

COVENTRY

Adult Social Care

Annual Report and Key Areas of Improvement 2018/19 (Local Account)



24 Hours in the Life of
Adult Social Care

People's Stories

Our Key
Achievements



Coventry City Council

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What is the Local Account?

Every year Coventry City Council produces a report which tells people what the Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing and looking to improve. This report is usually referred to as the 'Local Account' but is also referred to as the 'Annual Report' for Adult Social Care.

We hope you find this account interesting and that it provides you with an insight into Adult Social Care in Coventry and the work that is being done to support improvements.





Pete Fahy -
Director of Adult Services

The production of this report remains an important part of the annual cycle of Adult Social Care. It provides an opportunity for honest reflection on the achievements and challenges we face in delivering Adult Social Care within the city.

In producing this Annual Report we have deliberately focussed on what we have done and are doing to improve further and address some of the challenges we face.

As well as an overview of performance and resources the report draws on a number of specific case studies and examples of both people supported and the people and teams that provide this support. The report does this in order to provide a reminder that beyond the headline grabbing challenges of limited funding and growing demand there remains a significant number of people, all with individual stories that we support and help make a significant difference to their lives. Although this report only highlights a small proportion of these it does hopefully help bring to life the essential contribution of Adult Social Care to the people it supports. Although these examples will never reach the headlines it is important that they are not lost.

I hope you find this Annual Report informative and as always, myself and my team are happy for any feedback.



Councillor Mal Mutton -
Cabinet Member for Adult Services

I am pleased to introduce this Annual Report for Adult Social Care. I've recently taken up the position of Cabinet Member for Adult Services.

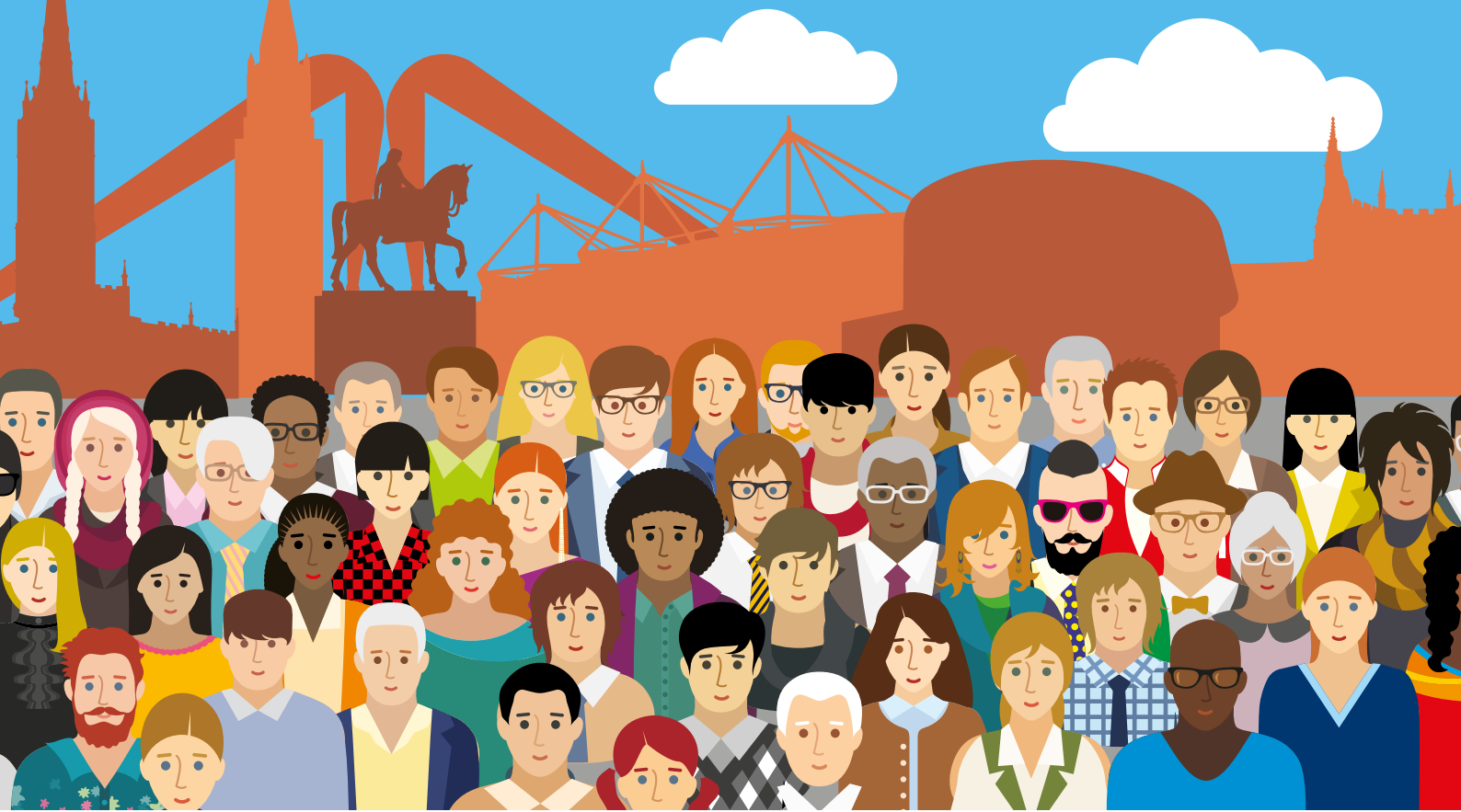
With any one of us at any point in our lives potentially requiring some form of support, it clearly is an important issue for everyone.

