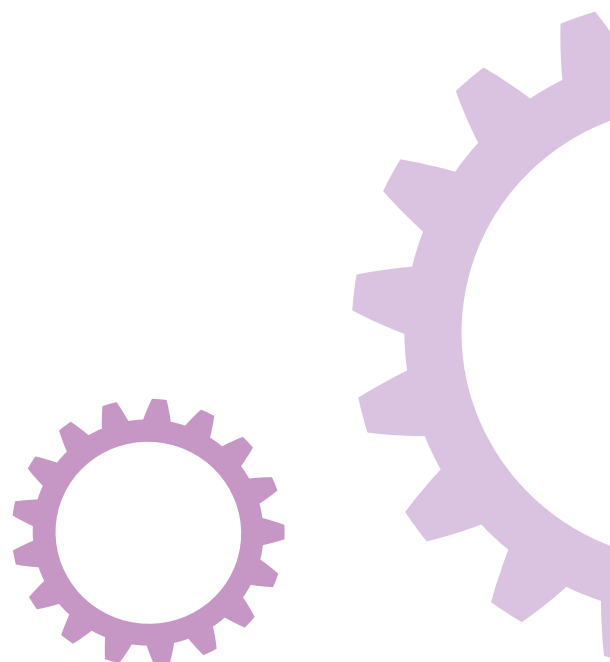
Priority 3 – The Board to seek to understand and respond to safeguarding issues arising out of lockdown easing of the COVID19 pandemic crisis.

The QA&P subgroup felt that in order to reach any conclusions about the impact of Covid-19 and safeguarding issues arising out of lockdown easing, they wanted to review longitudinal, comparative data from the previous three years.

1. **Categories of safeguarding concern for concluded enquiries by abuse type by quarter (cumulative):**

Type of abuse	Prev Year 2019/20	Prev Year 2020/21	Prev Year 2021/22	Q1	Q2	Q3	Q4	End of Year Total
Discriminatory	0 (0%)	4 (1%)	2 (2%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	**2 (0%)**
Domestic	23 (3%)	14 (3%)	25 (3%)	8 (3%)	7 (4%)	18 (7%)	10 (3%)	**43 (4%)**
Financial	131 (19%)	91 (18%)	147 (16%)	29 (12%)	27 (12%)	29 (11%)	35 (12%)	**120 (12%)**
Modern Slavery	0 (0%)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Neglect & Acts of Omission	233 (35%)	208 (41%)	406 (44%)	118 (49%)	108 (50%)	139 (52%)	135 (45%)	**500 (49%)**
Organisational	25 (4%)	10 (2%)	20 (2%)	4 (2%)	4 (2%)	5 (2%)	5 (2%)	**18 (2%)**
Physical	135 (20%)	92 (18%)	145 (16%)	30 (13%)	35 (16%)	36 (13%)	43 (14%)	**144 (14%)**
Psychological/ Emotional	64 (9%)	32 (6%)	60 (6%)	15 (6%)	11 (5%)	12 (4%)	22 (7%)	**60 (6%)**
Sexual	24 (4%)	22 (4%)	21 (2%)	6 (3%)	1 (0%)	3 (1%)	6 (2%)	**16 (2%)**
Sexual Exploitation	7 (1%)	1 (0%)	1 (0%)	1 (0%)	0 (0%)	0 (0%)	1 (0%)	**2 (0%)**
Total	**675**	**511**	**933**	**239**	**218**	**267**	**299**	**1023**
Number of Concluded Enquiries			**869**	**225**	**213**	**261**	**286**	**985**

There was no significant change in trends in relation to abuse types this year; neglect and acts of omission (49%), physical (14%) and financial abuse (12%) continued to be the most prevalent abuse categories. There was an increase in domestic abuse (4% in 2022/23 compared to 3% in 2021/22) and some fluctuations in self-neglect, and this will continued to be monitored.

The data from the previous three years did not highlight any significant variation in types of abuse reported during the pandemic; although neglect has continued to increase year on year and physical and financial appeared to have steadily declined, they remained the top three categories of abuse.

2. The outcomes of safeguarding enquiries:

Concluded enquiries	Prev Q4	Q1	Q2	Q3	Q4	Total
Action taken, and risk remains	9 (7%)	8 (8%)	4 (4%)	4 (4%)	11 (8%)	**27 (6%)**
Action taken, and risk reduced	59 (47%)	46 (47%)	40 (45%)	65 (63%)	85 (58%)	**236 (54%)**
Action taken, and risk removed	57 (46%)	43 (44%)	45 (51%)	34 (33%)	49 (34%)	**171 (39%)**
Not recorded	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	**1 (0%)**

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3. Number of safeguarding enquiries broken down by location of risk:

Location of risk	Prev Year 2019/20	Prev Year 2020/21	Prev Year 2021/22	Q1	Q2	Q3	Q4	End of Year Total
Alleged Person Causing Harm's Home	12 (2%)	6 (1%)	13 (1%)	1 (0%)	3 (1%)	2 (1%)	2 (1%)	**8 (1%)**
Day Care	9 (1%)	4 (1%)	0 (0%)	3 (1%)	0 (0%)	3 (1%)	1 (0%)	**7 (1%)**
Education/Training/ Workplace	6 (1%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	1 (0%)	1 (0%)	**1 (0%)**
Hospital	11 (2%)	29 (5%)	41 (5%)	6 (3%)	4 (2%)	7 (3%)	12 (4%)	**29 (3%)**
Hospital-Mental Health	26 (4%)	20 (4%)	4 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (1%)	**3 (0%)**
Housing with Care	24 (4%)	17 (3%)	39 (4%)	3 (1%)	3 (1%)	9 (3%)	8 (3%)	**23 (2%)**
Not Known	18 (3%)	10 (2%)	14 (2%)	2 (1%)	1 (0%)	4 (2%)	6 (2%)	**13 (1%)**
Nursing Home	49 (8%)	68 (12%)	121 (13%)	22 (9%)	25 (12%)	44 (17%)	33 (11%)	**124 (12%)**
Other Health Setting	1 (0%)	4 (1%)	1 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	**2 (0%)**
Other Location	21 (3%)	14 (3%)	14 (2%)	4 (2%)	3 (1%)	1 (0%)	6 (2%)	**14 (1%)**
Own Home i.e., where adult usually lives	289 (47%)	270 (49%)	409 (45%)	130 (56%)	112 (52%)	119 (45%)	148 (50%)	**509 (50%)**
Public Place	27 (4%)	12 (2%)	8 (1%)	6 (3%)	4 (2%)	7 (3%)	2 (1%)	**19 (2%)**
Residential Care	121 (20%)	99 (18%)	241 (27%)	54 (23%)	57 (27%)	66 (25%)	75 (25%)	**252 (25%)**
Shared Lives	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (1%)	1 (0%)	0 (0%)	**4 (0%)**
Total	**614**	**553**	**906**	**232**	**215**	**265**	**296**	**1008**

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4. Location of abuse/risk for each abuse type for concluded enquiries (cumulative year to date):

	Care Home Nursing	Care Home Residential	Hospital- Mental Health	Hospital Acute	In a community service	In the community	Other	Own Home	Total
Discriminatory	0	0	0	0	0	0	2	0	**2**
Domestic Abuse	0	1	0	0	0	2	2	37	**42**
Financial or material	6	10	0	1	0	8	5	86	**116**
Neglect and Acts of Omission	85	167	0	21	5	7	7	201	**493**
Organisational	2	4	0	2	0	0	0	8	**16**
Physical	20	52	0	3	1	4	5	57	**142**
Psychological	0	7	0	0	1	2	3	42	**55**
Self-Neglect	6	7	1	0	0	2	1	100	**117**
Sexual	1	4	0	1	1	2	2	4	**15**
Sexual Exploitation	0	0	0	0	0	0	1	1	**2**
Total	**120**	**252**	**1**	**28**	**8**	**27**	**28**	**536**	**1000**

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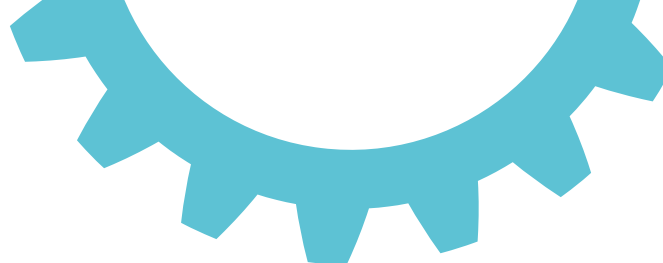
5. Source of referral / concern:

Referral source	Prev Year 2019/20	Prev Year 2020/21	Prev Year 2021/22	Q1	Q2	Q3	Q4	End of Year Total
Adult Social Care (CCC)	55 (2%)	75 (2%)	114 (2%)	46 (3%)	50 (3%)	57 (4%)	40 (3%)	**193 (3%)**
Ambulance Service	417 (18%)	1001 (23%)	2007 (34%)	561 (35%)	545 (35%)	611 (39%)	563 (36%)	**2280 (36%)**
Anonymous/ Neighbour/Member of Public	13 (1%)	59 (1%)	56 (1%)	9 (1%)	17 (1%)	11 (1%)	22 (1%)	**59 (1%)**
Care Quality Commission	28 (1%)	57 (1%)	58 (1%)	11 (1%)	13 (1%)	10 (1%)	8 (1%)	**42 (1%)**
Community Health Staff/Setting	76 (3%)	192 (4%)	221 (0%)	87 (5%)	86 (6%)	91 (6%)	93 (6%)	**357 (6%)**
Coventry & Warwickshire ICB	8 (0%)	9 (9%)	5 (0%)	2 (0%)	6 (0%)	2 (0%)	2 (0%)	**12 (0%)**
Fire Service	8 (0%)	14 (0%)	18 (0%)	7 (0%)	3 (0%)	5 (0%)	6 (0%)	**21 (0%)**
Friend/Family/ Partner (Ex)	200 (9%)	321 (7%)	318 (5%)	98 (69%)	90 (6%)	78 (5%)	103 (7%)	**369 (6%)**
NHS Hospital Trust	350 (16%)	482 (11%)	514 (9%)	118 (7%)	115 (7%)	119 (8%)	120 (8%)	**474 (8%)**
Not Recorded	3 (0%)	6 (0%)	5 (0%)	0 (0%)	1 (0%)	4 (0%)	2 (0%)	**7 (0%)**
Other	174 (8%)	462 (11%)	390 (7%)	120 (8%)	134 (9%)	143 (9%)	132 (8%)	**529 (8%)**
Other Local Authority	16 (1%)	45 (1%)	32 (1%)	6 (0%)	12 (1%)	3 (0%)	12 (1%)	**33 1%)**
Other Service User (or their family)	16 (1%)	14 (0%)	26 (0%)	7 (0%)	2 (0%)	0 (0%)	4 (0%)	**13 (0%)**
Police	55 (2%)	213 (5%)	215 (4%)	58 (4%)	47 (3%)	61 (4%)	47 (3%)	**213 (3%)**
Self	76 (3%)	86 (2%)	113 (2%)	28 (2%)	25 (2%)	19 (1%)	29 (2%)	**101 (2%)**
Social Care Provider/ Setting	760 (34%)	1285 (30%)	1766 (30%)	436 (27%)	400 (26%)	368 (23%)	373 (24%)	**1577 (25%)**
Total	**2255**	**4321**	**5858**	**1594**	**1546**	**1582**	**1556**	**6278**

*2019/20 - only for concerns recorded on SG1 or CWPT (Apr-Feb does not include additional concerns)

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6. Number of concerns broken down by age of individual:

Age range	Prev Year 2021/22	Q1	Q2	Q3	Q4	Total	Total
18-64	1931 (33%)	531	498	500	487	**2016**	**31%**
65-74	817 (14%)	205	235	222	236	**898**	**14%**
75-84	1476 (25%)	380	380	389	406	**1546**	**25%**
85-94	1378 (24%)	419	419	405	361	**1560**	**25%**
95+	244 (4%)	57	57	65	61	**246**	**4%**
Unknown	16 (0%)	2	4	1	5	**12**	**0%**
Total	**5862**	**1594**	**1546**	**1582**	**1556**	**6278**	

7. Number of Active Safeguarding Adult Reviews per quarter:

Age range	Last Q4	Q1	Q2	Q3	Q4
Number of active SARs	2	2	2	2	2

Number of providers attending the Provider Forum:

Service Area	Number of Providers	Average number of attendees at forum			
		Q1	Q2	Q3	Q4
Older People – Care Homes	45	25	35	18	0 – Provider forum cancelled due to other priorities
Home Support		Next Forum scheduled for October 2022		13 (face to face)	0 – No Provider forum in Q4
Mental Health	34	17 (virtual)	-	14 (virtual)	19 (virtual)
Learning Disability	No forum currently planned - looking to reinstate shortly		13 (virtual)	5 (face to face)

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In terms of outcomes for concluded safeguarding enquiries, there was a successful outcome in 93% of cases where the risk was either removed or reduced and these figures have held steady across the year with a peak to 96% in Q2 and Q3.

Location of harm for concluded enquiries this year was predominantly in the individual's own home (50%) - this appears to have gradually increased since the start of the pandemic with no significant changes in any of the other locations.

This year, most financial abuse was identified in the individual's own home as was domestic abuse and self-neglect. 51% of neglect and acts of omission was located in care homes and 40% in the individual's own home which is similar to physical abuse – 50.7% identified in care homes and 40% in the individual's own home.

36% of referrals into ASC this year were made by West Midlands Ambulance Service followed by social care providers (25%) which has remained consistent during the year. Referrals from WMAS increased during the pandemic and continued to do so, whilst referrals made by the Hospital Trust steadily declined. The QA&P questioned whether more referrals should be received from other agencies and agreed to investigate this further via an audit next year.

69% of all concerns this year were in relation to individuals aged 65+; during the pandemic, safeguarding concerns for the younger population increased to 40 % (up from 36%) but have since returned to pre-pandemic levels and this year 31% of concerns were in relation to individuals aged 18-64.

The provider care home forum was reinstated in 2022; this was a hybrid approach with some providers choosing to attend face to face and some via Microsoft Teams. The older people care home provider forum in Q1 featured a presentation by a representative from the West Midlands Fire Service around fire safety and the CSAB and Local Authority Safeguarding Adults Team delivered a presentation about safeguarding.

Conclusion

The CSAB continually seek to improve practice and ensure that this involves making safeguarding as person centred as possible and it is important that Coventry is in a position to be able to deliver quality services which keep people safe. This year's data revealed that neglect and acts of omission continues to be the most prevalent form of abuse in Coventry, followed by physical and financial abuse and we need to ensure that practitioners are able to identify and respond to these abuse types appropriately. Next year the Board will continue to receive assurance that partners across the city understand and fulfil their safeguarding responsibilities.

Covid-19 Position Statement

The Executive Group of the CSAB requested that we continued to update the city's Position Statement every 6 months to seek assurance from partner agencies about their post pandemic methods of operation and how it impacted on their ability to identify safeguarding issues, and to ensure there was a collective understanding of the services available for adults with care and support needs. We requested succinct information from services across the city to support this document with a focus on any positives and areas that were working well, key areas of concern and how agencies were responding to these and proposed recommendations to strengthen the safeguarding system.

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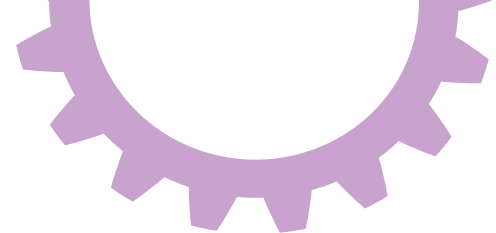
How have we made a difference?

To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' and that adults are supported to achieve the outcomes that they want.

Coventry and Warwickshire Integrated Care Board have an internal Safeguarding website which provides Safeguarding information, safeguarding pathways, processes, and links to other services. Making Safeguarding Personal is included, with direct links to both CSABs resources but also external resources such as SCIE. This is designed to give practitioners an overview and easy access to further information on specific safeguarding areas. Within this website Coventry and Warwickshire Integrated Care Board are going to trial a forum-based service where practitioners can ask the Safeguarding team questions but also each other.

Public Health commissions a number of services. All are required to have a named safeguarding lead. It is one of the contractual requirements for all of their commissioned providers to ensure that they deliver safeguarding training to their staff groups and work within local safeguarding arrangements. This is monitored through regular contract performance meetings and safeguarding is a regularly timetabled feature of discussions and audits carried out by services.

At Citizen, a Level 1 Safeguarding Awareness eLearning has been developed and was implemented in November 2022. New content has been produced including case studies and video, and includes Making Safeguarding Personal. It is mandatory for all staff and volunteers.

Coproduction and Engagement

Coventry City Council Adult Social Care continued to work to grow its commitment to developing a culture of 'Coproduction and Engagement'. This included producing a piece of work highlighting their commitment to the way the service would engage and involve people.

https://www.coventry.gov.uk/downloads/file/39258/adult-social-care-engagement-involvement-and-co-production-it-s-our-approach

'Safeguarding Adults Practice Guidance and Making Safeguarding Personal Toolkit' has been shared with all probation staff at Coventry Probation Delivery Unit.

University Hospital Coventry and Warwickshire have a Trust strategy which puts the patient at the pinnacle of the strategy, and this is continued in their approach to safeguarding.

Patients and their preferences and wishes are at the centre of Safeguarding and all decisions are made in an inclusive way. Capturing the patient's wishes and feelings is a mandated field within a UHCW Safeguarding Adult referral to ensure the persons views are heard and respected.

Policies and procedures: Citizen have established policies and procedures in relation to safeguarding, which have been communicated to staff through training and via the staff intranet. Policies and procedures extend to consider required processes, including how to raise a concern. This is supported by a secure centralised case management system supporting high level reporting for senior leaders.

A real time experience survey continues to be used to seek feedback from people who have recently experienced support from Adult Social Care. The results so far are showing a broadly very positive experience of those people who access support or the people who care for them having a positive experience. Feedback has included being complimentary about support and how Adult Social Care have worked to build a rapport and connection with people and a great proportion of people have wanted to get involved in some way in the work of Adult Social Care (over 650 people now signed up to the Adult Social Care bulletin as of May 2023).

