Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
11.00 am on Wednesday, 28th February, 2024

Place
Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 17th January 2024 (Pages 3 - 10)

   (b) Matters Arising

4. **Measles, Mumps and Rubella (MMR) Immunisations in Coventry** (Pages 11 - 16)

   Report of the Director of Public Health

5. **Managing Adult Social Care Referrals and Assessments** (Pages 17 - 26)

   Report of the Director of Adults

6. **Work Programme and Outstanding Issues** (Pages 27 - 36)

   Report of the Scrutiny Co-ordinator

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

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

Private Business

Nil

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

Tuesday, 20 February 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, 17 January 2024

Present:

Members:	Councillor C Miks (Chair) Councillor S Agboola Councillor J Gardiner Councillor S Gray Councillor L Harvard Councillor A Hopkins Councillor A Jobbar Councillor B Mosterman
Other Members:	Councillor L Bigham (Cabinet Member for Adult Services) Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)
Employees (by Directorate)	
Children's Services	R Eaves, A Errington
Law and Governance	G Holmes, E Jones, C Taylor
Others Present	D Benson, Independent Chair of the Coventry Safeguarding Adults Board Dr A Brady, Chief Medical Officer, ICB R Uwins, Head of Communications and Public Affairs, ICB
Apologies:	Councillor S Nazir and A Tucker

Public Business

28. **Declarations of Interest**

There were no disclosable pecuniary interests.

29. **Minutes**

The minutes of the meeting held on 29th November 2023 were agreed and signed as a true record.

There were no Matters Arising.

30. **Changes to the Prescription Ordering Direct (POD) Service**

The Board considered a briefing note and a verbal report of the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, providing an update on the closure of the NHS Prescription Ordering Service (POD).

In December 2023, after consideration and engagement, the ICB recommended decommissioning of the POD service on the grounds of lack of value for money. Deteriorating performance and operational difficulties were also noted. It was anticipated the POD would close on 31st March 2024. Staff were aware of the closure and were currently in consultation.

A transition phase was underway of repatriating repeat prescription ordering to GP practices and support, training and funding was being made available to them to manage this transition.

As the NHS App and Patient Access App gain popularity, it was anticipated that the majority of patients would move to ordering their medications through these methods. All practices had patients using these methods already with app-based prescription ordering varying from 19 – 73% in those practices using POD.

It was recognised that digital services were not accessible to everyone and some patients preferred to use the telephone or order repeat prescriptions in person. There were alternative provisions for ordering regular repeat prescriptions (paper ordering slips, telephone, email) within General Practice, as this was a core GMS service which all practices deliver.

Eligible patients could be transferred to repeat dispensing allowing 6-12 months of prescriptions at a time, approved with their consent. Provision was also in place for community pharmacy to order repeat medication on behalf of vulnerable patients which would continue once the POD service was no longer in place.

GPs would still be required to review and sign the prescription to authorise it. Practices may see an increase in administration as some patients may telephone their prescription through.

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

Whilst the changes may cause a temporary impact to patients whilst transitioning to an alternative service, the ICB would support patients and practices during this transition to ensure impact was minimal and to raise the awareness of the changes to the service.

In early January, a message on the NHS POD website had been posted, advising patients that the NHS POD service would close by end of March and that GP practices would be in contact to advise how to order repeat medications. A recorded message had also been added to the telephone system to advise patients the NHS POD service was closing.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, referred to inconsistencies with the POD service in the past, advising that this was an opportunity for GP's to take a greater role in protecting patient health long term.

Councillor L Bigham, Cabinet Member for Adult Services, queried whether the personal nature of POD which enabled vulnerable or lonely patients to speak to a

human being, had been taken into account and the how inequalities in digitalisation would be supported.

Members of the Scrutiny Board, having considered the content of the briefing note and the verbal update, asked questions and received information from the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, on the following matters:

- The service had been designed for medical waste reduction however, officers also recognised it had helped with loneliness.
- Staff were currently in a consultation phase. Union representation had been made available.
- The service was costing £1.5m more overall, rather than saving money.
- Any future review undertaken would be as part of general practice GMS services and reviewed within the wider context of access to primary care work.
- Additional finance of £260k was available for GP practices which would be used on training and recruiting additional staff.
- Patients could continue to telephone GP's to access prescriptions and digital solutions would be available. GP's would be supporting families of vulnerable patients to access their prescriptions.
- Identification would not be required to register with the NHS App and patients could ask POD staff for assistance.
- Not all patient services were available via the NHS App. Different digital platforms and agencies were available and it was therefore important to use joined up approach with the patients.
- Costs had escalated due to patients being onboarded onto the POD system, but not off boarded and difficulties in recruitment of staff and increased ordering had become a cost pressure.