This report reflects the work of Adult Social Care over the last year and has been written so that local residents, people with care and support needs and carers can understand more about the support provided to adults and carers in Coventry.

This year we're incredibly grateful to those who have shared their own stories of Adult Social Care, staff who have shared their experiences and services that have demonstrated what they do. It's really helped to bring the report to life. We've also highlighted how we have spent our budget, and what you have said about the services and advice we provide. We have set out our future plans for improvement and you will see that there is a lot of great work going on.

This report includes some incredibly positive stories, but we continue to face financial pressures and have seen an increasing complexity in people's needs. We continue to work hard to find new and innovative ways to enable people to get the right support that meets their needs. One of our key objectives is to look at things from a different perspective, recognising and growing the immense strength and assets of Coventry residents and communities.

Please do get in touch if you would like to provide feedback on the Annual Report by emailing abpd@coventry.gov.uk.



Introduction to Adult Social Care

Adult Social Care is part of the People Directorate within Coventry City Council. The People Directorate's vision is 'working in partnership to improve the life chances of all and protect the most vulnerable'.

In 2016 we established a simple vision and strategy which underpins the principles of Adult Social Care, and we continue to work in support of this. This describes what we are trying to achieve, our purpose and our approach.

In a simple sense all our work, at whatever level should continue to support the strategy of: 'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'.

In the second half of 2018 Professor John Bolton visited a number of local authorities one of which was Coventry, to explore new

developments in Adult Social Care. The outcome of this work was a report by the Institute of Public Care (part of Oxford Brookes University) which commented positively on our approach in the [report](#) and has drawn interest in our work from a number of other local authorities looking to learn from what we do.

The work of Adult Social Care continues to be supported by our Stakeholder Group, which meets regularly to discuss any updates and influence the improvements of the service. The group is made up of Coventry residents who are experienced in how services work. To find out more about getting involved you can access the link [here](#).

Adult Social Care Vision

Adult Social Care supports people aged 18 and over who have care and support needs as a result of a disability or an illness. Support is also provided to carers who spend time providing necessary care to someone else. We continue to work in accordance with our primary legislation the Care Act (2014) and the required changes to practice and policy set out by the Act. The Act required improvements when people first make contact with us and how we work with people and plan their support.

The delivery of Adult Social Care in Coventry, as embodied in our vision, is that we focus on approaches that promote, wellbeing and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes. In performance terms this means that we would expect to see a relatively smaller number of people in receipt of ongoing social care, and where ongoing social care is required that this is mainly provided in people's own homes. We would also expect that the short-term services we have in place to enable people to be independent are successful in reducing demand for ongoing Adult Social Care.

Adult Social Care Vision

To enable people in most need to live independent and fulfilled lives with stronger networks and personalised support.

Strategy: Provide support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people.



Adults and carers at the heart of everything we do: People we work with are involved as equal partners in planning and decision-making.



High quality, person centred and effective support: We deliver high quality, person centred effective care and support to service users, their carers and families. Empowering people with the right support, at the right time in the right way using the resources that are available to them.



Reflective and responsive to change: The support we provide reflects and responds to the changing needs of Coventry's diverse population of adults and older people.



Outcome driven and meaningful: Support is outcome driven and we are clear about the impact we are having on the people we support.



Support around people and their families: People are supported to live at home wherever possible. When people cannot live at home they will be supported to live in the most appropriate and least intrusive alternate setting.



Effective enablement and prevention and wellbeing: We provide support to people in cost effective ways, to enable them to reach or regain their maximum potential so that they can do as much as possible for themselves.



Mature partnerships: Our partnerships are mature, trusting and effective at both a strategic and operational level. In all our work with partners, the focus remains on the people that need our support.



Committed workforce: Our workforce is stable, skilled, motivated and committed to delivering excellent services. They feel supported to make decisions, assess and manage risk and work with people to achieve their outcomes.



Innovative: We will develop new ways of supporting people and use innovation as a key way to deliver good outcomes for people and manage our resources.



High performing: The outcomes we achieve for adults and older people compare favourably with similar local authorities. We make an active contribution to the delivery of the Council Plan.



24 Hours in the Life of Adult Social Care

Adult Social Care works 24/7

With a budget of nearly **£86million**, our Adult Social Care services work with many organisations, providing advice and support to our residents



Emergency Duty Team
- From 5pm onwards our emergency duty team help people who might require urgent support during the evening and night.

Mobile Night Carers - From 10pm onwards the Mobile Night Carers service supports people who need help and assistance during the night.



Assistive Technology
- We provide a wide range of assistive technology to help people be as independent as possible both day and night.

Self-Online Assessment - Our online-assessment can be completed at any time of the day and suits people that might have busy lives.



