



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 17th July, 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 10th April 2024 (Pages 3 - 6)

(b) Matters Arising

4. **Community Mental Health Transformation** (Pages 7 - 8)

Report of the Head of Business and Transformation, Coventry and Warwickshire NHS Partnership Trust

5. **Adult Social Care Market Position Statement Refresh** (Pages 9 - 80)

Report of the Director of Adults and Housing

6. **Work Programme and Outstanding Issues** (Pages 81 - 88)

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, 9 July 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, S Gray, L Harvard, A Hopkins, M Lapsa, G Lewis, K Maton, C Miks (Chair) and B Mosterman

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

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Caroline Taylor, Governance Services
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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 10 April 2024

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor J Gardiner
Councillor A Hopkins
Councillor A Jobbar
Councillor R Lakha (substitute)
Councillor B Mosterman

Other Members: Councillor G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing)
Councillor S Nazir (Deputy Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Services S Caren, P Fahy

Law and Governance G Holmes, C Taylor

Others Present R Light, Chief Officer, Healthwatch, Coventry
J Richards, Director of Strategy, UHCW
L Terry, Head of Integration – Strategy, UHCW

Apologies: Councillors: L Bigham, K Caan, S Gray, L Harvard, A Tucker

Public Business

41. Declarations of Interest

There were no disclosable pecuniary interests.

42. Minutes

The minutes of the meeting held on 28th February 2024 were agreed and signed as a true record.

There were no Matters Arising.

43. Healthwatch Coventry - Update

The Board considered a briefing note, verbal update and presentation of the Chief Officer, Healthwatch Coventry, which provided an update on the work of Healthwatch Coventry

Healthwatch was an independent health and social care champion. Their mission was to make sure people's experiences improve health and care; including

barriers to access and health inequality. Healthwatch ensured NHS leaders and decision makers heard the experiences and voices of local people to improve delivery and to plan and commission services. They also helped individuals to find reliable and trustworthy information and advice.

Healthwatch were independent of the delivery of NHS and social care services, deciding and setting a programme of work based on information gathered from local people.

Local people were involved through volunteer roles and the Steering Group which managed the priorities and work. Healthwatch carried out community research, community outreach and projects to look at specific service areas. They also worked to influence decision makers through relationships and involvement in strategic groups within the Integrated Care System.

Members of the Scrutiny Board, having considered the content of the briefing note, verbal update and presentation, asked questions and received information from the Chief Officer, Coventry Healthwatch on the following matters:

- Findings from care homes had been followed up in the past with care home managers and training had been provided. Healthwatch Coventry had fed their findings back to the Care Quality Commission and a series of groups in the ICB.
- An issue regarding maternity care for asylum seeker and newly arrived women was if the Home Office moved them out of the area.
- An increase in funding for local dentistry services had increased the NHS slots available with a focus on patients who had not been to the dentist for over 2 years.
- Healthwatch Coventry was an independent body which worked through influence connecting into health and social care.
- Inequality was at the heart of the work Healthwatch undertook. Work priorities were agreed with inequalities at the forefront and there was a focus on areas of deprivation for the outreach community.
- Last year, 37 Healthwatch volunteers gave 775 hours of time. There were 4.5 Healthwatch employees.

The Chair, Councillor Miks requested the Chief Officer pass on congratulations to the Healthwatch Board for the work they undertook.

The Board requested the Healthwatch Coventry presentation slides and the Healthwatch Coventry newsletter via email.

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

- 1) Note the update by Healthwatch Coventry.**
- 2) Findings from Healthwatch Coventry care home visits to be shared with care homes across the city.**

44. Improving Lives Programme across Health and Care

The Board considered a briefing note and presentation of the Director of Adults and the Head of Integration Strategy, UHCW, outlining the Improving Lives

programme of work, the impacts the programme has had to date and was expected to have as it became fully implemented during 2024.

In January 2021, the local health and social care system embarked on a review of hospital admission and discharge arrangements to determine how improvements could be made that supported reducing admissions, length of stay and improvements to discharge, to reduce the volume of care and support required through enabling more people to be independent.

To progress this work, Newton Europe was appointed following a tender process as a delivery partner working across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.

The aims of the programme were:

- An improved and more responsive co-ordination and delivery of health and care within an individual's own home when urgent and emergency care was required – this would help to prevent people making unnecessary visits to hospitals.
- Where ongoing support (health or care or both) was required to enable people to continue to live independently, this would be reliable, sustainable, and responsive to change as people's requirements changed.
- Where people were required to visit hospital for treatment, this would be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
- Where people had a change in their health as a result of deterioration or a specific episode in their life, they would be supported to recover and re-able to maximise their individual outcomes.

As the programme rolled out over 2024, the service offer to patients/residents in the City would be locality based with the City divided into 3 areas. The area teams (Local Integrated Teams) would support admission avoidance and urgent care requirements alongside hospital discharge pathways.

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:

- Physiotherapy was an important focus of the programme and the aim was for patients to be discharged from hospital back home with a level of mobility.
- There were multiple reasons that hospital admissions could have been prevented. Primary care capacity was stretched and teams were working over and above the capacity available.
- Similar programmes were being rolled out in health systems across the country and there was networking to share good practice.
- The intention was to reduce the number of patients presenting at hospital. When case notes were looked at, 37% of patients should not have presented at hospital as primary care services could have supported them.

- By taking those 37% of patients out of hospital, capacity was given back to hospital staff however, some services did not work 24 hours a day and there had not been the level of co-ordination in the community between Adult Social Care and the NHS to make that happen as yet.
- There had been some positive outcomes from the trial and the work was now being scaled up across the city.

The Board requested the Improving lives presentation slides to be circulated.

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

- 1) **Note the outline of the Improving Lives programme of work.**
- 2) **Provide comment on the programme as described to support effective delivery.**

45. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme. Any items not covered in 2023-24 would roll forward to 2024-25.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme subject to the inclusion of the following items on the 2024-25 Work Programme:

- **Healthwatch Coventry – Update**
- **Improving Lives Programme across Health and Care - Update**

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

There were no other items of public business.

(Meeting closed at 1.10 pm)



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 17th July 2024

Subject: Adult Community Mental Health Transformation

1 Purpose of the Note

- 1.1 The NHS Long Term Plan (LTP) makes a commitment to expanding services for people experiencing mental health illness. Following the investment into Community Mental Health Services, our impact means:
- Individuals will have access to mental health support from a wider network of organisations all working together, in a truly integrated and collaborative culture.
 - New care models have been coproduced.
 - Increasing access to psychological therapies.
 - Improving physical health care.
 - Addressing the holistic needs of the whole person.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are requested to:
- 1) Note the content of this report and the steps being taken to continually strengthen access to community mental health support for Adults and Older Adults, across Coventry.
 - 2) Identify any further recommendations

3 Background and Information

- 3.1 Our new approach enables people to take an active role in their care planning and delivery, promoting greater choice and control over their own health and wellbeing.
- 3.2 Our commitment is that people will not repeat or re-tell their story or have multiple assessments. This means everything we do will be guided by a trauma-informed approach, fostering a sense of safety and support, and building trusting relationships with individuals to promote recovery and a strengths-based approach.

3.3 Our impact/ benefits

- Better access to more people, and a wider section of the population.
- Expert multi-disciplinary led assessment and interventions.
- Greater geographical reach, to offer service users and their family's choice prior to an admission and better access to services which bring care closer to home. It is not bound by geographic boundaries such as being able to attend a base.
- Closer links with the community and localities, and working in partnership with local voluntary, community and social enterprise (VCSE) and Partner agencies to meet the holistic needs of the local population.
- More responsive, preventing people reaching a mental health crisis and needing admission to hospital. We can get to patients with the most urgent needs across the system, providing face to face support within 4 hours if this is needed.

4 Health Inequalities Impact

- 4.1 Adult social care workforce **provides specialist social work services** to meet the Care Act needs of those experiencing mental health difficulties.
- 4.2 Social care Team Managers have a **stronger presence in community teams** and have been working hard alongside their health manager counterparts to focus on partnership working.
- 4.3 Alongside CWPT's new Core assessment, which will replace Care Program Approach documentation, social care will replace CPA documentation, **moving to strengths based specialist assessment** which will better enable us to identify and meet the Care Act needs of the people we work with.
- 4.4 As teams come together under the Community Mental Health Transformation agenda, social care has been looking to strengthen their social work offer and **concentrate on improving referral pathways.**
- 4.5 Over time social care will be forging stronger links with both primary care and VCSE organisations, with a **move away from diagnosis-led services towards more open-door personalised support.**

Name of Author: Eleanor Cappell
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Public report
Cabinet Member

Health and Social Care Scrutiny Board (5)
Cabinet Member – Adult Services

17th July 2024
22nd August 2024

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor L Bigham

Director approving submission of the report:

Pete Fahy – Director of Adults and Housing

Ward(s) affected:

All

Title:

Market Position Statement Refresh 2024

Is this a key decision?

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

Executive summary:

Coventry City Council together with its main commissioning partner, NHS Coventry, and Warwickshire Integrated Care Board (CWICB) is striving to develop a diverse vibrant and high-quality health and social care market to meet the needs and aspirations of the people of Coventry who require support now or who may do so in the future.

Communicating effectively with the market is a key part of market development and sustainability so that providers are aware of both the challenges facing Adult Social Care and some of the principal areas where needs and demand analyses indicate the requirement for services to be developed.

Market Position Statements are a tool for providing this communication and the production of a Market Position Statement (MPS) for Adult Social Care fulfils requirements of the Care Act (2014) in relation to market shaping duties.

The MPS focuses on both current activity and future opportunities across the whole Adult Social Care market and seeks to provide a balance between description and analysis.

The document aims to give clarity about the difference we are looking to make in people's lives. Our role is to support individuals to live as independently as possible, using strengths-based practice, and to ensure that anyone with care and support needs has access to good quality, tailored and reliable support.

We are proud of the impact we have made in partnership with the care market to improve our overall adult social care offer, available provision, and ways of working.

Since publication of our previous MPS key achievements include:

- Development of an increased supported living offer for adults with learning disabilities and/or autism or those with significant needs associated with their mental ill health which facilitates more independent living.
- Establishment of the Improving Lives programme, a multi-agency initiative that aims to fundamentally improve the way the health and care system respond to emergency needs.
- Increasing visibility of Adult Social Care including through Open Days held in various parts of the city.
- A successful bid for Accelerating Reform Grant monies which will be used to fund several projects centred on delivering alternative methods of support with a particular emphasis on supporting informal carers.
- Award of funding to identify and scope the number of international recruits employed in Coventry and Warwickshire, assess the risk to both individual recruits and the wider care market should sponsorship become unstable, and identify a cohort of ethical employers who are willing to train, mentor or reemploy displaced International Recruits, migrants and/or refugees.

The MPS document has been informed by provider engagement and will be used to underpin ongoing dialogue with providers through a number of activities including our well-established provider forums.

Recommendations:

Health and Social Care Scrutiny Board (5) are requested to:

- 1) Provide comments on the Market Position Statement to the Cabinet Member for Adult Services.

Cabinet Member is requested to:

- 1) Consider any comments from the Health and Social Care Scrutiny Board (5).
- 2) Approve the refreshed Market Position Statement for use with the Adult Social Care Market.

List of Appendices included:

The following appendices are attached to the report:

Appendix 1 - Market Position Statement
Appendix 2 - Equalities Impact Assessment

Background papers:

None

Other useful documents

[Market Sustainability Plan](#)

Has it or will it be considered by Scrutiny?

No

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

No

Will this report go to Council?

No

Report title: Market Position Statement Refresh

1. Context (or background)

National Context

- 1.1 Ensuring a diverse, vibrant, and quality market for Adult Social Care is key to ensuring the delivery of positive outcomes for people. Communicating effectively with providers creates awareness of both the challenges facing Adult Social Care and some of the key areas for development. This in turn supports effective commissioning.
- 1.2 Market Position Statements (MPS) are a tool for providing communication to the care market about the type, volume, and quality of services that a council wishes to see developed in its local area. Recognising its importance, the Government has made the production of a MPS a suggested mechanism for meeting legal requirements around market shaping as part of the Care Act (2014).
- 1.3 The MPS should be read alongside the Councils' Market Sustainability Plan which formed part of mandatory requirements for receipt of Market Sustainability and Improvement Fund (MSIF) funding for which has been allocated to councils since April 2023.
- 1.4 That funding is contingent on councils making improvements in three key areas:
 - Increasing fee rates paid to adult social care providers in local areas.
 - Increasing adult social care workforce and retention
 - Reducing adult social care waiting times
- 1.5 The City Council's existing Market Sustainability Plan was approved by Cabinet Member for Adult services with endorsement from Health and Care Scrutiny Committee in March 2023. That plan has been used to ensure the continued availability of services and support to adults with care needs.
- 1.6 The importance of developing the social care market has also been nationally recognised and key to this is establishing meaningful engagement with providers across the sector (both current and potential new providers) and the setting of local context and expectations for all stakeholders.

Local Context – Coventry's Market Position Statement

- 1.7 Coventry City Council are clear in the difference we are looking to make in people's lives. Our role is to support individuals to live as independently as possible, using strengths-based approaches and to ensure that anyone with care and support needs has access to good quality, tailored and reliable support.
- 1.8 The MPS outlines how we wish to see the market develop to achieve a high-quality varied mix of provision incorporating innovation (including better use of technology data, planning, and care solutions) and new models of care to support our continuing journey to promoting increased independence, choice, and control. The plan outlines a renewed

focus on maintaining and increasing working in partnership across the care and health system to achieve optimum outcomes with judicious use of available resources.

1.9 The City Council's MPS is an analytical statement which sets out to present a current picture of the Adult Social Care market and how this may need to change to meet the demands on the Council and the expectations of residents.

1.10 The MPS supersedes documents produced in 2014 and 2018 with a number of key changes which include:

- Development of an increased supported living offer for adults with learning disabilities and/or autism or those with significant needs associated with their mental ill health which facilitates more independent living.
- Establishment of the Improving Lives programme, a multi-agency initiative that aims to fundamentally improve the way the health and care system responds to emergency needs.
- Increasing visibility of Adult Social Care including through open days held in various parts of the city.
- A successful bid for Accelerating Reform Grant monies which will be used to fund several projects centred on delivering alternative methods of support with a particular emphasis on supporting unpaid carers.
- Award of funding to identify and scope the number of international recruits employed in Coventry and Warwickshire, assess the risk to both individual recruits and the wider care market should sponsorship become unstable, and identify a cohort of ethical employers who are willing to train, mentor or re-employ displaced International Recruits, migrants and/or refugees.

2. Options considered and recommended proposal.

2.1. The MPS highlights our key commissioning priorities for the next five years as follows:

- Addressing identified gaps within available resources
- Increase the proportion of CQC related providers rated as good
- Developing alternatives to regulated support.

The document also outlines the Council's support offer, an overview of supply and demand and potential development opportunities for providers.

2.2. A legal requirement of the Care Act (2014) is to shape and develop the social care market. Section 4.33 of the statutory guidance states that local authorities must work to develop markets for care and support that, whilst recognising that individual providers may exit the market from time to time must continue to ensure the overall provision of services remains healthy in terms of sufficiency of provision of high quality care and support needed to meet expected needs. This is intended to ensure that there are a range of appropriate and high-quality providers and services for people to choose from. Section 4.56 of the statutory guidance suggests that duties in relation to market shaping can best be met through the development of a market position statement.

- 2.3. The content of the MPS makes it very clear that any additional demand must be met within available financial resources which means that much need will be met through replacement capacity with additionality only considered where affordable.
- 2.4. There are not considered to be any alternative viable options which would to meet the legislative requirements.

3. Results of consultation undertaken

- 3.1 In December 2023, the Council undertook a survey with the local care market which identified providers were keen to understand further in respect of the Council's commissioning intentions, quality assurance approach and market direction. This was followed in June 2024 by a specific engagement session with current and potential providers.
- 3.2 If the MPS is approved there will be further engagement with key stakeholders as the document is utilised.

4. Timetable for implementing this decision.

- 4.1. If approved the MPS will be launched in Autumn 2024 for immediate use with the market.

5. Comments from Director of Strategic Finance and Resources (Section 151 Officer) and Director of Law and Governance

5.1. Financial Implications

There are no direct financial implications arising from this report or approach.

5.2. Legal Implications

The Care Act (2014) statutory guidance states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'. The Local Authority role is seen as critical and under section 5 of the Care Act, the duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with them.

Further, in developing its services to meet local need, the Council must always be minded of its obligations under section 149 of the Equality Act 2010, to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic and those who do not share it. The development of a MPS helps support the Council in meeting this objective.

6. Other implications

6.1. How will this contribute to the One Coventry Plan?

This proposal would support the Council's key objectives through a contribution to improving outcomes and tackling inequalities.

6.2. How is risk being managed?

There are no identified risks with the approach outlined.

6.3. What is the impact on the organisation?

The MPS is an approach signalling to the care market what services need to be developed to meet the social care needs of Coventry citizens and assists in meeting the Council's responsibilities in relation to market sustainability and development.

6.4. Equalities / EIA?

An Equalities Impact Assessment has been completed and can be found at Appendix 2.

This assessment concluded that there are expected to be positive impacts for younger people in transition to adulthood, young adults with disabilities and older people through improving availability, quality, and choice of support services. There are also believed to be positive impacts based on race, religion, beliefs, and sex as expectations are that provision is more tailored to individual requirements. A strengthened care market is deemed likely to assist with reducing health inequalities.

Digital equality is anticipated to be supported through requirements around training and development and options for service delivery that are available using different channels of support.

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

The documents highlight to existing and prospective providers the broad environmental goals of the Council and requirements to contribute towards improved environmental outcomes.

6.6. Implications for partner organisations?

NHS Coventry and Warwickshire Integrated Care Board and wider health partners are expected to benefit from the joint approach to market development.

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| Tom Robinson | Governance Services Officer | Law and Governance | 27.06.24 | 27.06.24 |
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| Cllr L Bigham | Cabinet Member for Adult Services | - | 03.07.24 | 03.07.24 |
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Appendix 1 Coventry City Council

Adult Social Care Market Position Statement 2024- 2029



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Introduction

We want to ensure that all adults with care and support needs, and carers, in Coventry can live as independently, safe, and well as possible and have real choice and control over the care they receive. To do this we work in partnership with care providers and aim to make Coventry an attractive proposition for existing adult social care providers, and to attract new care developments and services to ensure a sustainable and vibrant marketplace.

This Market Position Statement (MPS) provides information on current and anticipated adult social care demand levels, expected quality standards, and commissioning intentions in Coventry, with the aim of ensuring that both existing and new services are of good quality and meet the needs of the city's residents.

We have developed this MPS based on feedback from residents and population forecasts to form the basis of discussions with current and potential new providers by ensuring we:

- Provide direction to the local care market. Specifically, how we would like the local market to look in the short, medium, and long term.
- Outline Coventry's current and future demography.
- Outline our current supply and delivery methods.
- Highlight our successes, challenges, and market gaps, alongside how we plan to rectify these issues and improve our range of provision.
- Describe our market expectations, including quality of delivery and affordability.
- Identify upcoming business opportunities and developments and how we will commission and fund services.

In line with our general commissioning approach this document has been further informed by engagement with our provider market, partners, individuals, and carers in receipt of services.

The data and projections behind our commissioning intentions are outlined within our Technical Appendices.

What has changed since our last Market Position Statement?