Links for the survey are now on Adult Social Care's assessment, support plan and review forms.

https://myaccount.coventry.gov.uk/service/Adult_Social_Care___Experience_survey

Making Safeguarding Personal is included in all training delivered internally to Coventry and Warwickshire Integrated Care Board employees but also to Primary Care. Levels 1 and 2 training are online and is delivered by Health Education England.

A safeguarding toolkit has been produced and implemented in 2022 on the West Midlands Fire Service (WMFS) intranet to embed good practice and promote use of the NHS Safeguarding App which is on all WMFS mobile phones. It includes Making Safeguarding Personal.

Coventry City Council Adult Services has updated and published an updated version of its Practice Framework. A practice framework brings together, in an accessible way, an organisation's approach to practice, identifying what underpins the work, how this informs interventions and as an organisation how we support front line practice.

https://www.coventry.gov.uk/downloads/file/30455/adult-social-care-practice-framework

The Practice Framework identifies practice tools and approaches that are in place to support practitioners to undertake their role, one of which includes a commitment and resources to support Making Safeguarding Personal.

The Integrated Care Board fund and deliver training for the Safeguarding Adults Co-ordinators programme within Primary Care where Making Safeguarding Personal is a common thread. This role is open to all GP practices and is designed to assist the practices' Safeguarding GPs on delivering their Safeguarding Adults responsibilities. This is to improve Primary Care's engagement in Adult Safeguarding but also to support their roles in the partnership. This includes reporting and responding to external enquiries, requests for information and audits, and to co-ordinate all Safeguarding activity within the practice.

Adherence to the Mental Capacity Act (2005) remains one of the priorities for the Safeguarding Team at University Coventry and Warwickshire, to ensure that the persons wishes and views are known prior to any best interest decision. This is included in all face-to-face training that is delivered and audited.

Training: Citizen have established a suite of safeguarding training for staff and contractors to improve understanding of safeguarding risks and reporting requirements. Completion is mandatory and subject to monitoring via the Safeguarding Dashboard.

The approach to be adopted throughout The Probation Service is called 'Skills for Effective Engagement, Development and Supervision' (SEEDS). With person-centred, relational approaches at its core, SEEDS reflects the role Probation can all play in reducing reoffending and protecting the public, through effective, holistic engagement with people on probation, helping us to see and work with individuals, as a whole (holistically). This approach is in line with the principles of 'Making Safeguarding Personal'. SEEDS training has been rolled out across Coventry staff.

Additional information: Safeguarding policies, along with information on how to make a safeguarding report are made available on Citizen's website. These include a dedicated phone line and email address.

University Hospital Coventry and Warwickshire endeavours to hear the patients voice, and this is done in many ways including using person centred documentation such as Advanced Decision Making, Hospital Passports for patients with Learning Disability and Autism and Getting to Know You booklets for people with Dementia.

Risk Enablement Panel

Coventry City Council Adult Services continues to provide access to a Risk Enablement Panel. Risk Enablement Panels are designed to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Risk Enablement Panel forms a key part of Adult Services Strengths-based Practice Framework, supporting the delivery of the Adult Social Care Offer and commitment to adopting a strength-based approach.

Making Safeguarding Personal (MSP) forms part of the legal basis of safeguarding according to the Care Act 2014, both MSP and positive risk taking are underpinned by the principle that enablement and working with risk are intrinsically linked. Positive risk taking is also consistent with a strength-based approach, focusing on a person's assets, both individually and in their support network.

Panels have considered a range of situations and scenarios including support for people with issues associated with self-neglect and hoarding.

Mobile app: Citizen has rolled out an application for staff mobile devices to facilitate the recording of an Initial Notice of Concern (INOC), including the ability to add photographs. This streamlines and simplifies the process of logging safeguarding concerns.

Conclusion

Coventry Safeguarding Adult's Board is assured that Making Safeguarding Personal continues to be embedded in all safeguarding activity across the city. 68% of all safeguarding enquiries were either fully or partially met.

Coventry Safeguarding Adult's Board recognises that Making Safeguarding Personal underpins all safeguarding activity. It is vital that we strive for continuous improvement in this area and challenge ourselves to ensure that the needs and wishes of adults with care and support needs are understood and acted upon. Making Safeguarding Personal will therefore continue to be a priority for Coventry Safeguarding Adult Board in 2023-2024.
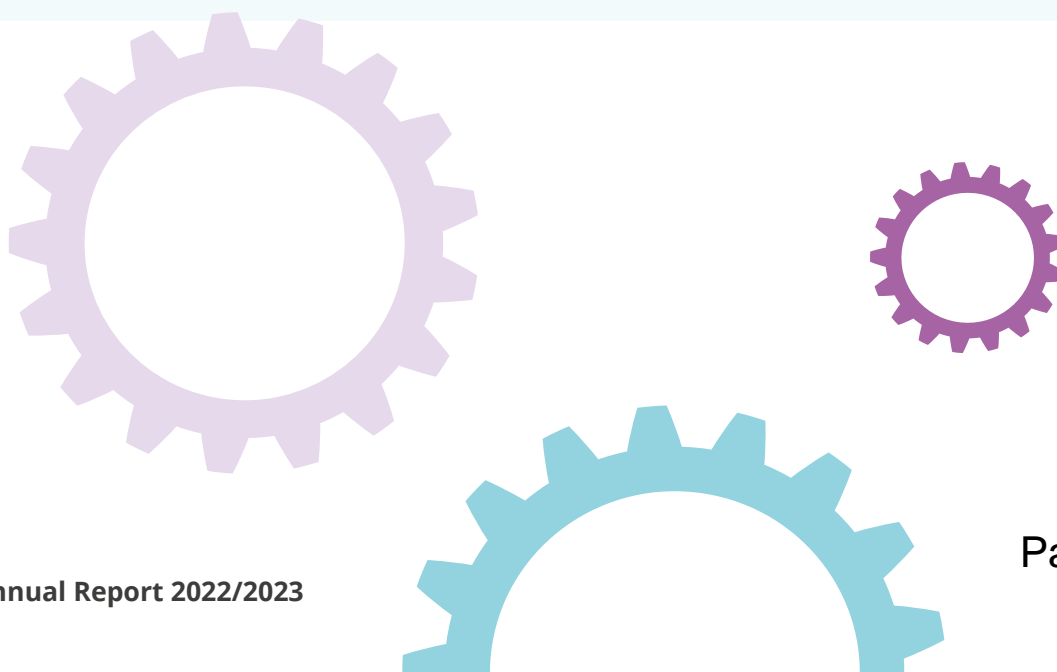
To prepare for and oversee the effective implementation of Liberty Protection Safeguards.

The University Hospital Coventry and Warwickshire Trust Board have been kept regularly updated in relation to the plan implementation of Liberty Protection Safeguards by the Safeguarding Team.

The University Hospital Coventry and Warwickshire Trust approved a business plan in principle to support the implementation of Liberty Protection Safeguards. No funding has yet been awarded as the start date has been delayed.

Preparing for Liberty Protection Safeguards

Coventry City Council in preparation of Liberty Protection Safeguards established an implementation group with 4 key areas of work

- Operating Model Approaches
- Workforce Development
- Communications and Stakeholder Engagement
- Performance and Recording Systems

Monthly meetings were in place to monitor progress and developments including work on a training plan for implementation, demand and identifying new processes, staffing requirements modelling and stakeholder communication and engagement activity.

Coventry and Warwickshire Integrated Care Board are involved with the Liberty Protection Safeguards preparedness in the city as a partner in a Health Liberty Protection Safeguards steering group, in a joint agency Liberty Protection Safeguards group and in an internal Liberty Protection Safeguards steering group. These groups allow effective information exchange, discussion regarding the recent consultation, a broader view of the plans for Liberty Protection Safeguards in the city and open communication regarding the changes to the system in the future. Coventry and Warwickshire Integrated Care Board are also part of the regional MCA/LPS group led by NHSE of which included regular audits regarding preparedness.

An example of where Liberty Protection safeguards impact on Public Health services is within the Change Grow Live (CGL) commissioned service which provides drugs and alcohol support. CGL are working closely with an external company, DCCi, to deliver the Mental Capacity Development Project, which is a large national project.

The aim of the project is to develop, and strategically align the Mental Capacity Act (MCA) organisational plan and governance framework to improve practice and ensure regulatory compliance.

To do this they will:

Create competency framework to improve Mental Capacity Act practice at all levels

Create and embed blended and sustainable learning and development approach.

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Build a robust, practice focused quality assurance and governance framework

So far this work has included:

-Mapping all CGL roles to Mental Capacity Act framework.

-Creating Mental Capacity Act competency framework that applies to all layers of the organisation, providing role descriptors, accountability statements and practice standards.

-Undertaking an extensive organisation wide consultation on the framework prior to sign off.

The next phase of the project will develop the learning and development offer, including review and development of training, practice toolkits for employees.

The council commissioned a number of Mental Capacity masterclasses in key areas to continue to grow practitioners' confidence and expertise in the application of the Mental Capacity Act 2005.