Adult Social Care Direct - Our Adult Social Care contact team opens at 9am, they provide information and advice and are the first point of contact.

Home Visit - Our home support providers help people to maintain their independence in their own homes.



Jenner8 - Our Jenner8 project supports adults with learning disabilities to access the community.

Shared Lives - Our Shared Lives Service supports people 24/7 by providing support in a family setting.



Setting the Scene - Adult Social Care in a Changing Landscape

The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs.

The illustrations on this page give you an indication of the challenges we face:

Budget - Money Matters

Activity - Facts & Figures

Demographic - Drivers of Demand

Our Workforce

The Council is a large organisation spending a net £233.4m on revenue activity during 2018/19. The gross Adult Social Care spend in 2018/19 minus citizens' contributions was £85.9m as shown below.

BUDGET-MONEY MATTERS

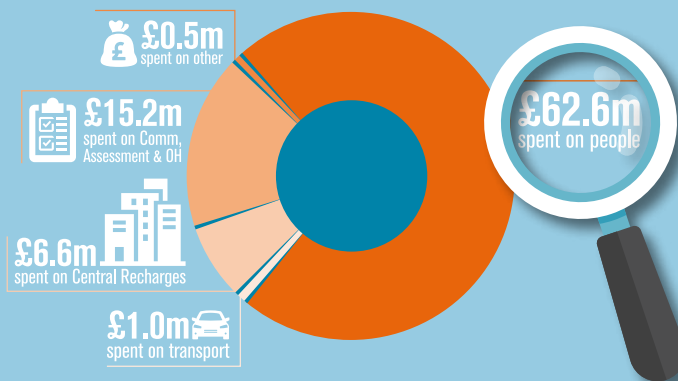
This compares to a spend of

£81.8m
in 2017/18

The increase was largely due to increases in care costs, some of which were linked to increases brought about by the National Living Wage



2018/19 ADULT SOCIAL CARE SPEND (£85.9m)

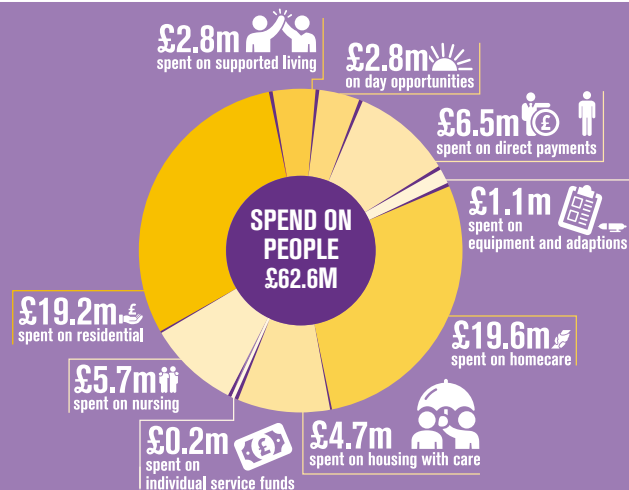


2018/19 SPEND ON PEOPLE (£62.6m)

The 'Spend on People' referred to in the above chart has increased from

£58.8m
in 2017/18

Spend on People is money spent directly on the following services



HOW DO WE COMPARE?

Coventry still continues to be a comparatively low spending local authority per **100,000 population**

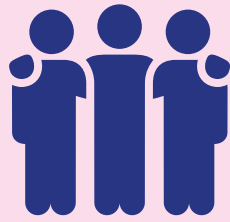
In recent years we know that Coventry demonstrates comparatively low spending as a local authority per 100,000 population. The Local Government Association publishes information about spend later on in the year but you can view last year's information [here](#)

ACTIVITY FACTS AND FIGURES

Adult Social Care receive a large volume of requests for support on a day to day basis. Our aim is to maximise people's independence and support people in the least intrusive way

10,367

new requests for support
(a small increase on last year's figures of 10,330)



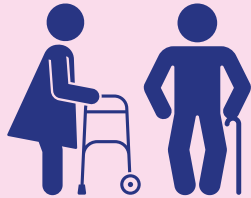
4%

of requests resulted in a long-term service (slightly less than last year's)



23%

received low level support



16%

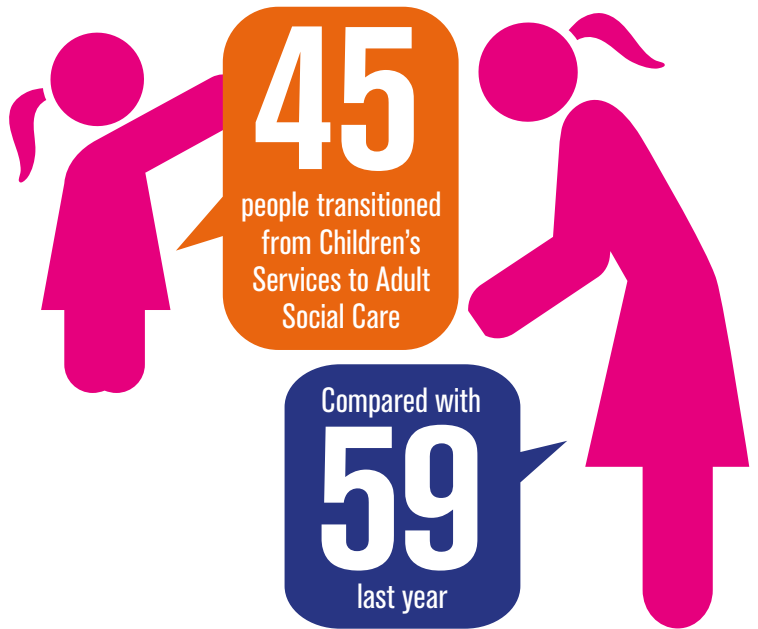
received a short-term service to promote independence