We are proud of the impact we have made to improve our overall adult social care offer, available provision, and ways of working since our last MPS. Key achievements and developments include:

- Mental Health (MH) supported living provision: Since our last MPS we have 9 new schemes providing an additional 84 units across the city. As a result, few younger adults have been placed in care homes. An additional 2 residential mental health schemes (17 beds) are also available.
- Dementia Hub: co-designed with people who attend and carers, the Coventry Dementia Partnership Hub is an initiative to provide more comprehensive support to people living with dementia and their unpaid carers. The Hub offers

a range of different activities, information and advice sessions, traditional day services and outreach along with a Dementia Friendly Café and social space. Feedback from the Hub has been overwhelmingly positive - Paul, user of the Young Onset Dementia Service *“I am grateful for the support I have received from the Hub especially the social aspect of it and the opportunity to be able to have made friends”*.

- Learning disability and autism supported living provision: The Council has commissioned a range of core and cluster developments which meet a wide spectrum of needs, with schemes providing a mixture of 24-hour support, alongside on-site staffing during the day. In the past 3 years specifically, we have increased capacity by an additional 56 units in the city.
- Improving Lives: Improving Lives is a Coventry collaborative programme delivered in partnership between Coventry City Council, University Hospital Coventry and Warwickshire (UHCW), Coventry and Warwickshire Partnership Trust (CWPT), and other health and social care partners and providers in Coventry. The programme is about fundamentally changing how we support people with urgent need and ensuring they receive a seamless, high-quality experience dictated by what they require. Following a successful trial commencing in September 2023, we have already seen evidence of increased outcomes, independence, and improved service user experience for individuals alongside systemwide efficiencies. Expansion of this programme is planned for July 2024.
- Re-commissioning of short-term home support: new contracts commenced in May 2024 building on the strengths of previous contracts, feedback from individuals, and the learnings from our Improving Lives programme, with four providers delivering this support across specific zones of the city.
- Re-commissioning of Pathway Two: (hospital discharge and community step-up short-term beds) commissioning care homes to ensure consistency of approach to promoting independence and incorporate learning from the Improving Lives programme. With the aim of improving outcomes for the person and their experience, minimising or delaying of long-term care, improved efficiency, and tighter control over infection prevention and control, all contributing to improved, efficient and value for money services.
- Communicator Guide Service: We have commissioned a new communicator guide service to support people with a dual sensory impairment or who are deafblind, providing highly skilled 1-2-1 support to people in their homes or activities in the community to relay information, facilitate communication and ensure people can get about safely, increasing both quality of life and independence of individuals.
- Third and voluntary sector recommissioning: Our Preventative Support Grant commissions 13 third sector organisations to deliver a range of support; this was recommissioned in 2022/2023 for a further two years ending 31 March 2025 to ensure continuity of support for individuals in the city.
- Increased visibility of Adult Social Care in Coventry: To meet the diverse needs of our city we must be sure our services are suitable, inclusive and offer equity in access. We have improved our visibility of adult social care services within

communities across the city through our Adult Social Care Open Days, holding these events at various community and religious centres throughout the year, and completing comprehensive Equality Impact Assessments prior to any commissioning activity or service and policy design to ensure we are meeting the diverse needs of people in the city.

- **Accelerating Reform Fund (ARF)**: The Accelerating Reform Fund was launched by the Department of Health and Social Care in autumn 2023 to reduce barriers to innovation in social care. Coventry was successful in their bid and were awarded £779,604 (to be used across the Coventry and Warwickshire Integrated Care Board footprint) and plan to use funding to commence several projects centered on delivering alternative methods of support for people in Coventry. Specifically, these projects include a digital carers support and assessment tool; development of an alternative carers breaks offer; dedicated Shared Lives recruitment support.
- **International Recruitment**: The Council was awarded £120,000 in 2023 as part of a joint bid with Warwickshire County Council to fund an international recruitment project. The funding has been used to identify and scope the number of international recruits employed in Coventry and Warwickshire, assess the risk to both individual recruits and the wider care market should sponsorship become unstable, and identify a cohort of ethical employers who are willing to train, mentor or reemploy displaced international recruits, migrants and/or refugees. This supplements a wealth of recruitment support already available from the Council in this area including provider forums, webinars, and training workshops for both providers and potential recruits. This project is delivered in conjunction with Coventry City Council (CCC) Migration Team and Modern Slavery Team, with support from the Multi-Faith Partnership Forum.

How we work

The Council: Coventry City Council are proud in how we work to provide quality services utilising the budgets and resources available. We are clear in the difference we are looking to make in people's lives and ensure services are meeting the diverse range of needs within the city. Our strategic plans, specifically our [One Coventry Plan 2022-2030](#), [Social Value and Sustainability Policy](#), and [Joint Strategic Needs Assessment](#) outline clearly how we will deliver against our priorities and work holistically across the Council to ensure quality services for the people of Coventry.

Adult Social Care: The Council's approach to providing Adult Social Care in Coventry is outlined in our [Adult Social Care Offer](#) which details our strengths-based, promoting independence practice model. Our annual [Local Account](#) also details how we are supporting people in the city.

Our Partners: We work closely with Health colleagues to ensure a seamless delivery of support where people have joint health and social care needs. Our alignment and commitment to close working with the Integrated Health Board is detailed in the [Coventry and Warwickshire Health and Wellbeing Strategy 2023-2026](#) whilst opportunities for contracting with both organisations jointly are noted within this Market Position Statement.

We consider commissioned providers to be partners and greatly value the work they do daily to improve the lives of people locally. We listen to providers through a range of mechanisms, for example surveys and provider forums, to inform how we work in practice and can better support the market.

Coventry care market – our strengths

In Coventry we are proud of our robust and varied care market comprising a range of national, regional, and independent organisations alongside a comprehensive voluntary and third sector community. The Coventry care market is detailed as follows:

Care providers (as at May 2024):

- 204 total registered care services in Coventry
- 71 residential care homes, including 2 internally provided schemes.
- 133 registered community providers
- 1 Shared Lives with 54 carers / families (across Coventry and Warwickshire)

Other services include:

- A total of 49 sheltered housing schemes across the city
- Coventry Integrated Community Equipment Services (ICES): loaning equipment to support people in their daily lives, subject to a social care assessment.
- Coventry TeleCare Line: sensors and alarms linked to the Council's control center, where trained assessors check an individual's safety and take appropriate action where required. The service is subject to an ASC assessment.
- The Opal Assessment and Demonstration Centre for equipment and adaptations.
- Coventry and Warwickshire Autism Service (CASS): An all-age autism support service has been developed, providing community-based support across the Coventry and Warwickshire region addressing recognised need for a single point of access, at a time and a place, that suits people best.
- Change Grow Live (CGL) drug and alcohol service.
- Voluntary and third sector organisations, supporting individuals with hoarding, addiction, sensory issues, mental health, dementia, Alzheimer's and more.

Individuals can access support outside of commissioned provision including home support agencies and Personal Assistants using direct payments.

In respect of its contracted provision, as of March 2024 the Council commissions:

Short term commissioned services:

Commissioned support is divided into two areas, short term and long-term services. Short term services may be provided where individuals would benefit from a period of assessment to determine any future care and support needs or would benefit from a period of reablement focused support to build back independence, skills, and

confidence to live independently, for example after a period of illness. This support is delivered for a period of up to six weeks. There are two pathways of support for short term support:

- **Pathway One:** Short Term Home Support to enable people to return from Hospital or remain at home, with care and support provided by a home care agency working in a reablement focused manner with additional input from other professionals e.g. physiotherapists, occupational therapists, and social workers, as required.
- **Pathway Two:** Where an individual cannot initially return home from Hospital or would benefit from reablement provided in another type of setting to maximise independence, with a view to returning home whenever possible. These settings include via Housing with Care short term placements, residential care, and dementia residential care.

The number of people supported in short term services is noted below (figures as of 31 March 2024 – in city only)

| Service | No. of services | No. People Supported |
|-----------|-----------------|----------------------|
| Pathway 1 | 4 | 247 |
| Pathway 2 | 9* | 81 |
| Telecare | N/A | 24 |

*Additional spot purchasing as required.

Long term commissioned services:

Long term support is ongoing support with a range of accommodation-based and community delivered commissioned options available, for example residential or nursing care, Shared Lives, supported living, Housing with Care, day opportunities and home support. People also have an option to commission and arrange their own support via the use of a direct payment.

An overview of our commissioned provision is noted below. Figures are correct as of 31 March 2024 (in city support only):

| Commissioned support type – long term | Number of people supported in a long-term service (in city, 31/03/2024) | Number of people supported during 2023/2024 (long term) |
|--|---|---|
| 71 residential care / nursing homes (all in the city) <i>Broken down as:</i> - 14 learning disability and/or autism residential homes (101 beds) - 31 older people's residential homes (1106 beds) - 12 mental health homes (129 beds) | 657 (133 aged 18-64, 524 aged 65+) | 934 (158 people aged 18-64, 776 aged 65+) |

| | | |
|--|---|--|
| Nursing (14 homes - 649 beds, including 1 mental health specialist nursing home) | 197 (36 aged 18-64, 161 65+) | 285 (48 people aged 18-64, 237 aged 65+) |
| 13 home support providers | 1211 (291 aged 18-64, 920 aged 65+) Circa 15,300 long term hours per week (average 12.7 hrs per person) | 1884 (379 people aged 18-64, 1505 aged 65+) |
| 15 housing with care schemes (access / nominations to 524 units) | 337 people | 441 (86 people aged 18-64, 355 aged 65+) |
| 33 supported living schemes | 305 | 335 (285 people aged 18-64, 50 aged 65+) |
| 11 day opportunity services | 261 | 328 (167 people aged 18-64, 161 aged 65+) |
| A Shared Lives scheme with 54 Shared Lives carers / families | 40 | 45 (29 people aged 18-64, 16 aged 65+) |

Self-directed support

Direct payments offer people additional choice and control over their care arrangements outside of contracted provision. The Council encourages the use of direct payments by individuals and commissions a specific service to support people in managing a direct payment, including support to recruit or employ a Personal Assistant (PA). Support is also available through 13 commissioned third sector providers via our Preventative Support Grant, alongside other non-commissioned voluntary, third sector and community services.

As of 31 March 2024, the following number of people were in receipt of a direct payment or employed a PA:

| Type of support | No. of people |
|---|---------------|
| Total number of people in receipt of a direct payment recipients (service users and carers) | 637 |
| Total number of direct payment recipients who directly employ their own staff (including recipients who use at least some of their direct payment to directly employ staff or where someone directly employs staff on their behalf) | 335 |

We also provide a number of support services enabling people to live independently with minimal support. Figures are correct as of 31 March 2024, in city only:

| Service | Number of people supported |
|-----------|----------------------------|
| Transport | 171 |
| Telecare | 2359 |
| Laundry | 60 |

Out of city placements

In some instances, support is provided outside of the Coventry boundary, for example, due to individual choice or where there is a need for specialist support not available in city. As of 31 March 2024, the following long-term services were commissioned and delivered in provision located outside of Coventry:

| Service | Number of people supported |
|------------------|----------------------------|
| Residential | 140 |
| Nursing | 109 |
| Supported living | 63 |
| Home Support | 12 |
| Day Care | 5 |

Coventry's Market Strengths: We measure the strength of our market through a number of key indicators including:

- Market stability:** In Coventry, we have a stable market with minimal provider exits (4 providers in the last 12 months – 2023/2024) and have been able to source replacement capacity quickly with minimal disruption to individuals in receipt of support. In addition, our staff recruitment and retention rates compare favorably to regional rates (25.6% turnover in Coventry compared to 28.2% turnover in the West Midlands, source Skills for Care 2022/23) indicating the stability of our workforce. This has been further reinforced through the range of support we have offered to the market including job fayres, advertising of roles and international recruitment support.
- Ability to respond without delay:** Offering a variety of provision available in a timely manner is imperative to ensuring choice, control and meeting people's needs. Our ability to respond to local need is a key strength. We also work cohesively with local providers to flex to demand as needed, such as the commissioning of additional short-term residential beds (mixture of residential and dementia to ensure capacity was available) for the winter period 2023/24. Whilst we are effective in meeting general needs, we note challenges in sourcing care and support for individuals with long-term high-level nursing or more complex needs requiring specialist support.
- Working innovatively in partnership with the market:** We are proud of the working relationships we have with the provider market and its

flexibility and adaptability in implementing new ways of working for the benefit of individuals. In the last year this has included the implementation of the Improving Lives programme, a systemwide change to the delivery of health and social care whereby efficiencies and improvements to outcomes have already been made. Likewise, we pride ourselves on being open and honest with providers and working together to overcome challenges. We do this through clear communications via our website, bulletins and provider forums, a dedicated contract officer for each commissioned provider, and a programme of quality assurance reviews, meetings, and visits to maintain ongoing support and contact. In our annual survey of the market (which achieved over 60% return rate) 82% of respondents felt they were well supported by Adults Commissioning and we continue to build this support offer. We have recently also implemented dedicated escalation routes in respect of safeguarding and financial queries in response to market feedback and greatly value the input of providers into the development of this Market Position Statement.

Developing the care market - our expectations and support offer

The Council is keen to provide robust support to the market to further strengthen and develop both our commissioned market and wider local provision, drawing upon a range of both internal and external resources to do so. We continue to take feedback to improve and expand this offer in line with the needs and demands of our local market. Our focus for development and subsequent support offer centres on the following areas:

Quality support:

Our expectations: Our significant priority is improving the quality of care experienced by all individuals in receipt of support. Whilst we have a comprehensive quality assurance and support offer, providers are ultimately responsible for the delivery of this support and we have clear standards we expect all providers to work towards. Specifically, all providers **must**:

- Treat people with the highest level of respect and dignity.
- Involve the person (and their carers, family, or advocates, where appropriate or required) in care planning and decision making.
- Have thorough infection prevention and control practices.
- Work in a reablement focused, preventative manner.
- Have clear management and oversight of care delivery, including robust management of medication, care recording, safeguarding, staffing and environmental quality.
- GDPR and data protection compliant.
- Provide or enable stimulating, modern, and safe living conditions which enable people to thrive. This includes compliance with regulatory requirements and recommendations e.g. REACH standards for supporting living accommodation.
- Commit to continual learning and improvement.
- Work with the local communities, assets, and resources.

- Foster an open, honest, and transparent culture.
- Respond in a timely manner to requests for packages of care.
- Work in partnership with the Council to adapt packages of care in line with individual requirements in a timely manner.

Our expectations on quality also extend to ensuring providers actively consider, plan for and are equipped to deal with the wider environmental impact on individuals. The Council will share any information received from Public Health, the Environment Agency and the CSW Resilience Team which can support providers in these preparations.

Specifically, this means providers have the following in place:

- Robust cold and wet weather planning.
- Hot weather and heatwave protocols and planning.
- Ensuring accommodation, infrastructure, and environments support people (and staff) to remain safe in event of inclement weather.
- Support individuals to remain safe and be aware of the impact of the weather and environment on their health and wellbeing.
- Business Continuity Plans and Emergency Contingency Plans in place to cover service delivery in event of an emergency. These should be tested and support sought from the Councils CSW-Resilience Team to ensure these are fit for purpose, if required.

The Councils contract management processes ensure compliance and swift action in event of poor quality. This includes:

- High risk quality concerns are dealt with within 24 hours; further concerns are dealt with within 72 hours.
- Notice of concern issued in event of poor quality, outlining rectification requirements needed and notification of placement stops, if required.
- Contract breach, formally notifying the provider that they are in breach of contractual obligations, the remedial actions required within specific timescales, and potential consequential enforcement action.
- Termination of contracts. This may be utilised in the event of a severe safety/quality concerns or contractual breach, or ongoing significant concerns previously highlighted which remain unrectified as outlined in notice of concern or contract breach notifications.

Whilst contract termination is a last resort option, we reiterate the quality of care delivery is a high priority and we will not hesitate to take action where standards fall below expectations. The safety of individuals in receipt of support is paramount and we expect all providers to mirror this ethos.

Our support offer: Our joint quality assurance team comprises of a Quality Assurance Officer, Contracts and Commissioning Officers, Clinical Support Nurses, and Commissioning Managers. Our team works closely with Public Health, Community Resilience Team and the NHS Coventry and Warwickshire Integrated Care Board (ICB) to offer wider support as needed. This support offer is entrenched in our Quality

Assurance Framework outlining our overall approach to quality assurance and actions taken in event of poor quality. This offer includes:

- Provider forums, sharing best practice, updates, quality expectations and themes across the market.
- Provider bulletins, sharing information on a monthly basis on a variety of topics.
- Promotion of Skills for Care support.
- Quality assurance visits, including contract monitoring visits.
- Support with practice developments. In recent times this has included support to roll out Urgent Community Response (UCR) across community provision.

Throughout the year our team also offer a range of live online training in line with market need. Most recently this has included training on business continuity planning, infection prevention and control, and safeguarding training.

Recruitment and retention support

Our expectations: Whilst we note overall recruitment and retention in the social care market within the city this as one of our strengths, consistent, quality staff are fundamental to the quality of care delivered. We therefore expect the following in respect of providers to maintain and or improve this position:

- Ensure positive, diverse workplaces which support staff to develop skills and careers within the sector, encouraging high rates of staff retention.
- Utilise the support available through both ourselves and Skills for Care, for example, the Registered Managers network and available training.
- Ensure all employment processes are compliant with legislative and regulatory requirements e.g. DBS checked and completion of risk assessments.
- Offer thorough and robust training to all new recruits, and ongoing training and development for existing staff.
- Ensure staff are clear on their roles and responsibilities, and the processes governing care in Coventry e.g. Coventry adult social care safeguarding processes.
- Support the wellbeing of staff; happy, healthy staff stand in the best position to deliver quality care and remain working in the sector.

Our offer: We continually offer dynamic support to the market in relation to recruitment and retention.

General recruitment: Commissioning maintains regular contact with local providers to gauge market pressures and understand best methods for offering support, taking a multi-organisational approach to enhance recruitment and retention within the care sector in Coventry. In the past twelve months, providers have fed back notable improvements in the recruitment of social care staff to the workforce. Our support offer during this time includes:

- Facilitating job fayres and recruitment events in conjunction with The Job Shop, including events to encourage individuals with no prior social care experience into employment. These have been held in different venues across the city with

The Job Shop supporting providers by pre-screening candidates prior to events. This support continues in line with market need.

- 'All in One Place' (AiOP) launched in March 2023 as a coalition of live vacancies (on average 10-20 per month) across the care sector as submitted by participating providers, distributed monthly to recruiters and job coaches in Coventry. AiOP was discontinued in 2024 due to the decrease in vacancies submitted reflective of the general decrease in vacancy rates locally.
- International recruitment: The Adults Commissioning Team was awarded £120,000 as part of a joint bid with Warwickshire to fund an international recruitment project. The funding has been used to identify and scope the number of international recruits employed in Coventry and Warwickshire, assess the risk to both individual recruits and the wider care market should sponsorship become unstable, and identify a cohort of ethical employers who are willing to train, mentor or reemploy displaced International Recruits, migrants and/or refugees. A wealth of support has already commenced in this area including provider forums, webinars and training workshops for both providers and potential recruits. This project is delivered in conjunction with the CCC Migration Team and Modern Slavery Team, with support from the Multi-Faith Partnership Forum.
- Alternative recruitment practices: The team has worked to support the market consider alternative recruitment options to promote inclusive hiring and broaden the pool of recruits within the sector. This has included promotion of the Gov UK Disability Confident Scheme, working in conjunction with the Apprenticeship Team to enable accessible opportunities in the sector, creating pathways to employment for individuals with a learning disability, autism or mental health through supported internships and engaging with care leavers to inform of potential career opportunities.

