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Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 25th September, 2013

Place
Committee Rooms 2 and 3, Council House, Earl Street, Coventry

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Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 24th July, 2013 (Pages 5 - 10)

   (b) Matters Arising

4. **Meeting the Challenges of the Francis Report**

   The Scrutiny Co-ordinator will report at the meeting

   The following organisations have been invited to attend the meeting for the consideration of this item:

   University Hospital Coventry and Warwickshire
   Coventry and Warwickshire Partnership Trust
   Coventry and Rugby Clinical Commissioning Group
   NHS England The Local Area Team
   West Midlands Ambulance Service

3.00 p.m.

5. **Adult Social Care Annual Report 2012/13 (Local Account)** (Pages 11 - 54)

   Report of the Executive Director, People

3.40 p.m.

6. **The Annual Report of the Coventry Safeguarding Adults Board 2012/2013** (Pages 55 - 90)

   Report of the Executive Director, People

4.10 p.m.

7. **Caring for our Future on Reforming What and How People Pay for their Care and Support - Consultation Response** (Pages 91 - 104)

Report of the Executive Director, People

4.15 p.m.

8. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

9. **Work Programme 2013-14** (Pages 105 - 112)

Report of the Scrutiny Co-ordinator

10. **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

11. **Meeting Evaluation**

Private Business
Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 17 September 2013

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 25th September, 2013 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, C Fletcher, A Gingell (By Invitation), P Hetherton, J Mutton, H Noonan, H S Sehmi, D Spurgeon (Co-opted Member), S Thomas (Chair) and A Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight

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Minutes of the Meeting of the Health and Social Care Scrutiny Board (5) held at 2.00 p.m. on 24th July, 2013

Present:

Board Members:	Councillor Thomas (Chair) Councillor Clifford Councillor Mrs Fletcher Councillor Miks (substitute for Councillor Hetherton) Councillor J Mutton Councillor M Mutton (substitute for Councillor Ali) Councillor Noonan Councillor Skinner (substitute for Councillor Williams)
Co-opted Member:	Mr D Spurgeon
Cabinet Member:	Councillor Gingell
Employees (by Directorate):	
Chief Executive's:	P Barnett
Community Services:	S Brake, B Walsh (Director)
Customer & Workforce Services:	L Knight
Other representatives :	Dr S Allen - Coventry and Rugby Clinical Commissioning Group (CCG) S Davies – Coventry and Rugby CCG M Ellery - Local Area Team D Eltringham - University Hospital Coventry and Warwickshire (UHCW) M Gilks – Coventry and Rugby CCG G Nolan - UHCW
Apologies:	Councillor Ali Councillor Hetherton Councillor Sehmi Councillor Williams

6. **Declarations of Interest**

There were no declarations of Interest

7. **Minutes**

The minutes of the meeting held on 19th June, 2013 were signed as a true record. There were no matters arising.

8. **Urgent and Out of Hours Care**

The Scrutiny Board received presentations from representatives from University Hospital Coventry and Warwickshire (UHCW), Coventry and Rugby Clinical Commissioning Group (CCG) and the Arden, Herefordshire and Worcestershire Local

Area Team on Urgent and Out of Hours Care, in particular Accident and Emergency Attendance and Performance; NHS 111; Walk-in Centre; and the GP Out of Hours Service. The Board also considered a briefing note of the Scrutiny Co-ordinator setting out the background to the issue which had been requested by the Board followed growing concerns about continued and sustained increases over recent years in attendance at A and E at the University Hospital site. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item.

David Eltringham, Chief Operation Officer and Gail Nolan attended on behalf of UHCW and reported on the A and E performance target set by the NHS nationally for NHS Acute Trusts of 95% of patients being treated within 4 hours which had been a challenge for the hospital over recent years. The Board were informed that over the past months performance had increased from 82% in April 2013 to a high of 95.87% in June (90.12% for Q1 for 2013/14). The hospital recognised that performance was poor throughout 2012/13 and the start of 2013/14 which mirrored the national trend but was more pronounced. Members were provided with an understanding of the nature of the problem (which comprised a number of causes) and the comprehensive action plan being put in place to improve performance. It was emphasised that UHCW was committed to working with partners to resolve the long standing problem; the revised plan was already showing improvements against the standard; but there remained a risk that, without support for the early intervention of extraordinary winter measures, delivering the full recovery trajectory would be extremely challenging.

Members of the Board questioned the representatives on a number of issues and responses were provided, matters raised included:

i) How robust was the recovery plan to implement a ‘see and treat’ model in the Emergency Department to ensure simple cases were treated by nurse practitioners leaving greater resources free to manage the more complex patients
ii) What could be done to educate the public about what constituted an emergency
iii) Evidence of A and E being used for queue jumping
iv) The problems caused by patients with alcohol issues
v) Would having a Council presence at A and E make a difference
vi) The implications of the Francis report on the numbers presenting at A and E
vii) The problems caused by patients waiting for prescriptions from Pharmacy prior to discharge
viii) Clarification about the problems caused by insufficient discharges at weekends and further information about the staffing levels at A and E
ix) The financial implications associated with the increased attendance at A and E
x) The concerns and recommendations set out in the Select Committee report.

Dr Steve Allen, Accountable Officer, Coventry and Rugby CCG provided the Board with an understanding from the perspective of the commissioners of these services. Sue Davies and Matt Gilks were also in attendance. The CCG was expected to meet the costs of A and E services so continued rises in attendance had a knock on effect in the wider health economy. The CCG were also joint commissioners of the NHS 111 service. Reference was made to the commitment from health and social care partners to work together to resolve challenges of achieving the 95% A and E 4 hour wait target. The UHCW recovery plan had been in operation for a number of months and was monitored by the Clinical Quality Review Group.

Members of the Board questioned the representatives on a number of issues and

responses were provided, matters raised included:

i) The sharing of patient data between the health service and the local authority
ii) The potential for joint commissioning teams
iii) How NHS 111 has been operating in the local area.

Martina Ellery, Contracts Manager, Arden, Herefordshire and Worcestershire Area Team provided a briefing on the role of the Area Team in commissioning primary care services. Access to primary care was considered a potential factor in rising attendances at A and E and the Team was responsible for Coventry General Practices and the Walk in Centre.

All Primary Care contracts were managed against a nationally stipulated framework to ensure a standardised approach and were underpinned by regulations. A number of General Practitioners were due to retire in 2013 and the Area Team was working closely with all affected practices to ensure business continuity and clinical capacity was maintained and patient care was not affected. The contract for the Walk in Centre contained robust key performance indicators which were monitored quarterly. Reference was made to the partnership working with the CCG to ensure continuous quality improvement.

Members of the Board questioned the representative on a number of issues and responses were provided, matters raised included potential proposals for the development of community based urgent care; how the quality of services provided by GPs impact on urgent and out of hours care; information on how complaints against GPs are dealt with; and the team's view of NHS 111.

RESOLVED that:

(i) A report on the Pharmacy Service at UHCW be submitted to a future meeting of the Board, including the potential for the collection of prescriptions off site.

(ii) A report on how quality of primary care impacts on urgent and out of hours care to be submitted to a future meeting.

(iii) Officers give consideration to the options for a business case to have a team of city council employees based at A and E.

(iv) The Board be provided with the opportunity to scrutinise the Urgent Care Plan, also linking this to the current reorganisation of the Community Services Directorate.

(v) A further update report be submitted to a future meeting on whole system commissioning for urgent and emergency care, and all partners be encouraged to work closely to provide a proper and robust commissioning of services for the winter.

(vi) A briefing note to be circulated to all Councillors providing them with an understanding of the process when NHS Commissioning Area Team receive a complaint about a GP practice.

(vii) A copy of the NHS Commissioning Communication Strategy on NHS 111 to be circulated to all members.

9. **Briefing on a Proposed Contract Merger (Dr Jagadeshwari and Dr Ezzat and Partners)**

The Scrutiny Board considered a briefing note of Martina Ellery, Contracts Manager, Arden, Herefordshire and Worcestershire Area Team indicating that the Area Team had received a formal request from Dr Jagadeshwari and Dr Ezzat for a contractual merger, which had been approved in principle by the Primary Care Committee. The Board's support for the decision was sought so that the merger process could commence. Martina Ellery attended the meeting for the consideration of this issue. Councillor Gingell, Cabinet Member (Health and Adult Services) also attended for the consideration of this item.

Dr Jagadeshwari practiced from the Maidavale surgery in Styvechale, Coventry (M86043). She held a single handed GMS contract and the practice list comprised approximately 2300 patients. Dr Ezzat was a senior partner in Phoenix Family Care (M86007) based in Park Road, Coventry with two other current partners and a practice list of approximately 5800. The contract holders were proposing a full contractual merger at the earliest opportunity. Dr Jagadeshwari was looking to retire from practice soon and the merger would enable continuity of care to be maintained for her patients.

The Board were informed that there were some issues with the quality of Maidavale practice premises. The medium term view, should the merger go ahead, was to designate those as a branch premises and close them down so that all services were provided from the Phoenix site. This practice had undergone some refurbishment and further improvements were planned to accommodate the patient list. Significant consideration had been given to access to services, clinical capacity in house and the range of services provided and the Area Team felt the merger would be beneficial to patients from both practices. The practice boundary would not be affected by the merger.

Members of the Board questioned the representative on a number of issues and responses were provided, matters raised included:

i) Further details about the state of the Maidavale surgery building
ii) The potential for somebody else to take on the Maidavale surgery and to continue providing a surgery in the vicinity
iii) The demographics of the Maidavale practice list
iv) The distance between the two practices, the public transport links and the opportunities for patients to join other surgeries in the area
v) The option to be able to recruit good quality GPs to the Phoenix practice, the hours that the surgery will be open for appointments and the increase in available GP time
vi) The consultation proposals to inform patients and the arrangements to transfer patients
vii) The timescales for the merger and closure of the premises
vii) Indications of additional GP retirements in the next few years and the implications for the city
viii) The support to be provided to the patients at the Maidavale surgery.

RESOLVED that:

(i) The Board support the proposed contract merger, reluctantly accepting

the closure of the Maidavale premises.

(ii) The Board requests that there is a twelve week lead in period to the merger, longer if possible, and that a full consultation be undertaken with the patients at the Maidavale surgery.

10. **Outstanding Issues**

The Board noted that all outstanding issues had been included in the work programme, minute 11 below refers.

11. **Work Programme 2013-14**

The Board noted the work programme for the new municipal year.

12. **Any other business**

There were no additional items of business.

13. **Meeting Evaluation**

The meeting was viewed as very positive and informative.

(Meeting closed: 5.00 p.m.)

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Coventry City Council

Public report
Cabinet Report

Health, Social Care and Welfare Reform Scrutiny Board (5) — 25 September 2013
Cabinet — 8 October 2013

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:
Executive Director, People

Ward(s) affected:
All

Title:
Adult Social Care Annual Report 2012/13 (Local Account)

Is this a key decision?
No. The provision of Adult Social Care is city wide; this is a performance report and does not in itself significantly affect residents.

Executive Summary:

The Adult Social Care Annual Report 2012/13 (Local Account) describes the performance of Adult Social Care and the progress made against the priorities set for the year.

Councils are expected to produce a Local Account that demonstrates the performance of adult social care to local citizens. It provides an opportunity to be open and transparent about the successes and challenges of the year and to show how outcomes are improving for the people Adult Social Care supports.

The report will be shared with local people, people who use services, carers and partner agencies. Their feedback will inform the approach to producing next year's report.

Recommendations:

1. Health, Social Care and Welfare Reform Scrutiny Board (5) is asked to:

   (i) Consider the report and advise Cabinet of their agreement of the proposals and recommendations and/or submit any further recommendations to Cabinet for their consideration.

2. Cabinet is asked to:

   (i) Consider comments from the Health, Social Care and Welfare Reform Scrutiny Board (5)

   (ii) Approve the publication of the report.

List of Appendices included:

Adult Social Care Annual Report 2012/13

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health, Social Care and Welfare Reform Scrutiny Board (5) on 25 September 2013.

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

No

Will this report go to Council?

No

Report title: Adult Social Care Annual Report 2012/13 (Local Account)

1. Context (or background)

1.1 In November 2010 it was announced that the Care Quality Commission (CQC) would no longer require an Annual Performance Assessment from adult social care commissioners and providers, and that no replacement assessment of performance would be implemented for 2010/11. As a mechanism for reflecting and communicating the performance of Adult Social Care, the first annual report was produced for 2010/11, describing the successes and challenges of the year. The first Local Account was produced in 2011/12, demonstrating performance to local people.

2. Options considered and recommended proposal

2.1 The production of a Local Account is not statutorily required, nor has any statutory guidance been issued by central Government on its content or style. The expectation that a Local Account is produced by all local authorities with adult social care responsibilities was set out by the Department of Health in the Adult Social Care Outcomes Framework (ASCOF) 2011/12. The concept of a Local Account is supported by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) through its programme to help councils improve their performance in adult social care.

2.2 It is considered that a Local Account provides the opportunity to reflect on and communicate Adult Social Care's performance in an accessible and transparent way and it is recommended that the Council chooses to present a Local Account for the people of Coventry.

2.3 The Local Account will be called an Annual Report in Coventry. It is considered that 'Annual Report' is more easily recognisable and accessible language than 'local account'.

2.4 The Annual Report describes the performance, reflects on achievements and considers the challenges for Adult Social Care, and its partners, in 2012/13. It is intended to provide assurance to the people of Coventry, Elected Members and partners, that Adult Social Care is delivering its objectives and is achieving positive outcomes for people. The report will be shared with local people, people who use services, carers and partner agencies, empowering them to understand, challenge, and commend local services. Their feedback will inform the approach to producing next year's report, which will become an important component of the overall Health and Wellbeing Strategy, owned by the Health and Wellbeing Board, for the people of Coventry.

2.5 It is important that the Council understands whether the support offered to people is making a difference. Adult Social Care is committed to 'Making it Real', a national, sector-wide commitment that sets out what people who use services and their carers expect to see and experience when support services are personalised. The Annual Report is structured around the 'Making it Real' themes:

- Information and advice: having the information I need, when I need it
- Active and supportive communities: keeping friends, family and place
- Flexible integrated care and support: my support, my own way
- Workforce: my support staff
- Risk enablement: feeling in control and safe
- Personal budgets and self-funding: my money

2.6 In response to feedback on last year's report from Interim Healthwatch Coventry (previously Coventry Local Involvement Network (LINk)), included are updates on progress made on last year's priorities, and evidence of learning from complaints. To ensure a more collaborative approach to the report, partners were invited to submit testimonies of their experiences of working with Adult Social Care during the year.

2.7 To ensure that the report is informed by what people who receive services tell the Council about their care and support, information is used from the Adult Social Care Survey, Carers' Survey. A number of case studies have been used to demonstrate the impact Adult Social Care, and its partner agencies, have on individuals and their families. Each section of the report concludes by setting out the priority areas for 2013/14.

3. Results of consultation undertaken

3.1 The content of the Annual Report has been developed using feedback from people who use services, and their carers, about the support they receive from the Council and other partner organisations in the city. External review of the services and support Adult Social Care provides is also evident in the report. Interim Healthwatch Coventry was invited to comment on early drafts of the report.

4. Timetable for implementing this decision

4.1 Once approved, the Annual Report will be published on the Council's internet pages and shared with partners. Areas for development and improvement will be included within the divisional and relevant team plans.

5. Comments from the Executive Director, Resources

5.1 Financial implications

There are no direct financial implications arising from the report. The cost of publishing the report will be met from within existing budgets.

5.2 Legal implications

In 2011, the Department of Health (DH) recommended that all local authorities' Adult Social Care directorates publish an annual Local Account. This shows how the local authority performed against quality standards, and what plans have been agreed with local people for the future.

The way that councils are assessed has changed and there is no longer a requirement to report to Central Government, however the Local Account gives the residents an opportunity to read about the achievements through the year, and priorities going forward.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

This Annual Report demonstrates the progress of Adult Social Care in maintaining and improving outcomes for the population of Coventry. This progress contributes to the

Council's core aim of citizens living longer, healthier, independent lives and contributes to the priorities in the Council Plan to protect the city's most vulnerable residents.

6.2 How is risk being managed?

A range of risks are presented in the delivery of adult social care services which are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for this report. Equality impact assessments have been built into the delivery of work within Adult Social Care. There has been a continued drive to embed equality and diversity within operational practice and performance monitoring.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

There are no direct impacts for partner organisations. The Annual Report provides an overview of Adult Social Care's performance and provides assurance to partners that objectives are being achieved.

Report author(s):

Name and job title:
Simon Brake, Assistant Director, Policy, Performance & Health

Directorate:
People

Tel and email contact:
Simon Brake on (024 7683) 1652 or simon.brake@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Pete Fahy	Assistant Director, Community Services	People	28.08.13	29.08.13
Mark Godfrey	Deputy Director, Early Intervention and Social Care	People	28.08.13	02.09.13
Marie Bench	Policy Analyst	People	28.08.13	29.08.13
Michelle Salmon	Governance Services Officer	Resources	28.08.13	29.08.13
Names of approvers for submission: (officers and Members)				
Ewan Dewar	Finance Manager, Community Services	Resources	28.08.13	29.08.13
Julie Newman	Solicitor, CLYP and Adults Manager	Resources	28.08.13	02.09.13
Brian Walsh	Executive Director	People	02.09.13	02.09.13
Councillor Gingell	Cabinet Member (Health and Adult Services)		02.09.13	02.09.13

This report is published on the Council's website:
www.coventry.gov.uk/meetings

Appendices
Adult Social Care Annual Report 2012/13 (Local Account)

Adult Social Care

Annual Report for 2012/13 (Local Account)

Produced September 2013

DRAFT

Foreword

Councillor Alison Gingell
Cabinet Member (Health and Adult Services)

I welcome this Annual Report as an important part of the Council's commitment to be transparent with local people about what we do and what we have achieved for the people in the City who use our services and carers.

The challenging financial context within which we are operating will see Adult Social Care take more and more difficult decisions about focussing support to those people who need it most. It may be that there are groups of people we supported in the past that we no longer can in the same way, I am, however, committed to supporting the most vulnerable people in our City. I am committed to delivering strong political leadership as the service navigates these challenges, however difficult those challenges become and will ensure that no decisions will be taken without including those who they may affect the most.

I clearly see the opportunities and the benefits of Health and Social Care continuing to work closely with one another and am keen to see the organisations take steps to further integrate services wherever possible, offering clear pathways for the people who use our services and their carers.

I hope you find the report useful and use it to help us to continue to improve our services in spite of a challenging financial environment.

Brian Walsh
Executive Director, People Directorate

I am pleased to present our third Annual Report on the performance of Adult Social Care. This report is a public statement of our progress, our achievements and our challenges during 2012/13. Being able to reflect on the past year is a valuable process for our services, however, the challenges we continue to face are great. We are continually moving forward and adapting, both as a service, and as an organisation, in order to meet these challenges confidently and competently.

We remain committed to the continuous improvement of services, to supporting people to be as independent as possible for as long as possible, to enabling people to do more for themselves, without, or with less, support from social care, and to ensuring the most vulnerable people in our communities are safeguarded from harm.

The Annual Report is intended to be easy to read and is aimed at both people who use social care services and the wider community. You can help us improve future reports by giving us feedback on this document and telling us the type of performance information which is of most interest to you.

Our contact details are provided at the end of the report, and we very much welcome any comments you may have.

Healthwatch Coventry (Interim)- expecting a statement from Healthwatch

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What it means to receive Adult Social Care support in Coventry

From 2 September 2013 Adult Social Care is part of the People Directorate of the Council. We work across the Council to support adults over the age of 18 and older people who may need social care or support to remain independent, much of this is with partners across the city. This Annual Report is a way of communicating to the people of Coventry about how we and our partners are meeting the needs of people who require social care and support.

Facts and Figures 2012/13

During the year…

- 8,600 people contacted Adult Social Care
- 3,863 were signposted to sources of information, advice or support, or had their needs met
- 4,737 had an assessment of their needs
- 2,876 received short term support and did not require on-going support
- 1,861 received on-going support

We supported….

- 8,517 people received support from Adult Social Care during the year
- We support people who are assessed as having 'critical' or 'substantial' needs
- 7,356 people received their support in the community
- 55% of people had a personal budget

- 15% received their personal budget in the form of a direct payment

- 2,036 carers were assessed and received information, advice or support

- Of the people we support aged 18-64, 50% are male and 50% are female, 19% identify as Black, Asian and Minority Ethnicity (BAME). This is under-representative of Coventry's BAME population for this age group (27%).

- Of the people we support aged 65+, 32% are male and 68% are female, 12% identified as Black, Asian and Minority Ethnicity, which is slightly over-representative of the city's BAME population for this age group (10%).