4,331

people received long term support during the year

(a small reduction of 0.3% on last year's **4,343**)

Of these **1,371** people received an unplanned review or planned review)



CARERS RECEIVING AN ASSESSMENT

Adult Social Care have an equal responsibility for anyone providing unpaid care within the city

Anyone providing necessary care to another adult is entitled to a carer's assessment:

1,705

carers had their needs assessed of which **445** received a separate assessment

1,584

carers received support



HOW DO WE COMPARE?

CQC Local Area Analysis data suggests that in Coventry, compared to local authorities that have similar populations, we think of other solutions, signposting to universal services and other community support rather than looking at traditional models of support. To explore the Local Area Analysis in more detail you can review [here](#)

SAFEGUARDING



Protecting adults to live in safety, free from abuse and neglect is a core duty of Adult Social Care. The rising rate of safeguarding concerns reported suggest people know how to report abuse and we are addressing concerns without the need for an enquiry or investigation

2018/19 Safeguarding Information:

4,207 concerns, a 25% increase on the previous year

653 enquiries, a 9% reduction on the previous year

The conversion rate from enquiries to concerns was **15.5%** 21% last year.

575 completed safeguarding enquiries were undertaken in the year 570 in the previous year

516 people were asked about their outcomes a 16% increase on the 444 asked last year

90% reported fully achieved/ partially achieved outcomes. 89% last year

HOW DO WE COMPARE?

Coventry has a higher rate of concerns per **100,000** population than comparators in **2017/18** but thorough initial enquiries address these sooner without the need for a full enquiry. 2018/19 comparator data will be published in November 2019 on the NHS Digital Adult Social Care Analytical Hub

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

There has been a 14% increase (280) in the number of DoLS Applications from

2,035 last year to **2,315** in 2018/19

270 (12%) are in due process compared with

291 (14%) last year

In 2018/19 there were **2,045** completed applications which is a 17% increase on last year **1,744**

There was a decrease in applications granted after **6 MONTHS** of being received from **151 (15%)** in 2017/18 to **36 (3%)** in 2018/19

HOW DO WE COMPARE?

Comparator information will be published at the end of 2019, however we know last year, we saw a higher proportion of applications compared to other regions that Coventry shares similarities with. And similarly, we completed a higher proportion of assessments than our comparators. Nationally, local authorities completed on average 415 DOLs applications per 100,000 of the population and in Coventry this figure was 769 applications per 100,000

Liberty Protection Safeguards will replace DoLS in October 2020

DEMOGRAPHIC

Coventry has sustained **HIGH POPULATION GROWTH RATES** 7th highest in 2016-17



Coventry's population is growing, changing and increasingly diverse

HIGHEST GROWTH MOSTLY AMONGST 18-29 YEAR OLDS



INCREASE IN WORKING AGED RESIDENTS not just students! amongst the ages of 25-29 and 18-24 years



14% OF THE POPULATION AGED 65+ but, the growth of the elderly population will accelerate and grow faster than the rest of the population within 10-15 years



Life expectancy in Coventry remains consistently below England, but healthy life expectancy is similar to England

Health outcomes are worse in the most deprived areas, where people not only live shorter lives, but spend a bigger portion of their years in poor health, and are more likely to die of preventable causes

National data suggests that between 2012-14 and 2015-17, life expectancy between the richer and poorer further increased. In particular, there was a decrease in life expectancy for females in poorer areas - resulting in a widening of inequality in the life expectancy gap among females (7.4 years). Although, the gap for males (9.4 years) remains larger

Early mortality (<75 years)



Worse than national

	Male	Female
Cardiovascular	X	X
Cancer	X	X
Liver disease	X	
Respiratory diseases	X	X
Communicable diseases	X	X

862 internal staff

83% female staff
17% male staff

48.6 average age of workforce
52% aged over 50

21% are black and minority ethnicity
77% are white ethnicity

5% vacancy rate compared to
8% nationally

15.8% (162 people) new starter rate

15.7% (151 people) leaver rate

OUR WORKFORCE

Key achievements - Based on the Adult Social Care Vision and our Priorities for 2018/19

The previous section contained a volume of data and comparisons across a number of areas of performance. To summarise this as succinctly as possible would be to say that Coventry supports a relatively low number of people with ongoing care and support needs and as a result is a comparatively low spender on Adult Social Care.

This position has largely been arrived at by our approach to Adult Social Care and support which is based on helping people to be independent. Where independence has

been lost or reduced we work with people to regain skills and where levels of independence have been limited we work with people to improve this. The goal we aim at is for people to be living independently within their own homes. This is not always achievable and in many cases living independently is only possible with support.