The team have also supported the retention of the existing workforce through promotion of the Thrive at Work programme, a scheme enhancing workforce retention through the promotion of emotional wellbeing and professional development. Our [Provider Support Pack](#), available on the Council website to all providers also contains a wealth of initiatives and information on recruitment and retention practices.

Additional support in respect of general business development is also available via [Coventry and Warwickshire Growth Hub](#) who can provide tailored expertise in this area for each business.

Digital and technology:

Our expectations: The incorporation of technology and ensuring digital literacy is a necessity in modern social care settings and can present excellent opportunities to create efficiencies, promote individuals' independence and ensure staff time can be spent more effectively. Our providers have made great strides to incorporate technology into daily practice, however, we must continue to develop in this area to keep up with the pace of change and meet individual needs. We therefore require all providers to:

- Be DSPT compliant. We can provide support to do so if required and all providers must achieve this by October 2024. [Check your DSPT status here](#).
- Move away from paper-based social care recording and storage to Digital Social Care Records (DSCR). Government grant funding may be available to enable this transition.
- All providers must sign up to and comply with the Skills for Care minimum data set. This data is extremely useful in understanding the local market in comparison to regional and national comparators, however this will only be accurate if everyone is reporting appropriately.
- Update the Capacity Tracker within the mandatory monthly update window at minimum. Preferably we ask providers to update on weekly basis to give us an accurate picture of occupancy to enable effective sourcing of placements.

Our offer - Coventry are working with the West Midlands Combined Authority and West Midlands 5G to deliver a pilot in the use of technology in care settings. To do this, we are recruiting two digital navigators on fixed term contracts to work with social work teams to identify gaps that can be met with the provision of digital technology and solutions. The contract is worth £1.8m and is shared between Birmingham City Council, Solihull Metropolitan Borough Council, City of Wolverhampton Council and Coventry City Council. The aim is to evidence the impact technology can have on both care planning and outcomes for individuals. Work is planned to begin in 2024/2025.

Technical support is available to all providers who require further information or support with this transitioning to DCR or in ensuring their DSPT compliance, as well as grant funding (and support to apply for this) through the Digital Transformation Fund. The Council have also utilised the WMCA Adaptive Fund to support the voluntary and third sector obtain technology to prevent isolation, loneliness, and digital exclusions experienced in communities.

Market diversity

Our expectations: The Council will always award contracts and business opportunities based on merit and the ability to meet the specific service requirements requested. We are, however, aware of the benefits of further diversifying our provider market, specifically in providing opportunities for Small and Medium Enterprises (SME's) and micro-enterprises who may be able to offer more localised knowledge or support relative to the community and provide added value. We will continue to scope where such organisations are best placed to provide support although initial opportunities may include provision of long term home support, including as part of consortiums.

Our offer: To better understand viable business opportunities desired by this section of the market, we invite SME's and micro-enterprises to engage with us on what opportunities are suitable and sustainable for them to deliver. Likewise, we will be looking to support such providers in better understanding commissioning and procurement processes to encourage participation and success in tender exercises.

Coventry's key commissioning priorities

Coventry's Market Position Statement focuses on how we will meet the following key commissioning priorities to further strengthen the local market:

1. Addressing identified gaps:

We are keen to work together with the market to address gaps in provision to develop high quality, cost effective and sustainable local support. In reviewing requests for support, feedback from individuals, carers, practitioners and through the completion of our Market Sustainability and Improvement Capacity Planning exercise, we note challenges in sourcing local support for individuals with:

- High-level or complex care needs, including for younger adults with a learning disability and / or autism and individuals of all ages with behaviours that challenge.
- Supported living provision for individuals with a learning disability, autism, or mental health requirements including transitions. This includes the requirement for single occupancy, affordable supported living placements in the community.
- Accommodation for individuals of all ages who require support and whose requirements sit outside of traditional supported living or housing with care models.
- Increasing the range, choice and availability of respite and carers breaks.

We are also keen to develop our offer further in respect of:

- Community alternatives to regulated support
- Housing with Care
- Third sector and additional community support
- Home support

By meeting these demands we aim to reduce the need for out of city placements for reasons relating to a lack of available in city provision and return people to Coventry, should they wish to do so. We also aim to increase choice available to individuals, equity and access of provision across the city, and further diversify the local market.

We are seeking opportunities to develop purpose-built care homes better able to meet modern expectations. We must however seek to meet these gaps within the existing financial envelope and resources.

Adults Commissioning continue to work with our social work teams to capture gaps in service needs to inform future commissioning intentions.

2. Improving quality of care provision:

We want everyone to receive care and support that is of the highest quality prioritising safety, outcomes, dignity, choice and control, and wellbeing. Our quality requirements relate to both the delivery of care and the quality of accommodation, and will be achieved through clear standards, targets, and support to our providers to deliver quality care with high service user satisfaction and respect for individuals. As a baseline we expect all providers to achieve a minimum 'Good' CQC rating or be proactively making progress towards achieving this. We will look for opportunities for new developments, working to ensure individuals in accommodation-based provision live in stimulating, positive environments which facilitate wellbeing and meet people's expectations. We expect services to ensure they are accessible, catering to the diverse cultural needs of the city.

Whilst the Council will strive to work in close partnership with providers, we will continue to challenge poor quality and maintain a "no tolerance" approach to quality that falls below acceptable standards, utilising contractual levers, including potential termination of contracts, as required to ensure this.

The Commissioning Team have worked to support the care market to deliver quality services through support with recruitment and retention of staff, assistance to pursue digital technologies, business development support and delivering training at the request of providers. We will continue to develop this support in line with market feedback and requirements.

3. Developing alternative options to regulated services:

We aim to increase alternatives to regulated services. We recognise regulated services may not be suited to everyone's needs or preferences and the development of non-regulated support options is necessary to offer real choice to individuals, enable outcomes to be met through more options that are relevant to how people want to live and do so in a cost-effective manner. We have commenced this work through the development of our 'Community Alternatives' programme, aiming to strengthen awareness and reach of community, voluntary and third sector organisations to meet the needs of people within their local area. This includes improving support for informal and family carers through increased options for accessing a range of support, providing community-based alternatives to 'traditional' day opportunity models, enabling access to mainstream services, and widening general support networks available to individuals. Our use of the Accelerating Reform Fund also supports the development of these alternatives, for example, the development of an alternative carers' breaks offer, and a carers online assessment and support tool.

Provider Business Opportunities

We promote upcoming business opportunities to the market and request any organisation interested in working with the Council to ensure they are registered on the Council's e-tendering system - [CSW-Jets](#), where business opportunities are published.

When applying for any of these opportunities, we highlight the below requirements for consideration in the development and delivery of provision:

- **Affordability:** We appreciate the delivery costs of high-quality provision and on-costs in its development; however, we must remain conscious of costs to both the local authority and the individual in developing schemes alongside their long-term sustainability. We will work closely with potential providers to ensure transparency on costs and affordable rates within the city, and ensure provision is able to best meet the needs of the client group.
- **Choice and control:** As noted above, developing alternatives to regulated support is a key commissioning priority. Alongside this, we want to ensure everyone has access to true choice and control in respect of their care choices and can access a range of provision available across the city that can meet their care needs.
- **Equality of access:** All residents of the city should have access to quality care provision, regardless of their background, ethnicity, or financial status. In considering current and future provision, we must ensure that this meets the varied, diverse needs of the city, is accessible, and is supporting uptake by underserved groups. We are aiding this drive through increased promotion of adult social care across the city and engaging with underrepresented groups to inform service design. This is aligned to the Councils [One Coventry Plan](#) working to 'Improve outcomes and tackle inequalities within our communities.'
- **Environmental Impact:** The Council are committed to becoming a 'zero carbon city' with one of the key objectives within the [One Coventry Plan](#) 'tackling the causes and consequences of climate change'. To achieve this, consideration is given to the environmental and social impact of care delivery on the city, for example, reducing travel distance within home support contracts. We ask all providers to consider their environmental impact and what they can do to mitigate this, wherever possible, and ensure this is made clear when tendering for business opportunities and designing schemes.
- **Planning requirements:** For new accommodation-based provision we highlight an upcoming refresh of the Council's planning policy (Policy H8: Care Homes, Supported Housing, Nursing Homes and Older Persons Accommodation), which is being updated as part of the Local Plan Review process. It is subject to public consultation, due to take place in the Autumn of 2024 and independent examination, due to take place in the Spring of 2025, before it can be formally adopted as Council planning policy. Formal adoption of the revised policy and the Local Plan is currently targeted for late 2025.

The Council are also exploring alternative commissioning arrangements going forward to diversify and strengthen our market. This will include:

- Invest to save models, where there is robust evidence of future cost savings with minimal risk.
- Explore possibilities for identifying lead providers/partnerships. This would entail the Council contracting with one or more lead providers and all new requests for care to be offered to a lead provider in the first instance.

- Pursuing opportunities with our joint venture partner
- Supporting opportunities for Small and Medium Enterprises (SME's) and microenterprises to contract with the Council.
- Collaborative commissioning, taking a whole system, whole community approach to commissioning design.

To support integrated working across the ICB footprint, wherever viable the Council will work with neighboring authorities to ensure continuity of care delivery systemwide and ensure efficiency.

Example: Accelerating Reform Fund

The Council will be working jointly with local authorities across the West Midlands region to procure a digital carers support and assessment tool under the Accelerating Reform Fund. Working in this way will make best use of expertise and resources across the region, with this standardized approach also providing clarity and efficiencies for bidding providers.

Business Opportunities:

To meet our identified gaps and challenges, over the next five years we will invite providers to consider how they can support us in developing provision in respect of the following areas.

Please note, our approximations in respect of demand and need are listed against each gap, however we anticipate this demand will be largely met through vacancies created by natural turnover. There will also be a requirement for some new provision in specific areas of increasing demand. Any additional service developments must be met within available resources.

Gap: High-level or complex needs, including for younger adults with a learning disability and / or autism and individuals of all ages with behaviours that challenge.

Commissioning intentions and requirements (within available resources):

- **Intentions:**
 - Increasing the supply of good quality residential care provision in the city, specifically catering for individuals with behaviours that challenge.
 - Ensuring existing care is being delivered to the highest quality, in accommodation able to adhere to stringent infection control practices and provide stimulating environments.
 - We will also consider respite options as part of any new commissioning linked to this priority.
- **Requirement 2024/2029:**
 - Approximately 25 people over the next 5 years requiring residential support for learning disability and/or autism.
 - Approximately 50 people over the next 5 years requiring older peoples residential care / nursing, specifically with higher levels of behaviours that challenge or more complex needs.

- Approximately 20 people over the next 5 years aged 65+ with complex dementia-related behaviours, and a further 20 people over the next 5 years under 65 with dementia will require appropriate residential or nursing provision. We are interested in the potential for a hybrid 5-unit residential development for individuals with young onset dementia to facilitate tailored support for these individuals.
- Approximately 20 people over the next 5 years with mental health related requirements who have been through many of the current in city provisions and experienced placement breakdown.

Upcoming business opportunities:

- We invite conversations with existing and new providers to facilitate new care homes in the city. We have specific interest in the development of modern, purpose-built accommodation to refresh our current offer.
- The Council are currently exploring opportunities to develop the older people residential / nursing market with our Joint Venture partner. This includes the potential development of a care home with specific support for individuals with behaviours that challenge.
- We are open to exploring opportunities to transition to more purpose-built care home accommodation.

Current provision and delivery:

Care home provision in Coventry is split into three key areas:

- Learning disability and autism residential care (14 homes, 101 beds)
- Older peoples residential care homes and nursing, including dementia residential (31 residential, 1106 beds; 14 nursing homes, 649 beds). Of these, one home is a specific mental health nursing home / recovery unit (14 beds).
- Mental health residential care (12 homes, 129 beds)

Learning Disability and / or Autism: Whilst demand is managed, in the last three years three learning disability care homes have closed, with no new residential provision currently planned or in development to replace this capacity and few voids carried within remaining provision. Though infrequent (approx. ≤ 5 people per annum) when required there have been some challenges in sourcing placements for individuals with complex learning disability and / or autism, with these requirements sometimes met through specialist provision located out of city. We therefore note potential upcoming need for additional residential care provision in city, specifically for individuals with higher level learning disability or autism requirements, to meet this need. Likewise, there is currently no dedicated nursing provision in city able to cater for individuals with specific nursing requirements, for example, acquired brain injury or individuals with a learning disability or autism below 65 years of age with nursing requirements where older peoples provision is inappropriate. Individuals requiring this support are supported within general older people's residential and nursing care homes, or outside of Coventry if more specialist support is required. As at May 2024, 19 individuals with these needs were placed in Coventry nursing provision.

Mental health / dementia: In respect of mental health provision, there has been a move away from use of traditional residential placements since 2020 in favour of supported living and hybrid residential placements that offer a greater degree of independence for service users. Despite an increase in the number of people requiring mental health support, we only have seen a small increase in the use of residential and nursing beds due to new hybrid and supported living schemes being developed. Since 2020 the market has grown by 7 hybrid supported living / residential facilities (39 beds) and 77 new supported living beds across 6 developments. Hybrid schemes allow individuals to live independently in individual flats within schemes registered as a care home, with a structured programme of support focused on promoting independence.

While we continue to focus on models that allow the greatest degree of independence for service users, around 4-6 men aged 50+ tend to be placed in residential or nursing out of city per year, often having been through multiple in city provisions, so a new complex behaviour residential provision for this group would be considered. Additionally, 8-10 younger people per year are being placed out of city with extremely complex behaviour who would benefit from a dedicated younger people's transition service which steps down provision quickly as they become more independent. While we would prefer to use supported living, a hybrid supported living/ residential model would be considered. We require a small number of flexible beds for people with young onset dementia – 4-6 people per year would benefit from a specific provision for people aged 30-65 who require dementia care, taking into account the specific needs and circumstances of younger people with dementia (such as space for young family to visit) but with the ability to provide nursing care when required. This will need to be able to cater for people with very complex and challenging behaviours. We also require 4-6 residential / nursing beds for older people with dementia who have very challenging behaviours.

Older Peoples: Regarding older peoples residential and nursing care, in 2023/24, 776 people aged 65+ accessed long term residential care and 237 people 65+ accessing long term nursing provision via spot contracts in city. People generally on average reside in a care home for approximately 2 years. It is estimated based on vacancies and Council funded residents that self-funder market is approximately 30% for Coventry.

Our market analysis based on the Capacity Tracker and commissioning intelligence shows that Coventry has a fair to good supply of older people residential and nursing provision within the City. Over the past 12 months, average vacancies were circa 10% for residential provision and circa 10-14% for nursing care.

There is increasing demand for care for individuals with behaviours that challenge and complex needs; current provision for this requirement is limited in city (approximately two homes able to cater for this) and more expensive, resulting in occasional use of out of city placements to meet these needs. We note the requirement for approximately 10-15 people per annum requiring older peoples residential care / nursing, specifically with higher levels of behaviours that challenge. Please note this area is subject to further scoping and input from the ICB. We are also open to conversations to develop more modern provision where required.

Previous and projected overall demand in this area is as follows:

| | | 21/22 | 22/23 | 23/24 | 24/25 (predicted) |
|------------------|---|-------|-------|-------|----------------------|
| Nursing 65+ | No. clients accessing long term support | 328 | 332 | 336 | 340 |
| | No. beds commissioned during the year | 228 | 244 | 260 | 276 |
| Nursing 18-64 | No. clients accessing long term support | 80 | 84 | 88 | 92 |
| | No. beds commissioned during the year | 62 | 68 | 74 | 80 |

| | | 21/22 | 22/23 | 23/24 | 24/25 |
|---------|---|-------|-------|-------|-------|
| RES 65+ | No. clients accessing long term support | 849 | 851 | 853 | 855 |
| | No. beds commissioned during the year | 597 | 611 | 625 | 639 |
| RES 18 | No. clients accessing long term support | 277 | 267 | 247 | 234 |

Gap: Supported living provision for individuals with a learning disability, autism, or mental health requirements, including transitions. This includes the requirement for single occupancy, affordable support living placements in the community.

Commissioning intentions and requirements (within available resources):

Intentions:

- Develop links with Registered Providers to ensure availability of quality accommodation as required, without delay, at affordable rates.
- Consider alternative methods of growing single occupancy accommodation stock within Coventry.
- Enable more people to thrive independently within their local communities.

Requirements 2024/2029:

- Note, all supported living accommodation must be affordable and payable by housing benefit. Landlords must therefore be Registered Providers.
- There is a requirement that supported living schemes are in areas that are conducive to service users building an independent life – for example being close to shops, on bus routes to the city center, near green space and in areas without significant issues with drugs. Please note that some service users will need accommodation to be away from schools and nurseries, so this is preferred where possible.
- **Learning disability and or autism:**

- Requirement of approximately 75-people over the next five years who require core and cluster supported living provision.
 - Supported living accommodation for young people transitioning from Childrens Services. As at May 2024, 29 17-year-olds will be transitioning to Adult Services who will require some form of accommodation-based support solution.
 - Approximately 20 people requiring single / dual occupancy units over the next five years catering for individuals with high level learning disability and or autism requirements (note, single/dual occupancy homes must have an additional bedroom for a 'sleeping' staff member). We note a preference for bungalows in the community and properties with gardens to allow for sensory gardens / support.
- **Mental health:**
- Approximately 50 people with forensic or high-risk needs. over the next five years requiring supported living accommodation.
 - Approximately 20 people young people with mental health needs transitioning from Childrens Services over the next five years with supported living requirements.
 - Approximately 25people with complex mental health requirements. Please refer to the [Mental Health Market Development Plan](#) for further detail on specific requirements.

Business opportunities (ongoing):

- We encourage providers able to offer the above to join our Supported Living Framework where they have accommodation available.
- We are keen to discuss further possibilities to meet this need with Registered Providers or supported living providers with strong links to landlords / with their own housing stock, who can support the Council in sourcing affordable accommodation for individuals without delay.

Current provision and delivery:

The Council has been successful in developing a number of larger, core and cluster style supported living schemes with an additional 56 learning disability units available within the city in the last three years through call-off procedures via our Framework. An additional 5 mental health providers equating to 32 units have also joined the Framework in this time, with 77 new units since 2020. The need for mental health provision particularly has increased significantly in recent years, and there is a drive to create more supported living opportunities to meet continued growth in need.

In respect of learning disability and autism, whilst there remains ongoing demand for core and cluster models of delivery, we note a gap in the provision of single and dual occupancy placements for individuals who require more bespoke accommodation within the community. Specifically, we note challenges in the availability of affordable accommodation to meet these needs as opposed to a shortage in available care. Whilst general accommodation (core and cluster) is plentiful in Coventry, the availability of large houses and particularly bungalows present as an affordability issue due to rent expectation because of high purchase prices and local authority rent levels

for exempt housing. We require providers to work closely with Registered Providers to focus on resolving this gap to provide suitable accommodation opportunities across the city which can be afforded using housing benefit. Though requirements of this nature are infrequent (approximately 5 instances per annum) these can present sourcing challenges as well as impact to the individual concerned due to the subsequent sourcing delays.

Gap: Accommodation for individuals of all ages who require support whose requirements sit outside of traditional supported living or housing with care models.