Our Staff

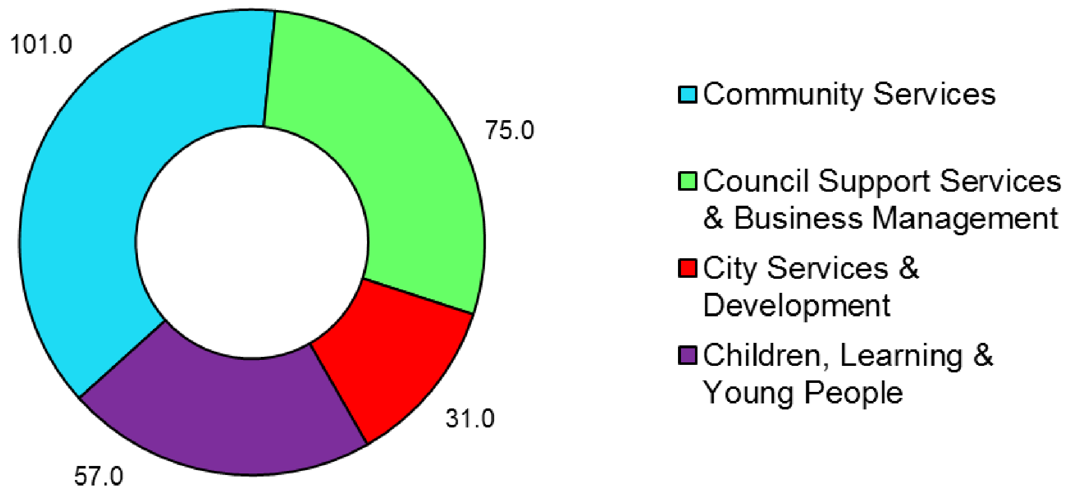
As at 31 August 2012 there were 1,300 people employed within Adult Social Care, 52% in part time posts. 83% of the workforce is female and the workforce is broadly ethnically representative of the local community.

We know that it can be difficult for young people to get started in a career in care and support. During the year, we recruited 14 apprentices in Adult Social Care and are currently looking at employment options for those apprentices who have successfully completed their apprentice year.

Money

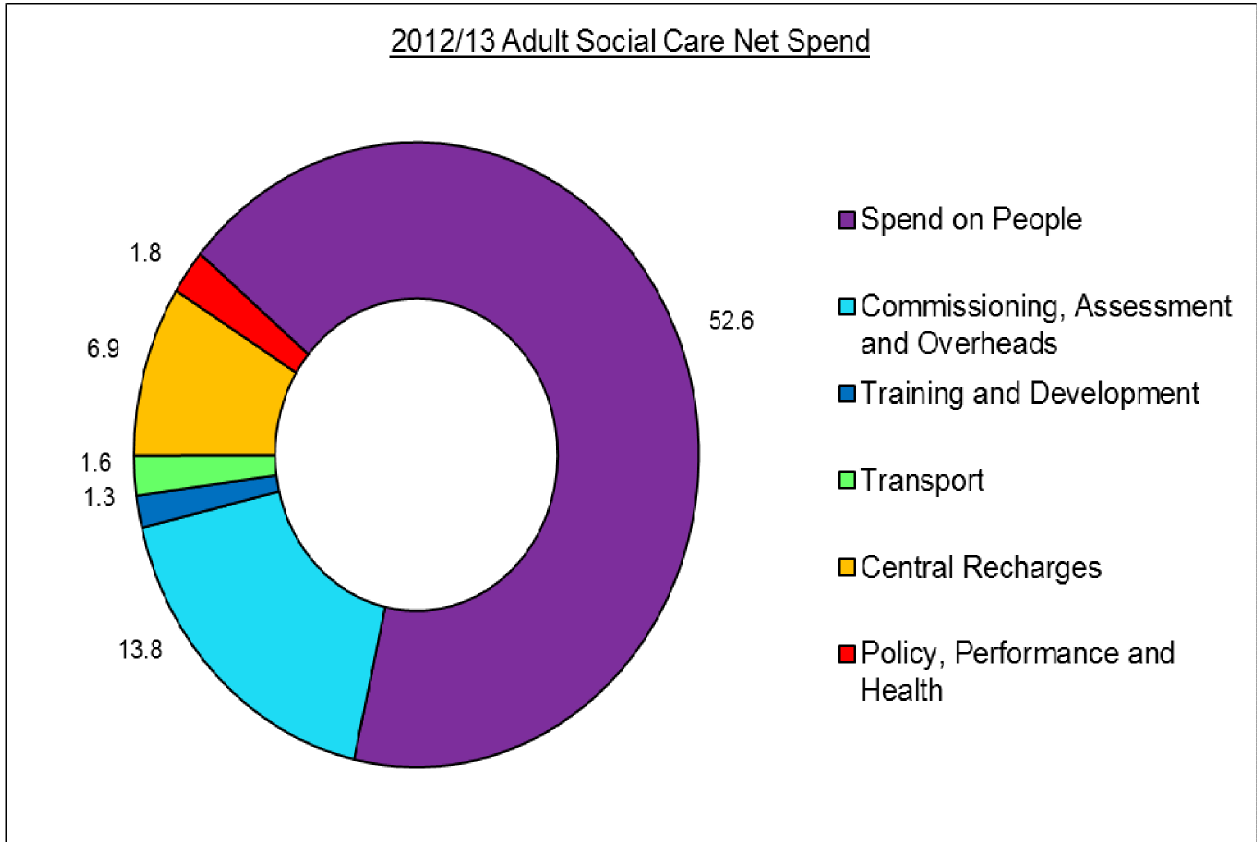
The City Council is a large organisation spending a net £264m on revenue activity during 2012/13. Each year the Council reviews its spending in light of existing and new legislation, the demographics of the city and the Council's own priorities and objectives in order to set a balanced budget.

The chart below identifies the areas of spend across the Council during 2012/13.



Of the £101m spend for Community Services £78m was spent on Adult Social Care. The chart below shows how this was spent.

Adult Social Care, as part of the People Directorate, will be required to make a number of savings over the next three years. These savings are hugely challenging and will impact on the way we support people.



Our Annual Report

This Annual Report describes Adult Social Care's performance for 2012/13. By acknowledging what we have done well and where we need to improve, we aim to be transparent and accountable to the people who live in the city.

It is important that we understand whether the support we offer to people is making a difference. We are committed to *Making it Real*, a national, sector-wide commitment that sets out what people who use services and their carers expect to see and experience when support services are personalised. This report is structured around the *Making it Real* themes:

- **Information and advice**: having the information I need, when I need it
- **Active and supportive communities**, including friends and family
- **Flexible integrated care and support**: my support, my own way
- **Workforce**: my support staff
- **Risk enablement**: feeling in control and safe
- **Personal budgets and self-funding**: my money

We commission services from, and rely on working with, our partners to deliver quality care and support services. We have asked our partners to contribute to the writing of this report and you will see a number of testimonies from partners throughout it.

Understanding your views and experiences

We want the people who use our services and carers to be at the centre of the decisions we make about Adult Social Care. To do this we need to understand people's experiences of care and support, involve them when we need to make changes and take on board their views when decisions are made. We do this in a variety of ways and are always looking for new and creative ways to engage with people about the things that matter to them.

We conducted a *Making it Real* survey of approximately 100 people who use services and their carers, specifically to find out their views and experiences of how the Council is progressing towards personalised care and support services. You will find a number of quotes from people throughout this report from that survey.

We carried out our Adult Social Care survey between January and March 2013 and our Carers Survey in October and November 2012. 413 people responded to the Adult Social Care Survey (a 38% response rate) and 455 people who receive a service from the Council responded to the Carers Survey (a 47% response rate). You will see what people told us about their support throughout this document.

Another Adult Social Care Survey will be conducted this year and a Carers Survey will be conducted in 2014/15. We will use the results to track our progress in delivering services that make a real difference.

Progress on last year priorities

In last year's annual report we committed to a number of priorities for 2012/13 and said we would improve in a number of areas. Here is the progress we have made:

We said we would... Continue to ensure that carers receive the timely advice, information and support they need, and increase the number of	**We have...**Increased the number of carers' assessments by 51%, from 1,344 in 2011/12 to 2,036 in 2012/13. This is as a result of extra Carers Assessment

carers who receive assessments.	Worker capacity, targeted work with social workers and the establishment of a carer steering group. We have also continued to contribute to the funding of Coventry Carers' Centre to identify and support carers. In 2012/13 they identified and supported 1,316 new carers and 2,248 carers received information, advice and support, which included ensuring carers were referred for a Carer's Assessment, where appropriate.
We said we would... Use a more robust and substantial indicator of improvement (or otherwise) made through our safeguarding interventions.	**We have...**Implemented a process for asking adults at risk about their desired outcomes from the safeguarding process, both at the start and end of the process, finding out if improved outcomes have been achieved.
We said we would... Continue to offer short-term, goal-focused support, which gives people the opportunity to regain lost skills, confidence, and independence, prior to establishing any on-going support.	**We have...**Expanded our Promoting Independence approach to include services for older people. Some of the results can be found on page 21(Please check page number when designed).
We said we would... Continue to increase the choice and control people have over their support by ensuring that all people who receive on-going support receive a personal budget.	**We have...**Increased the number of people receiving a personal budget from 40% to 55%.
We said we would... Work with health colleagues to improve our performance on the number of people still living at home 91 days after their discharge from	**We have...**Continued to work with health partners to improve processes for reablement. 76% of people are still living at home 91 days after their discharge

hospital to a short term reablement/rehabilitation service. At 70% we were below the national average of 83%.	from hospital to a short term reablement service, an improvement of 6% on last year. The majority of people who did not remain at home were re-admitted to hospital (19%) or went in to residential care (3%). However, we are still performing below the national average of 82% and have more improvements to make.
We said we would…Improve people's experience of transferring from a hospital to community setting by working with our partners to support a reduction in the number of people who have a delayed transfer of care from hospital.	**We have…**Continued to work with health partners to improve processes to reduce delayed transfers from hospital. During the year, there were a total of 99 delays attributable to Adult Social Care, a reduction of 22% on the previous year. Joint health and social care delayed transfers have reduced by 12% and there has been a 4% reduction in health delays. We have continued to fund support for carers of people being discharged from hospital to reduce the risk of unnecessary readmissions. However, we are still performing below the national average in this area (we had 5.9 delayed transfers per 100,000 population compared with the national average of 3.3) and improvement remains a priority.

Information and advice: having the information I need, when I need it

Introduction from Assistant Director

The Council has long valued the importance of good information being key to supporting people to take control of their own care and support and to taking positive steps to maintaining independence.

The work over the last year demonstrates improvement in supporting people with dementia and autism through the Dementia Portal and Independent Advocacy's autism service. We feel the work we have done will place us in a strong position to meet the increased expectations which will be introduced as part of the Care and Support Bill.

Adult Social Care has an important role in ensuring that advice and information is available to people living in the city. 70% of people who use services and carers told us that they found it easy to find the information they need.

However, we know that this is not the experience of everyone and that people need quality information to understand their options and reliable advice upon which to make decisions about their care and support. People who responded to the *Making it Real* survey stated:

"I don't know much about social care and what is available to me."

"I would like more advice on the care I am getting at the moment."

Healthwatch Coventry recommended that ensuring information and advice is available and is received early should be a key priority for the Council. We have taken this recommendation on as a priority for next year.

Working with our partners, we have achieved a number of improvements to the information and advice we offer.

- The **Coventry and Warwickshire Dementia Portal** was launched during the year, providing a one-stop shop web portal for people, professionals and family members, to learn more about dementia. We worked with people

across Coventry and Warwickshire to find out about the type of information they want and need about dementia. We have included information for people who have a diagnosis of dementia about how to live well with their condition, information for people who support a person with dementia, as well as general information about dementia, including practical hints, tips and links to resources.
The portal has been very popular, with new visitors close to doubling month on month. On average, the portal receives 52% new visitors and 48% returning visitors every month, showing both its capacity to attract new users and maintain the attentions of existing users. You can find the portal here: http://www.livingwellwithdementia.org/

- Following a 'mystery shopping' exercise by the Physical and Sensory Impairment Combined Reference Group, Coventry Local Involvement Network (LINk) reviewed and made recommendations around physical access and access to information at the **Opal Assessment and Demonstration Centre**. Recommendations for improving the content of information leaflets, Blue Badge appointment and Occupational Therapy appointment letters have been implemented, improving both their clarity and accessibility. Further recommendations about creating additional signage to the venue, and creating a dedicated webpage for the Opal on the Council's website, including a You Tube link to information videos, have been incorporated into the development plan for the Opal.

- We have made good progress towards implementing the national strategy for adults with autism and have commissioned **Independent Advocacy** to provide a specialist advocacy service to people on the autistic spectrum in the city. Available to anyone over 16 years old, living in Coventry, who has either diagnosed or undiagnosed autism, the service works with people to support them to communicate their needs, represent their interests and get the services they need. Here is an example of the impact Independent Advocacy has had on one person's life.

"I was referred to Independent Advocacy by the Crisis Resolution team, I had been on long term sick-leave before I resigned from my job, meaning I had no income and as I had difficulty in reading and writing I had not been opening my mail. This meant that I was behind with my utility bills, had rent arrears and was being pursued by creditors. My advocate helped me to claim benefits and negotiate a repayment plan with my creditors; this has given me back my confidence to a degree where I am now applying for jobs in my area as I now want to get back into work."

The **Alzheimer's Society** explains how it works with the Council to improve outcomes for people with dementia and their carers by providing information, advice and support.

"The Council is committed to improving the lives of people with dementia who live in Coventry. The Alzheimer's Society currently provides a range of services, funded by the Council, including Carers' Education programme, Dementia Support Workers and Dementia Cafes, where people with dementia, their carers and family can come together in a relaxed setting to learn about dementia, meet with others in the 'same boat' and get support and help.

It has been good to see the Council actively seek out the views of people who use services and those who care for them and act on comments and suggestions made. This might be through meetings, surveys, face to face conversations or visits to services."

Coventry Carers' Centre comments on its work with the Council providing specialist information and advice for carers.

"To its great credit, the Council has long recognised the vital contribution made by family carers to social care in Coventry and has, for many years, made a significant contribution to the Carers' Centre. This has helped us to ensure carers' individual needs are met and so achieve our aim of 'Improving Lives for Coventry Carers'. The service addresses the major disadvantages that carers experience if they are not supported, helping carers to carry on caring, for example, by reducing their social isolation, reducing stress, improving their financial position and helping them deal

with statutory services. The support we receive from the Council makes a vital contribution to what we are able to achieve, the importance of which is demonstrated by examples of what carers say about the service."

> "When I first made contact with the Carers' Centre I was extremely stressed and at the end of my tether. The help and support I got from your staff and the support you put me in touch with has been a lifeline. Thank you so much."

> "It has given me so much helpful information and opened so many opportunities. It has made a real difference to my life."

Our priorities for 2013/14

- To support people with care and support needs and their carers, as early as possible with information and advice. For example, by increasing the availability and quality of information available in libraries and increasing the awareness in the community of specialist conditions, such as autism and dementia.

Active and supportive communities, including friends and family

Introduction from Assistant Director

Developing active and supportive communities is an exciting area of work for us. Coventry is one of only seven cities to have 'Marmot City' status – this gives us extra capacity and support to improve health inequalities across all ages. In addition, we have been developing our approach to 'asset based working' where will be seeking to better understand what communities can do to help themselves and how we can maximise this.

This is an ambitious agenda and there have been important examples of progress to improve the communities in which people live. For example, in 2012 we commenced a new development that will create better accommodation for adults at Dick Crossman House. In addition, the Extra Care Charitable Trust is developing a significant scheme for older people at the Butts. This will both develop a site that has been derelict for some years, and connect older people closely to the local community and the city centre.

Having meaningful connections to people and places in the local community are important ways for people who need care and support to maximise their independence and quality of life, including getting and maintaining employment, where possible.

33% of service users surveyed told us their quality of life is 'very good'; this is an improvement on last year's response. 59% say their quality of life is 'good' or 'alright'.

45% of service users surveyed told us they have as much contact as they want with people they like in their social life, whilst 33% have an adequate amount of contact. 23% of respondents do not feel they have enough contact with people. Loneliness and isolation amongst older people has been identified by the Council and its partners as an area where outcomes for people could be improved. We will be working with partners to understand how we can improve outcomes for older people who are experiencing isolation.

78% of respondents to the Adult Social Care survey said they are able to spend enough of their time as they choose and do things they value and enjoy. This is higher than national results (65%). However, this contrasts with the results from the Carers' Survey where only 18% of respondents felt they were able to spend as much time as they want doing things they value and enjoy.

There is a strong link between employment, accommodation and an enhanced quality of life. There has been an increase in the number of people with learning disabilities and people who have contact with secondary mental health services (people who are receiving treatment from a Mental Health NHS Trust) in paid employment and who live in their own home, or with family. This improves social and economic outcomes and reduces the risk of social exclusion for these groups.

We want to make sure that people are supported to maintain their community life and that there are a range of activities for people to access. Here is some of what we have achieved…

- Carers are supported to take a break from their caring roles and maintain their social and community lives through the use of **Telecare**. During the year, our pilot Telecare project offered carers a range of Telecare equipment appropriate for their needs. A standard package included a pendant alarm, carer pager and pillow sensor. Additional equipment such as falls detectors, exit sensors and epilepsy sensors were included where needed. By providing equipment free of charge for a period of 12 months we encouraged around 100 carers to get involved. We are now evaluating the pilot; initial contact with a small group of carers suggests that they found the equipment very helpful in reducing their stress and anxiety levels when leaving the person they care for alone for short periods. Carers know they will be alerted if there is a problem and some reported that they are able to get a better night's sleep than before. We will use the evaluation to inform future provision and hope to identify ways to extend this offer to more carers.
- We celebrated International **Older People's Week 2012** by working with Age UK Coventry to host an information and activities day, attended by over 200 people. A wide range of activities were on offer for people to try out, including Zumba, indoor bowls and knitting, plus holistic therapies such as reiki and acupuncture. Many older people have continued to attend activity

and therapy sessions, benefitting from social contact and improvements to overall health and wellbeing.

- We have worked with partners across the city to develop our response to the government's strategy for adults with autism - Fulfilling and Rewarding Lives. A Local Implementation Team has been established and has successfully agreed a pathway for diagnosis and support, which will be launched later this year. Frontline staff in Adult Social Care have started to receive autism awareness training and a plan is in place to roll out the training to other frontline staff including GP surgery staff, Police and employment advisors. **The Employment Support Service** (TESS) is the Council's supported employment service for disabled people. The whole team has received training in how to support people with autism. The service has a lead Employment Advisor for people with autism, supporting individuals to gain and retain employment whilst, at the same time, working with and supporting employers to make reasonable adjustments and successfully employ, train and retain people with autism. You can keep up to date with developments on the autism strategy here: http://www.coventry.gov.uk/autism
- During the year, TESS supported six people with autism into employment. Five people with autism have been intensively supported to retain an existing job and five people with autism were supported into work experience opportunities.
- The Pod is a Council resource for people working to improve their mental health. In 2012/13, the service won the category for 'effective new approach to service delivery' at the national Skills for Care Accolade awards. The service focuses on personalised recovery journeys by connecting with community organisations to create opportunities for occupation and employment, which support people to move forward with their recovery. The results from a recent Outcomes Audit showed that 75% of people using The Pod had seen a reduction in the direct support they needed from a Community Mental Health Team and 70% demonstrated an improved ability to manage their own mental health.
- The Age UK Fit as a Fiddle programme was successfully extended into Housing with Care schemes, a type of specialist housing where 24 hour care and

support is provided to tenants. Tenants had highlighted that there was no consistent exercise or activity programme available to meet the diverse needs of tenants of varying age and ability. In response, the Fit as a Fiddle programme now runs in all 12 Housing with Care schemes across the city, offering fun and relaxing activities to improve physical and mental wellbeing. Activity programmes are adapted to meet the needs of each scheme, with changes led by tenants.

Initially, around 25% of tenants participated in the programme, six months on this has increased to 40%. The success of the programme has been recognised and received a commendation at the Coventry Compact Awards.

Participating tenants commented, "The activity programme is wonderful, it brings a bit of life to the place."

"I enjoy the exercise games and come down every Monday ready to start and get fit."

- The **Brokerage Team** source creative community-based solutions to help people to maintain their hobbies and interests, and achieve improved health and wellbeing outcomes at the same time. The options the team find are often more suitable for the person than a more traditional day centre model of support. The case study below gives an example of how the Brokerage Team works to achieve good outcomes for people.

Case Study

Background: Ashna had received a Community Care Assessment from Adult Social Care because of a physical impairment, mild cognitive impairment and history of depression. Through talking to Ashna, her case manager understood that she had interests in knitting, arts and painting, and was keen to build relationships with people from her own culture in order to increase her social interaction and improve her mental wellbeing.

Action: The Broker sourced a range of community-based options for Ashna, including a social group for older Asian women with cooking and exercise activities and an arts and crafts class for people over 50, both with a small annual membership and session fee. Also on offer were a number of free activities

including a lunch group and community support service. It was felt that these options would be more suitable for Ashna than attending a day centre.

Impact: Ashna was signposted to the community options that would meet her need for more social interaction, improving her mental wellbeing.

Our priorities for 2013/14

- To work with community organisations to understand how we can support them to support more people in their local community who are experiencing social isolation.
- Review the offer to carers, focussing on support that has the greatest impact and sustains carers' ability to continue caring.

Flexible integrated care and support: my support, my own way

Introduction from Assistant Director

The adult social care and health system is undoubtedly complex and can be a challenge to navigate for people who use services and their carers. The renewed emphasis to integrate health and social care provides a catalyst to remove some of this confusion, but the challenge will be great.

We have continued to make progress through working with our health colleagues. We have extended our Promoting Independence approach so fewer people require on-going support and have made more use of the Opal Assessment and Demonstration Centre so that people can make their own choices and use their own resources to support themselves.