The examples below give a flavour of how we have delivered this approach using real examples given with the consent of those involved.

1 Adults and carers at the heart of everything we do

Our Shared Lives Scheme

Shared Lives is the essence of family living; sharing a home, life and community with like minded people. We pride ourselves on our rigorous matching and introduction process, ensuring the adults we support have the greatest opportunity of finding the right family, right home and support to lead a happy and fulfilling life whilst having their individual needs met. This process cannot be successful without placing the adults we support at the heart of everything we do. Individuals living in Shared Lives are supported to express their wishes, explore their dreams, and share the highs and lows of living as part of a family.





A Family Life for Roy

Roy came to live in Shared Lives when he was unable to continue living in his current home. The scheme was able to match Roy with a family who were able to provide the home and support he wanted. Roy spoke about feeling lonely, not having the opportunity to go out into his community; he said he often got bored. He didn't have many friends and he said he spent most of his time watching the television. When the scheme explored a family for Roy, he came with a wish list, literally a list of how he wanted to live his life; this included being able to travel independently, wanting his own cashpoint card, and most of all, going to watch his beloved football team Coventry City Football Club.



Roy has lived in Shared Lives for six years now. He has formed a great relationship with his carer and her family, a relationship based on mutual trust and respect. Roy has been able to fulfil his wishes. Roy ensured others understood how important it was for him to have access to his own money, and with the support of an appointee and his carer he now has access to his finances. He has been supported by his carer to gain the confidence to travel independently around the city; Roy can tell you the number of any bus and its destination. Roy makes good use of traveling independently and visits the friends he has made and goes to all the places he wants to go.

Shared Lives has given Roy a sense of belonging

So, what about the football? Roy was supported to attend his first few football matches and is now a season ticket holder for Coventry City Football Club. He has also been able to make friends with a family who sit next to him, Roy calls them his "Football Family"! Roy regularly meets up with them and attends away matches too. Roy's confidence supports him to make and maintain real friendships away from his support network, this is what life's about for Roy.

When Roy was asked what the best thing is about living in Shared Lives he said:

"I go out every day and some nights, I have my own room where I can watch some TV if I want to and I have Sky, so I watch all the football that I want to. I can use the bus and walk, and I go and visit people. I can do jobs in the house like setting the table, clearing away, hanging washing out and bringing it in when it is dry or if it starts to rain. I like to make drinks for visitors and always make people feel welcome. I like to have jobs that I can do, it is important to me."

Shared Lives has offered Roy a sense of belonging, feeling valued and respected. Roy feels of equal value in his household, he is proud of the responsibilities he has.



2 High quality, person-centred and effective support

Transforming Care - Paul's Story

In the last 12 months there has been a significant improvement in the delivery of the principles of the 'Transforming Care Programme'. Transforming Care is all about improving health and care services so that more people with a learning disability and/or people with autism can live in the community, with the right support and close to home. This means that fewer people will need to go into hospital for their care. Through Transforming Care we have strengthened our working partnerships with health colleagues to improve the lives of those with learning disability and/or autism, to promote independence and identify support outside of the hospital.



Adult Social Care is working with the Intensive Support Team to make Paul's life "brighter and happier"

One person who has benefited from this approach is Paul.

Paul is a 53-year-old fun-loving man living with Cerebral Palsy, a learning disability, depression and epilepsy.

In 2017 Paul's physical and mental health deteriorated, requiring an admission to a general hospital. At the time of discharge Paul was unable to return to his former home and moved to a residential setting.

Paul was really frustrated by the move and not his usual self, getting cross and angry with staff and feeling so unhappy. Paul then moved to another home but it was clear that he was still really unhappy.

What happened next?

At this point Adult Social Care started working with the Intensive Support Team. The team is made up of specialised occupational therapists, learning disabilities nurses, speech and language therapists and health care assistants. The team works with individuals to help the person identify coping strategies, plan for any risks, providing information in an accessible way and working closely with staff who will be providing support. Adult Social Care's role was to establish where Paul would like to live and how we could make this happen. It was clear that Paul did not want to live with others, so we looked for a place where Paul would have his own flat with support available.

Adult Social Care and the Intensive Support Team worked with the new staffing group, so that when Paul moved the team would already have a good understanding of Paul and how to support him.

"Working so closely together has broken down many barriers and ensured that any challenges that have arisen have been dealt with effectively in a timely manner."

Melissa -
(Community learning disabilities nurse,
Intensive Support Team).

Living his best life

Since moving, things have changed drastically for Paul. He no longer requires intensive staffing support. We have introduced assistive technology such as door sensors so Paul can be alone in his flat during the day and at night, reducing the restrictions placed upon him and promoting his independence.

Paul is learning skills, creating a scrapbook of memories he has from one week to the next. He has now learned how to cook some meals. Paul said: "I have been waiting such a long time to have my own flat, it's beautiful and the team are always on hand to help where I can't do something."

When asked how Paul sees his future he replied 'brighter and happier than my best, I couldn't ask for more.'