Commissioning intentions and requirements (within available resources):

Intentions:

- Develop a range of age appropriate, preventative, accommodation-based support options for individuals with support requirements to prevent escalation or deterioration in needs.
- Offer opportunities for individuals to build confidence, social skills, and friendship networks.

Requirements 2024/2029:

- Note, potential developments in these areas may be undertaken in conjunction with Coventry City Council Housing.
- Accommodation would be rented and must be payable by housing benefit.
- **Learning disability and/or autism:**
 - Approximately 20 people over the next five years.
- **Mental health / learning disability:**
 - Approx 30 flats across multiple locations, with typical unit sizes of around 4-6 flats alongside individual flats / homes available within the community. Units would offer a model of support which provides small packages of support (e.g. 1-3 hours of external support per week) for individuals stepping down from other provision, working towards independence or who require an ongoing level of monitoring or prompting to remain safe and well.

Business opportunities:

We will commence scoping of demand in this area in 2025 and are keen to understand market appetite for such support schemes in the city.

Current provision and delivery:

We have seen an increase in the number of individuals presenting with requirements for accommodation with support (not requiring personal care) or prompting to maintain their overall health and wellbeing or tenancy. Whilst some individuals requiring this type of support would ideally be suitable for Housing with Care (HwC) schemes, CQC registrations or scheme constitutions prevent individuals of younger age groups living at schemes with HwC in the city, catering for individuals either 55 or 65+. Scoping of these requirements is also underway with Housing colleagues to better gauge holistic demand in this area.

A level of capacity in this area is currently commissioned via one provider through our Preventative Support Grant, providing a step-down unit (17 bedrooms) for individuals with low to medium level needs offering support, prompts and guidance, including 1-2-1 interventions where required. The aim of this support is to enhance people's skills to lead an independent life and to secure tenancies in the community in the future, where possible. Support is delivered on average across a 6–12month period with flats funded by housing benefit and supporting approximately 17 people per annum.

We are open to exploring opportunities with providers to work differently to support individuals in accommodation-based settings with non-personal care support requirements, focused on preventing an escalation in need, upskilling people to increase their independence and grow their own support networks. We aim for such support to mitigate general anticipated trends in individuals experiencing mental health issues and crisis, preventing the need for more intense support.

The current and projected number of individuals accessing accommodation-based services in the city is as follows:

| | | 2021/ 22 | 2022/ 23 | 2023/ 24 | 2024/ 25 (Est) |
|-----------------------------|--|-------------|-------------|-------------|----------------------|
| HWC 65+ | No. clients accessing long term support | 388 | 366 | 344 | 322 |
| | No. beds commissioned during the year | 316 | 313 | 310 | 307 |
| HWC 55-64 | No. clients accessing long term support | 71 | 78 | 85 | 92 |
| | No. beds commissioned during the year | 68 | 75 | 82 | 89 |
| SUPPORTIVE LIVING 18+ | No. clients accessing long term support | 272 | 346 | 420 | 494 |
| | No. beds commissioned during the year | 253 | 316 | 379 | 442 |

Gap: Increasing the range, choice and availability of respite and carers breaks

Commissioning intentions and requirements (within available resources):

We will consider respite options as part of any new commissioning linked to high-level or complex needs, including for younger adults with a learning disability and/or autism and individuals of all ages with behaviours that challenge.

In developing our respite offer we will deliver against the feedback from carers identified through engagement undertaken in 2023 in developing the Carers Action Plan 2024/26. Themes within the Plan include:

- Developing suitable provision available to individuals, especially for individuals with more complex needs.
- Ensuring that carers are aware of the break and respite options available.
- Ensuring availability and flexibility in the support available.

Our data on usage also indicates:

- Many of our respite placements are made as a result of carer breakdown and which can sometimes lead to a full-time residential placement.
- Some placements are made in emergencies rather than planned and structured respite.
- Utilisation of carers respite in 2023/24 is at its highest levels since pre-pandemic.

Business opportunities:

In 2025/26 we will commence work to further develop a new respite offer to stimulate growth and choice in respite provision locally. Specifically, we are keen to develop a new offer suitable for individuals with:

- Learning disabilities and / or autism
- Multiple or complex needs
- Acquired brain injury
- Physical disability

This will include both residential and accommodation-based provision, alongside more tailored community delivered models and alternative carers breaks delivered through the Accelerating Reform Fund. All opportunities will be advertised through the Councils e-tendering system - [CSW-Jets](#).

Current provision and delivery:

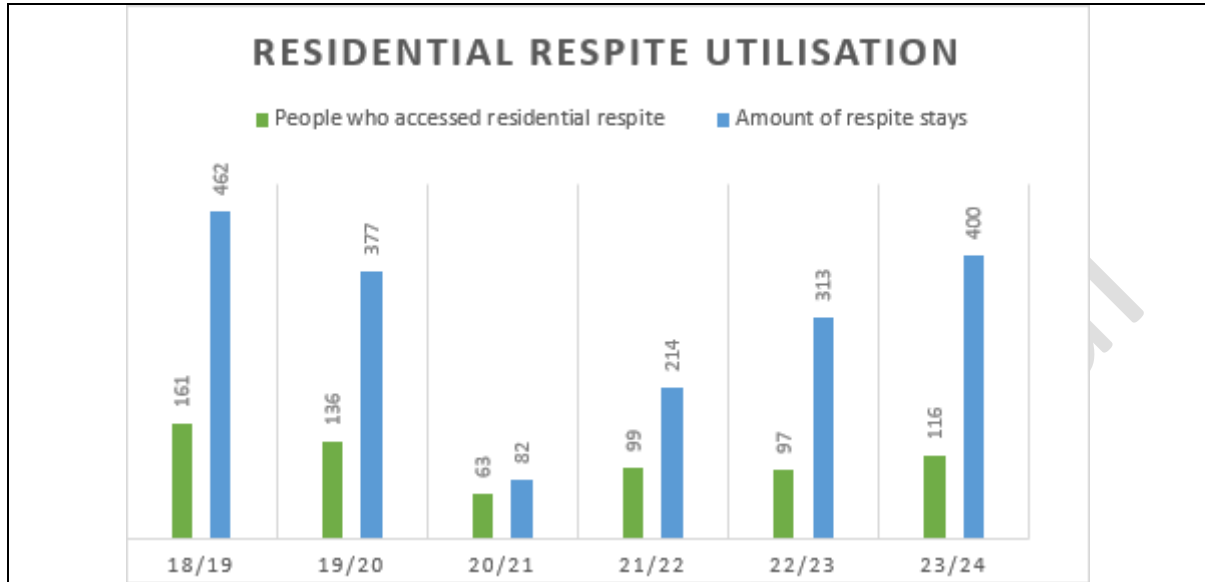
The Census 2021 noted 27,391 people in Coventry reported themselves as having caring responsibilities, however this figure is expected to be much higher recognising many people do not realise they have caring responsibilities and the context in which the Census was undertaken (during the Coronavirus pandemic).

In respect of respite usage, we are seeing this increase year on year and a return to pre-pandemic utilisation. Work is underway to understand specific gaps in provision across all age groups and requirements however to date we note specific gaps in delivery in respect of:

- Transitions service: there is a stark difference between children's and adult's provision, with no specific provision currently in place to support individuals who are transitioning between services.
- People with physical disabilities: demand for this area is currently met within mainstream learning disability provision.
- Individuals with an acquired brain injury: there is currently one residential / nursing scheme able to offer residential respite for individuals requiring support of this nature in city. This offer is however subject to occupancy and capacity of the home at the time of need.

- Individuals with dementia and behaviours that challenge, such as sexualised behaviour / aggression: currently this is met within dementia-specific residential and nursing provision.

Respite usage per annum is noted below:



Over the next two years the Council will be utilising the Accelerating Reform Fund (ARF) to facilitate several carer-related support projects, including the provision of alternative carers breaks. The service will connect local carers with 'breaks' donated by local businesses, for example, hotel stays, theatre tickets and holistic therapies, to take quality time away from the caring role for themselves.

Areas for development:

Alongside the gaps in provision noted above, we seek support from the market in relation to the below areas for development within our commissioned support offer:

Community alternatives to regulated support.

As noted above, expanding choice for individuals beyond traditional, regulated care options is a key commissioning priority for Coventry. Our aim of this work is to:

- Increase choice and control for individuals who require support.
- Provide robust, cost-effective alternative options to regulated support for people within their local communities.
- Support people to remain in their own homes and communities for as long as possible, utilising the assets and resources people are familiar and comfortable with to deliver personalised support.
- Reduce loneliness and isolation experienced by individuals.

The Council have assembled a specific project group comprised of various departments across the organisation working together to develop our community alternatives offer. This work includes:

- Mapping of and making connections with community groups, assets, and resources.
- Providing information to wider communities on how to link with support available in the community.
- Working with providers of adult social care and third sector to support them to diversify their current offer and make links with the wider community.

We ask any community groups, support organisations and the local third sector to ensure they advertise their services, including on our [Coventry Information Directory](#). The Accelerating Reform Fund is also being used to support this work specifically to enhance our carers support offer, develop access to community-based support and expand our Shared Lives offer.

Housing with Care (HwC):

Over the past few years there has been a general decline in the numbers of people accessing HwC through the Council. This is partly due to people wanting to remain at home, the type of accommodation and facilities available, and the lack of flexibility in the care models.

We note the following specific considerations in the development of future Housing with Care provision:

- Based on demographic growth Adult Social Care are expected to require between 17 and 24 additional units for people aged 65+ by 2026 and between 46 and 53 extra units by 2030. There is also an occasional requirement for service users with mental health needs who are under 65 to be accommodated within schemes.
- As further detailed in the 'Demand' section below, there is an under supply of provision for HwC for private paying individuals.

Third sector and additional community support

There are upcoming opportunities for third sector, non-regulated and community support over the next five years. We are always keen to proactively work with the third sector to identify different methods of commissioning and alternative funding streams. Potential opportunities include:

- Third sector support which is currently commissioned under the Preventative Support Grant is due to expire in March 2025. During 2024 we will work with the Integrated Care Board (ICB) to determine future commissioning arrangements.
- Advocacy support will be subject to a re-tendering process in readiness for a new contract to commence April 2025.
- The appointeeship service will be recommissioned for contract commencement April 2027.
- Direct payment support services will be recommissioned for contract commencement in May 2028.

Home support (domiciliary care)

Home support accounts for approximately 40% of the long-term support commissioned by Coventry Adult Social Care where we are able to source home support quickly for individuals utilising our cluster model. Whilst our current offer works well in respect of capacity, availability, and market stability, we note challenges in:

- Ensuring consistency in the support delivered. We note feedback from individuals in receipt of support and family members in relation to the timing of care calls, consistency of care staff, concerns over language barriers of staff and ability of staff to prepare food. We will be seeking to address these within our new Long Term Home Support (LTHS) tender.
- Ensuring staff are working in a reablement manner which promotes the individual’s independence.
- We note challenges in achieving a balance of international and local care staff.

In Winter 2024 we will be re-commissioning LTHS addressing the above challenges, improving on our existing offer and incorporate any learning and new ways of working identified from the Improving Lives programme. We will be engaging with the care market and individuals to ensure our future design meets the requirements of people supported and is viable for providers.

Supply

In understanding our supply, it is useful to consider the distribution of provision across the city alongside the quality of its delivery. We aim to enable people to have increased choice and remain close to their communities and families. See below for the distribution of provision across the city.

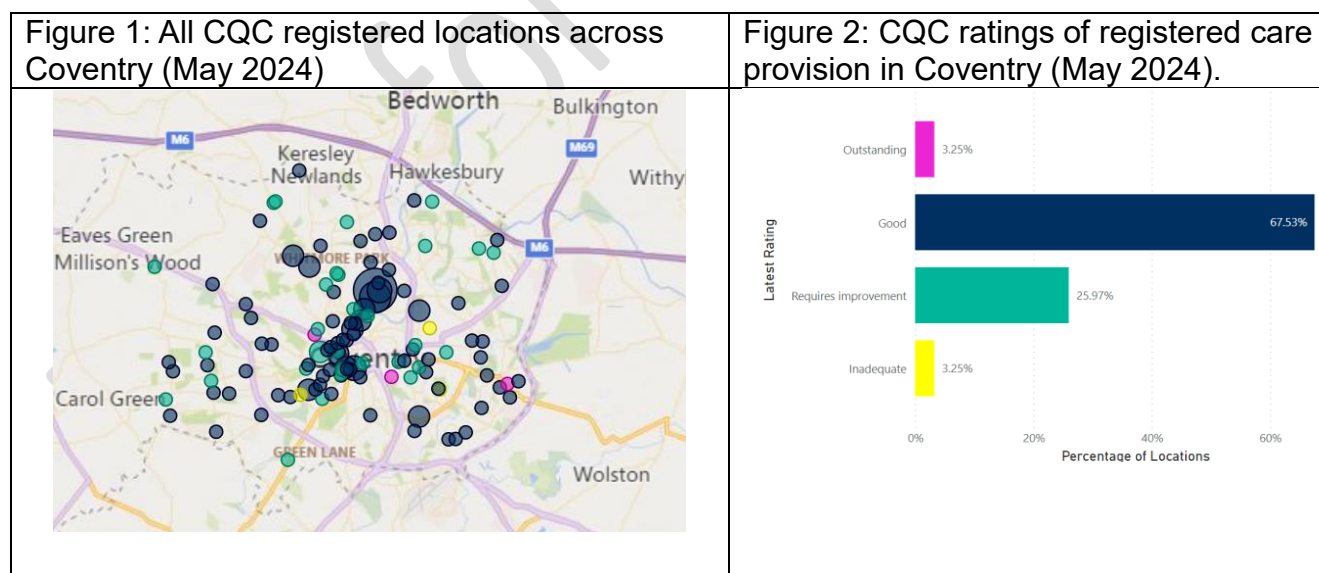


Figure 3: Distribution of CQC registered care and nursing homes across the city

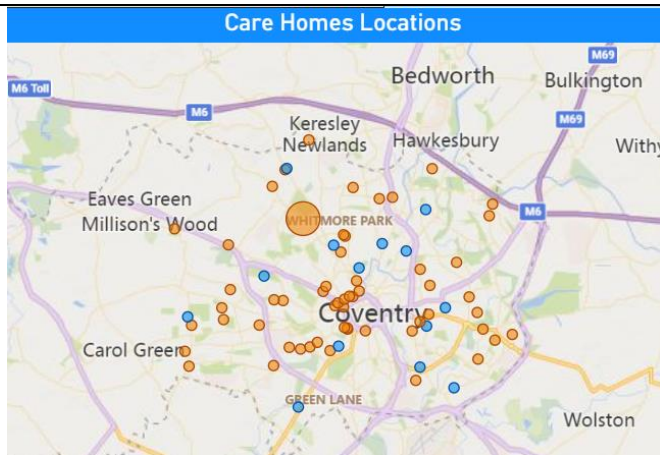
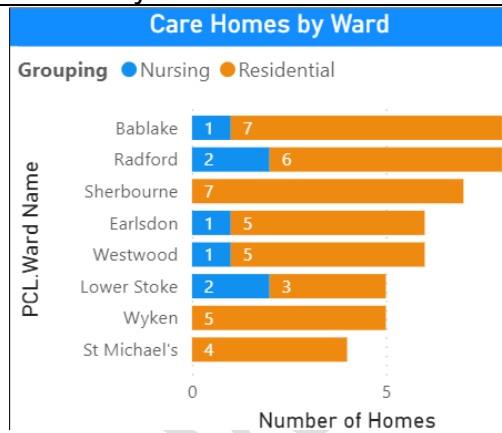


Figure 4: Graph showing the distribution of CQC registered residential care home and nursing provision by ward.



Current services for – learning disability and autism

Residential care: Across the city we have 14 residential care schemes (with the inclusion of respite provision) providing support for individuals with moderate to complex needs managed by 7 providers. There are 101 residential beds in city, with 13 residential respite beds (8 provided through the external market, 5 through internally provided services). Care home occupancy averages around 87% (April 2024).

Community support: Since our previous MPS we have reduced the number of commissioned residential placements for individuals with a learning disability, autism, or mental health needs in part through the expansion of available supported living provision in the city. Across the city we have a range of supported living environments ranging from individual houses through to larger core and cluster developments of 24 apartments. The range of need varies from low/moderate to complex with tailored levels of support promoting people's independence. Individuals have assured short hold tenancies and their support needs are met by care providers who have been commissioned by the Council. There are 51 specific locations providing supported living opportunities for 219 people, with additional capacity and service delivery available through individual tenancies within the community (May 2024). Individuals in supported living schemes also have the opportunity for self-directed support through direct payments. Coventry commissioned 70 supported living placements outside of the city in 2023/24 for people 18-64 including a small number of bespoke services for people who have been discharged from long-stay hospitals (Transforming Care). Note this figure also includes mental health placements. There is a specific home support service for individuals who require learning disability and or autism support and additional support provided by the third sector.

Day opportunities: The Council currently operates a day opportunities framework covering learning disability, peer networks, complex behaviour, dual diagnosis and

autism and includes building-based services, 1:1 support, employment support, peer support and other community groups. The model is based upon an outcome focused progression model of working which promotes people to use day opportunity services as a transition to independent living and independence where appropriate, with all services having a preventative focus. There is a total of 7 day opportunity providers, catering for individuals with a learning disability and / or autism and people who require mental health support, including 3 Council run services.

An alternative community support service is now also available to support people with learning disabilities and autism to make friends or find love via a friendship and dating network. Through trips, workshops, social events, and chaperoned dates, the service supports individuals to build relationships in a relaxed atmosphere aiming to reduce loneliness, increase quality of life and live independently. The Council also provide a range of employment support and opportunities to improve access to voluntary and paid employment for individuals.

Current services for – mental health support

Residential care: The Council contracts with 12 mental health care homes (129 beds) in Coventry, with one Council ran home and the remainder commissioned via spot contract arrangements. Note, the majority of residential mental health schemes in Coventry are hybrid schemes, offering individual flats and a structured reablement focused programme of support, with the aim of progressing to supported living or community-based support.

Community support: In Coventry there are a range of services supporting people with mild, moderate, and severe mental health conditions, and those needing some extra support at certain points in their lives. This includes internally run services using a social brokerage approach to connect people with serious mental illness with opportunities to create their own support networks, supporting their recovery by helping them build their lives around what matters to them. The Council, with the ICB, also commission a specialist mental health employment support service providing a structured support programme to assist people with serious mental illness into real, paid employment and support them in their roles. In respect of accommodation-based support, the Council contracts with 10 mental health supported living schemes in the city. There is a specific home support service for individuals who require mental health support and additional preventative support is available through the third sector currently commissioned through the Preventative Support Grant (noted below).

Current services for – 65+ support

Residential and / or nursing provision: As at March 2024 the Council contract with 45 residential care and nursing homes for older people in Coventry (31 residential care homes, 14 nursing care homes). The majority of care homes (65%) are part of a larger organisation. We also have one Council run dementia specific care home. In total this equates to 1106 care home residential beds and 649 nursing specific beds. Care home occupancy tends to average between 85-90%. The Council currently also commission 51 residential discharge to assess block beds across 8 providers, which are closely aligned to our Improving Lives Programme.

Community support: There are currently 15 HwC schemes in Coventry of which the Council currently contract or hold nomination agreements with 14 of these schemes, including a dementia specific scheme and 6 Council-ran HWC schemes. As of March 2024, CCC had nomination rights to 524 units. Occupancy has reduced over the last 5 years, with approximately 350-400 individuals placed on average, this is in part due to more people wanting to remain at home. Some of the schemes also include people with no eligible care and support needs (housing only tenancies). There is also a home support service for individuals wishing to remain at home and additional support provided by the third sector under the Preventative Support Grant.