People will be increasingly expected to use their own resources rather than support provided by the Council, as we focus our resources on supporting the most vulnerable. Regrettably, this means that some of the comments we have received in this section reflect the challenge of providing a sustainable social care system.

People who use services and carers should be able to exercise choice over how they are supported. Options should be available across a range of settings – either in a person's own home, the community, or in supported living or residential care. People should experience co-ordinated support and that support should be responsive to changes in people's lives.

When we asked people about their care and support in our Adult Social Care Survey, 65% of service users said they are 'extremely' or 'very' satisfied with the care and support they receive. This is both an improvement on last year's result and is favourable when compared with national results (64%).

Being able to choose what to do and when to do it and having control over daily life is important for a person's overall quality of life. 33% of service users said they have as much control over their daily life as they want, whilst 43% have an adequate amount of control. This suggests that 24% feel they do not have control over their daily lives; this is an area for us to explore and improve upon.

When we asked carers, 70% said they are satisfied with the support and care services they receive for themselves and the person they are caring for.

57% of carers feel they have enough time to spend on their own personal care, 28% said they do not always have enough time to look after themselves and 16% feel they are neglecting themselves.

People who responded to the *Making it Real* survey stated:

"I would like more support with shopping, instead of relying on family."

"With cutbacks, I have to decide between certain options because my package doesn't include exercise and leisure which are important to me as a working person."

As the Council increasingly manages with a reducing level of resources, we will provide less and will expect people to use their own resources more. Comments such as those above indicate that people may have to re-set their expectations with regard to what the Council can provide.

We want to make sure that, wherever possible, people have choice and control over their support. Here is some of what we, and our partners, have achieved in this area…

- We have extended our **Promoting Independence** approach to services for older people. We know that increasing pressures on our services and reducing financial resources means that we have to look for ways to manage demand more effectively. Ensuring that people have maximum opportunity to develop their independent living skills and offering the best advice and support to maintain their independence will reduce the need for long term social care support.

  We work with people in an 'enabling' way, providing short term interventions that encourage people to gain confidence, re/learn skills and regain social skills and networks.

- Over the year, 181 older people were referred to the Promoting Independence service, 60% of whom required no on-going support. 40% required on-going care however, 50 people needed less support following the intervention than

they had needed before. This demonstrates that short periods of support enables people to improve their independence.

- Grapevine **Help & Connect** project supports people with learning disabilities to make connections in their communities and use ordinary services. The project supported 149 people during the year, including people who are not eligible for social care services, but who still need support from their community. User-led groups for people with learning disabilities, autism and mental ill health help members to build confidence and develop relationships. Members of the groups meet outside of sessions, providing peer support to one another and developing their confidence to access community resources such as parks and cafes. One person who uses the service said; "*I feel comfortable in being out and about in the community*."

- Together with the Coventry and Rugby Clinical Commissioning Group, University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust we looked at our arrangements for supporting people who needed a period of reablement upon discharge from hospital. 'Move on Coordinators' were introduced with Coventry and Warwickshire Partnership NHS Trust to support people going through a period of reablement. The Coordinator role ensures that the process is as effective as possible and that people achieve their goals for independence. This work will continue during this year.

- Home environments can create barriers to maintaining an individual's independence and roles within their family life. Disabled Facilities Grants enable adaptations to a person's home, aimed at providing easier access in and out of the property and to essential facilities such as bathing, toileting and family rooms. In the last year, the Council provided 395 Disabled Facilities Grants, an increase of 10% on last year. The case study below shows how Disabled Facilities Grants can support people to stay in their own homes and maintain control in their lives.

Case study

Background: Bridget has a number of long-term health conditions and was supported by home carers and her husband, until he passed away. Bridget came to the Opal Assessment and Demonstration Centre to look at a range of disability equipment. While at the Opal and talking to an Occupational Therapist, concerns were identified about how she was coping at home and a home visit was arranged.

Action: At the home visit it became clear that Bridget's quality of life had deteriorated since her husband's death, resulting in anxiety, depression, feeling unsafe at home, and being unable to carry out daily living tasks. The Occupational Therapist worked with her to improve her level of control and independence so that she could remain in the home that she loved and to prevent her needing to live in residential care.

An electronic door entry system gave Bridget more control over her environment and improved security. A Disabled Facilities Grant allowed for a level-access shower room and an accessible toilet to be installed to enable her to take care of her personal needs more easily. A ceiling track hoist also reduced the need for more than one carer to attend some home visits. With these improvements, Bridget was able to start to tackle other areas of her life, including home maintenance and social activities.

Impact: Bridget says the equipment provided *"has allowed me to live alone without the need to go into 'care', which I appreciate very much, and to keep my independence which I am so grateful for."*

Crossroads Care, Coventry & Warwickshire describes the impact the Council's Carers' Team has had on improving the control carers have over their own lives.

"We have been delivering the **Short Breaks Service** successfully in Coventry for several years. The establishment of the Council's dedicated Carers' Team, which works to identify and support informal carers, has resulted in a significant development of services that benefit carers in Coventry.

When the completion of Carers' assessments was the responsibility of social workers there was, understandably, more emphasis on the 'cared for' rather than the needs of the carer. The implementation of the dedicated Carers' Team has changed that situation and carers have benefited greatly as a result. The referral rate has increased because more carers have been identified as needing this service.

Carers are receiving support and better information about the range of services available to them in the city. This includes services anyone can access, to more specialist services, such as the Carers' Centre, short breaks service, and the Carers Response Emergency Support Service (CRESS).

Carers in Coventry now have much improved access to information and services, which demonstrates the value of partnership working between statutory organisations and the voluntary sector, reducing duplication and costs."

Learning from complaints

Communication

We received 106 complaints from people who use our services during the year. Many of the complaints relate to people experiencing poor communication from professionals and between health and social care services.

This complaint show how important it is that staff explain clearly the often complex processes and procedures we follow.

What happened: Mr Harris felt he experienced poor support on his discharge from hospital. Both health and social care staff were involved in arranging support for Mr Harris. He was advised that he would have to make his own arrangements as he was a 'self-funder'. Mr Harris felt that communication between staff in health and social care, and with him, was poor.

What we found: When we investigated we found that we were not able respond to part of Mr Harris's complaint as it related to health processes. We understand that the split in responsibilities between health and social care is frustrating for people.

The process for assessment and the Council's Charging Policy was not properly explained to Mr Harris. As Mr Harris has savings over £23,250 he would pay full

charges for any support he would receive. Mr Harris should have had this explained to him and should have been offered an assessment of his needs to determine if he met the eligibility criteria. The duty to assess applies to people who pay for their own support as much as to those who make a contribution or receive their care free of charge.

What we did: Following this complaint, standards have been re-set with staff about processes for dealing with new referrals and the appropriate responses to individuals, whatever their funding arrangements.

Our priorities for 2013/14

- To agree a plan for integrated health and social care, to be signed off by the Health and Wellbeing Board by 31 March 2014. Healthwatch Coventry fed back to us that they consider this should be a top priority for the Council.

Workforce: my support staff

Introduction from Assistant Director

2012/13 has been challenging for everyone who works across the health and social care economy. We received the Panorama expose on Winterbourne View into the abuse suffered by adults with learning disabilities and the Francis report into the failings of Mid-Staffordshire NHS Trust. Both reports highlighted the importance of leadership and governance, as well as individual responsibility. In Coventry we take our responsibilities for delivering quality services with the upmost seriousness, ensuring people are protected from abuse. We are proud to have a number staff that either won or were shortlisted for awards.

When people receive support it should be from staff who are competent and have the values, attitude, training and tools to make sure that people achieve the outcomes they want from their lives. People who receive direct payments and those who self-fund their care should be supported to recruit, employ and manage personal assistants.

Recruiting support staff can be a challenging task. In response to the *Making it Real* survey, one person told us; "*I have one personal assistant left and am struggling to recruit a replacement*." We work with Penderels Trust to support people to get the most out of their direct payment to achieve their goals. Part of this support includes help with recruiting and employing staff, and a personal assistant register to help match personal assistants with people.

The Council's Social Care Development Centre ensures that staff working in social care are highly trained and competent in their roles. Courses that focus on person-centred planning, dignity, and communication are delivered to care and support staff across the city, not only Council staff. This training reinforces the values and attitudes we expect care and support staff to hold and is essential for improving the experience of people who use our services.

We have made significant improvements that support staff to do their jobs and are achieving recognition for the quality of the Council's support staff.

- We launched new guidance for the safe management of medication in social care settings, re-setting standards for the care and support services we deliver internally, as well as across our externally commissioned services.

  The guidance aims to ensure that everyone who uses social care services in Coventry, and needs support with taking their medication, gets the right dose of the right medication at the right time, every time. The guidance promotes the independence of adults who use social care services through encouraging people to manage their own medication, clinical procedures and health related care, as far as they are able.

  Where people do not have capacity to manage their own medications, any support they need is delivered safely and appropriately, the intended health benefits are achieved and people are protected from avoidable harm.

- The manager at Brandon Wood Farm and Curriers Enterprise was successful in winning the Front Line Leader award at the West Midlands regional Great British Care Awards. In addition, staff working at The Aylesford, a short-stay service that helps people make the transition from a stay in hospital to living at home, were shortlisted in the Care Team category. The Assistant Manager at Eric Williams House, a residential home for people living with dementia was shortlisted for the Care Innovator Award. A support assistant at Wilfred Spencer Centre, providing day opportunities for people with learning disabilities, was shortlisted for the Dignity in Care Award. We are proud of the contribution all are staff are making to the lives of people we support and are pleased to see staff being recognised.

- We work with providers to consistently maintain and improve workforce standards across the city. Regular provider forums provide an opportunity to deliver refresher training through expert speakers. For example, during the year West Midlands Fire Service delivered training on fire safety issues within adult social care and colleagues from health provided training on medicines management.

- We have revised our arrangements with our supplier of agency care and support staff. We know that the staff we employ complete a high level of training to ensure competence before they commence their care and support roles. We wanted to ensure that the staff we employ from agencies are

trained to the same level and are assured that they are equipped to do the job safely and competently. We now require any agency staff who work in a Council run care service to have completed the three week induction course delivered by our Social Care Development Centre. This means we have a group of agency staff whose quality we can rely upon and who can support the people who use our services to the standard we are proud of.

Here a staff member at The Pod outlines the training and qualifications undertaken for their role.

"I secured the post of Development Worker as part of The Pod team and needed to gain a qualification in Social Brokerage in order to understand best practice and the philosophy of The Pod team, ensuring I was working in a recovery focused and personalised way.

I completed the Introduction to Social Brokerage course accredited by Coventry University in June 2012 and followed this with the Applied Social Brokerage Course in March 2013. I will continue to apply the skills learned from the Applied Social Brokerage accreditation in my work."

Learning from complaints

Choice and control

We receive a number of complaints about the choice and control offered to people who receive services. For example, people may experience a change in their care provider following a hospital admission. We have had complaints about how people would prefer to have continuity of care and not switch agencies. Where that's the case we try to understand the reasons the person wants to keep the agency and, where possible, we facilitate service users' choice and control.

This is an example where a person didn't experience choice and control.

What happened: Following a stay in hospital, Mrs Davies returned home and was no longer supported by her usual home care agency. Mrs Davies wanted her usual care agency to continue providing her care. A family member made a complaint to the Council.

What we found: When support is arranged through the Council, a change in home support agency is possible when a person has a stay in hospital. We have

an agreement with home support providers that where someone has a break in their service for more than 14 days, for example, as a result of a hospital admission, the commitment to continue to provide the package ends. This enables the provider to reallocate staffing resources to other people who require support, and to ensure that the Council does not pay for services that are not being delivered. Following Mrs Davies's stay in hospital, her support package was taken on by a different provider.

Therefore, in this instance, Council procedures were followed. We apologised for Mrs Davies's dissatisfaction. We want to improve the experience of people with personal budgets and increase the levels of choice and control that they can exert over how it is spent. The option of a direct payment is also available to people, and in this instance, would have enabled Mrs Davies to have more control over the specific care provider she would like to have delivering her care.

Our priorities for 2013/14

- Embed the principles from the Winterbourne Review and Francis Report across the social care workforce.
- Target support with health colleagues to improve standards in care homes.

Risk enablement: feeling in control and safe

Introduction from Assistant Director

Risk is an inherent part of everyone's life and we work with people to help them make decisions (where they have capacity to do so) based on an understanding of the risks and benefits. The Coventry Safeguarding Adults Board continues to lead adult safeguarding in the city and through working with stakeholders, including the voluntary sector, have taken positive steps to improve safety and deliver good outcomes. In 2012, a Serious Case Review taught us important lessons which, as a result, led to a review of 3,200 pieces of equipment – this is an example of how lessons learned from the experience of one individual can apply to a large number.

People who use Adult Social Care should be supported to assess risks and benefits and plan for problems that may arise. Safeguarding processes should be well co-ordinated with everyone understanding their role. People, carers and family members should know how to raise any concerns they have.

People who use services should expect to feel safe and secure. This means being free from abuse, falling or other physical harm. In the Adult Social Care survey, 69% of service users said they felt as safe as they wanted and 26% felt adequately safe.

57% of people say that the way they are helped and treated makes them feel better about themselves and ensures their dignity. This is down 8% on last year and is lower than the national result of 59%. This is an area we want to improve upon this year.

82% of carers surveyed have no concerns about their own personal safety.

Following both surveys, people who said they did not feel safe at all were contacted by Council staff to investigate their response further.

We received 805 safeguarding alerts in 2012/13. This falls within our target range of 797 to 883. Coventry has a similar rate of alerts when compared with other similar sized authorities. This indicates that there is good general awareness of safeguarding across the city and that people know how to raise an alert.

The **Coventry Safeguarding Adults Board** produces an annual report, which describes the achievements and challenges of the year. We are committed to

supporting the Board in its priorities for 2013/14. The Board agreed three key priority areas for the coming year:

1. Responding, listening and acting on concerns (including learning lessons from reviews)

2. Continuing and strengthening multi-agency working

3. Reducing harm, by preventing harm, recognising risk and harm and dealing with when it occurs.

Age UK Coventry explains how it works with the Council to improve safeguarding outcomes for people.

"The Council recognises how important it is to involve voluntary sector partners to improving safeguarding outcomes for adults at risk. A recent review of structures identified the need to improve the communication between the Board and its subgroups. In response, the Partnership and Practice Subgroup was set up and has strengthened opportunities for the Board to reach front line practitioners and also for practitioners to provide feedback to the Board on how policies and procedures are working in practice."

Here are some of our achievements that help people to remain safe…

- Following recommendations from Coventry Safeguarding Adults Board, a review of bed grab handles on loan to individual users was implemented. A multi-agency team from the Council, Coventry and Warwickshire Partnership NHS Trust and University Hospitals Coventry and Warwickshire reviewed 3,200 bed grab handles on loan to people in the city, both in residential settings and in people's homes. Of the reviews undertaken to date, 23% of the bed grab handles needed to be replaced, 10% were acceptable to continue to be used and 42% were no longer needed, for a variety of reasons. The remaining 25% were part of more specialised equipment and subject to separate review. The review has ensured that people are supported with the correct equipment and that equipment is well-maintained, fitted and properly used, meaning people are safer in their living environments.

- Grapevine Help & Connect project runs a Skill Up Group that offers training sessions to people with learning disabilities to work on developing their confidence, independence and skills for staying safe. A Hate Crime Booklet has been devised and designed by the group in partnership with the Community Safety Partnership. People who use the service reported; "*I have been able to give my ideas to the group and I do feel proud I have helped with the Hate Crime Booklet.*"

- Just Checking is a sensor system that helps people to live independently in their own home. Movement sensors in the home generate a chart of daily living activity, providing valuable information for social care and for families to put together suitable support packages that keep people safe in their own homes.

  This case study outlines how Just Checking enables people to remain safe and supported.

Case Study

Background: Colin had recently been diagnosed with Alzheimer's. His family live outside Coventry and contacted Adult Social Care, concerned that he may be leaving his home at night and wandering. A Community Care Worker established that the Just Checking system would establish Colin's daily routines, provide evidence for the family's concerns about his safety, and shape a support plan. Colin is a self-funder.

Action: With his consent, Just Checking sensors were installed around Colin's home. After two weeks' of monitoring, the system showed that he was not wandering at night and was carrying out his daily living activities at expected times (i.e. getting up, visiting the bathroom, meal times etc.). Colin's family were given access to the Just Checking charts for reassurance.

Impact: The results from the monitoring period informed the support plan for Colin and privately arranged home care support is now constructed around his daily routines. Colin's family are reassured of his safety and know the support in place is meeting his needs.

- Following the events that took place at Winterbourne View, Coventry's Community Learning Disability Team and Commissioning Team presented their approach for reviewing and quality checking providers to the Learning Disability Partnership Board. In addition, the National Joint Improvement Programme (Winterbourne Review) stocktake has been completed. We were able to demonstrate many examples of good practice in partnership with our health colleagues. We are currently developing an action plan that will shape how we support people with a learning disability to remain in their home city, have more choice over how they receive their care and support, and with minimum reliance on hospital provision. Work is underway to review and plan for each person currently placed in a hospital setting or large institution out of their home city, to return home.

Coventry and Rugby Clinical Commissioning Group outlines how it works with the Council to ensure the safety of people with learning disabilities and challenging behaviour.

"The Department of Health's review into the events at Winterbourne View, where physical and psychological abuse was suffered by people with learning disabilities and challenging behaviour, was published in December 2012. Working together with our Council colleagues across Coventry and Warwickshire, a live register of people placed outside of the city was developed by 1 April 2013. All individuals meeting the criteria received a review of their clinical care by 1 June 2013. A multi-disciplinary panel has reviewed the appropriateness of current placements, thereby meeting the national timescales."

Personal budgets and self-funding: my money

Introduction from Assistant Director

We want to ensure that people who have an on-going service have a personal budget. One mechanism for taking a personal budget is through a direct payment, and there are many examples of where this has generated positive outcomes for people. However, we know that a lot of people choose to receive Council-arranged services and want to improve the level of choice and control these people experience over their care and support.

Over the last year we have made some progress in simplifying our processes for direct payments and Age UK have made positive progress with their Money Management service.

In terms of self-funders, we know this is a growing market in Coventry and the work we do with commissioned services applies to self-funders as it does to people whose support is arranged by the Council. The use of direct payments by carers is also an area where we think we can make progress, building on the positive relationships with lead carers' organisations and our multi-agency strategy (2011).

People who are eligible to receive on-going adult social care support should receive a personal budget and, wherever possible, a direct payment. Good quality information, advice and choice within the care and support market should be available.

55% of people receiving social care support during the year received a personal budget. This has increased from 40% in 2011/12. 15% of people received their personal budget via a direct payment, increasing from 14% in 2011/12.

Although this improvement is positive, the majority of people receiving a personal budget receive Council managed and arranged service. We need to understand what choice and control these people really have over their care and support. The Council is participating in a regional project to explore and understand more about the choice and control people in receipt of personal budgets and direct payments have over their support. Having a personal budget can range from understanding the amount of money spent on your support package to receiving money directly and choosing how to spend it on your support needs. The 1,232 people who receive a

direct payment during the year were able to exercise full choice and control over their personal budget.

Here are some of the things we have done to ensure people have control over their money and their support…

- We want to make sure that there are straightforward, supportive processes in place that mean people feel they can manage a direct payment and arrange the support they need in the way they want. A revised Direct Payments Policy is now in place with new rates. The rates have been set in order to ensure equity and consistency between the rates that the Council will pay when arranging services with the rates paid directly to individuals.

  Here is an example of how a direct payment can give people full control over how their support is delivered.

Ruman receives a direct payment and is supported by Penderels Trust. The direct payment has enabled him to move out of home and to live independently, supported by a support agency of his choice. This enables him to live an ordinary life like his friends. He shares his accommodation with someone of similar age to him, attends college and socialises with friends.

Without the direct payment, Ruman would not be able to arrange flexible hours with the agency that suits his needs in the best way for him.

- We work to ensure that people who fund their own care and support - self-funders – are supported when things go wrong in the care sector, or when care businesses decide to withdraw from the market. We work to understand the businesses we contract with and have contingency plans in place to make sure there is continuity of support for people who use the services. Where there are issues or quality concerns with providers, self-funders are supported in the same way as people whose care is funded by the Council.

Age UK Coventry outlines how the **Money Management** service is improving efficiency and maintaining quality.

"We have been working with the Council to redesign and improve the appointee and money management service for adults at risk and older people who need support

with their finances, while maintaining their independence in the community and preventing financial abuse.

Through good communication and collaborative working, we have succeeded in streamlining processes and systems whilst maintaining quality outcomes for people we support. Age UK Coventry is now delivering an appropriate and tailored service to over 20% more clients, with the same annual funding. An increasing number of these people have very complex needs and support with their finances is critical to maintaining their independence and safety in the community."

Our priorities for 2013/14

- Improve the experience of people with personal budgets and direct payments, including carers, with the support of a regional project. Healthwatch Coventry considers that this should be a top priority for the Council during the year.

Summary of priorities for 2013/14:

- To support people with care and support needs and their carers, as early as possible with information and advice. For example, by increasing the availability and quality of information available in libraries and increasing the awareness in the community of specialist conditions, such as autism and dementia.
- To work with community organisations to understand how we can support them to support more people in their local community who are experiencing social isolation.
- Review the offer to carers, focussing on support that has the greatest impact and sustains carers' ability to continue caring.
- To agree a plan for integrated health and social care, to be signed off by the Health and Wellbeing Board by 31 March 2014.
- Embed the principles from the Winterbourne Review and Francis Report across the social care workforce.
- Target support with health colleagues to improve standards in care homes.
- Support Coventry Safeguarding Adults Board to achieve their priorities.
- Improve the experience of people with personal budgets and direct payments, including carers, with the support of a regional project.