ICB Officers undertook to relay concerns regarding digital methods of patient engagement back to the Chief Digital Officer including the provision of a video walkthrough for accessing the NHS App.

Members requested the following information:

- Clarity and patient safety issues regarding 6 monthly repeat prescriptions.
- The pack of assets including how to use the NHS App and whether ID was required to register.

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

Notes the information about the transition plan for the closure of the POD and repatriation of repeat prescribing to GP practices.

31. **Safeguarding Adults Annual Report**

The Board considered a briefing note and presentation of the Business Manager Coventry Safeguarding Children's Partnership and Adult Board, which provided an overview of Coventry Safeguarding Adults Board Annual Report 2022-23.

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

The Care Act (2014) required that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board was 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 achieved this by co-ordinating and ensuring the efficacy of what each member does.

Under the Care Act 2014, one of the core duties of the Safeguarding Adults Board (SAB) was to publish an annual report detailing how the SAB had achieved during the year to achieve its main objective and implement its strategic plan; and what each member had 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.

Councillor L Bigham, Cabinet Member for Adult Services, welcomed the report.

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

- Neglect covered a range of forms and a lot of work, including recruitment of the right staff, was being undertaken. Training and support was available to the informal carers in Coventry.
- Self-neglect was also an issue and the SAB had provided guidance and training. Partnership working with GP's was key.
- Officers worked with community navigators and referral activity into social care was busy.
- Officers made visits to care homes, provided escalation panels if necessary and had direct intervention with the establishments.
- Officers were liaising with ICB colleagues regarding issues of self-neglect whereby patients could not afford prescriptions.
- Sources of referral were kept a close eye on. Traditionally there had been a high number of Ambulance Service referrals and a high conversion rate as situations were seen first-hand. The Fire Service were also a valued member of the partnership.

Members requested the following improvements to the Coventry Safeguarding Adults Board Annual Report 2023 – 2024 to include:

1. Descriptions of the different types of abuse
2. A glossary of terms
3. A more easy-read report style

4. Clarity and detail improvements to tables

Details of safe and well checks by the Fire Service would be circulated to Members.

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

- **Notes the contents of the Safeguarding Adults Annual Report.**

32. **Coventry & Warwickshire Integrated Health and Care Delivery Plan**

The Board considered a briefing note of the Chief Transformation Officer and Deputy Chief Executive, Coventry and Warwickshire Integrated Care Board and a presentation of the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, which provided a progress update of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire.

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

Following the merger of the 3 Clinical Commissioning Groups in the area and the passage of the Health and Care Act (2022), on 1st July 2022, Coventry and Warwickshire was established as an Integrated Care Board (ICB) on a statutory basis.

Following this, all ICS's were required to develop an Integrated Care Strategy to set out how the assessment needs could be met, which was developed by the Integrated Care Partnership (ICP).

In 2023, the ICB, Coventry City Council, Warwickshire County Council and other partners worked together to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/4 – 2027/28 (IHCDP) – to act as the shared health and care system delivery plan for Coventry and Warwickshire Integrated Care Strategy.

The plan produced by the ICB provides the operational detail around how the strategy's vision can and will be realised and sets out the ICB's aims and priorities for the next 5 years and would be refreshed annually.

There were currently no red rated indicators due to the fact that if an action was delayed there was currently a plan in place to mitigate this risk. There were a very small number of deliverables (x2) where a response was awaited on the current status of the plan. There were also 3 deliverables relating to the Children & Young People Strategy that were not applicable at the current time.

In conclusion, the plan was in the process of being implemented and embedded across partner organisations and there were currently no areas of risk identified but this would shift as further progress was made against the plan with areas of slippage requiring early identification.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, commended the report extending full support to the Integrated Health and Care Delivery Plan and highlighting the strength of prevention, in the public health arena.

Councillor L Bigham, Cabinet Member for Adult Services, welcomed the report, highlighting that air pollution and its health effects on the population was missing from the plan.

Members of the Scrutiny Board, having considered the content of the briefing note and presentation, asked questions and received information from the Chief Medical Officer and Head of Communications and Public Affairs, ICB, on the following matters:

- Air pollution was not specifically covered in the IHCDP. The ICB's Greener Strategy would cover some areas where impact was needed.
- Working in partnership to improving access to primary care by ensuring primary care establishments are included within plans for large, new housing developments.
- Where efficiencies would be found from.
- Extensive engagement had been undertaken with ethnic minority and immigrant groups to ensure their needs were met. The full engagement report was available on the ICB website.
- Specific services were being delivered to newly arrived communities.

Members requested the following information:

- Partnership working to ensure primary care establishments are included within plans for large, new housing developments.
- Circulation of the briefing note regarding the Air Quality Action Plan.
- The amount of funding allocated to Coventry.
- Engagement with minority groups and the outcome of pilot work with newly arrived communities.