Day opportunities: In 2023 our innovative Coventry Dementia Partnership Hub opened to the public, providing a one stop shop for dementia services including day services, outreach, information and advice sessions, a Dementia Friendly Café and social space. There is also a council-run service for older people for more general eligible needs.

Community-based support services (all client groups)

Home support: Approximately 40% of people in receipt of long-term support in Coventry receive a home support package (March 2024). The Coventry home support market is currently commissioned in two parts, Short Term Home Support (STHS) and Long-Term Home Support (LTHS).

STHS provides up to six-weeks care and support aiming to facilitate individuals regaining skills, confidence and independence which may have been lost following an acute episode or other incident. The service was recently retendered with new contracts commenced in May 2024. We are operating with four providers in designated zones covering all areas of the city. This provision is closely aligned to our Improving Lives Programme, where providers work in partnership with health and social care professionals to ensure a joined-up approach for people requiring support. Providers will use technology to provide 'real time' updates to health and social care staff on how a person is progressing to support decision making, with the overall aim of improving outcomes for people receiving short term home support.

LTHS is currently delivered by nine long term home support providers covering specific parts of the city (zones) with two contingency providers to support if required and two legacy providers. LTHS will be re-commissioned during 2024 with contracts due go live during the second half of 2025, and we are keen to develop new ways of working and offer opportunities for SME's and microenterprises within this.

Telecare: In Coventry, telecare is an umbrella term used for a variety of equipment and technology, for example sensors to help promote safety wherever the person lives. As at March 2024, 2370 individuals were in receipt of Telecare.

Adaptations: Adaptions help to assist people to remain independently at home. They include minor adaptations, for example banister rails, grab rails, and installation of intercom systems, as recommended by Community / Hospital Occupational Therapy staff, Physiotherapists and District Nurses. A total of 2147 people are in receipt of equipment or have received adaptations (March 2024). Major adaptations are also

available to individuals through the Disabled Facilities Grant (DFG) subject to assessment and means testing (dependant on value).

Current services for – unpaid carers

Young carers: The Council currently commission a 'Young Carers Project' to assist the local authority in identifying and providing information and support to young carers, and complete statutory 'Young Carers Needs Assessments' on behalf of the Council through a delegated responsibility under Section 17 of the Children Act 1989. The service maintains regular contact with 400 young carers on a yearly basis.

Adult carers: A range of carers support is commissioned through the third sector through both contract and grant arrangements to support carers in the city. This support includes the delivery of statutory carers assessments under delegated responsibility (contracted); Carers Response Emergency Support Service (CRESS) providing free emergency support for an individual where a carer is incapacitated or to cover for one-off significant events; Carers Short Breaks service; information, advice and support, including group and emotional support; Primary Care Support working alongside GPs to ensure carer friendly practice (all grant funded). A further range of support is also available to carers via the wider third sector and information on the [Councils website](#). Further expansion of our support offer is planned through use of the Accelerating Reform Fund.

Following a period of engagement with local carers we published our refreshed Coventry Carers Action Plan 2024/26 which outlines our 3 target areas to improve carer support. These priority areas are:

- Empower carers with flexible respite options, ensuring they can take breaks.
- Deliver the right support, at the right time, and in the right place.
- Maximise the reach of carers assessments to benefit more carers.

The Council will be refreshing and re-commissioning our carers support offer during 2024 to ensure we are meeting the holistic needs of unpaid carers in the city. We will also be refreshing our carers respite and assistive technologies offer in line with workstreams and timelines noted in the Carers Action Plan 2024/26.

What we have – voluntary, third sector and additional support

The Council currently commission 13 third sector providers under our Preventative Support Grant, supporting individuals with a range of needs and carers as below:

- Mental health
- Hoarding
- Alzheimer's
- Sensory impairments
- Housing related support for individuals with a learning disability
- Wellbeing and isolation support
- Carers support

Third sector support which is currently commissioned under the Preventative Support Grant is due to expire in March 2025. During 2024 we will work with the Integrated Care Board to determine future commissioning arrangements.

We also commission a range of wider support options including appointeeships and money management, advocacy, and a communicator guide service for deaf blind individuals.

Demand and demographics.

We collect data from a range of sources to build a comprehensive picture of local need to plan our current and future provision requirements. This includes data from the Census 2021, Joint Strategic Needs Assessment (JSNA), POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information) estimates, annual adult social care demand data for Coventry (for example, the number of assessments, reviews, services provided or funded), alongside individual, carer, and provider feedback. As part of our Improving Lives programme, significant diagnostic analysis was undertaken in respect of our systems, processes, and individual experience, with projections on the impact of this work on future demand noted below.

General demand trends 2024-2029

- Overall, we anticipate an increase in general demand for adult social care, however, we will be investigating methods for supporting people differently to manage this demand effectively. This includes ensuring the market is working in a preventative, enablement manner, utilising community resources and alternatives to regulated care wherever possible and the roll out of the Improving Lives programme across short term service provision to improve outcomes whilst creating efficiencies.
- There is a growing need for people requiring accommodation and care presenting with increasingly complex and challenging needs.
- Home Support: Despite a growing older peoples demographic, early indications note a reduction of over 2000 long term care hours per week is anticipated by 2027 as a result of the Improving Lives programme.
- Older peoples residential care: From the work of our Improving Lives Programme a potential reduction in commissioned support of 16 short-term and 51 long-term beds are anticipated each week by 2027. Longer term we do however note anticipated growth in Coventry's older people's population over the next 20 years which will require improved standards of accommodation, facilities, and amenities over the current stock.
- Residential (learning disability, autism and mental health): Demand for this provision has stabilised over the past five years in part due to the introduction of new supported living schemes developed within the city. There will however continue to be ongoing demand for residential care, in particular to meet the needs of individuals with more complex behaviours that challenge.

- Nursing: Based on population projections and trends in comparison to the availability of current nursing stock, we anticipate an increase in the demand for nursing care, especially for adults under 65.
- Day opportunities: Demand for day opportunity services has remained consistent for the last five years (average 433 individuals accessing this support per annum). We anticipate future demand to reduce as more people utilise mainstream services and support available in the community through the Community Alternatives programme.
- Housing with Care: We have seen evidence of reduced demand in commissioned HwC support over the past few years, partly due to people wanting to remain at home. Projected demand for both commissioned and privately funded individuals is noted in Figure 7.
- Supporting living: The number of supported living placements has increased year on year for the past 5 years across both mental health and learning disability / autism provision. It is anticipated demand for supported living placements will continue as the Council seeks to meet accommodation-based support needs in a manner that promotes a greater degree of independence.

Coventry City Council Adult Social Care - demand data

Detailed data on annual usage of all areas of social care support is listed within our Technical Appendix.

18-64 Age Group

- A total of 65% of the city's population are of working age (18-64), with Coventry seeing a particular growth in the population of younger adults due in part to the two local universities attracting both local and international students, as well as better paid jobs in the local economy.
- The 55-59 age group experienced the greatest growth of any age group in Coventry. This means there is a need to focus on preventative health amongst the working age population now to manage future demand on health and care services.
- Coventry continues to have a lower rate of new requests for support, per 100,000 population for this age group than our comparators.
- Coventry has seen an ongoing increase in the percentage of new requests from 4% in 2021/22 to 6% in 2022/23, to 7% in 2023/24 which led to long term support.
- Coventry has a higher percentage of new requests in 2023/24 (15%) of adults going on to receive short term care than our 2022/23 comparator averages (8% to 11%) for this age group. This has been an increasing trend over the last five years.

- Coventry continues to have a lower rate in 2023/24, 714 per 100,000 population of people receiving ongoing long-term support during the year for this age group, compared to our 2022/23 comparators (820 - 875).

65+ Age Group

- Growth in this age group is anticipated to accelerate and outpace other groups within the next 10-15 years.
- Coventry has a higher rate of new requests for support in 2023/24, 15783 per 100,000 people aged 65+, than our 2022/23 comparators (13285 – 14450).
- Coventry has seen a reduction in the percentage of requests leading straight to ongoing long-term support from 8.5% in 2021/22 to 5% in 2022/23 which was maintained in 2023/24. This is lower than our 2022/23 comparators (9% and 10%).
- Coventry has a higher percentage of new requests in 2023/24 (30%) going onto receive short term care than 2022/23 comparator averages for this age group. Coventry has been at a similar percentage for the last three years.
- Coventry has a higher rate of 6127 per 100,000 population of people receiving ongoing long-term support during 2023/24 compared to the 2022/23 West Midlands (5175) and England (5183) average.

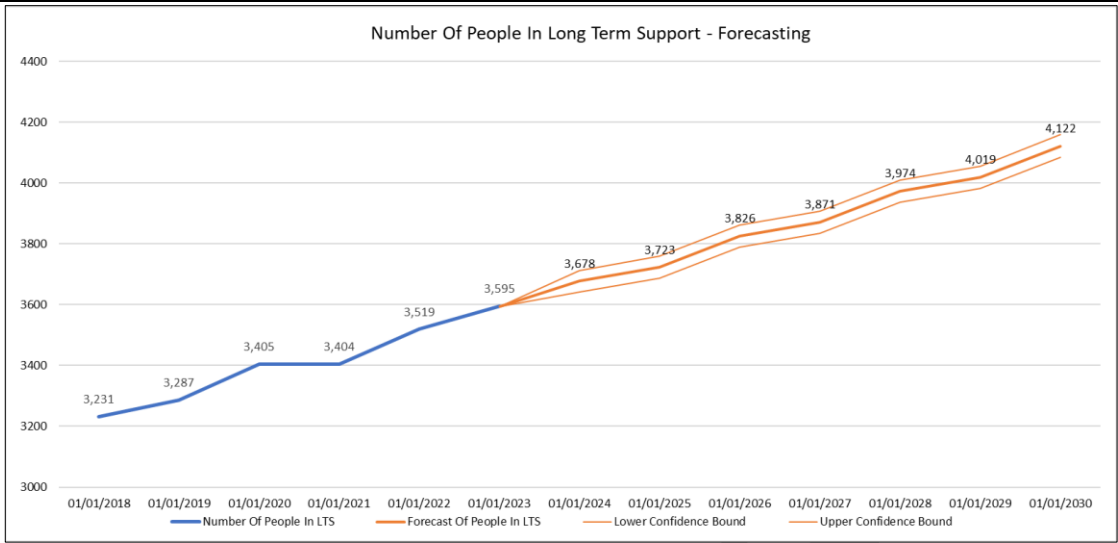
18+ Age Group

- The numbers of new requests have remained at the same level as in 2022/23, when previously there was a 3% increase, compared to an England increase in 2022/23 of 1%. There were 10,430 new requests in 2021/22 to 10,772 in 2022/23 and 10,773 in 2023/24. This is the equivalent of 30 requests for CCC adult social care per day.
- During 2023/24 Coventry saw a slight increase of 1.5% of people who received ongoing long-term support compared with 2022/23, which is lower than the West Midlands (3%) and England (2.1%) rises in 2022/23.
- As of the 31st of March 2024, Coventry has 8.2% of individuals receiving nursing care, compared to 8.4% in 2023. Coventry is similar to the 2022/23 England rate of 8%.
- Coventry has a lower rate 70% in community-based support (2023/24), compared with the 2022/23 England rate of 71.3%.

Projected demand has been estimated using the number of people in long term support reported at the end of financial year (data as of 31st March 2023) for the previous five years as the baseline for the projections. The methodology for both estimates is described however external factors, such as cost of living and health inequalities, may also impact figures.

Methodology One: Predictions Based on Number of People in Long Term Support (as of 31st March 2023).

Figure 5: Number of People in Long Term Support Forecasting



Methodology Two: Predictions Based on Number of People in Long Term Support As of 31st March 2023 (Adjusted with Population Estimates).

Figure 6: Number of People in Long Term Support Forecasting (Adjusted for Population)

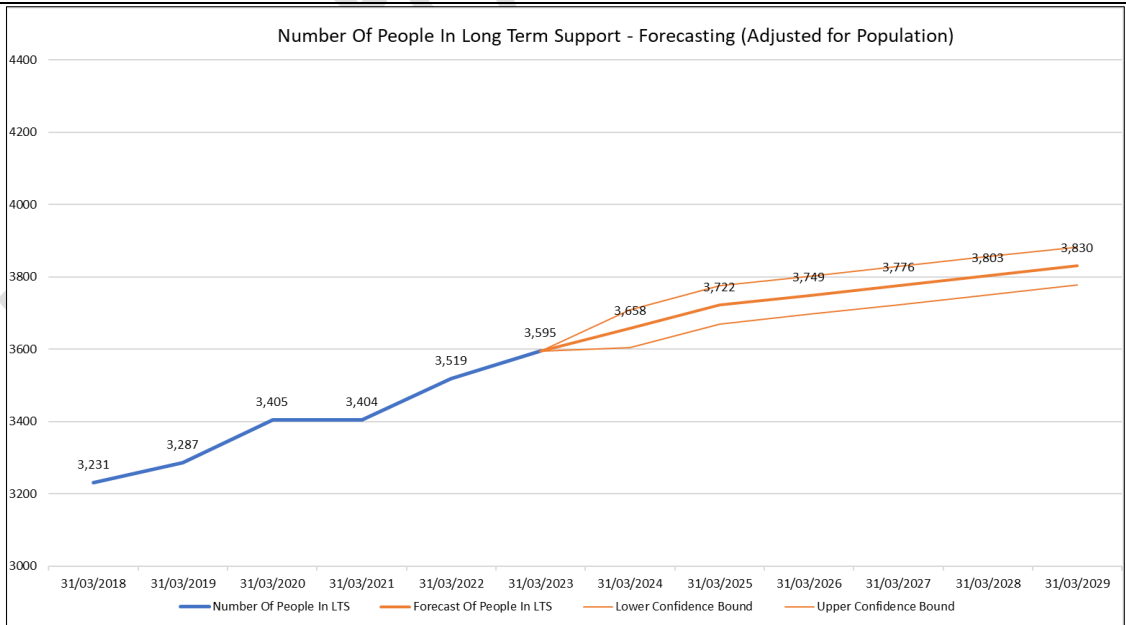


Figure 7: Specialist Housing Need using adjusted Strategic Housing for Older People (SHOP) Review Assumptions 2022/32, Coventry

| | | Housing demand per 1,000 75+ | Current supply | Current demand | Current shortfall/surplus (-ve) | Additional demand to 2032 | Shortfall/surplus by 2032 |
|------------------------------|------------|------------------------------|----------------|----------------|---------------------------------|---------------------------|---------------------------|
| Housing with support | Market | 40 | 462 | 970 | 508 | 104 | 612 |
| | Affordable | 93 | 1,168 | 2,274 | 1,106 | 245 | 1,350 |
| Total (housing with support) | | 133 | 1,630 | 3,244 | 1,614 | 349 | 1,963 |
| Housing with care | Market | 21 | 210 | 514 | 304 | 55 | 360 |
| | Affordable | 27 | 855 | 653 | -202 | 70 | -131 |
| Total (housing with care) | | 48 | 1,065 | 1,168 | 103 | 126 | 228 |
| Residential care bedspaces | | 42 | 1,203 | 1,038 | -165 | 112 | -53 |
| Nursing care bedspaces | | 48 | 567 | 1,168 | 601 | 126 | 726 |
| Total bedspaces | | 90 | 1,770 | 2,206 | 436 | 238 | 673 |

Source: Derived from Demographic Projections and Housing LINEAC

What this tells us: Demand for long term support is anticipated to rise year on year for the next five years. There is currently an oversupply of affordable housing with care, but increased provision is required for private funders. Development of nursing provision may also be required in the future to ensure we can meet projected need.

Census 2021

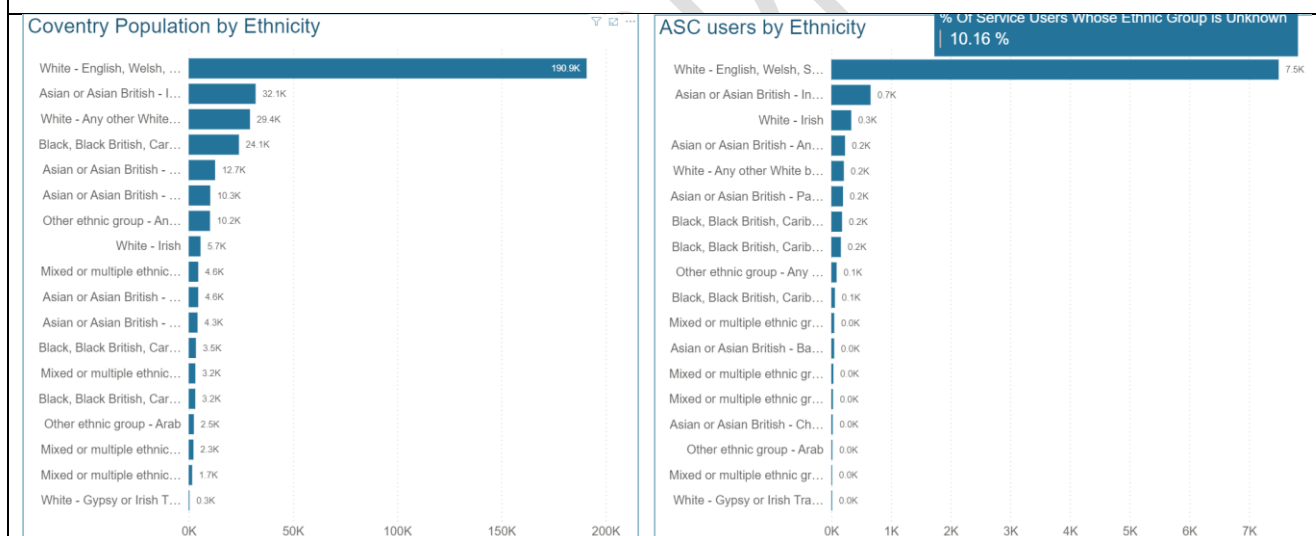
Information gathered through the Census 2021 is extremely helpful when designing and delivering public services; it enables us to ask key questions about why certain groups are not accessing services and what we can do to address this. This can help us to remove barriers and plan the development of future service delivery that can be focused on meeting real need. The Census 2021 notably took place against a background of unparalleled change and uncertainty due to the Coronavirus pandemic. Information deduced from this Census will therefore be reviewed in conjunction with ongoing local intelligence and engagement. Overall trends were as follows:

- **Our population is increasing:** The population of Coventry has increased by 8.9%, from around 317,000 in 2011 to around 345,300 in 2021. Since the last census in 2011 the overall population in Coventry has increased by a greater percentage than the overall population of both the West Midlands (up by 6.2%) and England (up by 6.6%).
- **Our population is aging:** The median age in Coventry is 35 years of age (an increase of one year). The number of people aged between 50-64 has increased by around 8,800 (18.2% increase since 2011 Census).
- **Our ethnic diversity is increasing:** Census data confirmed Coventry's status as one of the most diverse cities in the UK with 65.5% of people identifying their ethnic group as 'White' (compared with 73.8% in 2011), 18.5% identified their ethnic group within 'Asian, Asian British or Asian Welsh' category (an increase of 2.2%) and 8.9% identified within the 'Black, Black British, Black Welsh, Caribbean; around one-third (30%) of the population are from minority ethnic groups compared to 20% for England as a whole. This trend is expected to increase with 48.7% of Coventry school children from an ethnic background other than White British.