At University Hospital Coventry and Warwickshire in order to help prepare there are weekly reviews of all DoLS applications so that the Trust profile is understood in relation to DoLS applications.

Conclusion

As noted on page 12 during the year the government set out plans for adult social care reform and in order to enable them to focus on their critical priorities, the government made the decision to delay the implementation of Liberty Protection Safeguards beyond the life of this Parliament.

Coventry Safeguarding Adults Board recognises the importance of practitioners having a good understanding of the Mental Capacity Act 2003 as it is at the centre of decision making for both Deprivation of Liberty and Liberty Protection Safeguards. Coventry Safeguarding Adults Board continues to undertake activity to support practitioners within all agencies to understand the Mental Capacity Act 2005.

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The Board to seek to understand and respond to safeguarding issues arising out of lockdown easing of the COVID19 pandemic crisis

Probation has provided a 6 monthly position statement to the CSAB to contribute to assurance activity about our post pandemic methods of operation and how it impacts on our ability to identify safeguarding issues, and to ensure there is collective understanding of the services available for adults with care and support needs.

The Safeguarding Team remain fully staffed and accessible to all staff.

Monthly safeguarding training is offered face to face alongside bespoke safeguarding training for the Emergency Department, which is well evaluated and has supported an increase in safeguarding training compliance.

MSP and support pack

Coventry City Councils Adult Strategic Commissioning Team have written a Market Sustainability Plan, detailing the current position of the adult social care market for residential and nursing homes supporting individuals 65+, and 18+ home support (domiciliary care) services. The plan also details the expected challenges faced by both the local authority and the care market over the next two years and sets out a clear practical and financial support offer for the wider care market. This support offer continues to grow with the introduction of the Provider Toolkit, a free resource available on the Coventry City Council website detailing support in respect of:

- Recruitment and retention

- Tender and bid writing

- Boosting CQC ratings

- Reducing business costs

- Co-production and engagement approaches

- Staff wellbeing and development

This toolkit is continually updated to reflect best practice and evolve with the emerging needs of the Coventry care market.

Coventry and Warwickshire Integrated Care Board host a GP safeguarding leads forum to offer support, learning and an opportunity to assist the safeguarding team to understanding any developing challenges or themes practices are experiencing.

Coventry City Council (CCC) and Warwickshire County Council (WCC) have recently procured a case management system to support suspected suicide data. This will help to interrogate and analyse data, identify trends or clusters of concern, and improve the ability to share relevant information with key partners. The suicide prevention strategy has also been endorsed by both CCC and WCC Health and Wellbeing Boards and delivery planning is underway.

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Recruitment and joint working

Recruitment and retention in the care workforce is a key area of support requested by the market, echoing both regional and national challenges for the care sector in this area. To provide more meaningful and innovative support to providers, links were made with The Job Shop, Coventry Migration Team (supporting newly arrived refugees and migrants into Coventry) and City College Coventry to educate on careers in care and promote opportunities in the profession to a wide range of people. Such support was delivered via targeted recruitment fayres in different areas of the city, 'All in One Place' collation and promotion of job vacancies and a monthly Job Shop event for the whole market. Feedback from this support has been overwhelmingly positive and has assisted in the recruitment to several for both commissioned and non-commissioned care providers. Support in this area will continue to evolve to target potential recruits from different communities across the city, aiming to open up opportunities to under-served communities to further diversify our workforce and better reflect the cultures of the people we support.

The Marmot Partnership, as a response to COVID, established subgroups to focus priorities and actions on supporting groups who may be experiencing increased need. The Marmot Partnership Monitoring Tool has recently been refreshed for 2023. The tool aims to provide us with a picture across Coventry of where inequalities are being reduced and work is having an impact and where potentially they may be widening, to help inform the work of the marmot partners.

The Coventry and Warwickshire Integrated Care Board Safeguarding Team host a Safeguarding and Looked after Children's assurance group for health professionals working with both adults and children. These forums provide the opportunity to identify safeguarding themes and/or gaps from across the health system which can then be shared/escalated across the Partnership.

Coventry City Council and oversight of Key Performance Indicators

Coventry City Council's, Safeguarding Adults Team continue to monitor the safeguarding data on a regular basis. Having a close overview of the key performance indicators enables us to identify particular patterns and/or trends within our data which may identify areas for improvement requiring further exploration. The safeguarding Adults Team are currently looking at introducing a new key performance indicator in relation to use of safeguarding protection plans when risk remains following a safeguarding enquiry.

The Early Intervention Team based at Coventry Central Police station has identified increased numbers of 56 – 75-year-olds experiencing domestic abuse – many from adult family members as well as a significant number of male victims. Reporting of domestic abuse increased significantly during COVID although research in West Midlands indicates that this exposed rather than caused domestic abuse to occur. Reporting however has not decreased coming out of the COVID period and numbers remain high but appear to plateau over the last 12 months. All commissioned services have resumed normal working following COVID. Services are in place to support male victims specifically. Public Health is also working with the Domestic Abuse consortium to identify additional funding streams to respond to the increased number of males needing support.

The Coventry and Warwickshire Integrated Care Board continue to commission IRIS, this during COVID-19 quickly changed to offer virtual training and support. IRIS, during COVID experienced an increase in referrals and at present time referrals remain consistent. Practices are now receiving refresher training due to the programme nearing five years. IRIS in addition to their usual programme deliver additional bi-monthly training sessions to allow for focused or thematic learning such as changes to legislation.

Commissioning website

Access to clear, valuable information is imperative to ensuring both the care market and individuals can deliver effective care and make informed decisions. The refresh and expansion of the commissioning website ensures key information in respect of business opportunities, policy and strategy documents, information updates and training or engagement events via our Forward Planner are always available and visible to a wide audience. The refresh of this website is a key step to improving the transparency of our commissioning processes and approaches and cultivating both relations and communications with non-commissioned or new provision in the city.

**Coventry City Council Working practices and Safeguarding**

Coventry City Council's, Adult Social Care have taken a blended approach to working practices. We have re-established our practice principles of face-to- face working, whilst also continuing to use and hold virtual meetings where possible and appropriate. We have produced specific guidance for staff including a 'Decision Making Framework for assessment visits and contacts' to support consistent approaches in practice.

The Coventry and Warwickshire Integrated Care Board in response to the Cost-of-Living Crisis have included this within our training programmes. Information on resources and services is shared across communication platforms and hosted on our website.

Conclusion

Coventry Safeguarding Adult Board's position statements have been invaluable in providing the Board with an insight into challenges that agencies face and ensuring that we work together to understand these and find potential solutions.

Some of the areas that have emerged such as financial abuse linked to the cost of living crisis will be explored in more depth across 2023-2024.
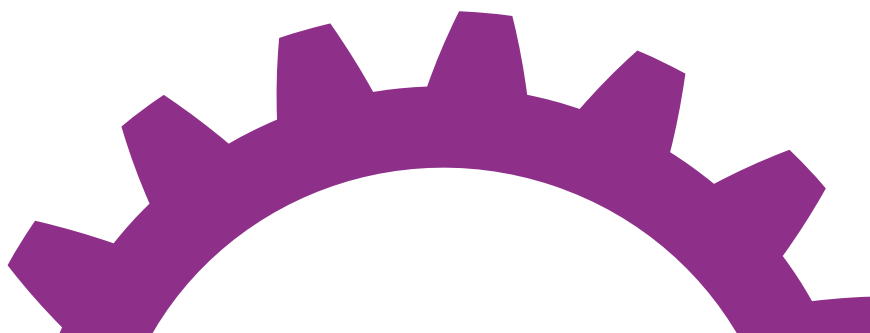
Audits

Across the year the Quality, Assurance and Performance subgroup (QA&P) undertook 3 audits.

LGA Covid-19 Insight Project Benchmarking

The purpose of this benchmarking exercise was to provide the Board with an update of the partnerships current position in relation to the key areas of the findings published in the final Local Government Association (LGA) COVID-19 Adult Safeguarding Insight Project.

This LGA COVID-19 Adult Safeguarding Insight Project was developed to create a national picture about safeguarding adults' activity during the COVID-19 pandemic. It was considered important to understand what happened to learn any lessons for future COVID-19 outbreaks and respond to changing safeguarding needs. It was hoped the data collected could improve understanding of the impact of COVID-19 on peoples' lives and the risks of neglect and abuse, and the effectiveness of safeguarding activity during the lockdown period under COVID-19 pandemic conditions.

The third and final report was published in October 2021 and covered the period up until June 2021 and summarised safeguarding adult's activity data and information from 106 Councils in England. The voluntary collection of data and insight on safeguarding activity aimed to compare between equivalent months in 2019 and 2020, and month by month trends.

An Association of Directors of Adult Social Services (ADASS) Advice Note published in August 2021 on safeguarding adults during the pandemic recommended that 'Safeguarding Adults Boards review data in light of the results of the LGA Insight Report and identify if/where local evidence differs from the national picture and robustly consider the causes for any divergence'.