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

Notes the content of the progress update of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire.

33. **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:

- **An update on the POD (to include digital successes and transition to prescriptions via GP's) to be brought back to SB5 in 6 months time.**
- **Members to be invited to a joint meeting of SB5 and SB2 regarding CAMHS on 14th March 2024.**
- **An update on when the Suicide Prevention Strategy would be delivered.**

- **ICB efficiency savings.**

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

There were no other items of public business.

(Meeting closed at 1.15 pm)

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Coventry City Council

Briefing note

To: **Health and Social Care Scrutiny Board** **Date: 28th February 2024**

Subject: **Measles, Mumps and Rubella (MMR) Immunisations in Coventry**

Purpose

1. This report aims to:
   - update the Health and Social Care Scrutiny Committee on the uptake of Measles, Mumps and Rubella (MMR) immunisation among children in Coventry.
   - give an overview of commissioning responsibilities and set out how partners are working together to build good immunisation rates and address areas of concern.

Recommendations

2. Scrutiny Co-ordination Committee are recommended to:
   1) Note that the Coventry's MMR childhood immunisation rates for 2022/23 are below the national and regional averages.
   2) Note the work that partners are doing together to improve MMR uptake across Coventry and increase protection from the spread of measles and other vaccine preventable diseases.
   3) Agree that our ultimate goal in Coventry is to achieve high MMR immunisation uptake, building each success into the wider childhood immunisations programme to develop system resilience and outbreak prevention.

Background

3. The World Health Organisation highlights that 'the two public health interventions that have had the greatest impact on the world's health are clean water and vaccines. Across the UK, the NHS provides free vaccinations against a range of diseases with the aim of preventing illness and death associated with infectious diseases. Immunisation also helps reduce the financial and capacity pressures on NHS treatment services.

4. Measles is a preventable viral infection which is highly contagious and on rare occasions can cause serious complications (e.g. blindness, pneumonia and meningitis) and can be fatal. Young babies, people who are immunosuppressed and pregnant women are at higher risk of complications. The MMR vaccine is the best way of protecting individuals, preventing outbreaks and protecting the most vulnerable individuals in a community.

5. MMR vaccination is routinely offered as part of the childhood vaccination schedule (summarised in Appendix 1). The MMR vaccine is safe, effective and is offered twice in childhood - at 1 year of age and as a pre-school booster at 3 years and 4 months. Two doses of the vaccine provide the best protection.

6. Uptake of the MMR vaccine has declined over the years, including in Coventry, which means more of the population are potentially vulnerable to catching measles. Since 1st October 2023, there has been an increase in measles cases across the country including Birmingham (300 confirmed), Coventry (26 confirmed), Solihull (13 confirmed) and Warwickshire (3 confirmed).

Roles and responsibilities

7. Since the transfer of most public health to local government in April 2013, responsibility for immunisation has been fragmented with both NHS England (NHSE) and Coventry Warwickshire Integrated Care Board (ICB) holding lead roles on NHS immunisations delivery.

8. The NHSE West Midlands Screening and Immunisations team provide system leadership, support and oversight of ICB commissioning and delivery of NHS vaccinations including MMR. The ICB commissions services including managing introduction of new programmes, monitoring providers against national performance indicators, quality improvement and reduction of inequalities. This includes leading on the management of clinical queries and incidents.

9. The main providers of MMR immunisations in Coventry are GP practices (including practice nurses) and the School Age Immunisation Services. Coventry City Council public health team has an assurance function and influencing role in local commissioning, focused on ensuring plans meet local needs and promote immunisation uptake. For Coventry and Warwickshire, assurance is provided through the Health Protection Committee.

Childhood MMR coverage in Coventry

10. The most up to date published MMR uptake results for Coventry are:

MMR status by Age	% uptake			Coventry RAG Rating PHOF herd immunity target of 95%*
	Coventry	West Midlands	England	
1 MMR dose at 2 years	86.8	88.9%	89.3	Red
MMR 1 dose by 5 years	91.4	92.6	92.5	Amber
MMR 2 doses by 5 years	81.7	83.7	84.5	Amber

The table shows that GP delivered childhood immunisation uptake in Coventry is consistently lower than the regional or national levels. There is greatest success at achieving one dose of MMR by the age of 5 years, however the requirement for herd immunity is measured based on achieving two doses of MMR. At GP practice level, Coventry MMR levels have a range of 71.3% (lowest) and 85.9% 9highest) for two MMR doses.

The performance Red-Amber-Green (RAG) rating within the table is based on the Public Health Outcomes Framework (PHOF) targets. The PHOF target for all pre-school childhood immunisations is 95% as this is the World Health Organisation (WHO) target for herd immunity. Herd immunity is the level of vaccine uptake at which individual cases or outbreaks of vaccine preventable diseases are unlikely to occur.