- **Our religious affiliations are changing:** 31.6% of people reported themselves as having 'No religion'. Trend data suggests an increase in individuals reporting as Muslim (11% of the population) and a decrease in people identifying as Christian (46.8%).
- **Our employment is steady:** 51% of people said they were employed in 2021 (similar to the 2011 level of 50.9%) with just over 1 in 30 (3.4%) people stating they were unemployed (4.9% in 2011). The percentage of retired Coventry residents has decreased from 19.1% in 2011 to 17.3% in 2021.
- **Our population of individuals identifying as having a disability is decreasing:** In 2021, 8.4% of residents identified as being disabled and limited a lot. This figure decreased from 10.5% in 2011; 1 in 10 people were identified as being disabled and limited a little compared to 10.7% in 2011. Overall, the proportion of Coventry residents who were not disabled increased from 78.8% to 81.6%.

Census information is a key baseline in informing our JSNA and Equality Impact Assessments (EIA). Prior to the commencement of any commissioning activity or development of any strategy or plans, an EIA is complete to identify preventative action required to address health, digital and social inequalities in our work.

Figure 8: Demographics of Adult Social Care Coventry service users in comparison to Census 2021 demographics



What this tells us: Currently uptake of Coventry City Council adult social care services from ethnically diverse groups is disproportionate to our demographics as reported in Census 2021, although we note an overrepresentation of people using a direct payment from diverse ethnic backgrounds. We are addressing this through a number of means including engaging with our Equality, Diversity and Inclusion Board, development of a more diverse market, and stronger ties to a range of faith and community groups across the city including through the Member-led Multi-Faith Forum. We will continue to ensure through our commissioning activity we are making active steps to reduce these disparities and work towards equity in service delivery proportionate to our city's demographics.

Joint Strategic Needs Assessment

Our Joint Strategic Needs Assessment (2023) shows that the overall health and wellbeing in Coventry is below average, with residents living in more deprived parts of the city not only living shorter lives, but also spending a greater proportion of their shorter lives in poor health than those living in less deprived parts of the city. The life expectancy at birth of the average person in Coventry is 78 years for males and 82 years for females (2018-20). However, this masks significant health inequalities across the city – of 11 years and 8 years respectively. Healthy life expectancy for Coventry, the years residents spend in good health, are 61 years for males and 64 years for females; this has decreased and remains below the regional and England averages.

As a [Marmot City](#), Coventry demonstrate a strong unified commitment to addressing health inequalities in the city and reducing the inequality gap. This includes addressing the effect of deprivation on life expectancy. Males living in less deprived areas of the city can on average live up to 10.7 years longer than those living in the most deprived areas of Coventry; and for females the gap is 7.8 years. Premature mortality (deaths under the age of 75) is higher in Coventry due to higher rates of premature mortality from cardiovascular disease, cancer and respiratory disease and there are avoidable differences in health outcomes, particularly around issues such as alcohol use, obesity / physical activity, tuberculosis, and sexual health. In comparison to other areas the premature mortality rate amongst Coventry men due to cardiovascular disease is particularly high. These inequalities are not inevitable and reducing inequality in society has been shown to lead to improvements in wellbeing, better mental health, better community and social relations, reduced levels of violence and better educational attainment. Coventry is taking steps to reduce health inequalities by recognising the wider impact social, digital, and environmental factors have on an individual's overall health and wellbeing. To meet these increasing health requirements, the Council works closely with the Integrated Care Board, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and our Public Health colleagues to address the city's health needs.

What this tells us: Dedicated work has been ongoing to address these inequalities since 2013 however there remains significant health, social and digital inequalities apparent across the city. It is clear these cannot be addressed in isolation, and it must be a systemwide effort across the Council, ICB and provider market to make meaningful change, for example, identifying individuals at risk of loneliness, promoting uptake of vaccinations, and cultivating positive work environments. We must also remain conscious of additional factors which may be further contributing to these inequalities, for example cost of living pressures, and utilise and share available resources to alleviate issues experienced.

People who self-fund their care

In Coventry, the Council is the major purchaser in most markets and whilst accurate live data on self-funders is limited our Cost of Care exercise noted approximately 30% of older people's residential placements were self-funded. The Office of National Statistics predicts approximately 36.7% of care home residents self-fund their care across England.

POPPI and PANSI data

POPPI and PANSI data offers a useful insight into projected demand up to 2040. Use of this data should however be cross referenced and combined with other local intelligence to ensure robust projections.

Key themes from PANSI data (projections for 18–64-year-olds) include:

- On average every 5 years, an additional 109 people are predicted to have autism spectrum disorder.
- By 2040, an additional 63 people are estimated to have a severe learning disability.
- In 2025, it is projected 1484 people will have a moderate or severe learning disability; by 2040, this will rise to 1686 people.
- Between 2025 and 2040, an additional 242 people are estimated to have a severe personal care disability.

Key themes from POPPI data (projections for individuals aged 65+) include:

- By 2040 it is projected an additional 421 individuals will require care home support with or without nursing.
- The number of people providing unpaid care is set to increase on average every 5 years by 397 people; by 2040, an additional 1587 people will be providing support of this nature.

Individual and carer feedback

Qualitative feedback from individuals in receipt of support and carers is just as important as quantitative data in understanding the quality and performance of provision, informing service design and future demand expectations. We regularly collect this through a range of means including our ASC Real Time Survey, service specific surveys and consultations via our Let's Talk platform, workshops and groups, feedback obtained via telephone or face to face in the community. Most recently this has included engagement in respect of:

Example Unpaid carers: To inform the Carers Action Plan 2024/26 a period of engagement with local carers took place to better understand current and anticipated requirements. ASC usage data and feedback from our statutory surveys and indicators also informed this plan. Key themes from this engagement include:

- Many people did not realise they were carers or resonate with the term 'carer' as a label. Consequently, people were not aware of and did not access support available.
- Increased respite and break provision is required; some carers noted reservations in loved ones accessing respite due to infection risks, quality concerns or a lack of suitable provision locally.
- Taking a break looks different for everyone. For some carers, this means an hour or two to themselves; for others, this may mean a full weekend or extended breaks. Our offer needs to flex to individual carer and family requirements.
- Some people were unclear of the function of carers assessments and how these can help.

- Clearer and more assessable information and advice is needed, especially in relation to financial, practical and employment support available for carers.

To meet this feedback, our Carers Action Plan 2024/26 focuses on 3 key priority areas with work currently underway to achieve these actions:

- Empower carers with flexible respite options, ensuring they can take breaks.
- Deliver the right support, at the right time, and in the right place.
- Maximise the reach of carers assessments to benefit more carers.

Example Short Term Home Support (STHS): Individuals both currently and previously in receipt of commissioned home support services were invited to participate in a survey to understand what worked well, what could be improved and what they would want to see in home support services in the future. 107 people responded noting the following key themes:

- Overall rating of the home support service received? *38.3% of people responded as 'very good', 33.6% responded as 'good'.*
- Are your home support visits scheduled at a time that is convenient for you? *25.2% of people responded 'always' and 45.8% of people responded 'most of the time'.*
- When asked if there were any other services responders would like to receive, most requested for short term support were installation of equipment e.g. wheelchair ramps, automatic doors, medical support for example appointments with doctors or mental health professionals, personal care and full or nighttime support.

Feedback was also collated from our Adult Social Care Real Time Experience Survey and via our Stakeholder Reference Group, where individuals expressed the importance of regular carers attending at regular times; ensuring carers have a satisfactory level of oral and written English skills so they can communicate with those they are supporting; have at least basic cooking skills to help people prepare food; locking doors properly after calls; people to be supported by carers of their requested gender e.g. females supporting females. All areas of feedback were used to inform the service specification, with further engagement planned for the recommissioning of long-term home support planned for 2024 including focus groups with individuals in receipt of support.

Example Provider feedback: In 2023 Commissioning sought the views of the provider market on our current support offer and how we can further improve this. A total of 63 providers responded to the survey with key highlights as follows:

- Providers found quality assurance visits, provider forums and email updates as the most useful forms of support.
- 90% of providers were clear on the local authorities safeguarding process whilst 10% advised more clarity was required; 70% of providers would appreciate more safeguarding training.

- 100% of providers were clear on their own responsibilities in the safeguarding process.
- Providers were keen for lessons learnt from previous contracts, our quality assurance approach and future market direction and intentions to be included within our MPS.

As a result of this feedback, safeguarding refresher training was delivered to the market by the Councils Safeguarding Adults Coordinator with further sessions planned for 2024, an escalation process developed for financial and safeguarding queries, and further engagement on our general safeguarding process and engagement session on the Market Position Statement took place in June 2024.

A reference group of providers were also offered the opportunity to comment on the Market Position Statement.

Financial context

The economic climate means we cannot plan and deliver services without consideration of our budgets and the wider financial position of the Council. Whilst these issues are not unique to Coventry, their impact is affected by both local and national context including national living wage, inflationary pressures, the general health and wellbeing of the residents of the city and its subsequent impact on social care demand. We will therefore be working with providers to ensure that both our services and our processes are working in the most efficient manner, utilising all possible resources and assets available.

Our Medium Term Financial Strategy 2022 - 2025 supports the medium term policy and financial planning process that is at the heart of setting our revenue and capital budgets.

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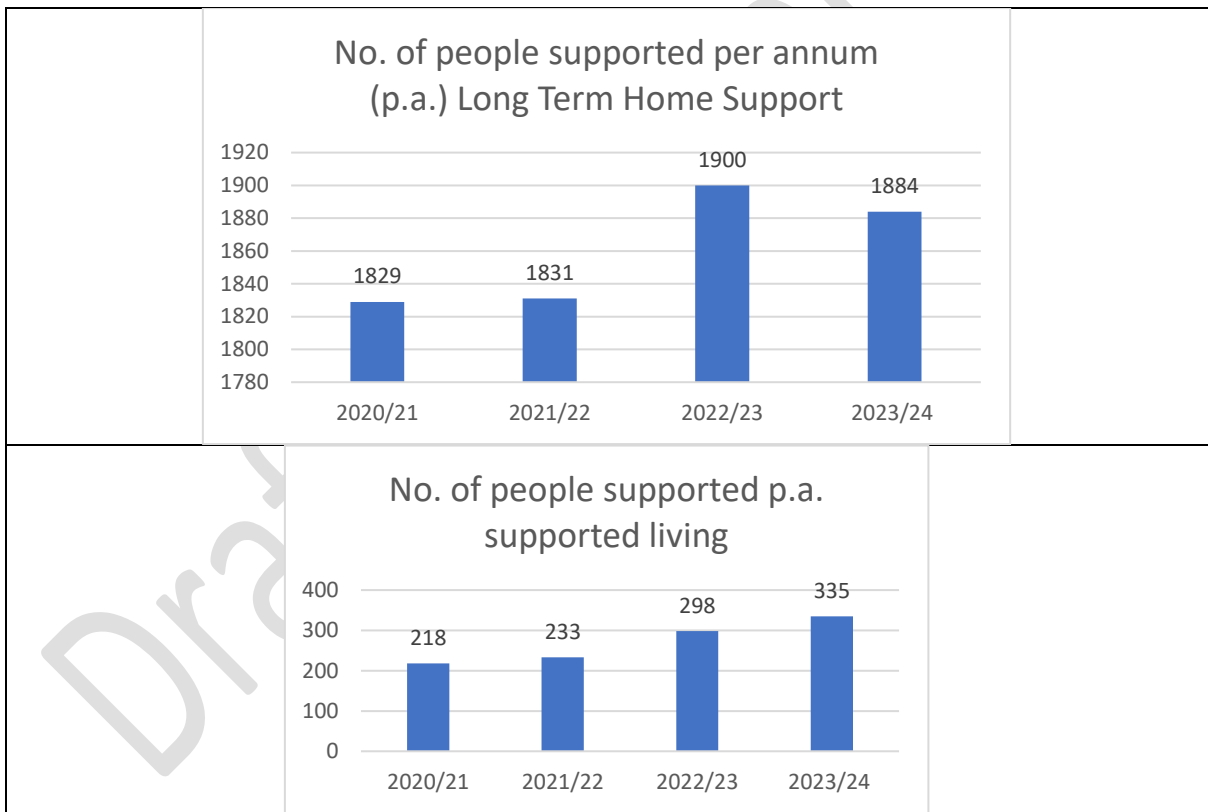
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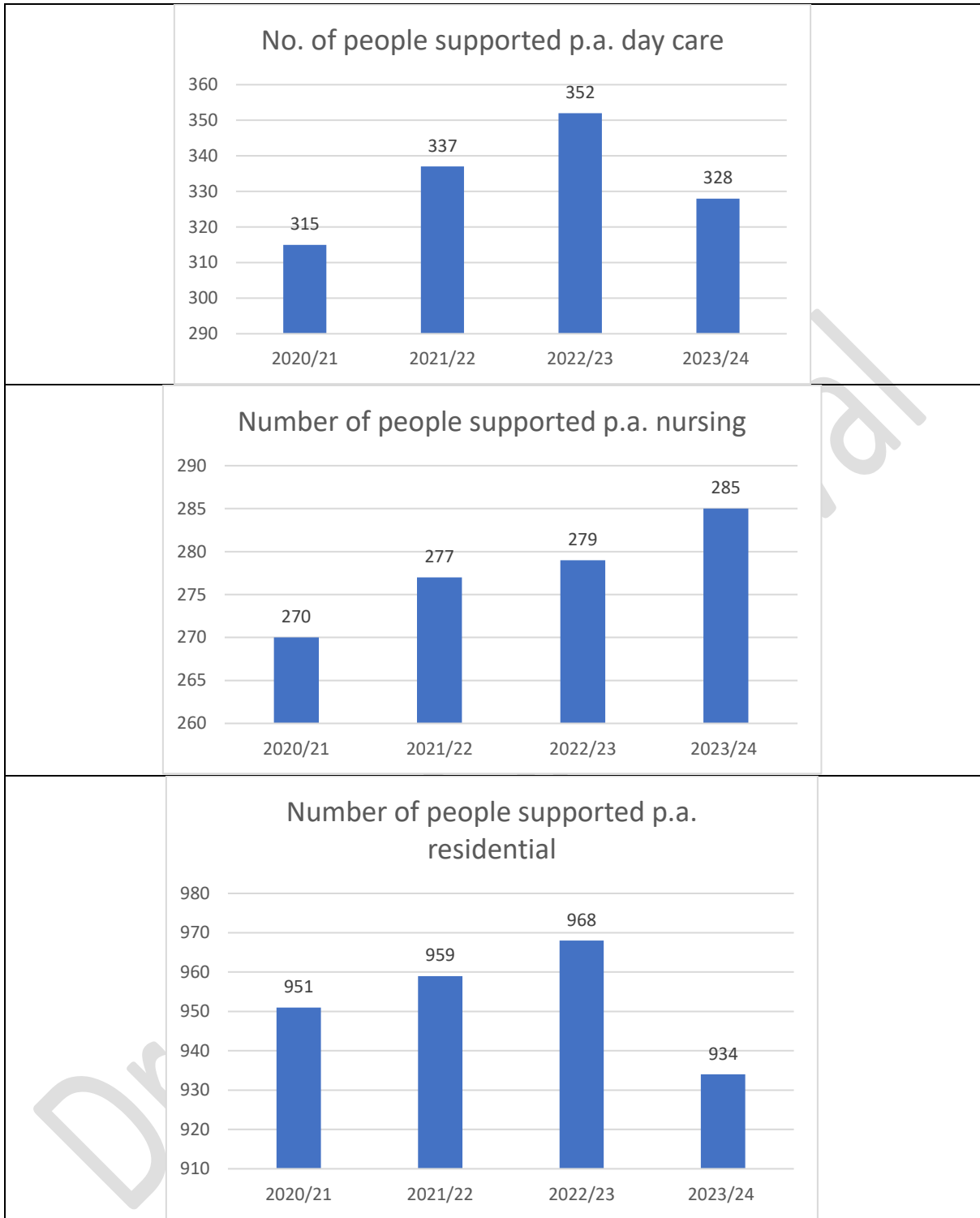
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Number of people supported during the year (all client groups):

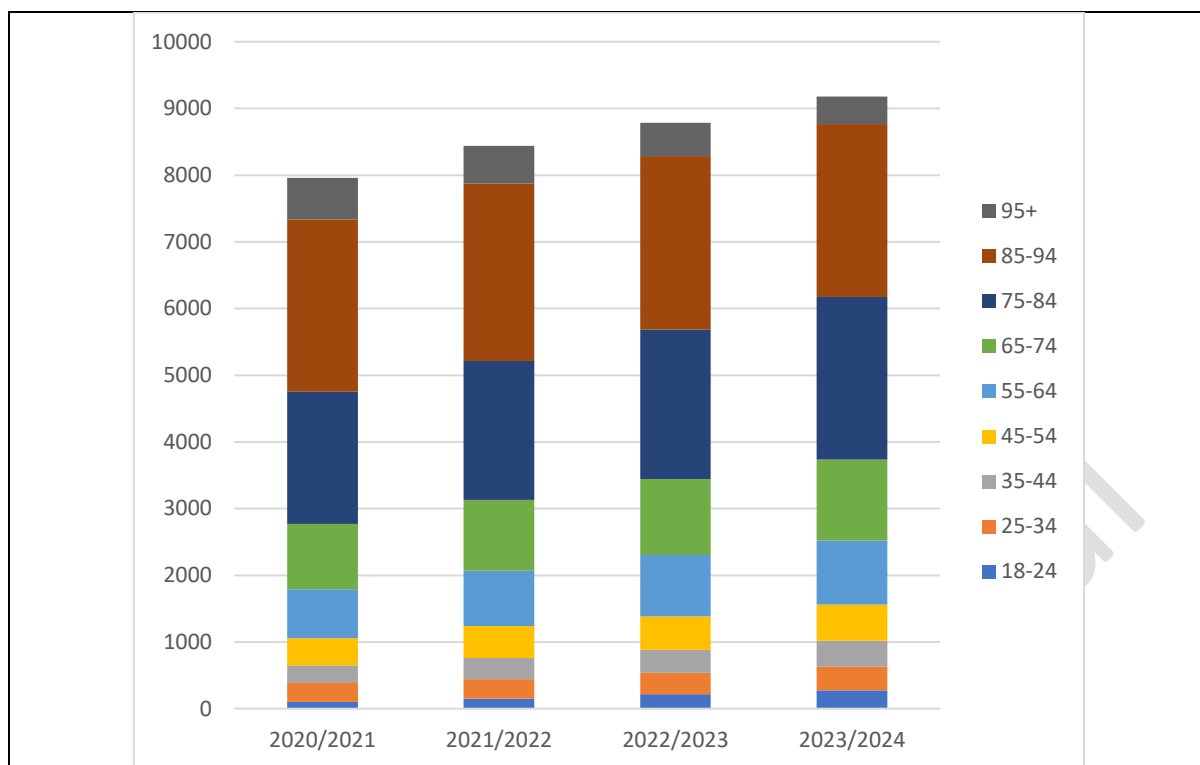
Note, all figures are in city only.