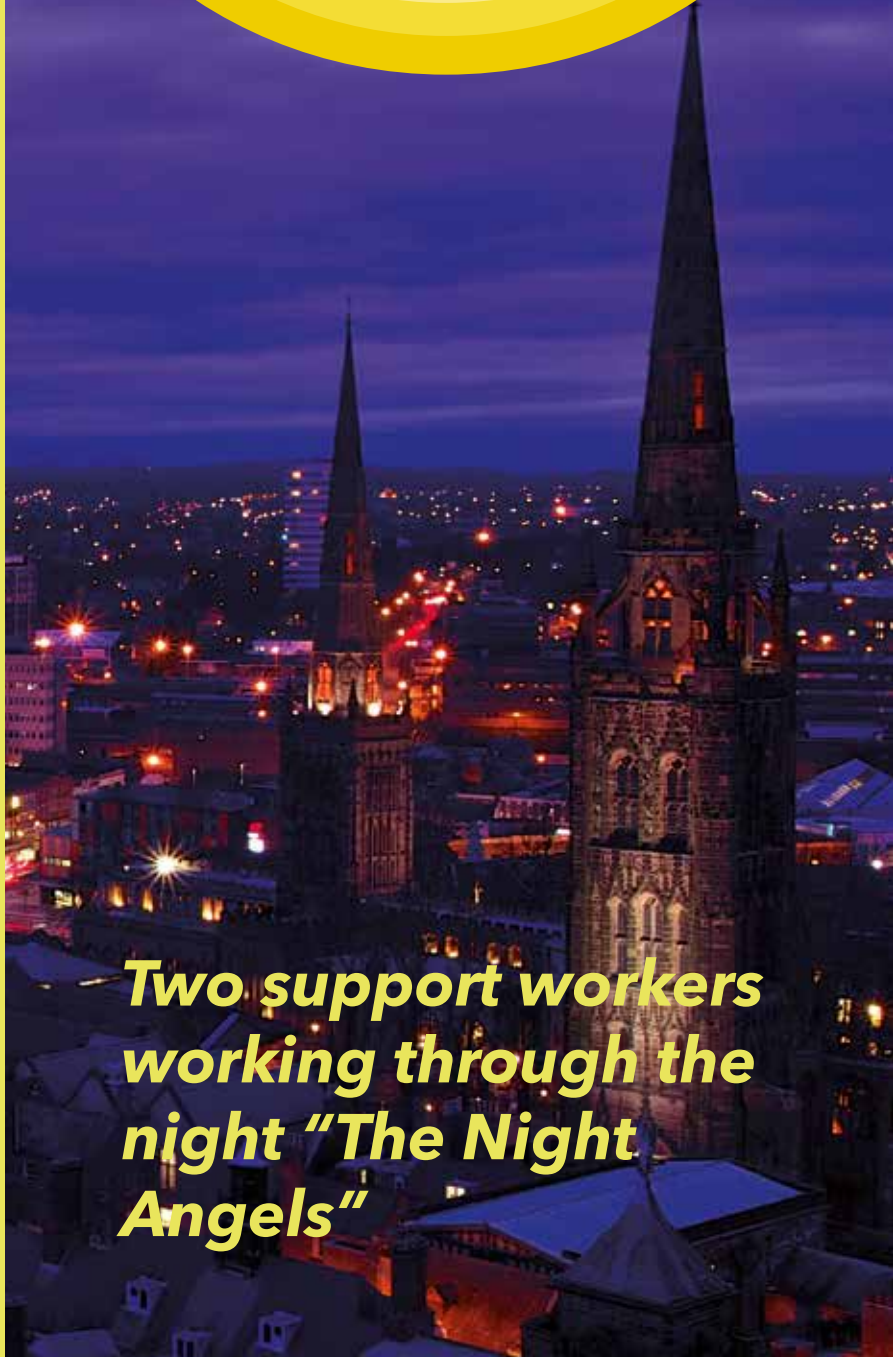


3 Reflective and responsive to change

Supporting people through the night

In Coventry we're always looking at ways to make sure that people can enjoy their homes for as long as possible with the independence that we all want to maintain, but when someone needs support during the night, it can be difficult to plan for the right support. We all value a good night's sleep but if you need support during the night you can find yourself uncomfortable, lonely, in distress and the impact on your health and wellbeing can be huge. You may be recovering from a hospital admission or you might be experiencing an illness that makes it difficult to plan for when you need support. And for those looking after a family member or friend; providing care during the night, can be both physically and emotionally exhausting. Unfortunately, we know that some people end up requiring residential care when they need night time support.

So, in January 2019 we looked to do things a bit differently and developed a service called Mobile Night Carers, a service that can support people in their homes during the night time. The service is being delivered by two care agencies in Coventry, Radis and Sevacare.



Two support workers working through the night "The Night Angels"

How does it work?

The service starts at 10pm, running through the night until the morning at 7am. Two support workers work together, visiting homes across the Coventry area. Working together means that they can support people who might need additional support, but it also means the reassurance of having a work colleague during the night and travelling around the city safely. They deliver a range of support, some planned visits and some ad hoc visits when requested. They might deliver up to four calls a night to one person, but they don't spend the whole night at someone's house, allowing the person privacy and a good night's sleep.