Overall, the Coventry position during the pandemic was similar to the themes found in the Insight Project: at the start of the COVID-19 lockdown period there was a significant decline in both safeguarding concerns and Section 42 safeguarding enquiries during April and May 2020 followed by a fluctuating upward trend in safeguarding activity throughout the remainder of the year. There was a sharp increase in December and concerns continued to increase to above pre-pandemic levels during 2021. There was no significant change in trends in respect of abuse types in the period of 2020/21. Regarding location of abuse, enquiries concerning abuse located in the individual's own home remained the most frequent location cited during the pandemic with a sharp increase during the periods of national lockdown. Although there was some variation in respect of risks located in residential care homes and nursing care homes, both remained the second and third most common risk locations despite some decline during periods of Covid-19 restrictions.

Learning from these experiences is an ongoing process and the recommendations as a result of this piece of work are summarised below:

Recommendations

- Local Authority Adult Social Care Safeguarding Team to continue to monitor the number of safeguarding concerns and the Section 42 conversion rate and intervene where necessary.

- The QA&P subgroup have updated the key performance indicators within the Performance Scorecard and will monitor the numbers of safeguarding concerns referred into ASC, the prevalence of abuse types and the location of risks and harm.

- All partner agencies and local organisations need to continue to report concerns about abuse and neglect, and the CSAB will continue to raise awareness of how to report abuse via their website and social media platforms.

- Work is being carried out as part of the Domestic Abuse Strategy to raise awareness and help practitioners be better equipped to support adults experiencing domestic abuse.

Self-Neglect

Self-neglect is a complex area of practice which presents a unique set of challenges for professionals working with vulnerable adults. Whilst the Care Act 2014 places a specific duty on the Local Authority in relation to the assessment and management of self-neglect, all partners are likely to have contact or undertake work with adults experiencing difficulty in this area. A multi-agency case file audit was carried out in 2018 and identified excellent practice taking place across Coventry in relation to adults who were experiencing or at risk of self-neglect and it was clear that staff were working in line with the six principles of safeguarding outlined in the Care Act 2014. However, self-neglect is a dynamic, developing area and continues to be a frequent feature in Safeguarding Adult Reviews (SARs) and/or SAR referrals. Performance data also highlights that safeguarding enquiries due to self-neglect have increased over the last 12 months and quality assurance activity needed to remain focused on this area to ensure individuals are receiving the appropriate support.

By repeating the case file audit, with a similar methodology, provided the Board with further valuable qualitative information as to areas of good practice and areas for development to ensure practitioners are fully informed and supported around self-neglect work and the results of this audit were, again, incredibly positive. The findings offered assurance about the quality of work being undertaken across the partnership and highlighted the effective safeguarding practice taking place. All partners reported good or outstanding practice and provided evidence to support their responses. Even the lower scoring areas scored well and there were very few 'requires improvement' responses across the audit as a whole, and all of those related to single agency practice in one particular case. The overall outcome was that, from the evidence available in the case files audited, there continues to be positive work taking place with adults who are at risk of or experiencing self-neglect in Coventry and the direction of travel in this area is reassuring.

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The audit did not identify any clear areas for development for the Coventry Safeguarding Adults Board/partnership as a whole and nothing of immediacy for the Board or the QA&P subgroup to consider however learning from a recent Safeguarding Adult Review carried out by the CSAB found that, in that particular case, there was no evidence that there was a clear recognition of self-neglect and therefore no multi-agency plan was initiated to support the individual. For that reason, there is a need for development and audit activity to remain focussed on this area to ensure individuals are receiving the appropriate support.

Safeguarding Adult Review Toolkit Enquiry Panel

The Coventry Safeguarding Adults Board, via its Quality, Assurance and Performance (QA&P) Subgroup wanted to explore the application and implementation of the SAR Toolkit and the purpose of this audit was to provide an assessment of how well the toolkit had been adopted across the partnership, identify strengths and areas of good practice, and to identify areas where development and improvement may be needed to ensure the Toolkit was fully integrated across the partnership.

This audit was undertaken in the form of an Enquiry Panel; in advance of the panel date, Board representatives were asked to create a response to specific questions and present these to the panel.

The responses to this Enquiry Panel evidenced some positive work taking place across the partnership with regards to SARs and application of the SAR Toolkit. Partners were able to demonstrate numerous ways in which they attempt to increase awareness and knowledge of SARs and share and embed learning from reviews. There was clear recognition from all agencies that whilst all staff within their organisation may not be aware of the SAR criteria or how make to a referral, they were confident that they could identify abuse and neglect, raise concerns, and escalate to their specialist safeguarding team who had mechanisms in place to identify the need for a potential SAR referral and ensue the process. Another emerging theme from the Enquiry Panel was the response to the question about implementation of recommendations which highlighted some effective ways of working to ensure recommendations were implemented and actions were taken forward and delivered.

In terms of improvement areas, the panel were concerned that sharing learning from regional and national SARs locally is still a work in progress and needs to be strengthened. The panel also felt that revisiting practice after a review, reinforcing the learning and actively promoting a culture of continuous learning and improvement across the partnership is another area for development.

The panel discussed a number of ways to address some of the themes that emerged throughout the panel and ultimately improve practice in relation to SARs and use of the SAR Toolkit; they made several recommendations and the implementation of these was monitored by the Quality, Assurance and Performance subgroup via an associated action plan.

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Safeguarding Adult Reviews

The Care Act 2014 states that Safeguarding Adults Boards must arrange a Safeguarding Adults Review (SAR) of a case in its area where there is reasonable concern about the way the Board, members of it or relevant agencies worked together and an adult in its area has died as a result of abuse or neglect, whether known or suspected, or the adult is still alive and the Board knows or suspects that the adult has experienced serious abuse or neglect. This is a statutory responsibility.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing:

• lessons that can be learnt from how professionals and their agencies work together.

• how effective the safeguarding procedures are.

• learning and good practice issues.

• how to improve local inter-agency practice.

• service improvement or development needs for one or more service or agency.

• lessons learned are shared to maximise the opportunity to better safeguard adults with care and support needs, who are or maybe at risk of abuse or neglect.

The Care Act 2014 requires that lessons learned are published in the Annual Report following the conclusion of the review. Coventry Safeguarding Adult Board has not undertaken any Safeguarding Adult Reviews in 2022-2023

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Safeguarding Awareness week

This year's Safeguarding Adults Week took place between Monday 21 November and Sunday 27 November 2022.

This year's Safeguarding Adults Week theme was responding to Contemporary Safeguarding Challenges, with daily themes:

- Exploitation and County Lines
- Self-Neglect
- Creating Safer Organisational Cultures
- Elder Abuse
- Domestic Abuse in Tech-Society
- Safeguarding in Everyday Life

A comms plan was produced that was shared with partners and included Board resources that fit the theme of each day.

Facebook page reach increased by 73.6%. The exploitation post at the start of the week was the most popular, seen by 164 Facebook users, while the rest of the week maintained between 10 and 25 views per post. Instagram posts also had around 13 to 23 views each, with exploitation again being the most viewed post.

Twitter posts varied from 27 to 141 views, with multiple likes and retweets. Elder abuse was the most interacted with topic.

CSAB webpages had 141 visitors, with 175 pages viewed. The Safeguarding Adults page was the most popular page and the Policy and Procedures pages also appeared in the top 5.

The topics were included in the latest newsletter, which was received by 516 users. Our new CSAB poster was the most popular link clicked, followed by the missing people website and the Adult Social Care local account.
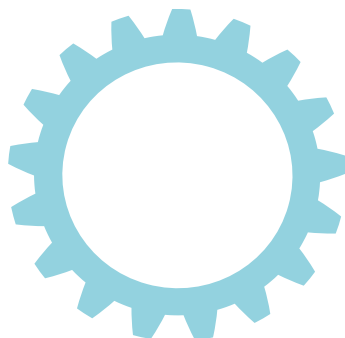
Learning events

Self-Neglect & Hoarding Learning Event

On the 28 June 2022, Coventry Safeguarding Adults Board hosted a multi-agency learning event around self-neglect, hoarding and developing best practice.

The event involved guest speakers including Suzy Braye Emeritus Professor in Social Work & Social Care, Enabling Spaces an independent Occupational Therapy led service specialising in Compulsive Hoarding Disorder (HD) and West Midlands Fire Service. Each guest speaker presented with an assortment of information focusing on theory, first-hand experience, services and how professionals should respond to self-neglect and hoarding.

214 multi-agency professionals attended the virtual event with many professionals requesting to take the information back to their organisations and departments.

Attendee feedback:

- 83% found the event very useful
- 93% felt the event had improved their knowledge of self-neglect and hoarding
- 100% felt confident in identifying self-neglect and hoarding

"Fantastic training with a really eye-opening content"

"This is brilliant training as it has given lot of understanding into hoarding and emotional attachment"

"Thank you so much. I have found this training extremely informative & useful for my role. I will share the information with my colleagues"

"Suzy, I'm doing some work on self-neglect with another area and your presentation was invaluable!"

Is it a SAR referral: Understanding the legal framework for conducting a SAR

Coventry Safeguarding Adults Board hosted a multi-agency learning event in February 2023 focusing specifically on the criteria for a safeguarding adult review in relation to the Care Act 2014. The session included the use of case studies and reference to the legislative framework.