These priorities will need to be achieved within the context of emerging policy and the large-scale savings to be made by Adult Social Care in the coming years. As we make the required savings we will ensure we make best possible use of remaining resources.

Contact Us

You can contact Adults Social Care at:

E-mail: coventrydirect@coventry.gov.uk

Or

Tel: 0500 834 333

Any comments, compliments or complaints can be made by contacting Coventry Direct on 0500 834 333, in person at any of the Council's reception or enquiry areas, or by filling in an online form here.

You can visit the Opal Assessment and Demonstration Centre:

Monday-Thursday: 9:30am – 4:30 pm,
Friday 9:30am – 4:00pm
Unit 17-18, Bishopsgate Business Park, Widdrington Road, Coventry, CV1 4NA
Tel: 024 7678 5252

More information about Adult Social Care can be found here.

Briefing note

To:
Health and Social Care Scrutiny Board (5)

Date:
25 September 2013

Subject:
The Annual Report of the Coventry Safeguarding Adults Board 2012/2013

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1 Purpose of the Note

To inform Scrutiny Board of the content of the Annual Report of the Coventry Safeguarding Adults Board 2012/2013. A full copy of the report is attached as an appendix.

2 Recommendations

Health and Social Care Scrutiny Board (5) is asked to consider the contents of the Coventry Safeguarding Adults Board Annual Report 2012/2013 and forward their comments to Cabinet Member (Health and Community Services) for consideration at her meeting on 29 September 2013.

3 Information/Background

The Coventry Safeguarding Adults Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. An Elected Member also attends the Board as an observer.

The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry. Through its work the board promotes the welfare of adults at risk and their protection from abuse and harm.

The Coventry Safeguarding Adults Board has agreed three key priorities for the coming year:

1. Responding, listening and acting on concerns (including learning lessons from reviews)
2. Continuing and strengthening multi-agency working
3. Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. The work of the Board is supported by a number of Sub-Groups that are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Coventry Safeguarding Adults Board Sub-Groups for 2012-13 were:

- Executive

- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)

The subgroups have drawn up action plans for the year which set out what they plan to do to achieve the Board priorities. Each year the Board reviews progress against these priorities and sets new priorities for the year ahead to ensure that safeguarding arrangements in Coventry are effective and achieve positive outcomes for those people in need of safeguarding.

The Annual Report covers the Board's activities for the period April 2012 to March 2013 and records the significant progress that has been made over the year, whilst acknowledging the considerable challenges in the year ahead.

Appendices

Coventry Safeguarding Board Annual Report 2012/2013

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COVENTRY SAFEGUARDING ADULTS BOARD

Annual Report 2012/2013

Coventry Partnership

Working Together to Safeguard Adults

Board Partners

WEST MIDLANDS FIRE SERVICE

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Foreword from the Chair

Welcome to the 10th Annual Report of Coventry Safeguarding Adults Board.

A lot has changed over the last 10 years since the Board was formed and we have made considerable progress making a real difference to people's lives. However, as high profile cases such as Steven Hoskin, Fiona Pilkington, Winterbourne View and Mid-Staffordshire prove, there is still much more that we need to make sure we do.

This annual report covers the Board's activities for the period April 2012 to March 2013. It describes the significant progress we have made over the last year and acknowledges the considerable challenges that continue in the year ahead.

The public sector funding squeeze presents the biggest challenge, requiring us to do more with less. In the face of austerity, it is vital that partner agencies are able to work together to make the best use of resources and safeguard the most vulnerable adults in communites.

The challenges we face have not lessened our ambition to achieve excellence in Coventry and safeguarding adults remains a top priority for Coventry City Council and all our partner agencies on the Safeguarding Adults Board.

Our vision is that everybody who supports people at risk of harm are able to prevent abuse happening, act swiftly when it does, and are able to achieve good outcomes for people who use our services.

Our vision for adult safeguarding
People are able to live a life free from harm, where communities and organisations:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

I would encourage you to take time to read the report to see what has been achieved and what our plans are for the coming year.

Brian M Walsh
Chair
Coventry Safeguarding Adults Board

Safeguarding is everybody's business

Coventry Safeguarding Adults Board believes that safeguarding is everybody's business. We believe that by working together across organisations and communities we can make a real difference in preventing and protecting against adult abuse.

The diagram above illustrates how safeguarding adults at risk is everybody's business. Although Coventry City Council has a lead responsibility, this is a shared responsibility amongst professionals, the public and each and every one of us.

But what does this mean in practice? We want to ensure that everyone in Coventry knows what adult abuse is and what to do if they suspect it.

What is safeguarding

Safeguarding describes a range of responses that seek to prevent or respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'

Promoting welfare

Every person has a right to live a life that is free from harm and abuse. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

If you provide a service to adults, this means acting in a caring, compassionate, and professionally competent manner. This is about giving adults you support as much choice and control as possible, treating them with respect at all times, and promoting their dignity to enhance their quality of life.

Protecting from harm

Alongside the responsibility to promote the welfare of the people we support, we also need to ensure that they are protected from harm or abuse. Adults at risk should be given information, advice and support in a form that they can understand; and their views and desired outcomes should remain central to safeguarding decisions about their lives.

What is important is keeping the safeguarding effort focused on working with the person being harmed, to support improvement in their safety and wellbeing.

What is abuse and who is at risk?

It is everybody's right to live in a safe environment, free from being threatened, intimidated, or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Abuse can take several forms:

- Physical
- Emotional or psychological
- Sexual
- Neglect or acts of omission
- Financial – theft or fraud
- Institutional
- Discriminatory including hate crime

The definition of abuse is based not on whether someone's intention was to cause harm but on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.

Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who relies on you for care or support, is also abuse.

Abuse and neglect can happen anywhere – in someone's own home or supported housing, a day centre, an educational establishment, and in residential or nursing homes, clinics and hospitals.

Safeguarding needs to be proportionate and balanced so that people's right to make choices and decisions about their own lives is respected and supported.

When does 'abuse' happen?

A vulnerable adult may be subject to abuse when they are neglected, persuaded to agree to something against their will or taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. It may be deliberate but it may also happen as a result of poor care practices or ignorance.

Anyone can come across an abusive situation Sometimes we come across potential abusive situations and we don't know whether to say something, stay silent, take action, or do nothing.

> "I am worried about my elderly neighbour. She is always giving money to her grandson and I think he sees her as a soft touch. Sometimes she leaves herself short but she doesn't want to complain in case he stops coming to visit".
>
> *Comment from a member of the public*

Sometimes we are unsure about what we have seen but fear that there is something 'not quite right' and we are not sure who to talk to about it.

> "I saw another member of staff hit one of our residents across the face. I was very shocked and told the Manager but she didn't take any action and when it happened again, I rang Social Services – it was very hard, but I'm glad I did now. The member of staff was dismissed and the residents seem much happier".
>
> *Comment from a carer in residential home*

Who is an adult at risk?

An 'adult at risk' is defined as an adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

Jayesh was referred to Coventry's Harm Reduction Forum by his landlord following reports that he was a victim of 'mate crime'. He was extremely vulnerable because of his learning disability. He had been 'befriended' by a group of young men who were encouraging him to use cannabis and were taking money from him (financial abuse) and placing him at risk.

A co-ordinated multi-agency response was needed and appropriate referrals made to seek support from the Community Learning Disability Team, Police, Social Care and Age UK. The agencies worked together to support Jayesh and to reduce the risk factors. They secured his property, reduced the number of visitors and provided intensive support to prevent Jayesh from losing his tenancy. He was helped to look after his home and also to take better care of his health and personal hygiene. Age UK were made an Appointee for Jayesh to reduce the risk of financial abuse.

What is the Legal and National Framework?

There is, as yet, no specific legislation in England setting out definitions or statutory duties and powers of intervention. However, the new Care Bill does propose a number of measures that will strengthen adult safeguarding, including putting Safeguarding Adults Boards on a statutory footing and requirements for conducting Safeguarding Adult Reviews when an adult with needs for care or support has died and abuse or neglect is suspected.

There is a debate about whether more powers are needed to protect adults who have capacity. The government carried out a consultation alongside the Draft Bill to seek views on whether there needs to be a new power to make safeguarding enquiries where staff cannot gain access to a person with capacity who may be at risk of harm.

Although there is no specific legal framework for adult safeguarding at present, there is a range of criminal, civil and other powers and duties to support adult safeguarding including:

- The legal framework for care management
- The law concerning mental capacity and Deprivation of Liberty Safeguards
- Human Rights case law
- Guidance on information sharing
- Health and Safety legislation
- Domestic Crime and Victims Act 2004
- Equality and Diversity legislation
- Criminal Law

[1] 'No Secrets' March 2000 Department of Health.

About Coventry Safeguarding Adults Board

The Coventry Safeguarding Adults Board (CSAB) is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. The Board has strategic responsibility for the development, co ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry.

Local Authorities have always been expected to lead adult safeguarding and the proposed legislation will formalise that as a duty. The Local Authority, Clinical Commissioning Group and Police are core members of the Board.

The Board is supported by a network of professional advisers and safeguarding leads. Through the partnership, the Board has access to a large network of health, housing and social care service providers from over 100 organisations in the statutory, voluntary and private sectors. The Board promotes the welfare of adults at risk and their protection from abusive behaviour. It provides strategic leadership for agencies providing services to adults at risk and seeks to ensure that there is a consistently high standard of professional responses to situations where there is actual or suspected abuse.

The Coventry Safeguarding Adults Board meets quarterly to lead and oversee progress towards an improved Coventry-wide safeguarding system, to develop multi-agency strategies and to monitor working practices and standards.

Board Priorities for 2013-2014

The Coventry Safeguarding Adults Board has agreed three key priorities for the coming year:

1. Responding, listening and acting on concerns (including learning lessons from reviews)
2. Continuing and strengthening multi-agency working
3. Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

These priorities will be underpinned by the cross cutting themes set out in the Department of Health's (DH) Statement of Policy.

Board Sub-Groups

Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. In addition, a number of Sub-Groups are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Coventry Safeguarding Adults Board Sub-Groups for 2012-13 were:

- Executive
- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)

Summary of the Board's achievements for 2012-13

Board members were invited to say what they considered to be the main achievements last year. This is what they said:

Investing in safeguarding capacity at a time of reducing resources

- The appointment of a permanent Head of Adult Safeguarding at the Council and a number of safeguarding leads across partner agencies
- Reconfiguration of the Sub-Groups to provide more focused support to the Board's priorities
- Police Safeguarding Teams being established within the Public Protection Unit (PPU) in September 2011 which are now well embedded into the Police structure and take safeguarding referrals in relation to adults at risk

Improving Policy and procedures

- Development and implementation of the West Midlands Policy and Procedures in October 2012
- New Practice Guidance, including the 'Threshold Guidance' and 'People in Positions of Trust Guidance'
- The new Missing Persons Protocol provides a consistent response to adults at risk and children who are reported missing
- Improved multi-agency guidance for decision making processes for referring grade three and four pressure ulcers into safeguarding
- A new web-based Safeguarding Alert Form
- New guidance on reporting the death of individuals subject to Deprivation of Liberty Safeguards under the Mental Capacity Act (DoLS)
- New guidance developed on sexual relationships in learning disability and dementia
- Updated Managing Authority procedure guide

[2] 'Taken from Department of Health 'Statement of Government Policy on Adult Safeguarding' 16 May 2011

Learning lessons when things go wrong

- Work on serious case reviews to improve the process, and making sure that the views of relatives are listened to and taken on board
- The completion and reporting of an effective Serious Case Review and learning from this

Raising the profile of safeguarding adults and training staff to recognise risk and know how to respond

- A very successful Annual Conference in November 2012
- Safeguarding Training for staff and managers including the delivery of Thresholds training and Positive Risk Taking training
- The Fire Service have raised awareness of risk and vulnerability to fire with Health, Social Care and care provider staff
- A Safeguarding Champions Group has been established with 26 Champions identified from partner agencies
- Public facing web pages established for Mental Capacity Act and Deprivation of Liberty
- Training on Mental Capacity Act and Deprivation of Liberty delivered to staff across health, social care, the independent and voluntary sector

Good partnership working

- Partnership engagement e.g. West Midlands Fire Service work is "connected in a way not done before in Coventry"
- Strengthened relationships with the Care Quality Commission (CQC) at a local level

Greater focus on performance

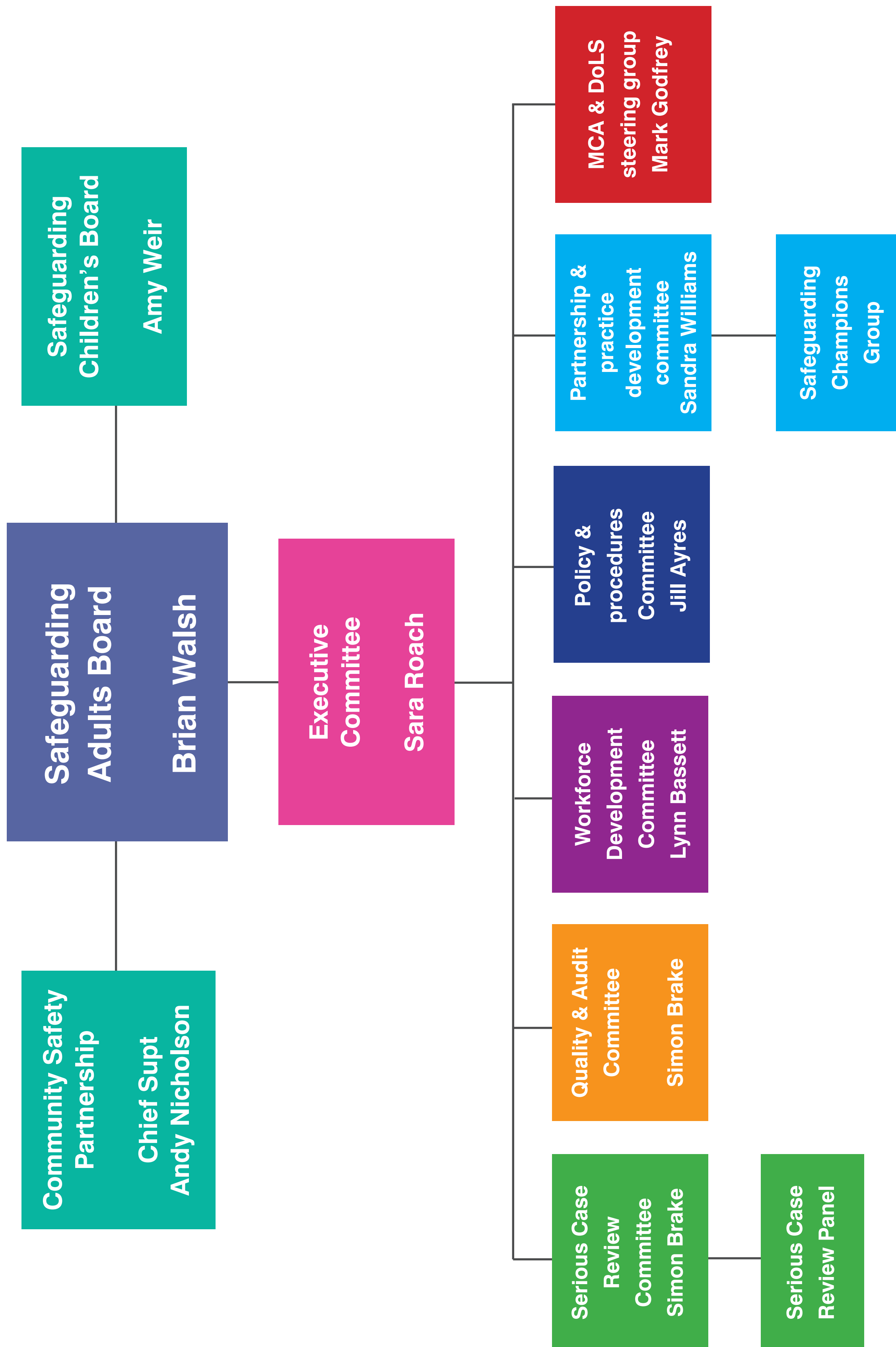
- Establishing Safeguarding Adults Development meetings within Older People and Physical Impairment Services and Mental Health and Learning Disability Services
- Introduction of a new outcome performance indicator to find out 'does the individual feel safer as a result of the intervention/ services offered?'
- Commissioning and implementation of social care case file audit and Section 75 (mental health) audit
- Commitment to undertake an annual audit of the Safeguarding Adults Board

Challenges for the year ahead

These are what Board members see as the big challenges facing us in the year ahead:

- Financial constraints for all partner agencies which will require compromise and clarity when agreeing the priorities for the coming year(s)
- Agencies understanding each other's current constraints and capacity and the need to balance agency priorities with partnership working
- Keeping up the momentum and maintaining performance at the same time as significant organisational change
- Needing to look at meeting structures and understand what we need to do instead of what is nice to do
- Continuing to put people at the heart of the safeguarding process

The Safeguarding Board Structure



Appendix 2- Membership of the Board (2013/14)

(as at 02.09.13)

Core Members (Quorum 4 core members including chair/vice chair)

Brian Walsh (Chair)
Executive Director of People, Coventry City Council

Jacqueline Barnes (Vice Chair)
Executive Nurse, Coventry & Rugby Clinical Commissioning Group (CCG)

Kobina Hall
Head of Probation, Staffordshire & West Midlands Probation Trust

Andy Pepper
Assistant Director - People Directorate, Coventry City Council

Mark Radford
Chief Nursing Officer, University Hospitals Coventry and Warwickshire NHS Trust (or Carmel McCalmont, Associate Director of Nursing, UHCW)

Andrea Simmonds
Local Area Liaison Officer – Coventry, West Midlands Fire Service

Kelly Starkey
Safeguarding Lead for Coventry, Warwickshire & Solihull, West Midlands Ambulance Service

Tracey Wrench
Director of Safety, Quality & Service User Experience, Coventry and Warwickshire Partnership NHS Trust

DCI Dean Young
Eastern Adult Investigation & Safeguarding, West Midlands Police

Link Members

Lesley Ann Edwards
Consortium of Social Landlords (CSL)

Helen Hipkiss
NHS England Patient Experience

Michelle McGinty
Head of Citizen Involvement, Carers and Partnerships, Coventry City Council (Learning Disability and Physical and Sensory Impairment Partnership Boards)

Lesley Ward
Compliance Manager (Central Region), Care Quality Commission (CQC)

Sandra Williams
Older People's Partnership Board & Chair Partnerships and Practice subgroup

Professional Advisors

Susan Harrison
Head of Safeguarding Adults, Coventry City Council

Jill Ayres
Safeguarding Adults Co-ordinator, Community Services, Coventry City Council

Penny Greenaway
Lead Nurse for Safeguarding Children and Vulnerable Adults, Coventry and Warwickshire Partnership NHS Trust

Margaret Greer
Named Nurse for Safeguarding Adults, University Hospital Coventry and Warwickshire NHS Trust

Julie Newman
Children's & Adults Manager, Finance and Legal Services, Coventry City Council

Simon Brake
Assistant Director, People Directorate, Coventry City Council & Chair Serious Case Review Panel, Serious Case Review subgroup, Quality & Audit subgroup

Mark Godfrey
Deputy Director, People Directorate, Coventry City Council

Mandie Watson
Head of Service, Community Safety Team, Coventry City Council

Jacqui Goode
Head of Service, Employee Development Unit (Social Care), Coventry City Council & Chair Staff Development Subgroup

Sara Roach
Deputy Director, People Directorate, Coventry City Council

Nigel Hart
Communications Officer, Coventry City Council

Observer

Cllr Patricia Hetherton
Elected Member, Coventry City Council & Health, Social Care and Welfare Reform, Scrutiny Board Vice Chair

Administrator

Nikki Hopkins
Safeguarding Adults Admin Officer, People Directorate, Coventry City Council

Appendix 3- Coventry Safeguarding Adults Board - Terms of Reference

Accountability

Individual members are accountable to the agencies they represent.

Members are responsible for ensuring that information about the multi-agency Policy and Procedures are disseminated to their own and related agencies.

Members are responsible for communicating and promoting Coventry Safeguarding Adults Board information through their internal governance systems and bringing back to the Board any relevant issues.

Each agency is jointly responsible for the implementation, endorsement, monitoring, evaluation and development of the Multi-Agency Coventry Safeguarding Adults Policy and Procedures.

Voluntary and independent sector agencies providing services on behalf of Health or the Local Authority are required to make their staff aware of the Multi-Agency Policy and operate within it. Contracts and service level agreements will clearly state that this is the expectation and that compliance will be monitored through inspection visits.

Members of the Board are responsible for monitoring the work of their sub-group representatives.

Remit

Clarify roles and responsibilities between agencies.

Develop and build on existing protocols for sharing information.

Disseminate information on the multi-agency Policy and Procedures.

Establish and implement procedures for the monitoring, evaluation and development of the multi-agency Coventry Safeguarding Adults Policy and Procedures.