People access the service through having an Adult Social Care assessment.

The service works well with people who may have recently been discharged from hospital and might not know how long they'll need support whilst making their recovery or where someone might have had a change of circumstances.

Has it been successful?

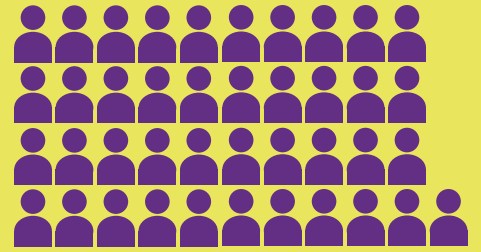
Over 40 people have accessed the service since January 2019 and early indications suggest that the service is helping people remain in their own homes and supporting families to stay together. One family were so happy with the service they call them "The Night Angels".

Nationally, we also know there's been good success with this type of support and it just adds that additional reassurance that people need during the night-time hours, giving people the option to stay at home.

Between February 2019 - March 2019

41

people have accessed the service



Average length of time people require the service

4.1 weeks

0%

of people required residential care after the service finished



27

people supported to return home from hospital



4 Outcome driven and meaningful

Improving support for mental health

We have completed an internal review of the Approved Mental Health Professional (AMHP) Service and have introduced links with CAMHS (Child & Adolescent Mental Health Services) and UHCW (University Hospital Coventry and Warwickshire NHS Trust) as a result. Changes have included establishing common practices, reviewing of referrals to ensure we get to those most in need and co-location of services at the Caludon Centre. The aim of this work has been to ensure that those using and contacting the service have a more seamless response.

Part of this work has been to focus on the invaluable work of AMHPs.

The work of Approved Mental Health Professionals (AMHPs) doesn't always get the recognition it deserves.

An AMHP is responsible for organising and co-ordinating assessments under the Mental Health Act 1983 (as amended by the Mental Health Act 2007). It is a world not everyone is comfortable discussing, but their work is crucial.

They carry out many complex roles including:

- ▶ exploring alternatives to hospital admissions.
- ▶ recommending someone is detained in hospital under the Mental Health Act ([sectioned](#)) or that they receive a Community Treatment Order (CTO). Ensuring the law is applied correctly

The role is often held by specially trained social workers, but can also be carried out by occupational therapists, community mental health nurses and psychologists.

AMHPs have to undergo extensive specialist training. They use their knowledge to ensure that the rights of those being assessed are protected. They are unique among social workers and other mental health professionals in that they act autonomously rather than as an agent of their employees, whether it be a local authority or an NHS Trust.



Gerry's Story

Gerry Brennan is an Approved Mental Health Professional.

I have been a qualified social worker since 1982. Up until August 2018 I worked in the Crisis Team in Coventry for over five years. I became an Approved Social Worker in 1989 and subsequently an Approved Mental Health Professional (AMHP).

The Crisis Team offers a 24-hour service to people who are acutely mentally ill and to those in crisis who present with significant risks. We provide alternatives to admission to hospital, including home treatment and help to facilitate early discharge from hospital. The team consists of support workers, nurses, a psychologist, counsellors, psychiatrists and seven social workers, six of whom are AMHPs. AMHPs in the Crisis Team work up to 10pm. Once or twice per week we will be on call throughout the night.

The Mental Health Act provides a legal framework to follow in deciding whether people can be detained compulsorily for assessment or treatment of a mental disorder. Apart from those detained via the courts, AMHPs are required to be involved in making what are known as Mental Health Act (MHA) assessments, usually with two doctors, at least one of whom will be a psychiatrist, or be approved under the MHA to undertake such work. Such assessments can take place in a general hospital, psychiatric hospital or in the person's home. The Police have powers to take people to a Place of Safety when they have concerns about someone's mental health and they are in need of immediate care. This would lead to a formal MHA assessment, usually in the Place of Safety at the Caludon Centre but it could also be at a police station or at A&E. Like many in caring professions, I was drawn towards my career initially by a notion of wanting to help people, to do good and to make a difference.



Social work values and ethics have provided me with a framework of beliefs and behaviours which give more clarity to the ideas I started out with.

Working in a Crisis Team involves many challenges; including the ever increasing demand, the lack of psychiatric beds, difficulties in obtaining assistance from the police due to their considerably diminished resources, working with people who present high risk to themselves and others, increased levels of poverty, homelessness and cuts in benefits and high levels of drug and alcohol abuse. However, I have found my time in the Crisis Team to have been truly enriching and satisfying. It has been a privilege to work in a city with such diversity, with many brave, resilient people from the city and from numerous different cultures. I am proud to be part of a team which supports people effectively through their darkest days through to safety and recovery; a team which sometimes saves lives.

Since August 2018 I have taken flexible retirement and continue to work two days a week- one day in the City Wide AMHP hub and the other day in the Recovery Team.

5 Support around people and their families



Lifeways - Limbrick Place opens...

It's important that we have a range of accommodation in Coventry so that when people do move on from home there are choices available for them. Accommodation models should support people to live their best lives, free from intrusion and always aspire to help people to be independent.