Working together to improve MMR immunisation rates

11. Since summer 2023 an additional effort has been made to increase protection from measles and the levels MMR vaccination. This work began before the first cases of measles were seen in Coventry.

12. Work has been undertaken across all partners locally to ensure we work more effectively together to grow the rates of immunisation in all communities, including those less likely to routinely come forward. Some key actions include:

Vaccinating Coventry Group

13. Partners had established a Coventry focussed immunisation planning group, initially to focus on the Covid plan for this winter, but with the agreement repurposed to escalate the attention on measles. The group, chaired by Coventry City Council brings together a wide range of stakeholders including NHSE, ICB, primary care, and the Coventry and Warwickshire Partnership (which provides school aged vaccines). The aims include bringing all relevant parts of the system together to identify the best way of immunisations to the population of Coventry and reduce inequalities in accessibility. For example, in normal times delivery through GP practices works well, however during outbreaks pop-up approaches have been proven to work well (e.g. mobile units/buses, community settings).

Coventry and Warwickshire Schools Immunisation Service

14. Informed by inequalities in school level MMR data the service has re-modelled the offer to school aged children. An enhanced pop-up MMR vaccination programme has been launched to increase take up by children whose parents may have found accessing primary care difficult. The design aims so reduce inequalities in provision and the harm caused by vaccine preventable disease.

15. Since February 2023, the school-based MMR pop-ups in Coventry have been opened to cover pupils, siblings, parents, and school's staff. Evidence shows the potential of this approach, as demonstrated by the impact of December 2023 'pop up' sessions in one of Coventry's most diverse primary schools. The sessions in December 2023, lifted MMR vaccination rates in pupils up from around 40% to 87%, and increased MMR vaccination levels amongst parents and teachers. This example is being referred to as good practice by UK Health Security Agency (UKHSA) and Department for Education. 'Pop-up' approaches are not entirely new as elements of it have been used before, but the recent cases facilitated a co-ordinated agreement across the health economy to deliver the model at scale.

Communications to increase public understanding

16. Informed by the positive achievements during the covid response, local community champions have been engaged to raise knowledge and awareness. Local authority links with voluntary sector organisations have been targeted towards a shared objective of positively influencing those least likely to take up the offer of MMR vaccination and encourage them to come forward. The first phase of activity included creating a new leaflet-poster that incorporates local perspectives on style, content and branding. This resource has been referred to as innovative practice by UKHSA, other local authorities and the NHS.

Summary

17. This paper provides a status report on MMR immunisation in Coventry and an overview of the collaborative working across health partners to continually improve protection against measles.

Finance and Human Resources

18. NHS partners commission and fund MMR immunisation services. Vaccination Programmes aid the human resources and business continuity arrangements of organisations.

Legal

19. Coventry Council's Director of Public Health is mandated to take steps to protect the health of the public and to provide oversight of and scrutiny of the local immunisation system

Equality Impact

20. Immunisation is one of the most important public health interventions that protects the most vulnerable people in our communities. It targets children and young people, people living with long-term health conditions and older adults.

Lily Makurah
Consultant In Public Health – Health Protection and Sustainable Places
Coventry City Council

Appendix I:

Table A: Routine Immunisation Schedule for Children and Young People

Age Due	Vaccine Given	Main Providers
8 weeks	1. Diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b (Hib) (DTaP/ IPV/Hib) and hepatitis B 2. Pneumococcal conjugate vaccine (PCV) 3. Meningococcal B (MenB) 4. Rotavirus	GP
12 weeks	1. Diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b (Hib) (DTaP/ IPV/Hib) and hepatitis B 2. Rotavirus	GP
16 weeks	1. Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) and hepatitis B 2. Meningococcal B (MenB) 3. Pneumococcal conjugate vaccine (PCV)	GP
1 year	1. Hib/MenC booster 2. Pneumococcal conjugate vaccine (PCV) booster **3. Measles, mumps and rubella (MMR)** 4. Meningococcal B (MenB) booster	GP
2-3 years	Live attenuated influenza vaccine (LAIV)	GP
School aged children (reception to year 11)	Live attenuated influenza vaccine (LAIV)	School Age Immunisation Service (SAIS)
3 years 4 months	1. Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV) **2. Measles, mumps and rubella (MMR)**	GP
12 to 13 years	Human papillomavirus (HPV)	SAIS
14 years	1. Tetanus, diphtheria and polio (Td/IPV) 2. Meningococcal ACWY conjugate (MenACWY)	SAIS