Steer and oversee the development and delivery of an action plan outlining future work programmes, services and resources required Ensure that multi-agency training and staff development is commissioned and delivered in a timely and effective way.

Co-ordinate the monitoring and audit of the multi-agency Procedures; identifying issues arising from investigations and scrutinising practice and procedures.

Frequency and Duration of Meetings

Meetings are held once a quarter and for a maximum of three hours.

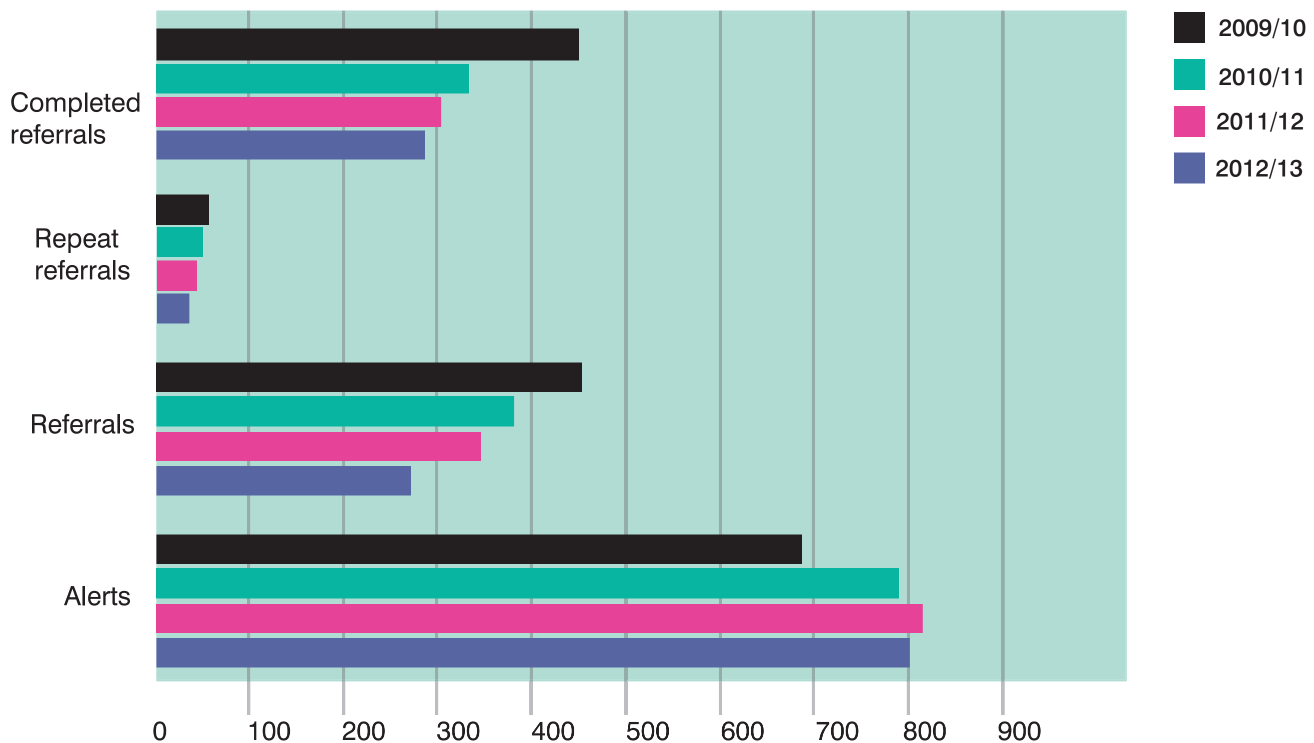
Appendix 4 - Performance

Safeguarding Adults 2012/13 end of year data and comparisons with previous years;

Table 1 - Number of Alerts, Referrals, Repeat Referrals and Completed Referrals for 2012/13 and comparisons with previous years

	Alerts	Referrals	Repeat referrals	Completed referrals
2012/13	805	263	23	287
% difference (2011/12 -2012/13)	-1.0%	-24.6%	-28.1	-6.5%
Value difference (2011/12 -2012/13)	-8	-86	-9	-20
2011/12	813	349	32	307
% difference (2010/11 -2011/12)	3.3%	-6.9%	-5.9%	-10.5%
Value difference (2010/11 -2011/12)	26	-26	-2	-36
2010/11	787	375	34	343
% difference (2009/10 - 2010/11)	15.1%	-19.0%	-22.7%	-24.1%
Value difference (2009/10 - 2010/11)	103	-88	-10	-109
2009/10	684	463	44	452

Chart 1 alerts/referral activity (2009/10 – 2012/13)



In 2012/13 the rate of alerts reported has plateaued. In previous years the strategic direction was to increase the alert rate, a measured view was taken for 2012/13 and a target range banding was introduced (797 to 883).

Table 2 - Alerts and referrals (2009/10 – 2012/13)

	2012/13	2011/12	2010/11	2009/10
Alerts	805	813	787	684
Referrals	263	349	375	463
% of alerts converting to referrals	32.7%	42.9%	47.6%	67.7%

The conversion of alerts to safeguarding referrals continues to fall. 32.7% of alerts reported in 2012/13 met the safeguarding threshold and instigated a referral. In 2011/12 it was 42.9%, 47.6% in 2010/11 and 67.7% in 2009/10.

The AVA Final Report 2011/12 produced by the NHS Information Centre for Health and Social Care reflects: *"…at council level the ratios of referrals to alerts varies greatly and suggest that some council's may have misunderstood the intended definitions of alerts and referrals".*

As a result no national comparisons have been drawn in this report.

Completed referrals (2012/13 only)

Completed referrals in the financial year (regardless of when the initial referral was made) have decreased slightly for all age groups compared with other years.

Table 3 - Completed referrals (2012/13)

Primary client group	Alerts		Referrals		Repeat referrals		Completed referrals	
	Number	%	Number	%	Number	%	Number	%
Physical disability, frailty & sensory impairment	53	9.0%	8	5.1%	2	20.0%	4	2.2%
Mental Health Needs	51	6.3%	28	10.6%	5	21.7%	28	9.8%
Learning Disability	92	11.4%	66	25.1%	6	26.1%	71	24.7%
Substance Misuse	4	0.5%	1	0.4%	0	0.0%	0	0.0%
Other Vulnerable People	15	1.9%	2	0.8%	0	0.0%	2	0.7%
Older People	590	73.3%	158	60.1%	10	43.5%	182	63.4%
Totals	805		263		23		287	

The number of completed referrals has exceeded the number of new referrals for the first time.

Client category breakdown

Table 3 above helps to break down table 1 by primary client group. 73.3% of total alerts and 60.1% of referrals are raised by Older People teams, which is relative to the size of the service area.

25.1% of Learning Disability clients had a safeguarding referral in 2012/13. 71.3% of Learning Disability alerts are converted to referrals (this continues from previous years to be a higher conversion than any other primary category group).

[3] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Alerts by Age & Gender Breakdown (2012/13 only)

Coventry continues to have more alerts and referrals for females than males, compared to the 2001 census data; this is also the case when examined against the total number of people receiving an adult social care service in Coventry.

Table 4 - Alerts and referrals by age and gender (2012/13)

	Alerts					Referrals				
	F	%	M	%	Total	F	%	M	%	Total
Age group 18 - 64	114	53.0%	101	47.0%	215	53	50.5%	52	49.5%	105
Age group 65+	396	67.1%	194	32.9%	590	107	67.7%	51	32.3%	158
Total Age groups	510	63.4%	295	36.6%	805	160	60.8%	103	39.2%	263

Total clients RAP (P7) 2012/13	Female Number	%	Male Number	%	Total clients (P7)
18 - 64	1210	47.3%	1350	52.7%	2560
65+	3650	67.5%	1754	32.5%	5404
All ages	4860	61.0%	3104	39.0%	7964

2001 Census	Female	Male
18-64	48.6%	51.4%
65 +	56.5%	43.5%

Referrals by Ethnicity Comparison (2009/10-2012/13)

Table 5 breaks down the number of referrals for the last four years by ethnicity.

In 2012/13, 9.5% of safeguarding referrals were recorded for people in minority ethnic groups; this is a decrease from previous years, 13.9% in 2011/12 and 11.9% in 2010/11.

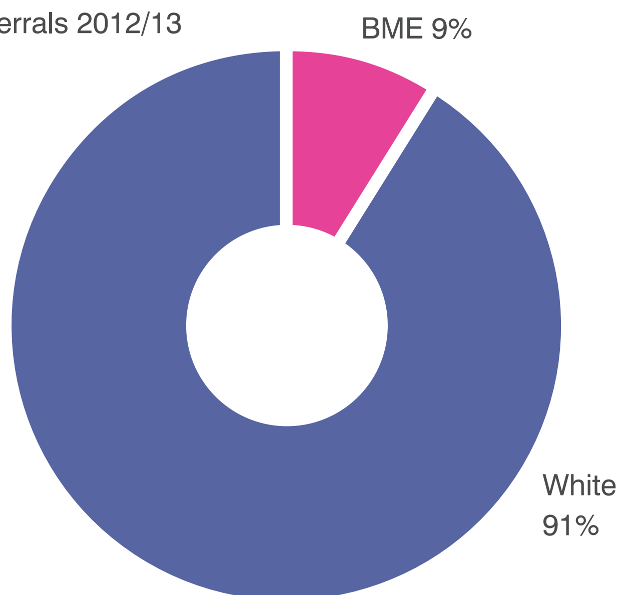
In 2012/13, Coventry achieved the BME target for the number of adults aged 18-64 who had a safeguarding alert, however did not achieve the BME target for older people aged 65 plus.

[4] 2001 Census is still the latest version

Table 5 - referrals by ethnicity (2009/10 – 2012/13)

Ethnicity	2012/13		2011/12		2010/11		2009/10	
White British	230	95.8%	286	94.7%	310	92.5%	378	94.5%
White Irish	6	2.5%	11	3.6%	16	4.8%	13	3.3%
Any other White background	4	1.7%	5	1.7%	9	2.7%	9	2.3%
Total	240		302		335		400	
White and Black Caribbean	2	8.7%	4	9.5%	0	0.0%	2	3.2%
White and Black African	0	0.0%	0	0.0%	0	0.0%	1	1.6%
White and Asian		0.0%	1	2.4%	1	2.5%	1	1.6%
Any other mixed background		0.0%	0	0.0%	3	7.5%	0	0.0%
Indian	13	56.5%	13	31.0%	15	37.5%	22	34.9%
Pakistani	1	4.3%	3	7.1%	7	17.5%	8	12.7%
Bangladeshi	2	8.7%	2	4.8%	0	0.0%	1	1.6%
Any other Asian background	2	8.7%	8	19.0%	1	2.5%	9	14.3%
Caribbean	1	4.3%	7	16.7%	3	7.5%	7	11.1%
African	0	0.0%	3	7.1%	5	12.5%	1	1.6%
Any other Black background	0	0.0%	0	0.0%	2	5.0%	3	4.8%
Chinese	1	4.3%	1	2.4%	0	0.0%	0	0.0%
Any other ethnic group	1	4.3%	0	0.0%	2	5.0%	5	7.9%
Total	23		42		40		63	
Information not yet obtained	0		5		1		3	

Chart 2 - Percentage of BME referrals 2012/13



Source of Referral comparison 2009/10-2012/13

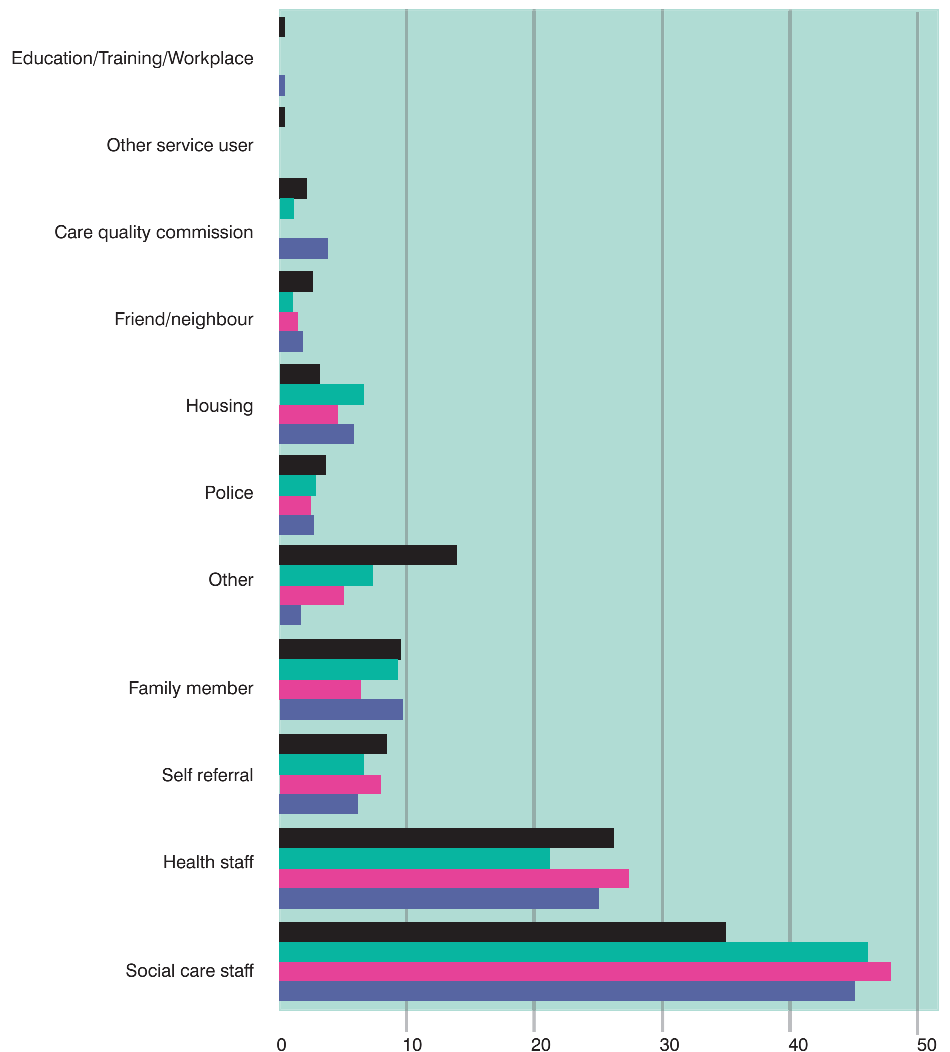
Social care staff and health staff continue to be the highest sources of safeguarding referrals with only minor fluctuations from previous years, in 2012/13, 45.6% of safeguarding referrals were from social care staff compared to 47.3% in 2011/12. Similarly in 2012/13, 24.7% of safeguarding referrals were from health staff compared to 26.4% in 2011/12. Coventry continues to reduce the number of “other” used for source of referral, from 5.4 % in 2011/12 to 1.5% in 2012/13.

Table 6 - source of referral comparison (2009/10-2012/13)

Source of Referral	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Social Care Staff	120	45.6%	165	47.3%	173	46.1%	159	34.3%
Health Staff	65	24.7%	92	26.4%	80	21.3%	119	25.7%
Self-Referral	17	6.5%	28	8.0%	25	6.7%	39	8.4%
Family member	26	9.9%	24	6.9%	36	9.6%	45	9.7%
Friend/neighbour	4	1.5%	3	0.9%	2	0.5%	7	1.5%
Other service user	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Care Quality Commission	8	3.0%	0	0.0%	2	0.5%	7	1.5%
Housing	14	5.3%	13	3.7%	22	5.9%	13	2.8%
Education/Training/Work-place	1	0.4%	0	0.0%	0	0.0%	1	0.2%
Police	4	1.5%	5	1.4%	7	1.9%	14	3.0%
Other	4	1.5%	19	5.4%	28	7.5%	58	12.5%
Overall Total	263	100.0%	349	100.0%	375	100.0%	463	100.0%

Chart 3 - comparison of referral source (2009/10 – 2012/13)

Comparison of referral source (2009/10-2012/13)



The tables below break down the referral source for social care and health staff to understand more clearly where in each area the sources are coming from.

Table 7 - referral source – social care and health staff

Social Care Staff (CASSR & Independent)	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Domiciliary Staff	38	31.7%	48	29.1%	44	25.4%	32	20.1%
Residential Care Staff	56	46.7%	52	31.5%	63	36.4%	54	34.0%
Day Care Staff	9	7.5%	21	12.7%	15	8.7%	12	7.5%
Social Worker/Care Manager	10	8.3%	24	14.5%	41	23.7%	30	18.9%
Self -Directed Care Staff	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other	7	5.8%	20	12.1%	10	5.8%	30	18.9%
Total	120		165		173		159	

Health Staff	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Primary/Community Health Staff	26	40.0%	49	53.3%	43	5.4%	61	51.3%
Secondary Health Staff	35	53.8%	32	34.8%	22	2.8%	55	46.2%
Mental Health Staff	4	6.2%	11	12.0%	15	1.9%	3	2.5%
Total	65		92		80		119	

Referrals by alleged abuse type comparison 2009/10-2012/13

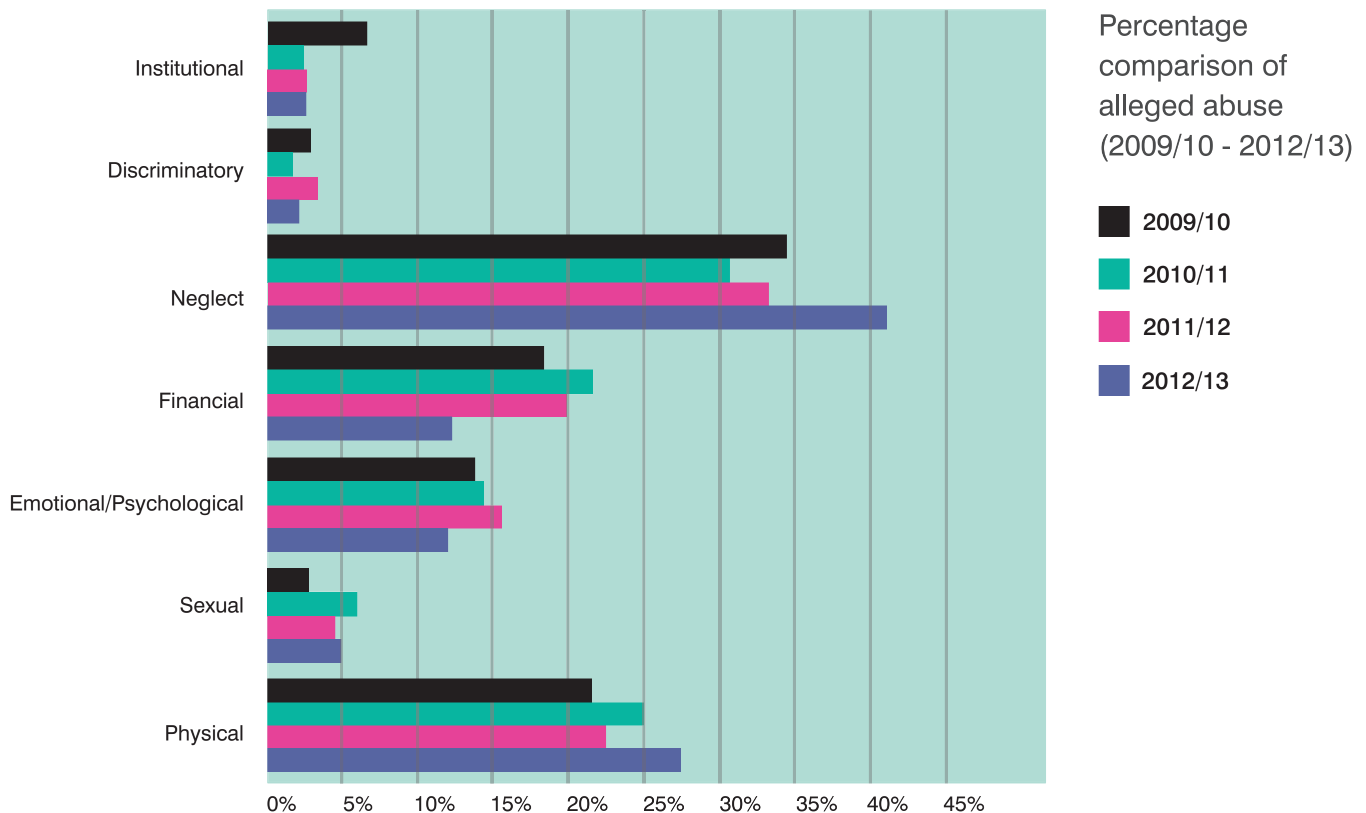
Neglect continues to be Coventry's main safeguarding abuse type and accounts for over a third of all abuse referrals (40.9% in 2012/13). Similarly physical abuse follows the same pattern, and continues to be the second main abuse type (27.0% in 2012/13).

Pressure ulcers are responsible for 19.2% (25 of 130) of Coventry's neglect cases in safeguarding. In 2012/13 there were 210 alerts regarding pressure ulcers, of those, 25 went on to become a safeguarding referral.