Demographics data – Age

Age profile of users of commissioned adult social care services 2020 – present



Demographics data – Gender

The table below shows the Gender breakdown of the 65+ age group of Coventry's Census population compared with people aged 65+ in ongoing Long-Term Support as at 31st March.

| | Coventry Census 2021 Age 65+ Population | % Long Term Support 31/3/2023 | % Long Term Support 31/3/2024 |
|--------|---|--|--|
| Female | 55% | 65% | 65% |
| Male | 45% | 35% | 35% |

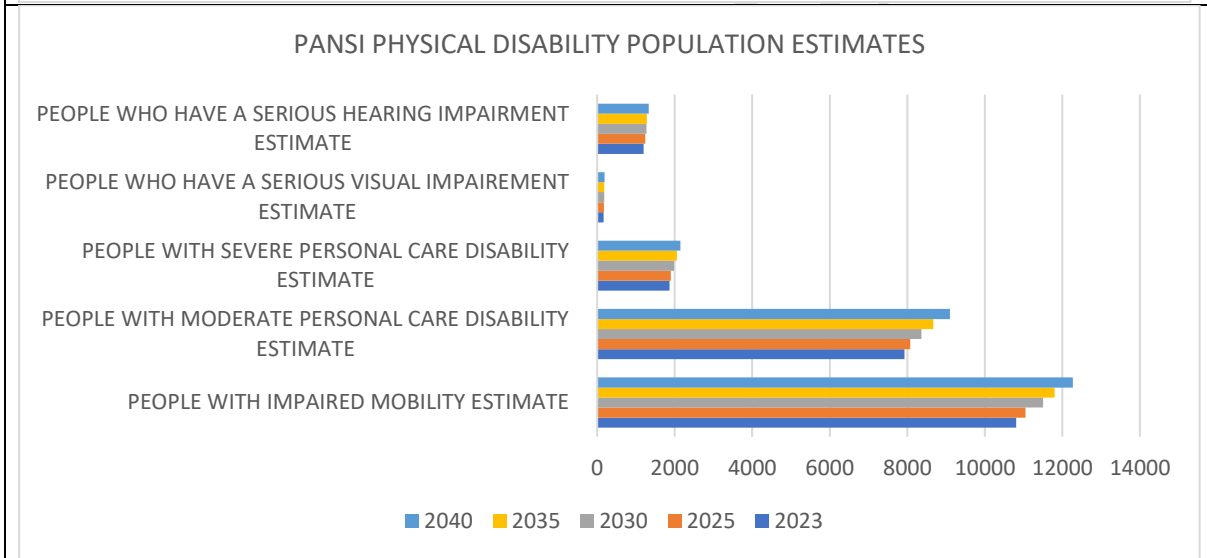
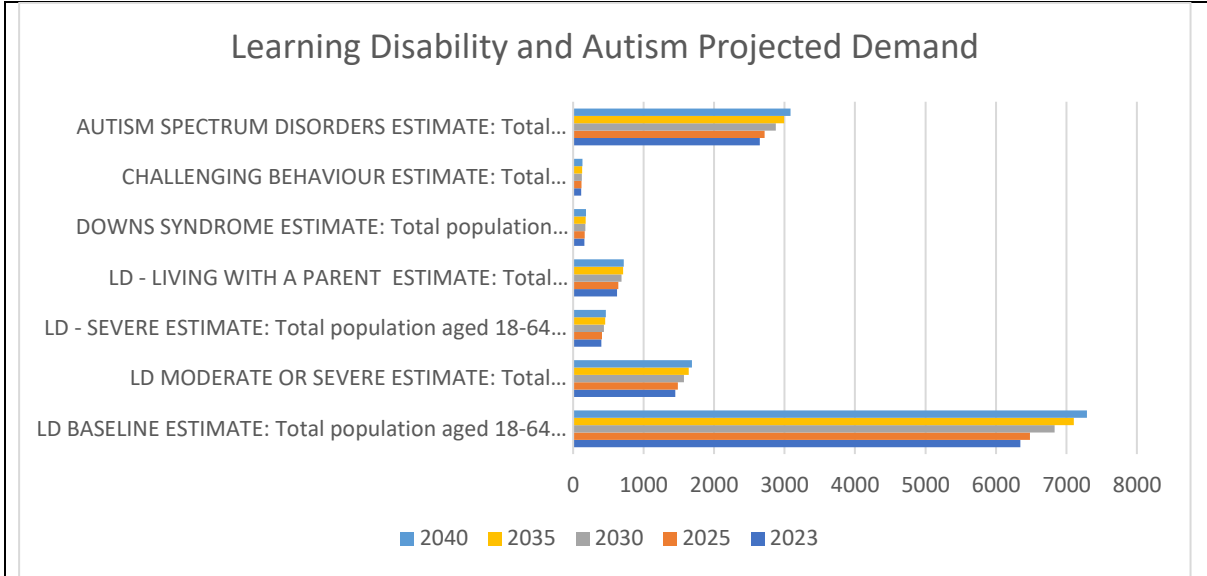
Demographics data – Ethnicity

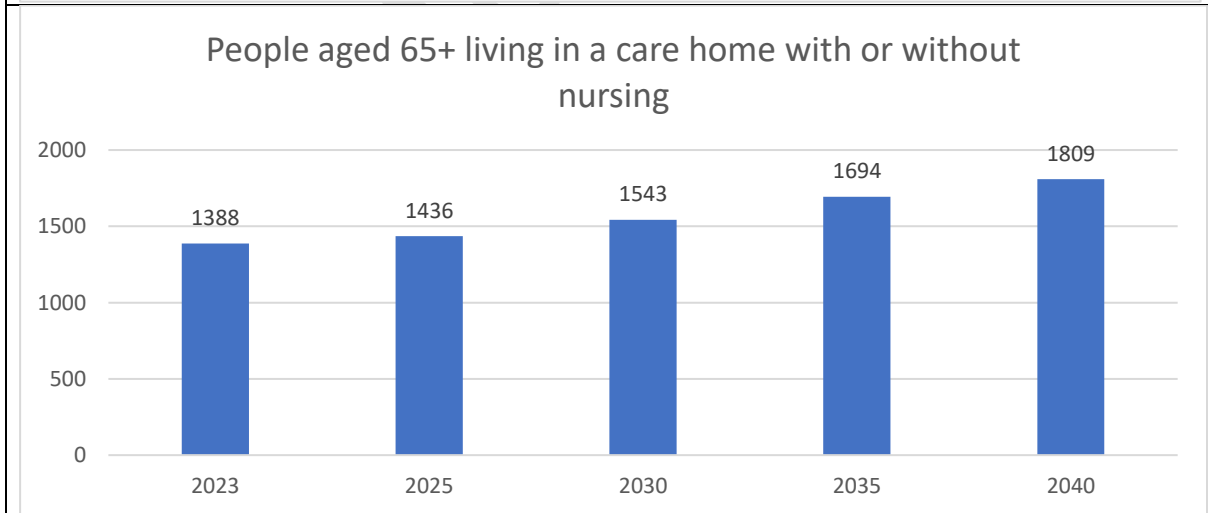
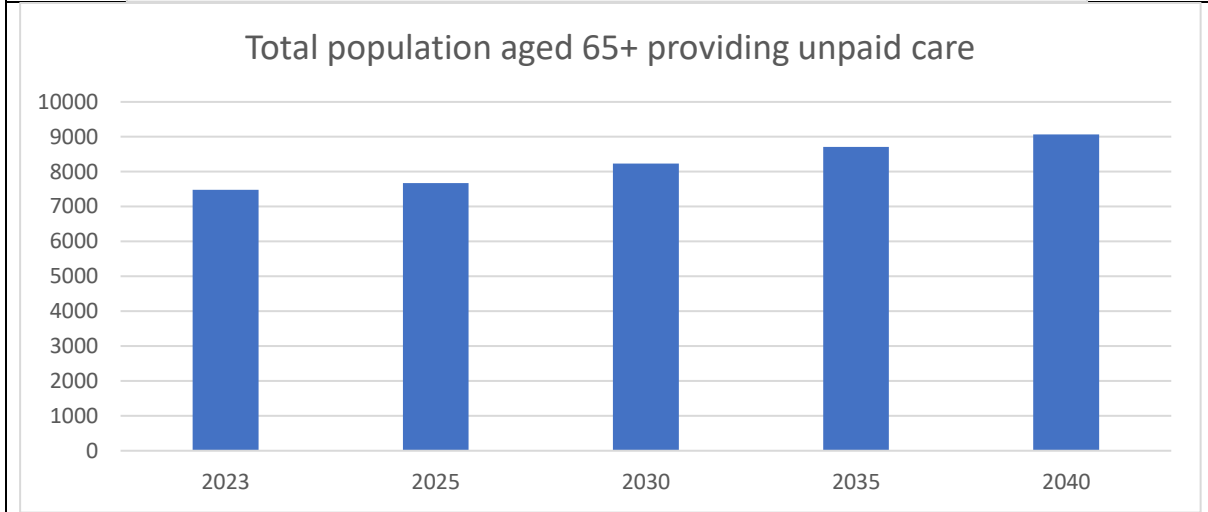
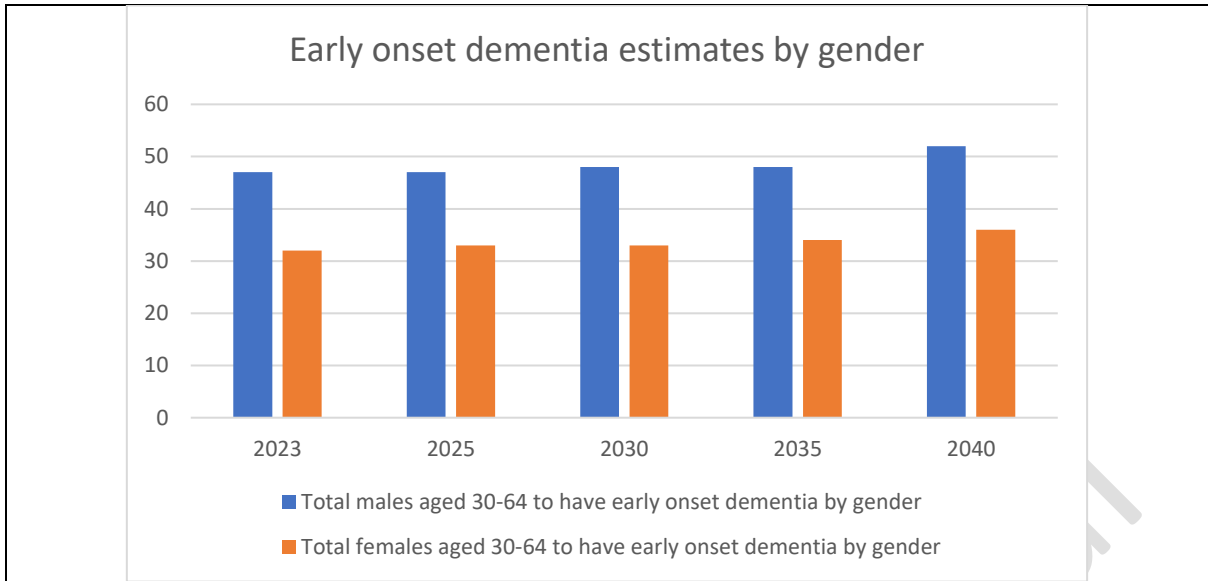
The table below shows an Ethnicity breakdown of people receiving ongoing long-term support (LTS) as at 31st March, compared with the Coventry Census 2021 Population overview for people aged 18+.

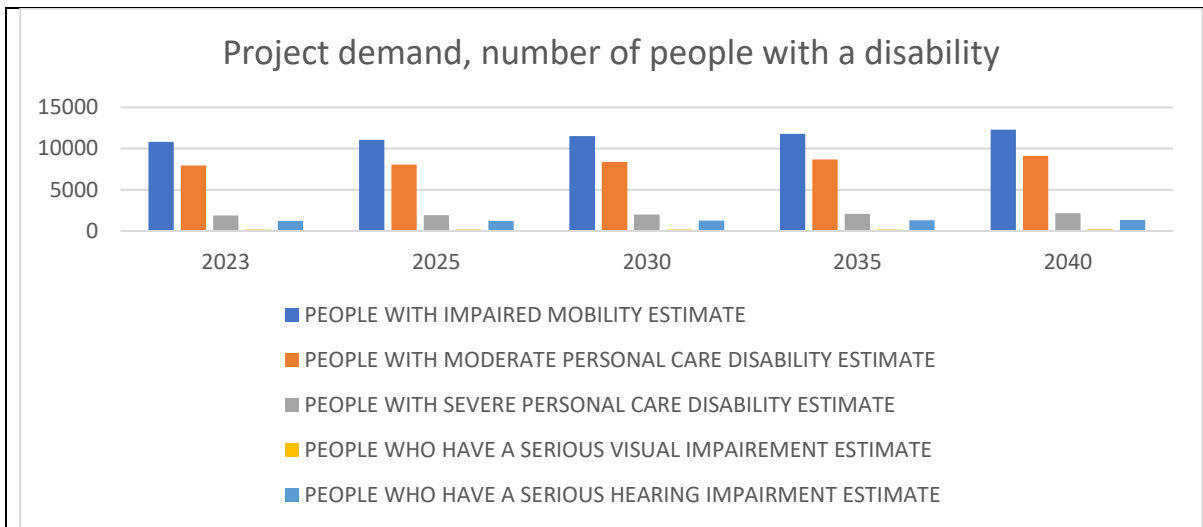
| Ethnicity | 18+ Coventry Census 2021 Population | 18+ LTS as at 31/3/2023 | 18+ LTS as at 31/3/2024 |
|------------------------|---|-------------------------------|-------------------------------|
| Asian or Asian British | 17.9% | 11.60% | 12.90% |
| Black or Black British | 7.8% | 3.70% | 4.40% |
| Mixed | 2.5% | 1.20% | 1.30% |
| Other | 3.3% | 0.90% | 1.00% |
| White British | 57.5% | 74.10% | 74.20% |

| | | | | | |
|--|--------------|-------|-------|-------|--|
| | Other White | 11.0% | 5.00% | 5.70% | |
| | No ethnicity | N/A | 3.80% | 1.20% | |

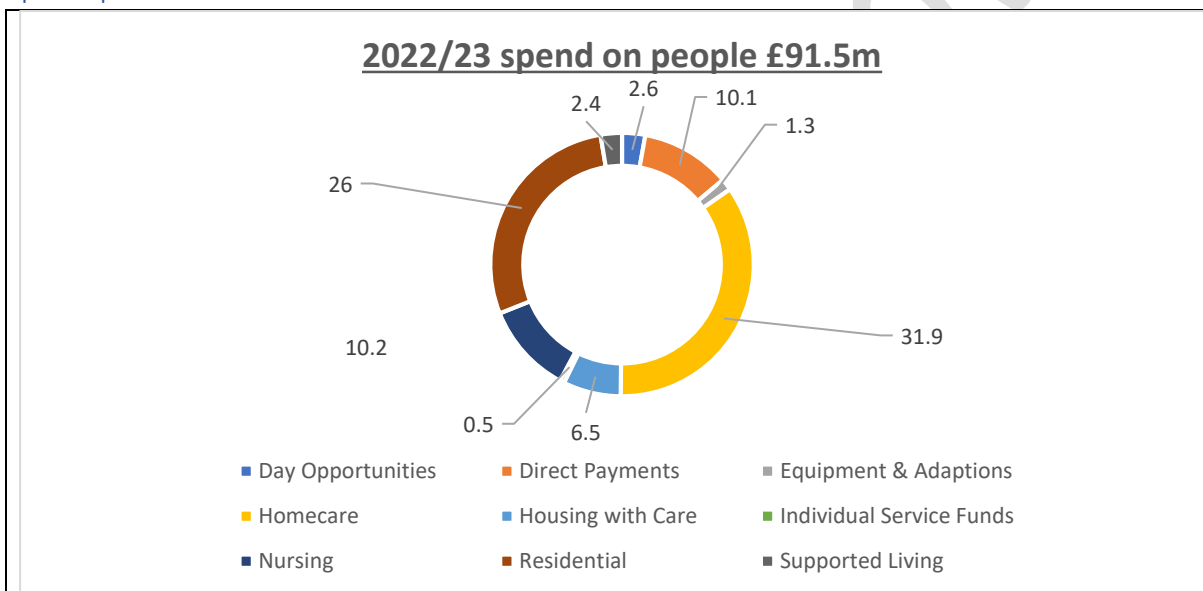
POPPI and PANSI data







Spend per annum:



Policies and strategies:

- [Coventry and Warwickshire Live Well with Dementia Strategy 2024-2028](#)
- [Joint Strategic Needs Assessment \(JSNA\)](#)
- [Climate Change Strategy](#)
- [Local Account](#)
- [Adult Social Care Offer](#)
- [Coventry and Warwickshire Joint Strategy for Autistic people 2021-2026](#)
- [Carers Action Plan 2024-2026](#)
- [Learning Disability and Autism Market Development Plan 2019-2022](#)
- [Market Sustainability Plan](#)
- [Market Development Plan for Mental Health 2021-2026](#)
- [Engagement, Involvement, and Co-Production Approach](#)
- [Commissioning website](#)

- [Provider Support Pack](#)
- [Commissioning events forward planner](#)
- [Social value and sustainability policy](#)
- [One Coventry approach](#)
- [Coventry Safeguarding Adults Board Annual Reports](#)
- [Adult Social Care Practice Framework](#)
- [ASC Printable Leaflets](#)

Key Links

- [Coventry City Council website](#)
 - [Provider Zone](#)
 - [Community Information Directory](#)
- [CSW-Jets](#)
- [Coventry and Warwickshire Growth Hub](#)
- [Premier Supplier Service Information](#)

Draft for approval

Details

| | |
|------------------------|--|
| Title | Market Position Statement |
| Author | Chloe Elliott (Commissioning Officer) |
| Head of service | Jon Reading (Head of Service, Commissioning and Quality) |
| Cabinet member | CLlr Linda Bigham (Adult Services) |

Context and background

| | |
|---------------------------|------------------------------|
| EIA carried out on | Review of policy or strategy |
|---------------------------|------------------------------|

Under section 5 of The Care Act 2014, local authorities have a duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area. Specifically, this means individuals:

- Have a variety of providers to choose from providing a variety of services
- A variety of high quality services
- Have sufficient information to make an informed decision on their care

The Market Position Statement (MPS) is a key document developed by local authorities aiming to:

- Advise of current supply, demand and demographics
- Describe our challenges and gaps in provision
- Showcase our ways of working and key policy changes - Indicate how we wish for care and support provision to work moving forward in the short, medium and long term
- Be a starting point for discussions with providers, with clear messaging to the market as to what we intend to develop or need.
- Shape the market in line with our Care Act requirements. Provide transparency in our approach to contracting and commissioning whilst noting our own offer of support to providers /

Background

potential providers, showcasing the benefits of working with Coventry.

- Outline our expectations in respect of service requirements and conduct of providers. Specifically, we stipulate our requirements in respect of quality and affordability.
- Advise of upcoming business opportunities

Through this document we aim to strengthen and develop the local market, in turn improving the quality and choice of services experienced by individuals.

Overview of MPS principles:

Whilst the MPS contains a wealth of information for providers, there are three key commissioning priorities providers are asked to consider:

- Addressing our gaps: specifically, this includes developing provision for individuals with complex needs / complex nursing needs, community alternatives to regulated support and respite and carers breaks (amongst others). In addressing our gaps we aim to improve our overall offer, increase choice for individuals, and ensure we have an even spread of provision across the city.
- Quality: Ensuring all individuals in receipt of support receive high quality care which promotes independence, has a reablement approach and ensures dignity and respect is imperative. We outline both our support to the market to achieve this, our expectations on quality, and clarity on our approach should quality fall below expected standards.
- Developing alternatives to regulated support: We recognise that regulated, commissioned support is not appropriate for all individuals who may have care and support needs. Over the next 18 months, we aim to increase the availability of community-based support to individuals across the city, allowing people to access more tailored, localised support which gives increased choice and control whilst delivering support in a potentially cost-effective way.