The session was delivered by Coventry City Council Legal Service and received a total of 95 attendees from both local and regional agencies.

Energy Advice Training – Delivered by Act on Energy 20 October 2022

Act on Energy are an energy advice charity working across Warwickshire, Worcestershire, Birmingham, Coventry & Solihull. The charity provides free impartial energy advice to householders and business across the surrounding areas.
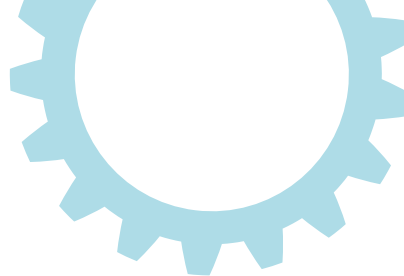
Coventry Safeguarding Adults Board arranged for Act on Energy to deliver a 2-hour webinar around energy bill advice, referrals for physical measures and grants, understanding energy efficiency and utilising some 'top tips'.

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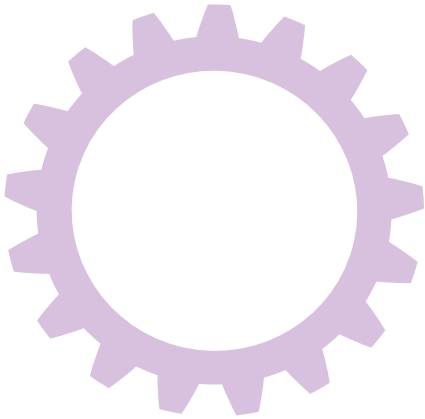
90 multi-agency professionals attended the training, highlighting some of the following feedback:

- "It was good to hear about the regional differences in tariffs and where advice can be sought"

- "I learnt about why all of the increases have occurred which I found useful, and it made me understand more about why we are where we are. I also found the long- and short-term solution tips great"

- "I feel more able to advise our customers on why this energy crisis is happening and small changes they can make to help. I also think it's useful to be able to refer customers to Act on Energy for more in-depth advice"

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Looking forwards

Coventry Safeguarding Adult Board Business Plan 2023-2024

1. To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' and that adults are supported to achieve the outcomes that they want

Why?	To ensure that safeguarding is tailored to the individuals needs and outcomes improve as a result.

Measures of success	• The percentage of adults with care and support needs with fully or partially achieved outcomes at the end of a Section 42 enquiry. • The percentage of adults who lack capacity that are supported by an advocate. • Agencies are able to articulate an example of when MSP improved outcomes. • Number of hits to MSP resources on the website
Outcomes	That practitioners understand the principles of MSP and apply these when dealing with safeguarding cases.

Action tracker		
Action	**Responsibility**	**Timescale**
Raise Awareness of Making Safeguarding Personal by delivering training events across the partnership.	Policy and Workforce Development sub-group	September 2023
To socialise MSP resources created by the Safeguarding Adult Board across the Partnership.	Policy and Workforce Development sub-group	December 2023
To develop and socialise resources to increase practitioner's knowledge and confidence in relation to Mental Capacity Act 2005.	Policy and Workforce Development sub-group	March 2024
To continue to implement the Communication Strategy to ensure that key learning is shared across the partnership.	CSAB Business Manager	March 2024

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| 2. The Safeguarding Adult Board to monitor/ respond to national and regional reforms, development and policy.	
Why?	**To ensure that adults with care and support needs in Coventry benefit from a system that is evolving with legislation, guidance and best practice.**
Measures of success	• Partners are aware of current changes in legislation and guidance. • Gaps identified and mitigation in place to guard against the risk of people falling through gaps.
Outcomes	Partners have a good understanding of emerging legislation and guidance and adapt to these accordingly.

Action tracker

Action	Responsibility	Timescale
The Safeguarding Adult Board to undertake an audit of it's statutory duties under the Care Act 2014.	Chair of Quality, Audit and Performance	July 2023
To ensure that the changes and the impact on safeguarding as a result of ICB's, ICP's and ICS are understood across the partnership	Head of Safeguarding ICB	September 2023
To understand the structure of WMP and the implications for Safeguarding as a result of organisational changes	Head of Safeguarding ICB	July 2023
The implications for partnership oversight and assurance around the ASC reform agenda, the implementation of LPS and the CQC framework and CQC oversight of the ICS.	Independent Chair	March 2024
To produce Position statements to understand strengths and gaps within the safeguarding system	CSAB Board Manager	May 2023
To continue to implement the Comms Strategy to ensure that key learning is shared.	CSAB Board Manager	March 2024
Develop an approach for engaging with service users, their carers or advocates and the wider community on the work of the Board and on its future priorities.	CSAB Board Manager	September 2023
To develop and approach to share the learning from regional and National SARs across the partnership.	Chair of SAR sub-group	December 2023

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3. To have an understanding of and response to critical, emerging adult safeguarding issues and practices	
Why?	To ensure that the CSAB identifies emerging issues at the earliest opportunity.
Measures of success	• Audit work evidences that safeguarding issues are identified at the earliest opportunity. • The number of attendees at Learning events in relation to emerging issues.
Outcomes	Practitioners have an understanding of critical issues and are responding to them.

| Action tracker		
Action	**Responsibility**	**Timescale**
Working with wider partners to understand support and resource for individuals facing cost of living issues	CSAB Board Manager	September 2023
To work with partners to promote the West Midlands self -neglect guidance	Policy and Workforce Development Sub-group	December 2023
To develop a strategy to raise awareness of financial abuse across the partnership	Policy and Workforce Development Sub-group	December 2023
Seek assurance from partner agencies about their post pandemic methods of operation and how it impacts on their ability to identify safeguarding issues.	Independent Chair	March 2022
To respond to emerging safeguarding issues	Independent Chair	December 2022
To work closely with other strategic Boards to tackle cross cutting issues.	Independent Chair	March 2023

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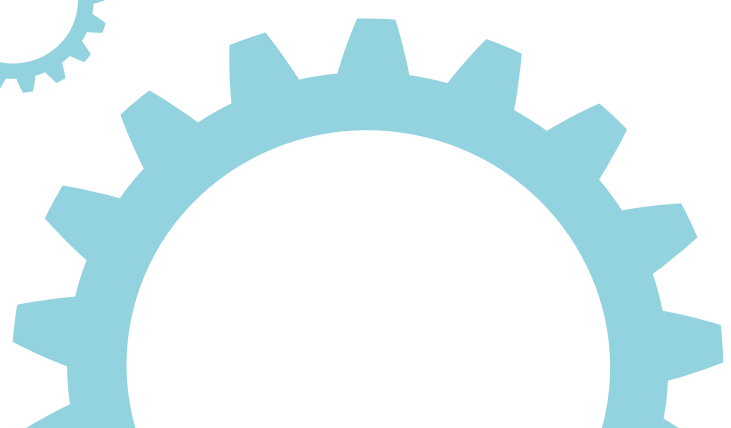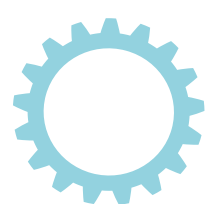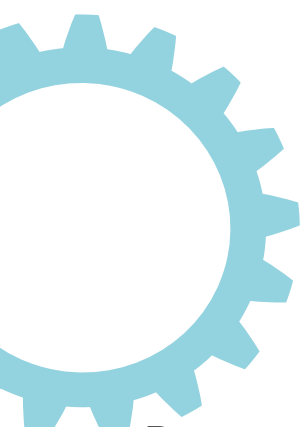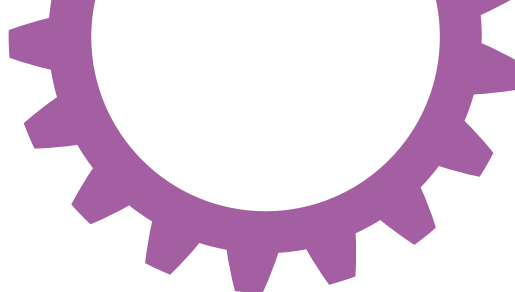
Appendix 1- Board membership

Title and Agency	Role
Independent Chair, Safeguarding Children's Partnership and Adult Board	Core
Chief Superintendent, West Midlands Police	Core
Director of Adult Social Care, Coventry City Council	Core
Deputy Chief Nurse, Coventry and Warwickshire Partnership Trust	Core
Consultant, Public Health	Core
Councillor, Coventry City Council	Core
Developmental Officer, Safeguarding Children's Partnership and Adult Board	Professional Advisor
Public Health Consultant, UHCW	Core
Safeguarding Co-Ordinator, Coventry & Warwickshire Integrated Care Board	Core
Director of Public Health & Wellbeing, Public Health & Insight	Core
Business Manager, Safeguarding Children's Partnership and Adult Board	Professional Advisor
Head of Safeguarding, Coventry City Council	Core
Vice Principal Safeguarding and Pastoral Care, Hereward College	Core
Director Of Nursing, UHCW	Core
Partnerships & Vulnerability Officer, West Midlands Fire Service	Core
Director of Housing Care & Support, Citizen	Core
Training Officer, Safeguarding Children's Partnership and Adult Board	Professional Advisor
Deputy Head of Coventry, Probation	Core
Assistant Director for Safeguarding, NHS England	Core
Safeguarding Nurse Specialist, UHCW	Core
Coventry Wellbeing Service Manager, Carers Trust	Core
Head of Safeguarding & Prevent, West Midlands Ambulance Service	Core