Table B: Selective Immunisation Programme for Children and Pregnant Women

Target Group	*Age and schedule*	*Disease*
Infants born to hepatitis B infected mothers	At birth, 4 weeks and 12 months old	Hepatitis B
Infants in areas of UK with TB incidence >=40/100,000	At birth	Tuberculosis (BCG vaccine)
Infants with a parent or grandparent born in a high incidence country	At birth	Tuberculosis (BCG vaccine)
Children aged 6 months to 17 years with long-term health conditions	During flu season	Influenza
Children aged 6 months and over who are immunosuppressed	Sprin 2024 booster	Covid-19
Pregnant women	During flu season	Influenza
Pregnant women	From 16 weeks gestation	Pertussis

Coventry City Council

Briefing note

To: **Health and Social Care Scrutiny Board** **Date: 28th February 2024**

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

1 Purpose of the Note

1.1 To update the Health and Social Care Scrutiny Board (5) on the progress made over the last 12 months to manage increasing demand.

1.2 To update the Health and Social Care Scrutiny Board (5) on how risk is monitored across all service areas and describes the process of prioritisation and management of risk and how staff's workloads are managed.

2 Recommendations

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

1) Review and comment on the work of Adult Social Care, to understand the approaches and mechanism that are in place to manage demand on Adult Social Care and,

2) Make suggestions and comments as to how this could be improved for consideration by the Cabinet Member for Adult Services.

3 Information/Background

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

4 Care Act 2014

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

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

4.3 Eligibility must be determined at the point of an assessment. This means that whether the person is likely to fund their own care or that their needs could below the eligibility threshold the assessment is the first consideration in determining

eligibility. There are no timescales set within the Care Act 2014 for assessments to be completed but there is the requirement to carry out an assessment over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs.

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

5 Reviews

5.1 The Care Act statutory guidance states that it is an expectation that authorities should conduct a planned review of the support in place on an annual basis.

5.2 Over the last number of years, the % of people in long term support who have had a review has increased. Of all people in long term support. Teams are working on improvement plans to increase our review activity and external support has been sourced to improve performance. Due to the lower levels of risk associated with annual reviews, some people will wait longer for a review as other more high-risk cases require interventions. For example, for many people we may complete more than one review/reassessment a year, due their changing needs and situation, which might increase the associated risk. Thus, those with stable care and support arrangements may wait longer for an annual review, as the workforce will be dealing with more high-risk cases and completing multiple reviews/reassessments.

5.3 For some years ASC has prioritised new requests over and above reviewing activity. Targeting resources in this way has been necessary to ensure that those without care provision are safeguarded, supported and the impact on the NHS is reduced. Equally, and despite the additional contacts in the last 12 months this has enabled the focus on promoting independence and enablement that has ensured our conversion into long term support provision has remained at a static 5%.

6 Mental Health Act 1983 (amended in 2007)

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

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

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

7 Mental Capacity Act 2005

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

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

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

8 Deprivation of Liberty Safeguards

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

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

9 Disabled Facilities Grants (DFG)

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

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

9.3 There are approximately 400 cases waiting for their DFG (Disabled Facility Grant) to be completed. In addition, there are 258 DFG's are in the process of completion either by Coventry City Council or Housing Association.

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

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

9.6 We recognise the need to improve the waiting times for DFG and are embarking on improvement work which is scheduled to start in March 2024 but we have seen a 53% increase in activity.

10 Referrals to Social Care

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

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

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

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

10.5 Once received, all referrals are screened by intake teams within Adult Social Care to prioritise based on risk and determine next steps. Several referrals can be dealt with and closed within the intake team leaving only those that require a further

intervention will need to be allocated to a worker in the long-term Teams or to an Occupational Therapist.

10.6 Over the last 12 months significant work has been undertaken to understand the waiting lists for assessment and review. Whilst waiting lists are no longer 'unusual' for local authorities across the region it is the risk management of the waiting list and the achievement of minimal levels of performance compliance that has remained a concern.

10.7 On that basis capacity within the operational service was increased to enable those waiting for allocation for assessment to be contacted on a regular basis to check on improvement, deterioration, and the priority rating initially awarded. This has been achieved through the appointment of two Contact Assessment Workers (Grade 4)

11 Responding to needs assessment requests

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

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

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

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

Urgent

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

Medium

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

Standard

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

12 Management of Risk

12.1 Overall levels of risk are monitored by Heads of Service with resourcing decisions made as appropriate to manage risk levels within the service. Escalation processes

are in place to monitor level of risks and response times to ensure cases are appropriately risk assessed and allocated accordingly. Each week managers review the priority cases on the list for allocation to a worker.

12.2 For the AMHP (Approved Mental Health Professional) activity twice daily handover meetings are in place to support the handover between shifts to ensure safe transfer of care.