Table 8 - referrals by alleged abuse type comparison (2009/10-2012/13)

Alleged abuse	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Physical	86	27.0%	98	22.3%	114	25.2%	124	21.5%
Sexual	16	5.0%	21	4.8%	26	5.7%	17	2.9%
Emotional/psychological	37	11.6%	67	15.2%	67	14.8%	82	14.2%
Financial	39	12.3%	88	20.0%	97	21.4%	106	18.4%
Neglect	130	40.9%	146	33.2%	138	30.5%	200	34.7%
Discriminatory	5	1.6%	13	3.0%	5	1.1%	12	2.1%
Institutional	5	1.6%	7	1.6%	6	1.3%	36	6.2%
Total	318		440		453		577	

Chart 4 – type of alleged abuse (2009/10 – 2012/13)



Alleged abuse types (2012-13 only)

Neglect is the main abuse type across all primary client groups apart from mental health, where neglect cases constitute 18.8% (9 of 48) cases. Emotional/psychological (25.0%) and physical (22.9%) represent key abuse types for people falling under the mental health primary category.

Older People's services (aged 65 and over) recorded neglect, physical and financial as key abuse themes, 51.7% safeguarding referrals were as a result of neglect, an increase of 27.0 percentage points from 2011/12. 28.2% were as a result of physical abuse and 12.6% from financial abuse.

Neglect and physical are the main abuse types recorded for people within physical disability, frailty & sensory impairment primary category (55.6% attributed to neglect and 22.2% to physical abuse). This is a change from 2011/12 where neglect and financial abuse were the two main abuse categories.

Similarly to 2011/12, the main abuse types recorded for people with learning disabilities is neglect and physical (31.0% attributed to neglect and 28.6% to physical).

Table 8 – referrals by alleged abuse type comparison (2009/10-2012/13)

Nature of alleged abuse (2012/13)	Physical disability, frailty & sensory impairment		Mental Health Needs		Learning Disability		Older People (65+)	
	Number	%	Number	%	Number	%	Number	%
Physical	2	22.2%	11	22.9%	24	28.6%	49	28.2%
Sexual	0	0.0%	7	14.6%	6	7.1%	3	1.7%
Emotional/psychological	1	11.1%	12	25.0%	16	19.0%	8	4.6%
Financial	1	11.1%	9	18.8%	4	4.8%	22	12.6%
Neglect	5	55.6%	9	18.8%	26	31.0%	90	51.7%
Discriminatory	0	0.0%	0	0.0%	5	6.0%	0	0.0%
Institutional	0	0.0%	0	0.0%	3	3.6%	2	1.1%
Total [1]	9	100%	48	100%	84	100.0%	174	100%
Of which included multiple types of abuse	1		17		17		14	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Location of Alleged Abuse comparison 2009/10-2012/13

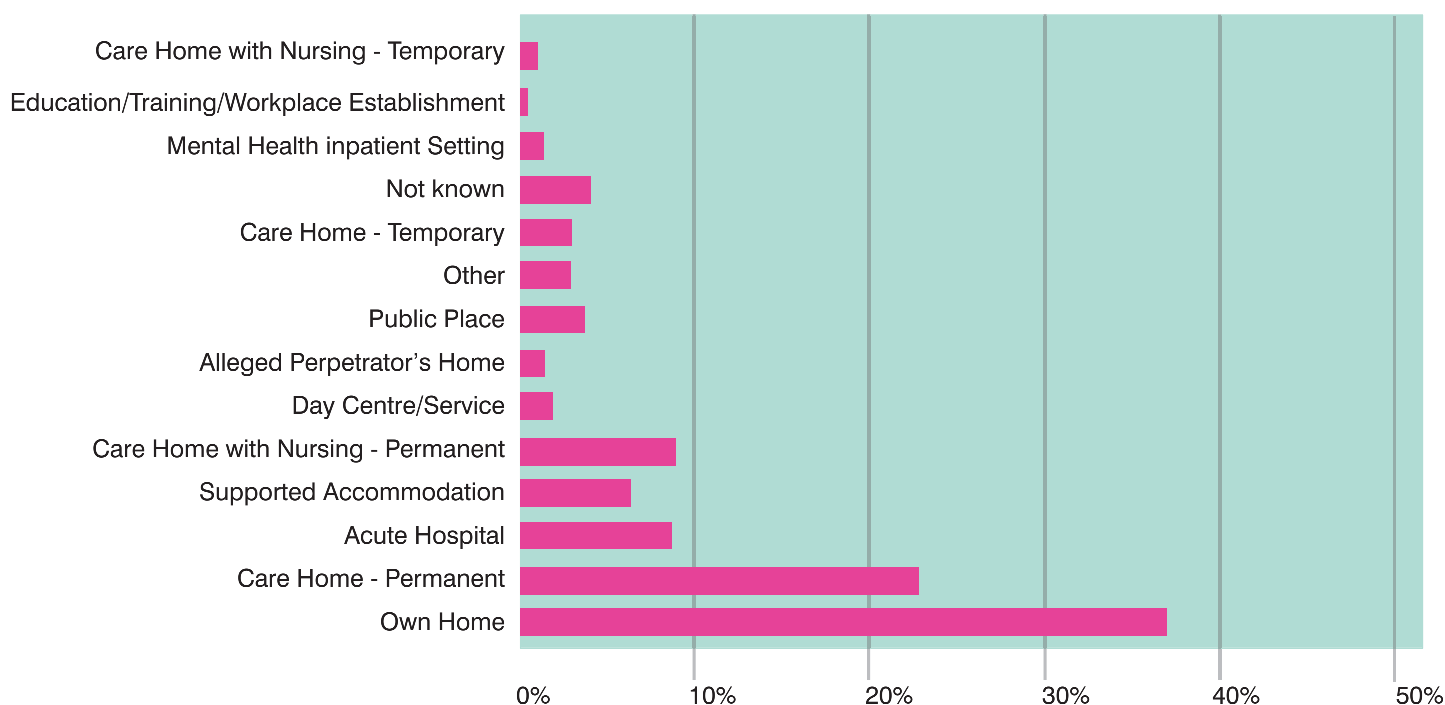
In Coventry victim's homes and care homes are the most common places for abuse to take place.

In 2012/13, 36.1% of abuse took place in the victim's home and 22.8% occurred in care homes. There has been a 15 percentage point drop in the number of safeguarding referrals which were reported in the victim's home.

Table 10 – location of alleged abuse (2009/10 – 2012/13)

Location alleged abuse took place:	2012/13 Number	%	2011/12 Number	%	2010/2011 Number	%	2009/2010 Number	%
Own Home	95	36.1%	175	50.1%	160	42.7%	254	46.9%
Care Home - Permanent	60	22.8%	56	16.0%	78	20.8%	94	17.3%
Care Home with Nursing - Permanent	24	9.1%	17	4.9%	20	5.3%	26	4.8%
Care Home - Temporary	6	2.3%	6	1.7%	7	1.9%	13	2.4%
Care Home with Nursing - Temporary	3	1.1%	0	0.0%	2	0.5%	6	1.1%
Alleged Perpetrators Home	3	1.1%	14	4.0%	9	2.4%	16	3.0%
Mental Health Inpatient Setting	3	1.1%	2	0.6%	2	0.5%	2	0.4%
Acute Hospital	23	8.7%	22	6.3%	25	6.7%	37	6.8%
Community Hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Health Setting	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Supported Accommodation	15	5.7%	18	5.2%	38	10.1%	29	5.4%
Day Centre/Service	4	1.5%	17	4.9%	6	1.6%	3	0.6%
Public Place	11	4.2%	9	2.6%	9	2.4%	17	3.1%
Education/Training/Workplace	1	0.4%	1	0.3%	0	0.0%	2	0.4%
Other	6	2.3%	7	2.0%	6	1.6%	11	2.0%
Not Known	9	3.4%	5	1.4%	13	3.5%	30	5.5%
Total	263		349		375		542	

Chart 5 – abuse by location 2012/13



Referrals by type of service funding, age and primary client group of vulnerable adult (2012/13 only)

Overall the majority of Coventry's safeguarding referrals received are from people in receipt of Council commissioned services (70%), a similar picture to 2011/12 (68%). 12% of safeguarding referrals came from people who were not known to social services.

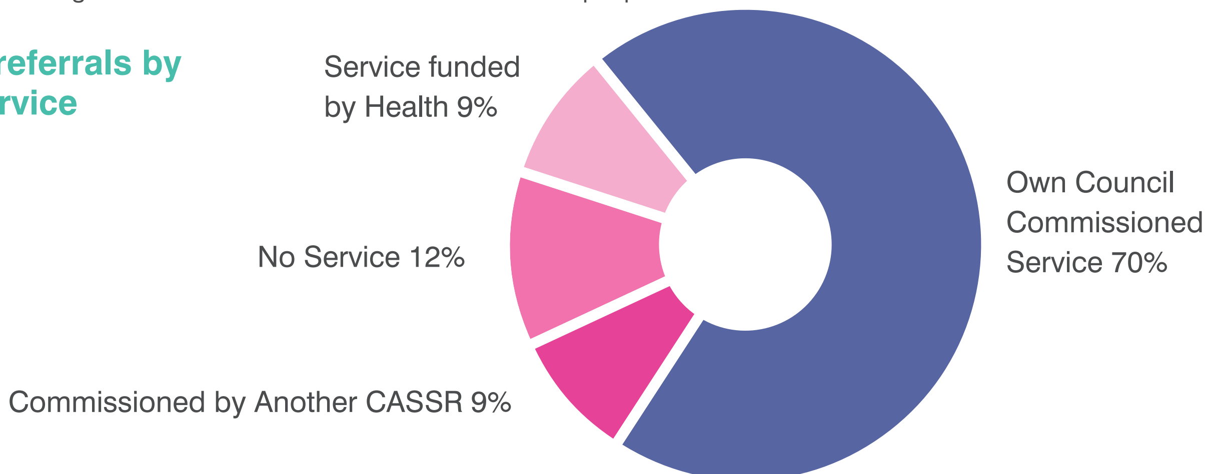
There has been a drop in the percentage of people being referred into the safeguarding process who were not known to social services. Significantly in 2011/12, 58.3% of people referred into the safeguarding process with mental ill health did not receive social care services compared with 18.8% in 2012/13.

Table 11 – referrals by type of service funding

Type of Service	Physical disability, frailty & sensory impairment		Mental Health		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Own Council Commissioned Service	6	75.0%	15	46.9%	61	88.4%	107	66.5%
Commissioned by Another CASSR	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Self-Funded Service	0	0.0%	3	9.4%	1	1.4%	20	12.4%
Service funded by Health	1	12.5%	8	25.0%	5	7.2%	18	11.2%
No Service	1	12.5%	6	18.8%	2	2.9%	16	9.9%
Total[1]	8		32		69		161	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Chart 6 – referrals by type of service



Alleged Perpetrator Relationship comparison 2009/10-2012/13.

In 2012/13 social care staff and family members were named as the main alleged perpetrators within the safeguarding process, 40.3% were social care staff up 4.2 percentage points from 2011/12) and 17.5% (a drop of 3.1 percentage points) were named family members). This is a repeated theme for the previous four reporting years.

The option of "not known" being selected for the alleged perpetrator continues to reduce from 9.5% in 2011/12 to 7.6% in 2012/13.

Table 12 - relationship of alleged perpertrator

Relationship of alleged perpertrator	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Partner	20	7.6%	17	4.9%	27	7.2%	32	7.0%
Other family member	38	14.4%	61	17.5%	65	17.3%	89	19.4%
Health Care Worker	23	8.7%	26	7.4%	24	6.4%	33	7.2%
Volunteer/ Befriender	0	0.0%	1	0.3%	1	0.3%	0	0.0%
Social Care Staff	106	40.3%	126	36.1%	105	21.3%	178	38.8%
Other professional	6	2.3%	17	4.9%	14	3.7%	15	3.3%
Other Vulnerable Adult	25	9.5%	28	8.0%	36	9.6%	16	3.5%
Neighbour/Friend	13	4.9%	22	6.3%	27	7.2%	19	4.1%
Stranger	8	3.0%	16	4.6%	12	3.2%	6	1.3%
Not Known	20	7.6%	33	9.5%	51	13.6%	53	11.5%
Other	4	1.5%	2	0.6%	13	3.5%	18	3.9%
Total	263		349		375		459	

Alleged Perpetrator Relationship (2012/13 only)

Of the social care staff identified as the alleged perpetrator, 65 were named residential care staff, 31 were home care staff, 1 was a day care staff member and 9 were reported in other establishments.

Chart 7 – Perpetrator: breakdown of social care staff

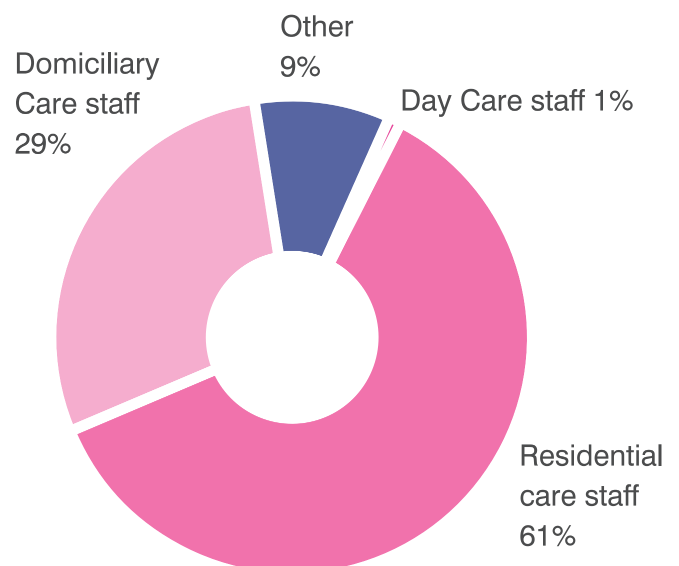


Table 13 - relationship of alleged perpertrator by client group

Relationship of alleged perpetrator by client category [1]	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People aged 65+	
	Number	%	Number	%	Number	%	Number	%
Partner	2	25.0%	6	21.4%	0	0.0%	11	7.0%
Other family member	0	0.0%	6	21.4%	10	15.2%	21	13.3%
Health Care Worker	1	12.5%	2	7.1%	2	3.0%	18	11.4%
Volunteer/ Befriender	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Social Care Staff	5	62.5%	6	21.4%	30	45.5%	65	41.1%
Other professional	0	0.0%	0	0.0%	1	1.5%	5	3.2%
Other Vulnerable Adult	0	0.0%	0	0.0%	8	12.1%	17	10.8%
Neighbour/Friend	0	0.0%	3	10.7%	6	9.1%	4	2.5%
Stranger	0	0.0%	1	3.6%	5	7.6%	2	1.3%
Not Known	0	0.0%	3	10.7%	1	1.5%	15	9.5%
Other	0	0.0%	1	3.6%	3	4.5%	0	0.0%
Total	8		28		66		158	

[1]Excludes client categories Substance Misuse and Other Vulnerable people

Case conclusion comparison 2009/10-2012/13

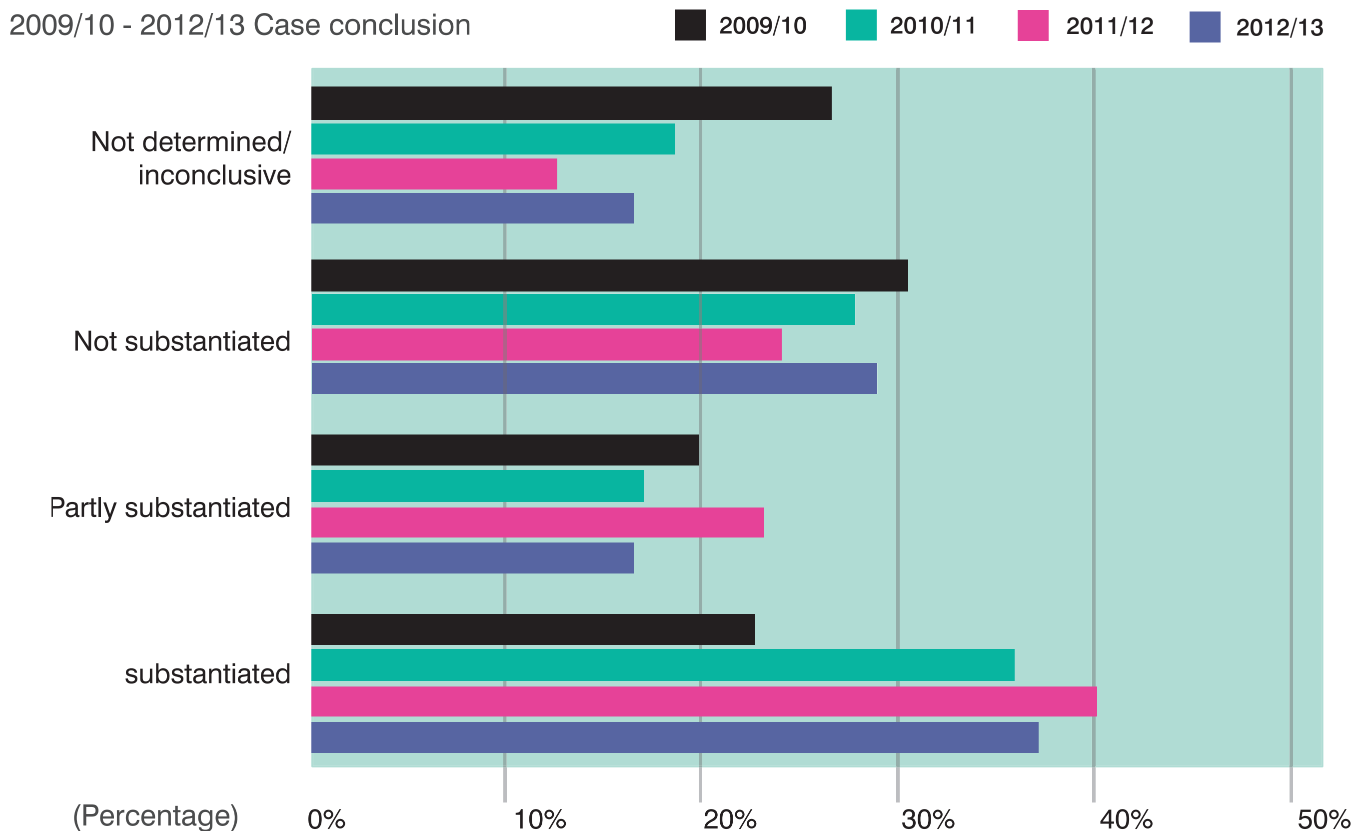
Contradictory to previous years, substantiated and partly substantiated case conclusions have not continued to increase but have retracted more in line with 2010/11 results.

In 2012/13, 38.0% of safeguarding referrals completed were substantiated (2.1 percentage point drop from 2011/12) and 16.4% were partly substantiated (7.4 percentage point drop from 2011/12).

Table 14 – case conclusion comparison (2009/10 – 2012/13)

	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Substantiated	109	38.0%	123	40.1%	126	36.7%	106	23.5%
Partly Substantiated	47	16.4%	73	23.8%	57	16.6%	90	19.9%
Not Substantiated	83	28.9%	73	23.8%	96	28.0%	138	30.5%
Not Determined / Inconclusive	48	16.7%	38	12.4%	64	18.7%	118	26.1%
Total	287	100.0%	307	100.0%	343	100.0%	452	100.0%

Chart 8 – case conclusion comparison (2009/10 – 2012/13)



Case conclusion (2012/13 only)

Table 15 below looks at case conclusions by client category.

In 2011/12 the learning disabilities primary client group had the highest substantiation rates compared to other primary categories, although this is still the case in 2012/13, there has been an 8.8 percentage point decrease (65.1% in 2011/12 and 56.3% in 2012/13).

In 2012/13 safeguarding referrals within the mental health primary category have the lowest substantiation record (17.9% cases not substantiated). 39.3% completed cases were not determined or inconclusive.

Table 15 – case conclusion (2012/13)

Age Group/Primary Client Group [1]	Substantiated		Partly Substantiated		Not Substantiated		Not Substantiated		Total Completed Referrals
	Number	%	Number	%	Number	%	Number	%	Number
Physical disability, frailty & sensory impairment	2	50.0%	0	0.0%	1	25.0%	1	25.0%	4
Mental Health Needs	8	28.6%	4	14.3%	5	17.9%	11	39.3%	28
Learning Disability	40	56.3%	6	8.5%	17	23.9%	8	11.3%	71
Older People (65+)	59	32.4%	37	20.3%	60	33.0%	26	14.3%	182

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcomes of completed referral - Victim comparison 2009/10-2012/13

The option of 'no further action' selected as an outcome for the safeguarding victim continues to reduce (15.9% in 2012/13 from 17.0% in 2011/12, 18.6% in 2010/11 and 42.1% in 2009/10).

The number of "increased monitoring" and "community care assessment and services" safeguarding outcomes has continued to increase in the last four reporting years.