Other key messages in our MPS include ensuring our services are able to support the diverse needs and requirements of the city; are accessible and support uptake from currently underrepresented communities; operate in line with the Councils One Coventry Plan and green agenda; represent good value and are cost effective.

Stakeholders

- Coventry City Council
Adults Commissioning
Adult Senior Management Team (ASCMT)
Social workers, community case workers and occupational therapists
Finance
Housing
Planning
Childrens Services

- External partners
Integrated Care Board

- External
Providers of adult social care in Coventry / potential providers
Community and third sector organisations
Users of adult social care services
(Unpaid) carers
Staff of adult social care providers in Coventry

This MPS has been developed with contribution from our MPS Provider Network, comprising of commissioned providers who have volunteered to participate in its development.

Responsibility

Adults Commissioning (responsible officer tbc)

Consideration of impact

**Baseline data and
information**

To produce our MPS, a wealth of data has been reviewed from the following sources:

- CCC ASC demand data
- Census 2021
- Joint Strategic Needs Assessment
- POPPI (Projecting Older Peoples Population Information)
- PANSI (Projecting Adult Needs and Service Information)
- Service user and carer feedback
- Provider feedback

We have also utilised information collected from quality assurance and contract monitoring visits

Protected groups

Age 0-18

Positive impact - Whilst the services delivered by adult social care are targeted towards individuals aged 18+, there are occasions where this MPS may benefit individuals under 18. This includes: - Individuals transitioning from Children's Services, through the development of increased care and accommodation choices. - Young carers, who may benefit from increased support to carers through the expansion of respite and break provision and recommissioning of wider carers support services.

- Staff under the age of 18 currently working or considering a career in adult social care. Through increased clarity on both business opportunities and support to the market from the Council, in turn we aim for this to strengthen the local care market and in turn its workforce.

Positive impact - In 2023/24, 32.4% of people in receipt of ASC support were of this age group. Likewise:

Age 19-64

- A total of 65% of the city's population are of working age (18-64), with Coventry seeing a particular growth in the population of younger adults due in part to the two local universities attracting both local and international students, as well as better paid jobs in the local economy.
- The 55-59 age group experienced the greatest growth of any age group in Coventry. This means there is a need to focus on preventative health amongst the working age population now to manage future demand on health and care services.
- Coventry continues to have a lower rate of new requests for support, per 100,000 population for this age group than our comparators.
- Coventry has seen a rise in the percentage of new requests from 4% in 2021/22 to 6% in 2022/23 which led to long term support.
- Coventry has a higher percentage of new requests (16%) of adults going on to receive short term care than our comparator averages (8% to 11%) for this age group. This has been an increasing trend over the last five years.
- Coventry continues to have a lower rate, 720 per 100,000 population of people receiving ongoing long-term support during the year for this age group, compared to our comparators (820 - 875).

Workforce: The average age of an individual working in social care in Coventry is 43, with 67% of its workforce aged between 25-54.

A significant proportion of Coventry's population either in receipt of or working in adult social care will therefore benefit from the aims of the MPS in that it will:

- > Work with the market to develop increased choice of provision, including community based alternatives to regulated care.
- > Increase the quality of provision available.
- > Support carers in accessing support for both themselves, and the individual they care for.
- > Increased career opportunities within the sector.

| | |
|---------------------------------------|--|
| Age 65+ | <p>Positive impact - This age group is the most prominent user group of adult social care support, with 66.5% of service users aged 65+. This user group therefore stands to benefit significantly from a refreshed MPS which considers:</p> <ul style="list-style-type: none"> - The direction of older peoples residential and nursing provision in the city, including areas of the city where there is a paucity of supply. - Encouraging the development of nursing provision in the city- Engaging with providers to understand opportunities to refresh older accommodation based stock for older people with more modern, purpose built schemes in line with the expectations of the user group <p>As a result, we aim to:</p> <ul style="list-style-type: none"> > Improve the quality of both care and the accommodation / environment experienced > Improve the choice available to individuals > Improve outcomes of individuals |
| Disability | <p>Positive impact - Individuals with a physical or learning disability, and their families / carers, will benefit positively from the refreshed MPS through:</p> <ul style="list-style-type: none"> > Clarity on the care and support needs of individuals within this user group. We note a specific need to develop provision for people with multiple complex needs to prevent admission to hospital, or enable discharge, for example. > Transparency on our quality assurance approach and expectations of providers. |
| Gender reassignment | <p>No impact - Adult social care is delivered to people regardless of their gender and gender reassignment undertaken. A theme of our MPS is to work with the market to improve is inclusivity and accessibility, however no data is currently collected in relation to this protected characteristic.</p> |
| Marriage and civil partnership | <p>No impact - ASC is delivered regardless of an individuals marital status.</p> |
| Pregnancy and maternity | <p>No impact - ASC is delivered regardless of this status.</p> |

Positive impact - Currently there is disparity in the demographics of people in receipt of Coventry adult social care services and the information reported in the Census 2021. Specifically, there is a marked difference in delivery to the following demographics:

- Asian / Asian British (Indian): 5.9% ASC, 9.5% Census 2021
- White, any other background: 1.9% ASC, 8.7% Census 2021
- Black, black British, black Caribbean or African: 1.4% ASC, 6.2% Census 2021

Race We make specific reference to addressing these disparities within the MPS, requesting providers to:

- work with local communities to communicate their service offer - ensure services are accessible, inclusive and meeting the diverse needs of Coventry residents
- make connections with currently underrepresented groups and understand potential cultural or societal barriers of access
- develop community alternatives to regulated support, recognising there may be financial barriers to accessing support or reticence to access support outside of their local community for some individuals or communities.

Religion and belief

Positive impact - Data collected on the religion and beliefs of individuals in receipt of ASC support closely aligns to the data reported in the Census 2021. We continue to promote this within the MPS and encourage providers to work closely with the local community, including community and religious leaders, to reduce potential religious or cultural barriers in accessing support. Likewise, we stipulate providers of ASC locally must meet the cultural needs of service users in their service delivery.

Sex

Positive impact - 82% of Coventry's ASC workforce are female (source, Skills for Care) therefore a significant proportion of females will benefit from increased career opportunities / pathways encouraged through the MPS. In addition, we aim to encourage wider recruitment practices to diversify those recruited to ASC to include more males. As a result, individuals in receipt of ASC should be better supported by staff whose demographics are representative of the city and therefore able to meet potential preferences of individuals requiring support e.g. females supporting females.

Sexual orientation

No impact - Support is given to individuals regardless of their sexual orientation. We do however stipulate to the market of the requirement for services to be inclusive, accessible and meet the diverse needs of individuals in the city.

| | |
|--|--|
| <p>Reduce health inequalities</p> | <p>Enabling all people to maximise their capabilities and have control over their lives Ensuring a healthy standard of living for all Creating fair employment and good work for all Creating and developing healthy and sustainable places and communities.</p> |
| <p>Information</p> | <p>As noted within the JSNA there remain significant health inequalities prevalent in the city. Adult social care has a specific role to play in reducing inequalities through coordinating support across health and social care and in preventing the development of need. To directly combat health inequalities, the MPS gives specific direction to the market to:</p> <ul style="list-style-type: none"> - work in a promoting independence, reablement manner - focus on prevention - work with local communities to identify individuals who are at risk of preventable poor health e.g. loneliness and work with the community and third sector to remedy - ensure quality of service delivery, supporting people to meet their outcomes - healthy work environments which provide career opportunities <p>Generally, a strengthened care market with increased choice, diversity and equality of access will actively improve the quality of life experienced by individuals.</p> |
| <p>Groups of people</p> | <ul style="list-style-type: none"> - Individuals from under-represented groups - Unpaid carers |

Improvements

- Individuals from under-represented groups

Individuals from this group are potentially at greater risk of health inequalities due to the delays in accessing support and exacerbation of need experienced during this delay. Work is ongoing to improve our support offer to individuals from underrepresented groups to better understand potential reasons for lack of engagement with adult social care and removing potential barriers to access. Our MPS outlines the need for improved, proactive information on services, linking with communities (including creating links with community and faith leaders) to improve perception and understanding of services and ensuring that services cater for the diverse needs of Coventry residents. We will also actively work to engage with underrepresented groups through the development and design of services to ensure these are in line with the needs and preferences of individuals.

- Unpaid carers

The MPS outlines our intentions for commissioning support for unpaid carers moving forward. Specifically, this will include: > Utilising Accelerating Reform Funding to fund carer support specific projects e.g. carers online support tool, alternative carers breaks > Recommissioning current carers support services to ensure these are meeting demand and requirements of Coventry carers as noted within feedback following engagement with local carers undertaken in 2023. Who/which groups of people might face the biggest health inequalities for your work and why: What can be done to improve health equity for the groups of people you have identified?

Carers of people with life-long medical condition may face the biggest health inequalities in respect of this work. We know from published data that the overall health and wellbeing of a carer can be negatively impacted through the caring role, with this further exacerbated during intense or prolonged periods of caring responsibility. Individuals caring for someone with a life-long medical condition may be especially prone to this.

We also note from both the Lets Talk Carers Survey and from national data in respect carers from diverse ethnic communities are not accessing health and social care support as regularly as individuals of a White-British ethnicity. Delays in accessing support may further exacerbate an individuals poor mental and physical wellbeing, cause unnecessary deterioration of condition to both the carer and cared for and overall lead to poorer outcomes for both individuals. Risk of carer burnout and breakdown is also increased.

Digital inequalities

| | |
|----------------------|---|
| Impact | The refreshed MPS aims to improve the impact of digital inequalities for both individuals in receipt of support, unpaid carers and social care staff in Coventry. |
| Opportunities | <ul style="list-style-type: none"> - Ensuring a wide range of digital / technological support is available across the city. This includes the diversity of provision to ensure face to face, community and digital support is available in line with demand and population requirements. - Providing training and potential funding for providers and provider staff to upskill in respect of digital technologies and skills. This includes use of Digital Care Records (DCR) and completion of the Data Security and Protection Toolkit (DSPT), with supporting funding available through the WM Adaptive Fund and Digital Transformation Fund. |

Next steps

| Inequality | Action | Owner | Timescale |
|-------------------------------|--|-------|-----------|
| Monitor and evaluation | <p>Feedback from service users and carers (statutory surveys, ongoing feedback and Adult Social Care Real Time Survey).</p> <p>Annual survey of commissioned providers to understand effectiveness of Adults Strategic Commissioning's support offer.</p> <p>Ongoing monitoring of demographic uptake of ASC services.</p> | | |

Impact on Council staff

**Will there be an
impact?**

No

Completion statement

**Potential equality
impact**

Positive impact has been identified for one or more protected groups

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2024/25

Last updated 9th July 2024

| |
|---|
| 17th July 24 |
| Community Mental Health Transformation Adult Social Care Market Position Statement Refresh |
| 4th September 24 |
| Cabinet Member Priorities of the year Health Sector Skills Development |
| 9th October 24 |
| All Age Autism Strategy 2021-2026 Implementation Update Suicide Prevention Strategy |
| 13th November 24 11th December 24 22nd January 25 |
| Changes to the POD Service Health and Wellbeing in Schools – joint with SB2 |
| 26th February 25 2nd April 25 TBC |
| Virtual Beds Preparing for Adult Social Care CQC Assurance ICB efficiency savings GP/Primary Care Access Access to Dentistry Digital Access to Health A& E Waiting Times Integrated Health and Care Delivery Plan Improving Lives (July 2025) Healthwatch Annual Report Safeguarding Adults Annual Report Sport and Physical Activity Strategy Womens Health Strategy Ambulance Service / Fire Service PALS Adult Social Care Self-Assessment Adult Social Care Local Account (Cabinet) |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|------------------------------|---|--|--|
| 17 th July 24 | Community Mental Health Transformation | To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19. To bring in the summer. | Coventry and Warwickshire Partnership Trust – (Beth Osbourne), Eleanor Cappell Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/ |
| | Adult Social Care Market Position Statement Refresh | Production of a Market Position Statement (MPS) for Adult Social Care is a legal requirement under the Care act (2014). The document signals to the market, the type and volume of services that the Council wishes to see in the market with associated quality standards. Secure comment from SB5 prior to going forward to Cabinet Member for approval later in July | Jon Reading Cllr Bigham |
| 4 th September 24 | Cabinet Member Priorities of the year | | Cllr Caan / Cllr Bigham |
| | 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 – Rose Uwins / Felicity Davies ICB / Wiebke White |
| 9 th October 24 | 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 | Pete Fahy Sally Caren Jeanette Essex |

Health and Social Care Scrutiny Board Work Programme 2024/25

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|------------------------------------|--|--|---|
| | | Board welcomed the ambitious plans and requested an update on its delivery. | Michelle Cresswell |
| | Suicide Prevention Strategy | A progress on implementation | Jane Fowles Catherine Aldridge Allison Duggal |
| 13 th November 24 | | | |
| 11 th December 24 | | | |
| 22 nd January 25 | Changes to the POD Service | A progress on implementation following the item on 17 th January 2024 Clarity and patient safety issues regarding 6 monthly repeat prescriptions. Pack of Assets to be sent to be circulated (including how to use the NHS App and if ID is required to register) | ICB - Rose Uwins Angela Brady |
| | 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 | Angela Baker, Rachel Sugars, Lily Makurah |
| 26 th February 25 | | | |
| 2 nd April 25 | | | |
| | | | |

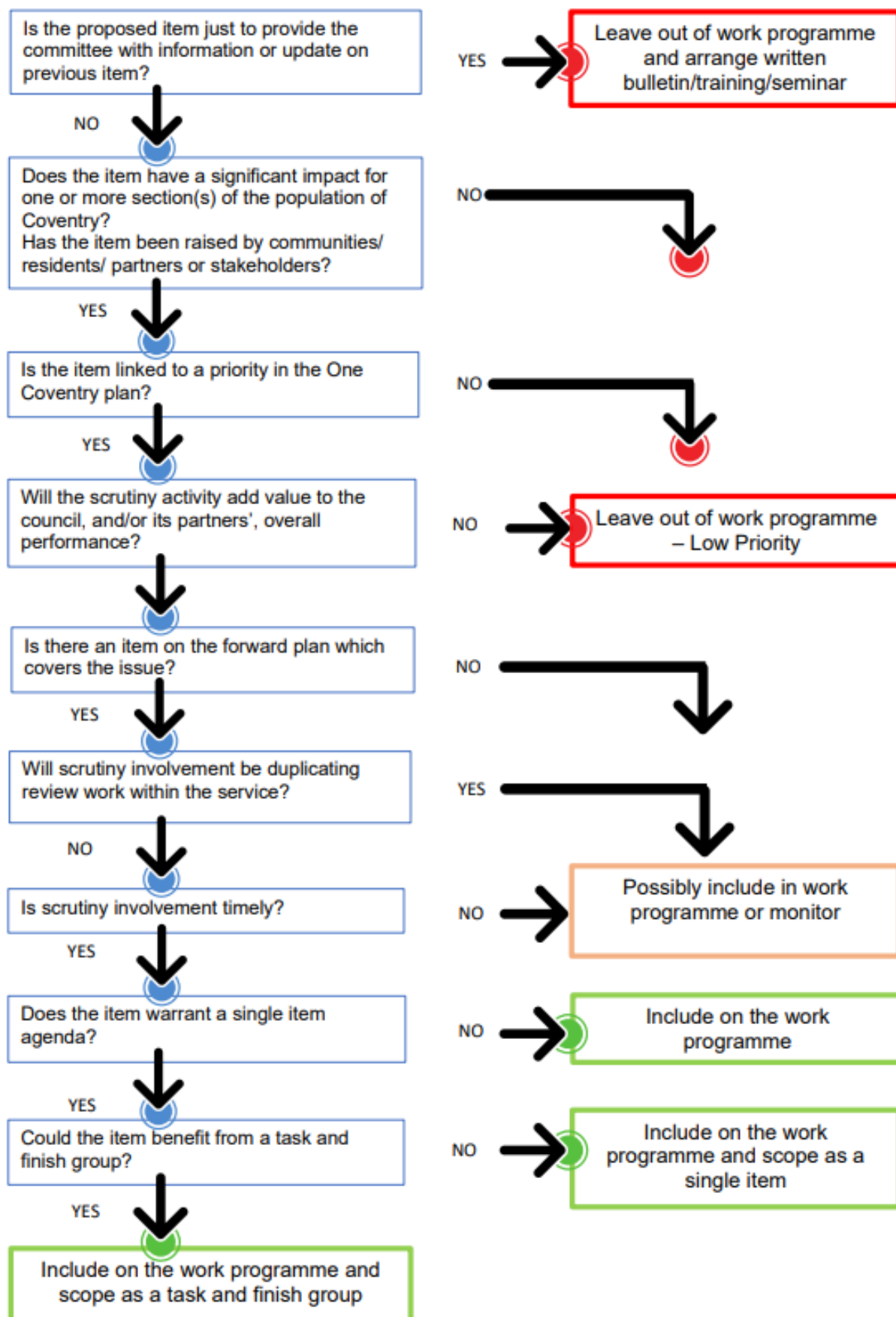
| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|------|---|--|--|
| TBC | Virtual Beds | Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful. | UHCW CWPT ICB Pete Fahy |
| | Preparing for Adult Social 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 |
| | ICB efficiency savings | An item requested at the meeting on 17 th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB | Rose Uwins |
| | 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 | Rose Uwins - ICB |
| | Access to Dentistry | To consider access to dentistry services. (Tie in with GP/Primary care) | Rose Uwins |
| | Digital Access to Health | Partners supporting switch to digital | Rose Uwins |
| | A& E Waiting Times | discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit, and data on emergency readmissions. (Before winter – statistics of what went wrong etc) | UHCW – Allison Duggal |
| | Integrated Health and Care Delivery Plan | To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities. | ICB Rose Uwins |
| | Improving Lives (July 2025) | A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach | Pete Fahy UHCW |

Health and Social Care Scrutiny Board Work Programme 2024/25

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|------|---|--|--|
| | Healthwatch Annual Report | To consider the work of Healthwatch and how scrutiny can use their findings | Ruth Light |
| | Safeguarding Adults Annual Report | Update | R Eaves Cllr Bigham |
| | Sport and Physical Activity Strategy | Refreshing the Sports Strategy 2014-24 – Members participation during consultation | Catherine Aldridge / Amy Parker |
| | Womens Health Strategy | In development/partnership with ICB (Women Health Hubs) | Allison Duggall / ICB |
| | Ambulance Service / Fire Service | Partnership working | |
| | PALS | | UHCW |
| | Adult Social Care Self-Assessment | As part of CQC Local Authority Assurance Arrangements Local Authorities are completing a 'Self Assessment'. This is detailed report identifying how we are delivering Adult Social Care services in Coventry. Our Annual Report mirrors the content of this assessment highlighting some of the work we are doing through examples and spotlights on the support we provide. | Pete Fahy / Cllr Bigham |
| | Adult Social Care Local Account (Cabinet) | Report due with Cabinet on the 1 st October and Council on 15 th October. Every year Coventry City Council produces a report which describes what Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are seeking to develop further. | Pete Fahy / Cllr Bigham |

- ASC – Adult Social Care
- 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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