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Title and Agency	Role
Safeguarding Manager, West Midlands Ambulance Service	Core
Safeguarding Adults Coordinator, Coventry City Council	Core
Named Nurse for Safeguarding (Adults), UHCW	Core
Head of Safeguarding, Coventry & Warwickshire Partnership Trust	Core
Lead Professional for Safeguarding, UHCW	Core
Associate Chief Nurse Safeguarding, Coventry & Warwickshire Integrated Care Board	Core
Quality Assurance Manager, Safeguarding Children's Partnership and Adult Board	Professional Advisor
Chief Nursing Officer, Coventry & Warwickshire Integrated Care Board	Core
Lead Nurse, Adult Safeguarding Coventry & Warwickshire Integrated Care Board	Core
Solicitor, Legal Services	Professional Advisor
Chief Nursing Officer/Deputy CEO, Coventry and Warwickshire Partnership Trust	Core

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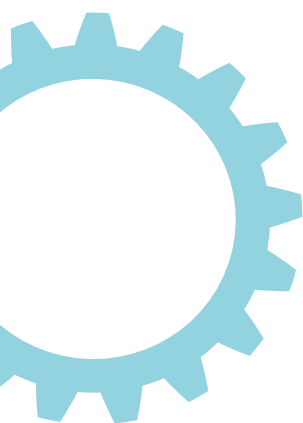
If you think an adult is at risk
of abuse call Adult Social Care Direct
024 7683 3003
or e-mail
ascdirect@coventry.gov.uk

Adult Social Care Direct is based at
Broadgate House,
Coventry, CV1 1FS

10 categories of abuse:
Physical
Domestic violence
Sexual
Psychological
Modern slavery
Financial or material
Neglect & Acts of Omission
Discriminatory
Organisational
Self-neglect

Coventry Safeguarding Adults Board
Tel: **024 7683 2568**
www.coventry.gov.uk/csab
E-mail: **CoventrySAB@coventry.gov.uk**

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Briefing Note – Progress of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire

1. Background

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

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

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

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

1.4. The Health and Care Act (2022) amended the Local Government and Public Involvement in Health Act (2007) and required all ICSs to develop an **Integrated Care Strategy** to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) could be met. This strategy was developed by the Integrated Care Partnership (ICP), a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners committed to improving the care, health and wellbeing of the population, with membership determined locally.

1.5. In line with the Health and Care Act (2022), the ICS also is required develop a shared health and care system delivery plan for the Coventry and Warwickshire Integrated Care Strategy.

2. Developing an Integrated Care Strategy and Integrated Health and Care Delivery Plan

2.1. Throughout Coventry and Warwickshire considerable work on integration had already taken place, including through our two Health and Wellbeing Boards, the preparation of Better Care

Fund plans, and work undertaken by the former Health and Care Partnership to develop strategies that support more integrated approaches to delivering health and care.

2.2. Our Integrated Care Strategy, published in March 2023 built on this existing work and momentum to further enhance the transformative change needed to tackle the significant challenges facing health and care. It outlined the direction of travel for the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

2.3. The Integrated Care Strategy identified three priorities underpinned by nine key areas of focus, as is outlined in the below graphic.

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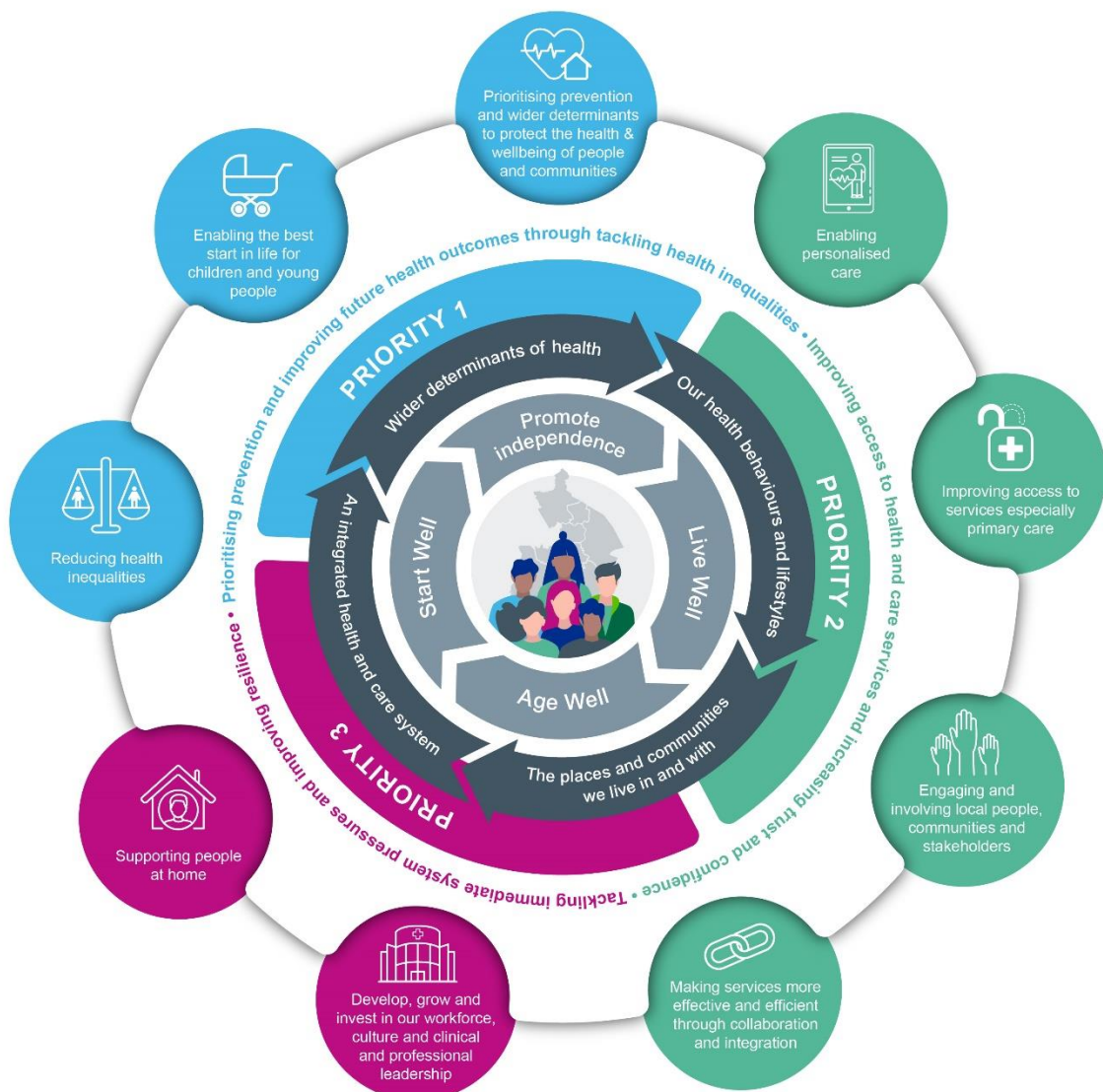
2.4.   More detail on the Integrated Care Strategy can be found here - Our Strategy - Happy Healthy Lives

2.5.   In across the spring of 2023, the ICB, Coventry City Council, Warwickshire County Council and other partners in the Coventry and Warwickshire health and care system worked together to develop the Coventry and Warwickshire **Integrated Health and Care Delivery Plan** 2023/24 – 2027/28 (IHCDP) – to act as the shared health and care system delivery plan for the Coventry and Warwickshire Integrated Care Strategy.

2.6.   The plan produced by the ICB provides the operational detail around how the strategy's vision can and will be realised and was informed by:

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

It sets out the ICB's aims and priorities for the following five years to ensure that the System will:

- Meet the needs of our population;

- Respond to the three strategic priorities, nine areas of focus and enablers identified in the Coventry and Warwickshire Integrated Care Strategy;

- Align our priorities to those of our local Health and Wellbeing Boards as reflected in the Coventry and Warwickshire Health and Wellbeing Strategies;

- Make tangible progress in addressing the four core aims of our wider Integrated Care System – improving outcomes in health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development;

- Deliver the national NHS Long Term Plan and wider priorities, all of which resonate from a Coventry and Warwickshire population health perspective; and

- Meet the statutory requirements of our Integrated Care Board.

The plan will be refreshed annually to:

- Take account of implementation and outcomes over the previous year, including any learning to be applied as part of planning for future years;

- Reflect any changes required due to new or emerging issues or requirements, be they related to population health, feedback from our communities and service users or service delivery opportunities and issues.