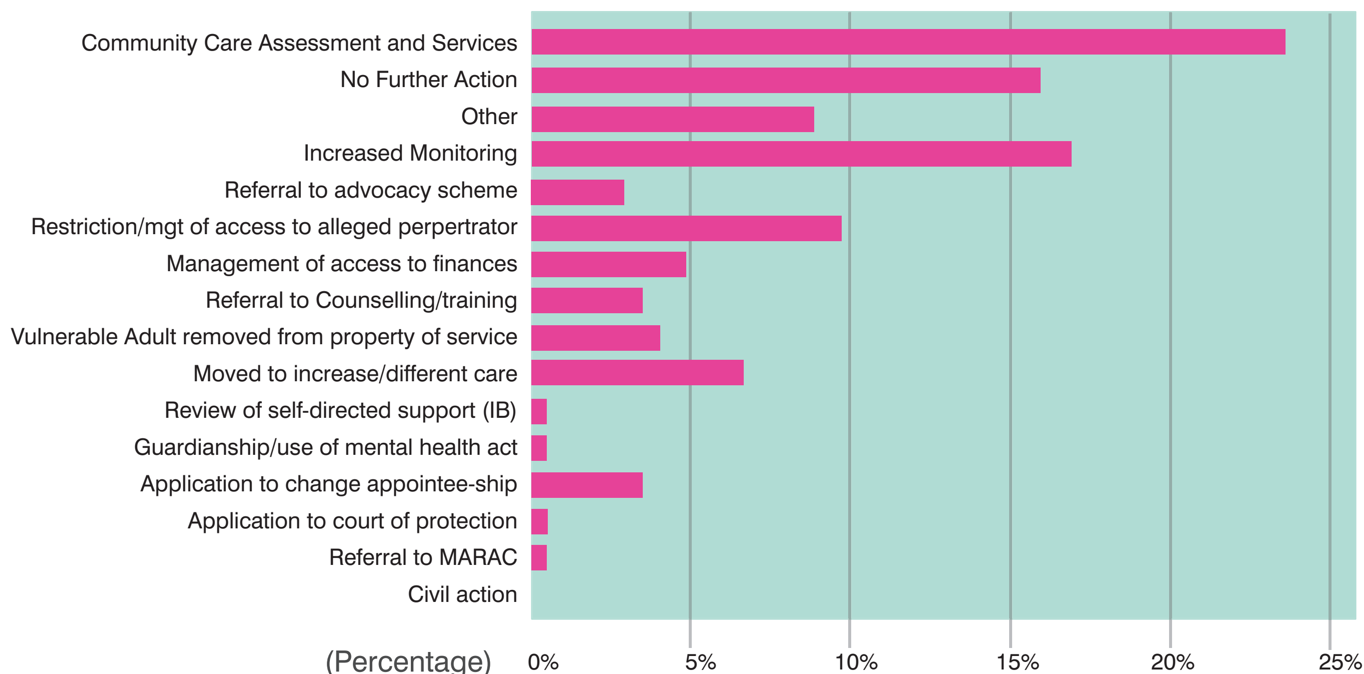
The option of "other" selected as a safeguarding outcome has dropped by 8.1 percentage points this year from 17.0% in 2011/12 to 8.9% in 2012/13.

Table 16 – outcome of completed referral (2009/10 – 2012/13)

Outcome of Completed Referral*	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Increased Monitoring	88	16.6%	81	16.2%	93	15.9%	75	9.6%
Vulnerable Adult removed from property or service	19	3.6%	19	3.8%	17	2.9%	18	2.3%
Community Care Assessment and Services	123	23.3%	111	22.2%	125	21.3%	126	16.2%
Civil Action	0	0.0%	0	0.0%	2	0.3%	2	0.3%
Application to Court of Protection	2	0.4%	2	0.4%	5	0.9%	0	0.0%
Application to change appointee-ship	15	2.8%	3	0.6%	3	0.5%	3	0.4%
Referral to advocacy scheme	17	3.2%	16	3.2%	40	6.8%	22	2.8%
Referral to Counselling / Training	17	3.2%	22	4.4%	6	1.0%	12	1.5%
Moved to increase / Different Care	33	6.2%	16	3.2%	35	6.0%	54	6.9%
Management of access to finances	26	4.9%	25	5.0%	28	4.8%	25	3.2%
Guardianship/Use of Mental Health Act	2	0.4%	3	0.6%	4	0.7%	4	0.5%
Review of Self-Directed Support (IB)	2	0.4%	5	1.0%	10	1.7%	8	1.0%
Restriction/management of access to alleged perpetrator	52	9.8%	28	5.6%	31	5.3%	27	3.5%
Referral to MARAC	2	0.4%	0	0.0%	0	0.0%	0	0.0%
Other	47	8.9%	85	17.0%	78	13.3%	75	9.6%
No Further Action	84	15.9%	85	17.0%	109	18.6%	328	42.1%
Total	529		501		586		779	

*includes multiple outcome per referral

Chart 9 – outcomes for victims 2012/13



Acceptance of Protection Plan – Victim comparison 2009/10-2012/13

This information relates to the number of victims who accepted a protection plan.

Table 17 – acceptance of protection plan (2009/10 – 2012/13)

Acceptance of Protection Plan	2012/13		2011/2012		2010/2011		2009/2010	
	Number	%	Number	%	Number	%	Number	%
Accepted	106	91.4%	159	87.4%	106	76.8%	154	59.2%
Did not accept	10	8.6%	23	12.6%	32	23.2%	106	40.8%
Total	116		182		138		260	

Chart 10 – comparison of protection plans (2009/10 – 2012/13)

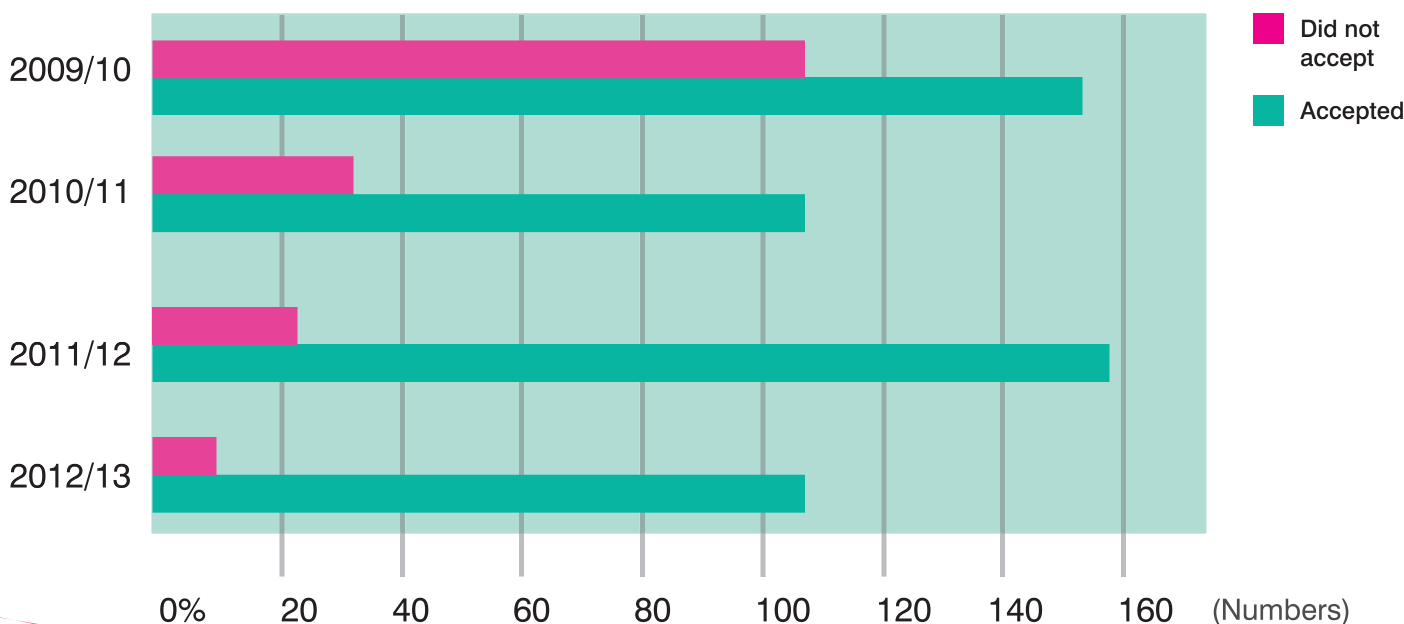


Table 18 – acceptance of protection plan (2012/13)

Acceptance of Protection Plan (2012/13)	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Accepted	0	0.0%	9	90.0%	47	94.0%	49	89.1%
Did not accept	0	0.0%	1	10.0%	3	6.0%	6	10.9%
Total	0		10		50		55	

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcome of completed referral – Alleged perpetrator/ organisation/ service comparison 2009/10-2012/13

No further action continues to be the most common outcome of a completed referral (this option is selected if there is no apparent action required against the perpetrator).

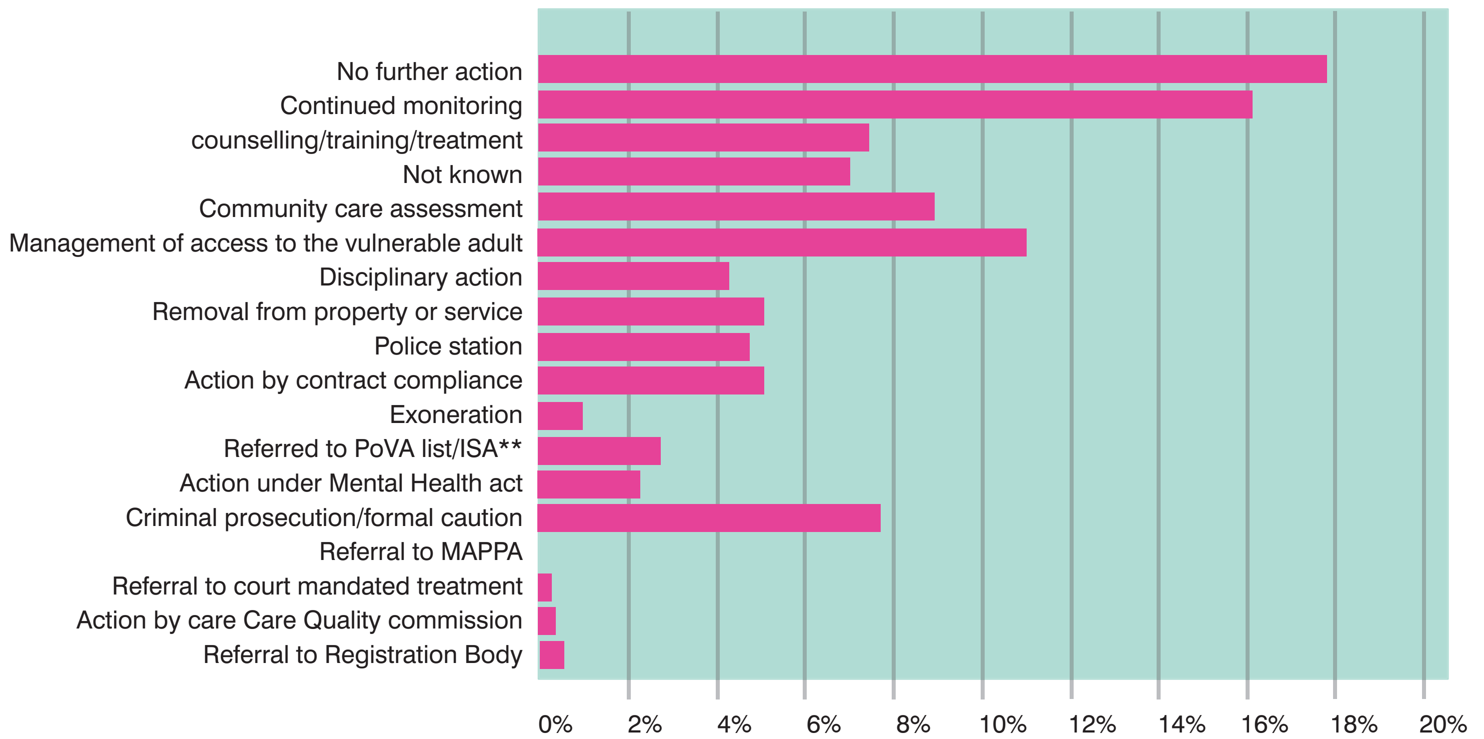
In 2010/11 Coventry changed its use of “no further action” to meet the AVA guidelines; this has had a direct impact on the use of “not known”.

Table 19 – outcome of completed referral (2009/10 – 2012/13)

For Alleged Perpetrator/ Organisation/Service	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Criminal Prosecution / Formal Caution	34	7.8%	1	0.2%	2	0.4%	5	1.5%
Police Action	19	4.4%	20	4.9%	16	3.5%	12	3.6%
Community Care Assessment	38	8.8%	25	6.1%	48	10.5%	39	11.7%
Removal from property or Service	20	4.6%	21	5.1%	22	4.8%	9	2.7%
Management of access to the Vulnerable Adult	47	10.8%	24	5.9%	21	4.6%	7	2.1%
Referred to PoVA List /ISA**	12	2.8%	6	1.5%	10	2.2%	3	0.9%
Referral to Registration Body	2	0.5%	0	0.0%	7	1.5%	4	1.2%
Disciplinary Action	18	4.1%	23	5.6%	20	4.4%	19	5.7%
Action By Care Quality Commission	1	0.2%	0	0.0%	2	0.4%	8	2.4%
Continued Monitoring	70	16.1%	71	17.3%	89	19.5%	37	11.1%
Counselling/Training/Treatment	32	7.4%	71	17.3%	11	2.4%	37	11.1%
Referral to Court Mandated Treatment	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Referral to MAPPA	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Action under Mental Health Act	9	2.1%	2	0.5%	3	0.7%	1	0.3%
Action by Contract Compliance	21	4.8%	15	3.7%	3	0.7%	3	0.9%
Exoneration	3	0.7%	8	2.0%	0	0.0%	0	0.0%
No Further Action	77	17.7%	89	21.7%	90	19.7%	134	40.2%
Not Known	30	6.9%	34	8.3%	112	24.6%	15	4.5%
Total	434		410		456		333	

[5] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Chart 11 – outcome for perpetrator (2012/13)



All text, tables and graphs taken from Coventry City Council: Abuse of Vulnerable Adults (AVA) Return 2012/13 (June 2013)

Glossary of terms and abbreviations

ACC	Assistant Chief Constable
ACPO	Association of Chief Police Officers
AVA	Abuse of Vulnerable Adults
CCC	Coventry City Council
CCHS	Coventry Community Healthcare Services
CQC	Care Quality Commission
CQUIN	Commission for Quality and Innovation
CRCCG	Coventry & Rugby Clinical Commissioning Group
CSAB	Coventry Safeguarding Adults Board
CSL	Consortium of Social Landlords
CWPT	Coventry & Warwickshire Partnership NHS Trust
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Health Advocate
LPU	Local Policing Unit
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
OCU	Operational Command Unit
OSCA	Outstanding Achievement Awards
PPU	Public Protection Unit
SAB	Safeguarding Adult Board
SAC	Safeguarding Adults Coordinator
SCR	Serious Case Review
SWMPT	Staffordshire & West Midlands Probation Trust
UHCW	University Hospital Coventry & Warwickshire NHS Trust
VLE	Virtual Learning Environment
WMFS	West Midlands Fire Service

This report is available online at:
www.coventry.gov.uk/safeguarding

If you require this report in another format or language please contact:

Telephone: 024 7683 2346
e-mail: safeguarding.adults.team@coventry.gov.uk

Public report
Cabinet Report

Health and Social Care Scrutiny Board (Scrutiny Board 5)	25 September 2013
Cabinet	8 October 2013
Council	22 October 2013

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:
Executive Director, People

Ward(s) affected:
All

Title:
Caring for our future – Consultation On Reforming What And How People Pay For Their Care And Support – Consultation Response

Is this a key decision?
No.
The provision of Adult Social Care is City wide; this is a consultation response and does not in itself significantly affect residents.

Executive Summary:

This report details the City Council's response to a Department of Health (DH) consultation on reforming what and how people pay for their care and support. The Department of Health published the White Paper ‘Caring for our future: reforming care and support’ (Care and Support White Paper) in July 2012.

Subsequent to this, in February 2013, the Government announced historic reforms to give more certainty and peace of mind over the costs of old age, or of living with a disability and committed to reforming the funding of care and support to ensure:

- Everyone receives the care they need and more support goes to those in greatest need
- We end the unfairness of, and fear caused by, unlimited care costs
- People will be protected from having to sell their home in their lifetime to pay for care.

The Government is now consulting on the implementation of these significant reforms. The consultation covers a number of issues including assessment of care, how this care is met, how this care is paid for, the impact of the reforms on the care market and the required changes to local authorities to deliver this change. These proposals represent the biggest changes in adult social care since 1948 and will affect Local Authorities, Health partners and providers of care and support.

The consultation is focused on how practical details of the changes to social care should be managed. The consultation included eleven consultation questions and five implementation questions.

Overall, the Council welcomes the proposals as a significant step forward in improving and simplifying the charging framework for adult social care. The introduction of a standardised approach across all settings will provide the local authority, and public, with much needed clarification.

Recommendations:

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

1. Consider the proposed response to the consultation and advise Cabinet of their agreement/endorsement of the response and/or submit any further additions to the response to Cabinet for their consideration.

The Cabinet is asked to:

1. Consider comments from the Health and Social Care Scrutiny Board (5).

2. Recommend that Council to approve the consultation response.

Council is asked to:

1. Approve the consultation response.

List of Appendices included:

Appendix 1 - Consultation response

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) – 25 September 2013

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

No

Will this report go to Council?

Yes – Council 22 October 2013

Report title: **Caring for our future – Consultation on reforming what and how people pay for their care and support – Consultation response**

1. Context (or background)

1.1 Since May 2010, the Government has published a range of policy documents in relation to adult social care aimed at shaping and affirming the direction for the sector, and addressing the funding arrangements for care and support.

1.2 In February 2013, the Government announced the reform of the funding for care and support with the aim of providing more certainty and peace of mind over the costs of old age or living with a disability.

1.3 The Government is now consulting on the implementation of these significant reforms. The consultation covers a number of issues including assessment of care, how this care is met, how this care is paid for, the impact of the reforms on the care market and the required changes to local authorities to deliver this change. These proposals represent the biggest changes in adult social care since 1948 and will affect local authorities, health partners and providers of care and support.

1.4 The Care Bill, currently before Parliament, will be the legal framework on which this social care reform will be based. This includes the introduction, from April 2015, of new charging rules, new regulations for adult social care assessments, and a requirement to offer deferred payments so that homeowners in need of residential care do not need to sell their home during their lifetime.

1.5 From April 2016, it is proposed that local authorities will assess the care and support needs of people who fund their own care. For people who meet the eligibility criteria for social care and support, the local authority will calculate valid expenditure against the cap of £72,000 and once cap is reached it is proposed that the local authority takes responsibility for payment.

1.6 The consultation contains eleven consultation questions, five implementation questions plus an additional forty questions in the form of a 'call for evidence'. In the consultation response the Council responds to the consultation and implementation questions. The Council will engage separately with regards to the forty calls for evidence questions through its links with the Local Government Association (LGA) and The Association of Directors of Adult Social Services (ADASS). By responding to the call for evidence in this way the Council will ensure that it contributes to understanding the implications and practicalities of social care reform to enable sustainable delivery of these reforms.

2. Options considered and recommended proposal

2.1 The consultation covers a range of topics relating to social care reform. These are:

- How to help people make more informed choices over care through information and advice and assessments and help local authorities meet the demands or these.
- How the capped cost system should work with assessments, personal budgets, charging, and care and support planning.
- The design of the new charging framework for care and support and the choices around how the capped cost system should work for working age adults.
- How deferred payment agreements should be managed and administered.
- The process for providing redress and resolving complaints.

2.2 The consultation document states that the current charging framework is unfair, poorly understood and differs based on different care settings. The Government intends to

introduce regulations to establish a single overarching charging system, although local authorities will still be able to choose not to charge.

2.3 A key aspect of funding reform is the need to raise awareness amongst the general population of how care and support works and to assist people to plan for how they might pay for their care and support. It is currently estimated that 40% of people are unaware that they might need to pay for their care and support. The Care Bill will give local authorities a duty to arrange for the provision of independent advice for people who need care and support.

2.4 In 2016, additional demands will also be placed on social work teams to carry out care assessments for people who fund their own care and support in order to determine eligibility. There could also be increased contact from people with lower level needs enquiring as to whether they are eligible for social care. The Care Bill will also gives additional assessment rights to an increased number informal carers', due to proposed changes in the carer assessment criteria. How these additional demands on social work teams are managed will require careful consideration.

2.5 The consultation and implementation questions contained within the consultation document are focussed on the technical details of how these changes should be managed in practice. These include:

- Rules relating to different care caps for adults at various ages under 65, to reflect different abilities to build up assets
- Systems for measuring what counts towards the cap and the management of care accounts, including greater use of online transactions
- Administrative fees that local authorities could charge self-funders if the local authority arranges their care and support
- How deferred payment agreements could be managed and administered
- The process for providing redress and resolving complaints

2.6 The eleven consultation questions and five implementation questions along with proposed City Council responses are included in the appendix to this report.

2.7 Overall, the Council welcomes the proposals as a significant step forward in improving and simplifying the charging framework for adult social care. The introduction of a standardised approach across all settings will provide the local authority, and public, with much needed clarification.

2.8 As part of the consultation, the Government is also proposing to extend free care for eligible needs to young people up to age 25 to support the transition from children's to adult care. The Council believes the Government should reconsider this proposal as; it is potentially unfair to younger adults with a disability who may not have received support from children's social care.

2.9 The Council fully supports the proposal that local authorities should have the discretion to introduce reasonable safeguards to ensure deferred payment agreements can be repaid.

2.10 One of the consultation proposals is that a period of three months is allowed to elapse following death before the Council can seek repayment. The Council disagrees with this proposal and considers that an earlier claim could be registered with the Executor of the estate without causing undue distress to families. It will be important within the publicity material for deferred payments for care that this should be considered as part of the normal process for settling a deceased estate.