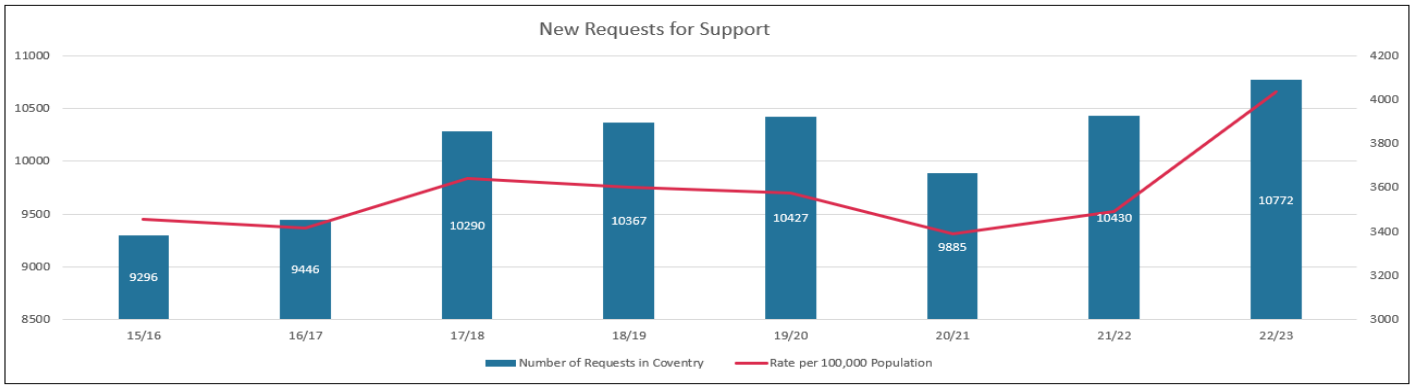
12.3 Where necessary Heads of Service will take action to mitigate risk. Such measures include moving staffing resource to meet demand and manage risks, and the reallocation of cases to enable professionally qualified staff to deal with more complex higher risk cases.

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

13 Performance Data – Existing levels of demand and Risk.

13.1 Community Teams

13.2 Each year Adult Social care sees an increase in activity and number of new requests increase year on year. Mental Health data was not available for 2022/23 which accounts for approximately an additional 2k contacts.



13.3 There are approximately 3600 people in receipt of ongoing care and support within Coventry, and of which 2700 are in long term support for 12 months and over. Overall referrals into intake Teams are on average 210 referrals per week, approximately 900 a month. Of all the activity coming through Intake Teams, 46% are Safeguarding referrals. Not all referrals to the service will need ongoing support and significant numbers are resolved at source with approximately 40% requiring intervention from a Social Worker or Occupational Therapist.

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

13.5 This means it is the more complex cases that are allocated involving safeguarding, deprivations in the community, legal processes or high-risk situations.

13.6 The Market Sustainability Improvement Plan (MSIP) demonstrates support is put in place quickly when needed, within 16 days, which is the best in region.

13.7 **Hospital Team**

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

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

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

14 Waiting Times

14.1 The increasing demand on Adult Social Care in terms of complexity of casework and legal standing of some of it, inevitably means waiting times are longer for some. Waiting times are likely to be an issue of challenge in the forthcoming CQC (Care Quality Commission) Inspections. Whilst waiting times and numbers waiting will feature it is more likely that the management of the situation will be the predominant issue to be addressed.

14.2 Following the introduction of two new staff, who started in January 2024, we are already seeing an impact. Their role is to proactively contact anyone waiting for the completion of their assessment to get an update on their situation and will then risk assess and prioritise cases that require intervention. In addition, they will build a schedule of contact to ensure that people have contact based on their situation. This also enables people to come off the list if their situation has changed and no longer require allocation for further work.

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

14.4 Waiting times and numbers are monitored closely by the service and the Management Team with escalation processes in place. This is included on the service risk register is reported regularly.

14.5 **Performance data and improvements**

14.6 Over the last 12 months we have seen an improved position in relation to people waiting for further assessment. People waiting are having regular contact to allow opportunities to update on their situation and update their risk assessment.

	January 2023	January 2024
Number of people waiting in for completion of their assessment (after intake intervention)	450	360

14.7 Once identified that more detailed work is needed to complete the assessment, people may wait dependent on their current situation and level of risk. However, the time taken to complete an assessment is an improving position. Overall average waiting times in 2022/23 was 110 days, for 2023/24 average waiting times is 83 days.

Average days to completion of Assessment (following intake)	2022	2023/24
Older People's	55 days	42 days
All Age Disability	122 days	**58 days**

15 Reviews

15.1 More people this year had have a Review of their care and support within the last 12 months. Coventry's performance improved from 44.9% in 2021/22 to 49.2% in 2022/23, but this had minimal impact on our national performance. Performance at February 2024 is 52.4% reflecting steady improvement.