2.7.   Like the strategy, the IHCDP was developed with engagement and involvement from key stakeholders and the wider population. You can find out more about the engagement which

took place for both the Strategy and the IHCDP here - The journey from Integrated Care Strategy to Integrated Health and Care Delivery Plan - Happy Healthy Lives

2.8.   The full IHCDP can be read here - Coventry and Warwickshire Integrated Health and Care Delivery Plan - Happy Healthy Lives

3.   Delivering and Monitoring the Plan

3.1   The plan responds to the nine areas of focus within the strategy, as well as outlining the additional areas where we need to create the conditions for change to happen (our "enablers"). Within each area the plan identifies:

- Overall aims by 2028
- Our starting point as an ICS
- How this links to the plan
- Our areas of focus for the next 2 years
- Key challenges
- Key metrics and deliverables

3.2   The detail on each area of focus can be found here - Working together to deliver the Coventry and Warwickshire Integrated Care Strategy - Happy Healthy Lives and for our enablers the detail is outlined here - Creating the conditions for change to happen - Happy Healthy Lives

3.3   In total, the IHCDP includes approximately 160 high level metrics and deliverables with an equal split of each. It is proposed that the metrics (KPIs) will all be monitored through the individual ICB Committees in accordance with their Schedules of Business. For example, all Operational Plan metrics (which account for a large majority of the IHCDP KPIs) will be reported to the ICB Finance and Performance Committee meeting via the monthly Performance and Assurance report.

3.4   We have reported initially on the high-level deliverables (70 in total) which are the more strategic / transformational based activities and aims, to provide an indication of the current position now that two quarters of the first year have elapsed.

3.5   This process sits alongside a more detailed piece of work undertaken by the ICB Programme Management Office (PMO) who are working closely with the Programme Leads to understand the full range of actions and transformational activities that will underpin this plan, predominantly over the next two years, to ensure these actions are developed to enable full realisation of the five-year plan. This will result in an expanded number of metrics and deliverables but will hopefully facilitate a more detailed tracking of the plan.

3.6   This stocktake against all metrics and deliverables is currently underway with the full plan of activities being reported to the Executive Team of the ICB in addition to the Senior

Responsible Officers. These complete action plans will be monitored on a regular basis through the PMO office with any areas of risk highlighted. The individual Programme Boards will also support this process by providing a link to the transformational programmes that may already be in place or are evolving.

4   Current Position

4.1   As the plan is based is on activities to be implemented from 2023/24 to 2027/28 and we are reasonably early into that period of time, the RAG rating is reflective of the current indication of progress. The full range of deliverables which includes proposed start and end dates, whether the activity is short, medium or long term, an indication of progress (through the RAG status below), which Committee/Group has oversight and any comments to provide context and assurance are shared with the ICB Board and the appropriate sub-committees.

4.2   The table detailed in point 4.3 highlights the current number of deliverables and the assessment of their RAG rating provided by the Programme Lead based on the following information:

RAG Status	Description
C	Action complete and embedded
G	Delivered / On track to deliver by required timeframe
A	Delay to original timescales but robust plans in place to deliver action / Delivery on track but further actions required.
R	Action delayed with no plans in place / currently undeliverable
Blank/Not applicable	Action is either on hold (as linked to another deliverable) or awaiting response

4.3   Due to this being early in the five-year process, there are currently no red rated indicators due to the fact that if an action is delayed there is currently a plan in place to mitigate this risk. It should be noted that there are a very small number of deliverables (x2) where a response is awaited on the current status of the plan. There are also 3 deliverables relating to the Children & Young People Strategy that are not applicable at the current time as these are linked to another action within the plan which is progressing. The outcome of this will determine the next steps.

RAG Status	Number and % (out of 70)
C	7 (10%)
G	38 (54.3%)
A	20 (28.6%)
R	0 (0%)
Blank/Not applicable	5 (7.1%)

5　Conclusion

5.1　The plan is the process of being implemented and embedded across partner organisations. As this report has been written early on in the five-year timeline, there are currently no areas of risk identified. This will inevitably shift as there is further progress made against the plan with areas of slippage requiring early identification.

5.2　Between this process looking at the high-level deliverables and the PMO process, which is still being embedded, oversight of this plan will be provided to the SROs and Exec Leads of the ICB on a regular basis and through the relevant oversight groups/committees. This is an evolving and developmental piece of work which aims to provide scrutiny and track activities while identifying opportunity for transformation or issues with delivery.

6　Recommendation

6.1　Members are requested to:

- **NOTE the contents of this update report**

Report Author: Rose Uwins, Head of Communications and Public Affairs, Coventry and Warwickshire Integrated Care Board

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Health and Social Care Scrutiny Board Work Programme 2023/24

Last updated 9th January 2024

Please see page 2 onwards for background to items

19th July 2023
- West Midlands Ambulance Service
13th September 2023
- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23
18th October 2023
- End of Life Strategy - Director of Public Health Annual Report
29th November 2023
- A&E Waiting Times
17th January 2024
- Changes to the POD Service - Coventry & Warwickshire Integrated Health & Care Delivery Plan - Adult Safeguarding Annual Report 2022/23
28th February 2024
- Community Mental Health Transformation - Managing ASC demand and levels of risk
10th April 2024
- Health Sector Skills Development - Improving Lives
2023/24
- Child and Adolescent Mental Health (Joint meeting with SB2) - Virtual Beds - Preparing for Adult Social Care CQC Assurance - All Age Autism Strategy 2021-2026 Implementation Update - Health Protection - Immunisations and screenings - GP/Primary Care Access - Health and Wellbeing in Schools – joint with SB2 - Access to Dentistry
2024-25
- Pharmaceutical Commissioning

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Health and Social Care Scrutiny Board Work Programme 2023/24

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
19th July 2023	- West Midlands Ambulance Service	WMAS have been invited to the meeting to discuss performance times.	WMAS
13th September 2023	- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23	To consider the ASC Annual Report and performance. This item can be used to identify areas for further scrutiny at future meetings.	Cllr Bigham Pete Fahy/ Andrew Errington
18th October 2023	- End of Life Strategy	To consider the End-of-Life Strategy.	Pete Fahy Jon Reading ICB – Kate Butler
	- Director of Public Health Annual Report	For Members to consider the DPH Annual Report 2023	Allison Duggal
29th November 2023	- A&E Waiting Times	Identified at the meeting on 15.02.23 to discuss what progress has been made to reduce A&E waiting times. To include the plans for seasonal pressures as we head into the winter season.	UHCW
17th January 2024	- Changes to the POD Service	Proposals to change the POD service are open for consultation on the 31st October	ICB - Rose Uwins Angela Brady
	- Coventry & Warwickshire Integrated Health & Care Delivery Plan	To receive an annual update on the Integrated Care Joint Forward Plan	ICB Rachael Danter
	- Adult Safeguarding Annual Report 2022/23	To receive and comment on the Adult Annual Safeguarding Board Annual Report.	Cllr Bigham / Pete Fahy/ Rebekah Eaves
28th February 2024	- Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/

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Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
			Coventry and Warwickshire Partnership Trust
	- Managing ASC demand and levels of risk	To scrutinise how ASC demand is managed and levels of risk are determined.	Pete Fahy/Sally Caren/Jon Reading Cllr Bigham
10th April 2024	- Health Sector Skills Development	Identified by Members to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry. People Board.	Integrated Care System
	- Improving Lives	About shortening hospital stays, getting people home and stopping people going into hospital.	Cllr Bigham Pete Fahy UHCW CWPT
2023/24	- Child and Adolescent Mental Health (Joint meeting with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators. To include wider children's mental health support.	Integrated Care System – Matt Gilks Richard Limb Cllr Seaman
	- Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful. This item could be included as part of the item on Improving Lives	UHCW CWPT ICB
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Pete Fahy
	- All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinised by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on its delivery.	Pete Fahy

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Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council including lessons learnt from Covid	Cllr K Caan Allison Duggal
	- Immunisations and screenings	To understand the opportunities to improve the uptake of immunisations and screenings.	
	- GP/Primary Care Access	To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E	
	- Health and Wellbeing in Schools – joint with SB2	To look at what is being done to promote health and well-being in schools and universities	
	- Access to Dentistry	To consider access to dentistry services.	
2024-25	- Pharmaceutical Commissioning		LPS ICB

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Health and Social Care Scrutiny Board Work Programme 2023/24

Frequently Used Health and Social Care Acronyms

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

5

Work Programme Decision Flow Chart

Is the proposed item just to provide the committee with information or update on previous item?

YES → Leave out of work programme and arrange written bulletin/training/seminar

NO ↓

Does the item have a significant impact for one or more section(s) of the population of Coventry?
Has the item been raised by communities/ residents/ partners or stakeholders?

NO →

YES ↓

Is the item linked to a priority in the One Coventry plan?

NO →

YES ↓

Will the scrutiny activity add value to the council, and/or its partners', overall performance?

NO → Leave out of work programme – Low Priority

↓

Is there an item on the forward plan which covers the issue?

NO →

YES ↓

Will scrutiny involvement be duplicating review work within the service?

YES →

NO ↓

Is scrutiny involvement timely?

NO → Possibly include in work programme or monitor

YES ↓

Does the item warrant a single item agenda?

NO → Include on the work programme

YES ↓

Could the item benefit from a task and finish group?

NO → Include on the work programme and scope as a single item

YES ↓

Include on the work programme and scope as a task and finish group