2.11 The Council agrees with the overarching principles for redressing complaints. The Council would recommend the terminology around independence is clarified to explain that

decisions can be reviewed by someone within the local authority, as long as they are independent of the original decision maker. The current wording may create an unrealistic expectation that reviews will be undertaken from outside the local authority

2.12 The Government is proposing a new funding formulae to implement these reforms, this formula is not covered in the current consultation and independent experts have been commissioned to identify the new formulae by spring 2014. A period of consultation will follow in summer 2014 which the Council will have an opportunity to respond to.

2.13 The Council urges the Government to appropriately fund local authorities to meet the legal requirements of the Care Bill; the Council welcomes the Government commitment to provide additional resources to local government to cover the costs of implementation of the cap and the requirement to offer deferred payments for residential care. However, whether these additional resources are sufficient to meet the additional demands is unclear.

2.14 The timelines for implementation are particularly challenging. In order to assist local authorities to plan, prepare and implement changes, the Government should ensure the timely release of regulations and guidance that will provide the legal basis for these wholesale reforms.

3. Results of consultation undertaken

3.1 The consultation response is from the City Council and therefore wider consultation has not been undertaken.

4. Timetable for implementing this decision

4.1 Responses to the consultation are required by 25 October 2013.

5. Comments from Director of Finance and Legal Services

5.1 Financial implications

5.1.1 There are no direct financial implications arising from responding to this consultation.

5.1.2 The financial implications from this level of reform will be significant, and due to the quantity and complexity of the scale of change involved, also difficult to predict with any certainty. The changes and associated costs relate to increased assessment requirements, reduced income due to new exemptions and the application of the funding cap, the associated potential impact on the provider market, as well as the infrastructure requirements to implement the changes.

5.1.3 Some new burden funding is available to contribute towards these costs, however as this will be formulae based and also at a time where other funding is reducing, it is not likely to meet the full cost of these changes.

5.2 Legal implications

5.2.1 The Care Bill is currently proceeding through the House of Lords before moving to the House of Commons. The Bill includes proposals to reform the law relating to care and support for adults and the law relating to support for carers. It is envisaged that the new care support framework will be implemented in 2015 moving into 2016.

5.2.2 The consultation exercise that is the subject of this report is to inform regulations and processes required around the implementation of the new proposed framework.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

These proposals support the continued provision of a range of statutory social care services to the people of Coventry. This may contribute to people living longer, healthier lives.

6.2 How is risk being managed?

There are no specific risks relating to the consultation response itself.

6.3 What is the impact on the organisation?

The consultation response itself will have no specific impacts on the organisation.

6.4 Equalities / EIA

A Social Care Funding Reform Impact Assessment has been produced by the Department of Health.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The consultation response itself will have no specific impacts on partner organisations.

Report author(s):

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Pete Fahy	Assistant Director	People Directorate	23.08.13	29.08.13
Michelle Salmon	Governance Services Officer	Resources Directorate	28.08.13	02.09.13
Names of approvers for submission: (officers and Members)				
Ewan Dewar	Finance Manager Community Services	Resources Directorate	23.08.13	29.08.13
Julie Newman	Solicitor, CLYP and Adults Manager	Resources Directorate	23.08.13	27.08.13
Brian M Walsh	Executive Director	People Directorate	30.08.13	02.09.13
Councillor Gingell	Cabinet Member (Health and Adult Services)		30.08.13	02.09.13

This report is published on the council's website: www.coventry.gov.uk/meetings

Appendices

Appendix 1

Caring for our future – Consultation on reforming what and how people pay for their care and support – Consultation response

Consultation and implementation Questions and Responses

Consultation questions

Fairer and more consistent charging – the charging framework

Question 1: Do you agree the future charging framework should be based on the following principles?
The principles are to be:

- Comprehensive
- To reduce variation in the way people are financially assessed; be transparent, so people know what they will be charged
- Promote wellbeing and support the vision of personalisation, independence, choice and control and enables delivery of funding reform
- Be user-focused reflecting the variety of care journeys and the richness of options available to meet their needs
- Encourage and enable those who wish to take up employment, or plan for the future costs of meeting their needs to do so; support carers and not place additional burdens on them, in recognition of the invaluable contribution they make to society
- Minimise anomalies and perverse incentives in choices between care settings
- And be sustainable in the long term

The principles are sound. Any changes to the current arrangements would need to reflect any new financial burden brought about by the changes. The proposed principles would also need to feed into the development of any financial services models that would potentially assist people to plan for future care needs.

Fairer cap for working age adults – varying the levels of cap

Question 2: Do you agree that the decision on the level of the cap on care costs set for working age adults between the ages of 18 and state pension age should be based on the following principles?
The principles are:

- People in similar circumstances should make a similar contribution
- Reflect people's ability to plan, prepare and build up savings
- Be simple for people to understand and feasible to implement
- Support integrated care and effective transitions between services
- Help people to live independent lives

Principles are sound but the Council considers more information is needed to fully understand the implications of the proposed principles.

Question 3: Do you agree in order to support transitions from children to adult care and support we should extend free care for eligible needs to young people up to age 25? Or are their alternatives we should consider such as through integration between child and adult care and support and the guidance provided on how to set the level of the cap?

The Council disagrees with this proposal. There would be an adverse financial impact for local authorities. 18 to 25 year olds could potentially have a chargeable income or other financial resources, such as inheritance, which could make them a self-funder and therefore no costs would initially be incurred by the Council.

This proposal is also potentially inequitable for young adults who may have a disability but did not received support from Children's Social Care. For example, they acquired a disability following an accident at the age of 18.

This proposal would also create the need for dual budgets across children and adult social care.

The Council considers that in order to support integration between child and adult care it is important that social care practitioners are also able to work together well in advance of transition to support future financial planning.

Aligning contributions in different care settings – daily living costs

Question 4: Do you agree the contribution a person makes to daily living costs should be calculated on the same basis as financial assistance with care costs, taking into account both income and assets?

Agree. The Council welcomes a standardised approach to the charging framework for both residential and non-residential care packages. The Council considers it is imperative to ensure equitability across care settings, so that people in receipt of support in their own homes are not financially worse off in paying these costs than if they were in receipt of residential care or vice versa.

Who will qualify for a deferred payment

Question 5: Do you agree our criteria for determining who qualifies for a deferred payment should be? The criteria include people who would benefit from residential care and people with less than £23,250 in assets excluding their home.

Are there any examples of where greater flexibility might be necessary to ensure people do not have to sell their homes in their lifetime to pay for care?

Whilst the principles proposed are appropriate to ensuring deferred amounts can be repaid, it does restrict the availability of this opportunity. Any promotional material relating to the reforms needs to be very clear on who can or cannot benefit from this to ensure people are clear and can plan accordingly.

In the example given where someone may have "slightly more" than the £23,250 and it is preferred to offer the option upfront, it may be more appropriate to look at the length of time before the deferred payment option arises rather than a value of how much they are over the £23,250 as otherwise another level is set which someone else may be just over.

If a service users assets fluctuated above and below £23,250 it would be inappropriate to agree to defer then stop then agree to defer then stop in line with the fluctuations. A balance needs to

be struck between ensuring amounts are paid, at the same time as minimising the administrative burden for both the service user and the local authority.

What fees can someone defer

Question 6: Do you agree with the principle that local authorities should have the discretion to introduce reasonable safeguards to ensure deferred payment agreements can be repaid? If so how can this be done in a way to support people's choice of care home?

The Council agrees that local authorities need to retain decision regarding agreeing a deferred payment, as some properties will not have sufficient equity to be able to reach the capped amount. Clarification of approach when a property is jointly owned would be welcomed, including valuing of a part share and the Land Registry's approach to registering a charge against the property.

Any discussions regarding care funding options should include an honest and open dialog about personalisation and choice. There is a need to ensure that where people choose a high cost residential home as a self-funder, that they understand, that once the cap is reached they may be required to move when the local authority funds their care.

How long can the deferred payment last?

Question 7: Do you agree local authorities should normally wait at least 3 months after someone has died before actively seeking repayment? Are there circumstances in which the Local Authority should wait longer?

The Council disagrees with this proposal. Repayment needs to be considered part of the normal process for dealing with someone's financial affairs after death. The Council considers that the local authority should be able to register an early claim with the Executor of a client's estate. This can be pursued sensitively without causing undue stress to families.

Wider flexibility to offer deferred payments

Question 8: Do you agree that local authorities should have additional flexibility to go beyond what they would normally cover and allow people to defer care charges to help them get the care they want in wider circumstances such as domiciliary care?

From an equality perspective, it would seem fair, to offer deferred payment schemes to all irrespective of types of care provided. The difficultly in offering deferred payments schemes to people in receipt of domiciliary care is they often have spouses and children living with them. This could potentially mean the Council could be waiting a generation to make a financial claim against the property.

Therefore it is imperative that the financial implication of this proposal is understood in advance to ensure that it is not an unfunded new burden to the local authority.

An alternative would be enabling equity release from a property to be able to pay care costs upfront.

Calculating what counts towards the cap

Question 9: Do you agree with the proposed principles for calculating the independent personal budget and personal budget?
The principles are:
- To support the overall outcome of promoting a person's wellbeing
- Be equitable to everyone who accesses local authority support, no matter whether they pay for their own care, or where they live
- Ensure consistency in the outcome of the calculation of the costs of meeting a person's needs according to their individual circumstances as if the local authority was under a duty to meet them
- Be transparent over the calculation and the basis for it
- Where needs are being met by a carer, reflect the carer's ability and willingness to care
- And the impact of continuing to provide this support, and reflect what it may reasonably cost a local authority to meet a person's needs according to their particular circumstances

The Council agrees with the principles, if they are consistently applied to both the independent personal budget and personal budget.

Question 10: Do you agree that local authorities should have flexibility on providing annual updates where a person has not had care needs for many years, or they have already reached the cap? In what other circumstances should discretion be given?

The Council agrees that local authorities should have flexibility on providing annual updates for people currently receiving care. Updates for others, should be available on request. It will be important for people to be able to receive annual updates online.

Providing redress and resolving complaints

Question 11: Do you agree that the following principles should underpin dispute resolution mechanisms?
The principles are:
- To be clear and easy to understand, be locally accountable
- Be fair and effective and should therefore have public confidence
- Resolve issues in a timely, effective and cost-effective way
- Have an independent element; and promote local resolution, minimising the need for more formal challenge mechanisms which could be costly and time-consuming

The Council agree with the overall principles but rather than having a footnote to explain "independent element" suggest that it is reworded to "Decision is reviewed and/or considered by someone other than the original decision maker." The word independent gives an immediate feel that it will be someone totally independent of local authority/organisation.

However it must be noted that in the consultation document heading refers to "providing redress and resolving complaints" It therefore does not allow for initial concerns to be raised before going into a formal process.

Responses need to be proportionate to the complaint and deal with the people initially rather than the system. Preventing simple requests, questions or expressions of concern escalating into complaints is critical, hence the need for initial concerns before formal complaint. This is very much like the triage system that the Local Government Ombudsman currently use.

It would also be a mistake to add extra layers to the complaints system, the public want simplicity, effectiveness and speed in complaint handling, as well as to be listened to.

This has to be particularly considered, as in the "Caring for our future" document it indicates that "more people will be brought into contact with the local authority by the reforms to care and support funding."

Also the lines are going to be more blurred in relation to who to complain to. At the moment with joint services and commissioned services people are unsure with the advent of more personal budgets and direct payments that will be even more blurred especially with self-funders who may now come to the council to arrange packages of care.

Whatever system is adopted, it is about attitude towards concerns and complaints, and willingness by the organisation to listen and shift away from defensiveness. The system whereby they can complain to the Local Government Ombudsman does give that independence line and reassurance in that local authorities know that this could happen.

One of the major areas of concern, is what people can complain about, for instance with regard to schools admission it is very clear what they can complain about is that the process has not been followed, not the decision.

Also there is no mention of the role of The Health and Well-being Board or relevant scrutiny board within local authorities to look at complaints. The Government may wish to redress this as complaint information can provide a valuable insight of people's experience and can be useful for identifying emerging trends which may require further investigation to safeguard individuals.

Implementation questions

Transition to the introduction of the cap

Implementation Question 1: Do you agree local authorities should conduct assessments of people who are funding their own care and support up to 6 months before the introduction of the cap on care costs?

The Council considers that conducting assessments six months before the implementation of the cap is too far in advance. People's circumstance and care needs can change greatly over that period. Therefore the Council would recommend starting three months prior to the introduction of the cap. It will be important, at the start of this process, that local authorities are very clear on what the local authority would fund in the future once cap is reached.

Local authorities will need to be supported by care providers to increase knowledge of self-funders in their local area, to support appropriate planning for the increase in the demand for care assessments and support planning.

Implementation Question 2: How could local authorities use reviews they have planned with individuals throughout 2015 to prepare for introduction of the cap on care costs in 2016?

Local authorities will need to be supported by national promotion of the planned changes by both Central Government and national 3rd sector organisations. This information can then be tailored to meet local needs as required by either the Council or local providers of information and advice.

It is therefore important that promotion material is made available in 2015 to support the social care and health professional to play a supportive role in providing timely information about care costs to those people who come into contact with the local authority, our health or 3rd Sector partners.

There must be a shared approach to the promotion of the cap on care costs. Promotion cannot be the sole responsibility of the local authority.

Workforce Development

Implementation question 3: We welcome views on the implications for commissioners and workforce leads from the potential use of partners' resources to help manage the demands on local authorities from the introduction of the cap on care costs and how this should be addressed within the workforce development strand of the implementation programme.

The proposed changes are fundamental and wide-ranging and have enormous implication for workforce development of a range of stakeholders including care management and financial assessment staff, providers, and commissioners and ranging from awareness training in relation to new systems through to detailed training and development for those required to implement the detail of the expectations dependent on job role.

This in itself will require a fuller training and development needs analysis. There will also be a need to examine whether new/revised job roles are required.

Local authorities would certainly need to work closely with partner organisations including ADASS and Skills for Care on both a national and regional basis.

Market Shaping and oversight

Implementation question 4: We welcome views on how local authority commissioning and care and support provider provision should adapt to take advantage of the opportunities provided by the introduction of funding reform and respond to the challenges it may present.

One opportunity would be that local authorities would be required to understand the whole market including self funders. This would enable a more holistic approach to market shaping in local areas. Information about self funders is currently often patchy but the new approach would require more robust information upon which to base commissioning plans.

A risk in the new system would be the transparency of costs charged by providers. Currently providers tend to cross subsidise local authority customers through charging higher rates to self-funders. Shining a light on this practice, may lead to some equalisation of rates building cost pressures for local authorities. Engagement with providers might assist to some extent but it would be naive to think that providers would not see this as an opportunity to put upward pressure on local authority rates.

Another risk might be that self funders reaching the cap might not be able to remain with their current services, if they do not accept the price that local authorities are able to pay. A contingency to this would be to engage private payers at an early stage to ensure that they are aware of limitations around choice that would need to be in place.

Implementation question 5: We welcome views on how funding reform and increased transparency will affect the shape of local markets for types of care and support, and evidence to understand how the demands on local authorities to arrange care on behalf of people who arrange their own care and support may change.

The local market for self-funded provision will reduce. More people will become reliant on local government, which is a reversal of policy to enable people to be more independent of local authorities. There would need to be more provider/ local authority engagement as providers who hitherto catered exclusively or mainly for self-funders will no longer do so.

Some providers may exit the care market and elect to specialise in catering for non- eligible self-funded services e.g. domestic services.

The provider market for information and advice may need to expand to cater for the reforms.

Health and Social Care Scrutiny Board (5)
Work Programme 2013/14

Date: 25th September 2013

For more details on items, please see pages 3 onwards

19 June 2013
Induction and work planning
UHCW Quality Account
CWPT Quality Account
Communicable Disease Control and Outbreak Management
24 July 2013
Attendances at A and E – University Hospital site
Amalgamation of two Coventry GP practices
25 September 2013
Francis Report
Adult Social Care Local Account
Coventry Safeguarding Adults Board Annual Report
Caring for Our Future – Consultation Response
16 October 2013
Local Blood Collection Services
Learning Disability Strategy
Community Services Complaints – Annual Report
6 November 2013
Tbc Care Quality Commission (CQC)
ABCS – A Bolder Community Services
NHS 111
Public and Patient Engagement
4 December 2013
Dementia diagnosis pathways
Commissioning of third sector organisations – particularly around support for LTC
15 January 2013
Commissioning landscape of the City (Jan / Feb)
What impact has the CCG had?
Has it added value? Is it cost effective?
What is the impact on GPs and their services?
Health and Wellbeing Board Work Programme – Chair to attend a Board meeting
5 February 2014
Sexual health services
5 March 2014
Physical healthcare of LD & MH patients
2 April 2014
30 April 2014
Date to be determined
Patient discharge from UHCW
Financial position at the hospital
Complaints at UHCW / wider health economy and how they are used to improve quality?
NHS England Local Area Team
Nutritional standards in inpatient care

DPH Annual Report
Private companies running GP practices
Adult Social Care Bill

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source	Format
19 June 2013	Induction and work planning	Simon Brake / Peter Barnett	Short briefings on the remit of the Board and introduction to NHS organisations. First thoughts on the work programme.		Informal meeting / report
	UHCW Quality Account	Andy Hardy (Chief Exec UHCW)	NHS provider Trusts are required to produce annual statements of quality priorities and outcomes. The Board has a role in providing a short commentary on progress.	Legislation	Report / presentation
	CWPT Quality Account	Tracy Wrench (Director of Nursing CWPT)	As above	Legislation	Report / presentation
	Communicable Disease Control and Outbreak Management	Jane Moore	CCC Public Health / Public Health England / LAT – discussion on MMR / Measles – prevention of communicable disease, local resilience.	Chair's Request	Report / presentation
24 July 2013	Attendances at A and E – University Hospital site	UHCW / CCG / LAT / Local GPs	Recently hospital chief executives across the region have expressed concerns about the continued growth in A&E Attendances. The Board has been advised of significant failures in meeting the 95% target for people being seen within 4 hours. Issues to discuss: A&E Safety and Performance overall What are the numbers? 24 hour admission rate, staffing levels Breaches? What happens? What are we doing about it Trolley waits? A&E links to other problems at the hospital / quality.	Work programme	Report / presentation

	Amalgamation of two Coventry GP practices	NHS England	Two Coventry GP practices are proposed to be amalgamated into one practice and the local primary care commissioners (NHS England) are seeking the support of the Scrutiny Board for this proposal.	Statutory request	Report
25 September 2013	Francis Report	Simon Brake / Peter Barnett	- What Francis means to local Trusts - How propose to implement duty of candour - Impact on patients in Trust premises and / or at home - What are implications for the CCG - What are the implications for the City Council	HWB / Cabinet Member request	Briefing / attendance by NHS executives.
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item	Annual Report
	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2012/13 municipal year and provides members with some data to monitor activity.	Annual Report	Annual Report
	Caring for Our Future – Consultation Response	Simon Brake	The Government is proposing to refresh the mandate to NHS England. This report summarises the Council's draft response.	Consultation response	Report.

16 October 2013	Local Blood Collection Services	NHS Blood and Transplant Service	NHSBT are proposing changes to the local arrangements for collecting blood from local businesses. Officers of this Special Health Authority have been invited to attend to explain these and place them in the wider context of their work in collecting appropriate levels of blood from the local population.	Chair request	Report/ presentation
	Learning Disability Strategy	Mark Godfrey		Policy development	Report
	Community Services Complaints – Annual Report		This report summarises complaints made to the Directorate and summarises performance in handling them.	Chair's request	Annual Report.
6 November 2013	Tbc Care Quality Commission (CQC)	Lesley Ward (CQC)	Follow up to April meeting and developing role of CQC in particular re care homes/ social care settings. Linked to above	Work programme	Report / presentation
	ABCS – A Bolder Community Services		Major programme of service re-design and change intended to reflect budget challenges for Adult Social Care services, part of wider Citywide consultation.	Cabinet Member request	Consultation document / presentation
	NHS 111		Request current position and revised plans Impact of this on UHCW A&E pressures	Work programme	
	Public and Patient Engagement		By local Trusts / CCG role / Healthwatch's role and how the public interact with and influence Health Services.	Work programme	
4 December 2013	Dementia diagnosis pathways				
	Commissioning of third sector organisations – particularly around support for LTC				

15 January 2013	Commissioning landscape of the City (Jan / Feb) What impact has the CCG had? Has it added value? Is it cost effective? What is the impact on GPs and their services?				
	Health and Wellbeing Board Work Programme – Chair to attend a Board meeting		Chair to be invited, examine Health and Wellbeing Strategy and progress		
5 February 2014	Sexual health services				
5 March 2014	Physical healthcare of LD & MH patients				
2 April 2014					
30 April 2014					
Date to be determined	Patient discharge from UHCW				
	Financial position at the hospital				
	Complaints at UHCW / wider health economy and how they are used to improve quality?				

	NHS England Local Area Team		what is their role? Role in A&E planning / primary care conversation / NHS front-door		
	Nutritional standards in inpatient care		policies / procedures for inpatient providers - Councillors visit / trial?		
	DPH Annual Report				
	Private companies running GP practices		Progress report and examination of outcomes		
	Adult Social Care Bill	Brian Walsh / Simon Brake	The Government has published an Adult Social Care draft Bill to which it is intended that the Council will make a formal response.	Cabinet Member request	Cabinet Report

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