2021/22	2022/23
44.9%	49.2%

16 Risk Levels

16.1 All referrals are risk assessed at point of referral and the risk rating recorded on our recording system. This enables service areas to have oversight of the levels of risk within their team.

16.2 Within intake Teams, 46% of activity is deemed urgent and requires an urgent response within 7 days, for some a same day response is required. However, 60 % of activity is dealt with by source without the need for further interventions.

16.3 Within long term Teams, 26% of activity is deemed Urgent, and requires a response within 7 days. The remaining 74% is deemed as medium or standard, which means the urgent situation might be resolved, but now long-term intervention is required.

17 Dols

17.1 The table below is the total new applications, 2023-24 is up to Jan 24 so not full year data as yet. The % of completed DOLs is increasing and showing an improved position each year.

	2020-21	2021-22	2022-23	2023-24
New applications	1983	2195	2288	1871
Completed	74%	75%	76%	78% (as at Feb 24)

17.2 Year on year increases in referrals rates has resulted in people waiting for a standard assessment and authorisation under the act. The service adopts the ADASS (Association of Directors of Adult Social Services) prioritisation tool and a Best Interest assessor is available each day to prioritise requests and respond to urgent cases. Currently there are 300 requests needing to be finalised with an average of 33 days to complete the medical and best interest assessments. Of those waiting there will be people whose circumstances have changed, are less of a priority or are temporarily detained by the Managing Authority pending recovery or where the medical assessment is being completed. Each request is triaged in terms of priority and to assist the service contracts with another agency to complete the less urgent cases.

18 Workforce and Caseloads

18.1 Approaches to Adult Social Care have not increased to any significant level. However, the types of referrals received are more complex in nature, take time to resolve and more are associated with safeguarding vulnerable adults. This complexity impacts on a worker's caseload and subsequently the overall ability to allocate cases within teams. Many Social Workers are presenting cases in the court arena and these cases are high risk and are time intensive in terms of reports and interventions required. Current average caseloads are 20 (with variation dependent on work of the team) based on an updated case load and workload audit completed in 2023/24. There are no national benchmarks in relation to caseloads levels in adult services, however it's important to focus on workload and case weighting as this will focus on risk, complexity and time outputs of any caseload.

18.2 A tool to support practice and evaluate the risk, complexity and time outputs of caseloads has been produced. It can be used in supervision to negotiate the balance of a worker's caseload, or can help prioritise tasks, and see where action can be taken to manage tasks if appropriate.

18.3 Caseload management tools also have the function of identifying where cases can appear "stuck" or where further assistance is needed to achieve identified outcomes. This may highlight learning needs, additional resources or negotiating protected time to complete specific tasks, for example, court reports.

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

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

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

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

19 Summary

19.1 Managing risk within a high volume and dynamic environment is part of the daily business of Adult Social Care. Although the numbers of people waiting for an assessment across the services has reduced with additional risk management approaches in place to support and enable people waiting have contact to update on their situation.

19.2 We recognise that some people wait longer for interventions than others, and although we have seen improvements in waiting times, the average days waiting for assessment is not necessarily what we would want it to be. To mitigate risk and ensure those with greatest need have an assessment completed in a timely manner, we have robust risk assessments and escalations in place and have recently introduced a process to monitor the risk which involved proactively contacting people to update on their situation and review any risks.

19.3 Over the last year we have seen improvements in many areas, and we have seen a reduction in those waiting for further assessment as well as increased number of people having had a review within the last 12 months. In addition, we have seen a positive change in a number of key ASCOF (Adult Social Care Outcomes Framework) indicators.

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

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

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Health and Social Care Scrutiny Board Work Programme 2023/24

Last updated 20th February 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
- Managing ASC demand and levels of risk - Measles, Mumps and Rubella (MMR) Immunisations in Coventry
14th March – joint with Education and Children's Services Scrutiny Board (2)
- CAMHS - Children's Safeguarding Partnership Annual Report
10th April 2024
- Health Sector Skills Development - Improving Lives
2023/24
- Virtual Beds - Preparing for Adult Social Care CQC Assurance - Health Protection - ICB efficiency savings - Immunisations and screenings - GP/Primary Care Access - Health and Wellbeing in Schools – joint with SB2 - Access to Dentistry
2024-25
- Pharmaceutical Commissioning - Changes to the POD Service - Suicide Prevention Strategy - Digital Access to Health - All Age Autism Strategy 2021-2026 Implementation Update (June/July) - Community Mental Health Transformation (July) - A& E Waiting Times

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	- 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

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Measles, Mumps and Rubella (MMR) Immunisations in Coventry	To look at the take up of the vaccine in Coventry and steps being taken to increase in the context of rising cases in the West Midlands	Allison Duggal Cllr Caan
14th March – joint with Education and Children's Services Scrutiny Board (2)	- CAMHS	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
	- Children's Safeguarding Partnership Annual Report		
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 – Justine Richards CWPT
2023/24	- 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

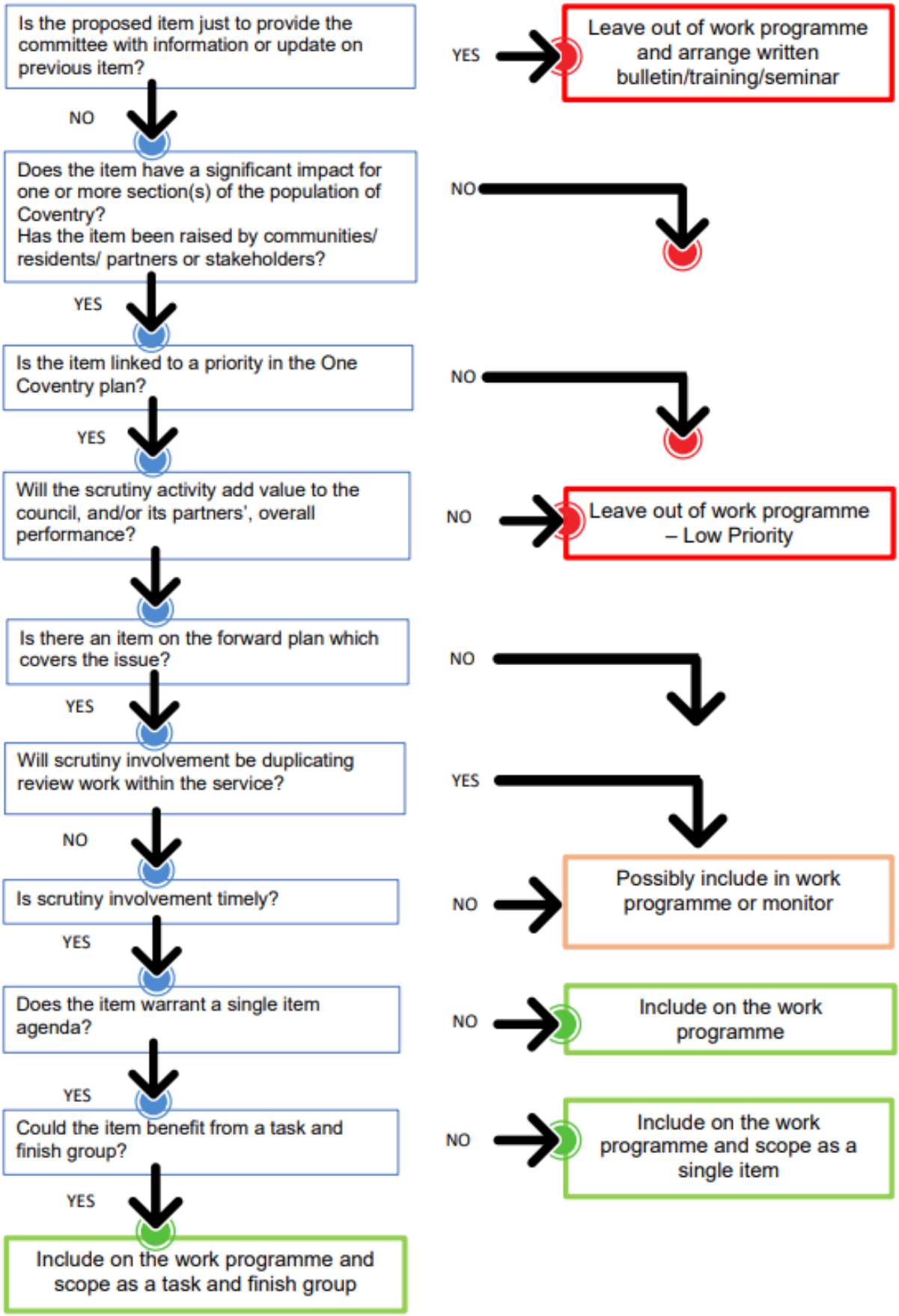
Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Pete Fahy
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council including lessons learnt from Covid	Cllr K Caan Allison Duggal
	- ICB efficiency savings	An item requested at the meeting on 17th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB	Rose Uwins
	- 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 / Include Pharmacy First	
	- 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
	- Changes to the POD Service	A progress on implementation following the item on 17th January 2024	ICB - Rose Uwins Angela Brady
	- Suicide Prevention Strategy	A progress on implementation	
	- Digital Access to Health		
	- All Age Autism Strategy 2021-2026 Implementation Update (June/July)	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

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Community Mental Health Transformation (July)	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. To bring in the summer.	Coventry and Warwickshire Partnership Trust – (Beth Osbourne) Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/
	- A& E Waiting Times	discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit	UHCW

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

Work Programme Decision Flow Chart



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