In September 2018 an exciting development opened in Coventry, called Limbrick Place. The scheme is made up of three buildings, Beech and Willow House - supported living flats and Ash House - a residential setting (this opened later, in 2019). There are 24 flats in total, with seven flats being specifically designed for adults with physical and sensory impairments. The adapted flats include; floating sinks which can be varied in height, large wet rooms, accessible doors, pictorial light switches and plugs at arm height.

The flats are "smart" by design meaning they have lots of gadgets and gizmos, to make life that little bit easier and ensure that independence is the end goal. Willow House has a large communal lounge which is the hub of the scheme, where individuals can get together and socialise.

How does the service run?

The service is designed for adults between the age of 18-65, who might have a learning disability, a physical health condition or sensory impairment. The person needs to have an Adult Social Care assessment of their needs and then a referral is made to the scheme. The amount of support people require is based on their individual situation.

How's it working?

The service has had really positive feedback from those living there and the staff who enjoy the lively nature of the place, every day being different and vibrant.

"Beech and Willow House are fantastic! It is surprising how much thought has gone into the design and build, there's a lot of things we take for granted in life, but after opening and managing Beech and Willow House it has opened my eyes! The technology which can be integrated into our systems is out of this world! The adaptations we have made by fitting state of the art automatic doors to some of the flats, make it much easier for individuals to enter and leave their property un-aided. Something as small as this makes such a difference to an individual's life" - House Manager.

6 Effective enablement, prevention and wellbeing

Promoting independence

Elaine and Ron's Story

Elaine is an 83-year-old woman who lives with her husband Ron. She had a stroke 18 months ago and was privately funding a package of care of three visits a day with two members of staff. A referral was made to Adult Social Care to look at long term plans. Our Promoting Independence Service started to work with Elaine, which involved the support of an occupational therapist (OT).

On the initial visit it was identified that when Elaine had to move from one place to another she'd been using a piece of equipment called a hoist. Elaine was highly distressed about using the hoist and kept repeating how awful it was.



Members of staff demonstrating the use of a hoist



What did we do?

The OT completed an assessment which identified that Elaine had some existing strengths that should be able to help her stand and bear her own weight, so it was agreed to try and get Elaine standing with equipment. To begin with, the OT and the OTA (occupational therapy assistant) completed daily calls to practice standing with a standing aid. A Mo-Lift is a standing aid, designed to safely move the person from a sitting to standing position.

Members of staff demonstrating the Mo-Lift standing aid

Elaine was also sliding down the bed at night and Ron was getting up three times a night to try to reposition Elaine. Ron was exhausted and stressed and there was a risk of carer breakdown. Elaine was feeling more of a burden and saying perhaps she should go into a residential home.

The OT introduced a bed management system for Ron to help Elaine move up the bed and because he was able to position Elaine further up the bed, he only needed to get up once in the night. The bed management system is a cotton/polyester sheet with a satin underside which stays on the base sheet, with a top draw sheet which allows movement with the support of a carer up and down, and side to side, on the bed.

“One of the skills of an OT is to recognise the potential for a person to regain skills that have previously been lost. It’s highly rewarding to see the progress that Elaine has made in the time that we have been working with her” - Sara (OT)

How did things go?

Elaine was highly motivated and although it was hard work for her she improved on a daily basis.

Elaine was delighted with being able to stand and was talking about being able to go on holiday again, this was something she thought she would never be able to do again. Ron looked a different man, as he was getting a good night’s sleep once more.

Elaine still continues to receive support, she’s now taking steps with her Zimmer frame and her journey continues.



The support of an occupational therapist really helped Elaine and Ron

Elaine was asked what she thought of the support she’d received and she stated that she has found the OT input to be “very helpful, it gave me the confidence which I badly needed, I’ve still got that confidence, I’m very grateful to everyone, you have been very kind and helped a lot.”

7 Mature Partnerships

Working with partners to support prevention in Coventry

In April 2018 a range of new and existing services was commissioned, geared towards supporting people at the earliest possible opportunity. The services have developed their support with a focus on providing help to those who most need it. This has increased the range of support available and helped people focus on their strengths, and the resources available



Providing practical support to adults with sensory loss, working closely with the Visual and Hearing Impairment Teams



Supporting people with dementia and their carers delivering the Dementia Navigator service groups and training



Working with people with learning disabilities to develop skills, confidence, participation and wellbeing within the community



Providing a wide range of services to adults over the age of 18 who need information and advice, practical support, befriending, group based support and much more



Supporting people with a mental health condition to support their overall wellbeing and participation in the community. This includes the Recovery Academy Training, offering a wide range of training and courses



Specialist service working with people who hoard. The service works with people therapeutically. You can read an article about this service in [The Guardian](#)



Peer support, community involvement and advocacy for people to maintain their mental health, self confidence and life skills



Providing support to adults with learning disabilities so they can maintain their own tenancies



Providing accommodation based support for adults with a mental health condition



Delivering the Carers' Wellbeing Service, a service geared towards meeting the needs of carers, including short breaks and the carers' emergency response service

8 Committed Workforce

Taking a strengths-based approach

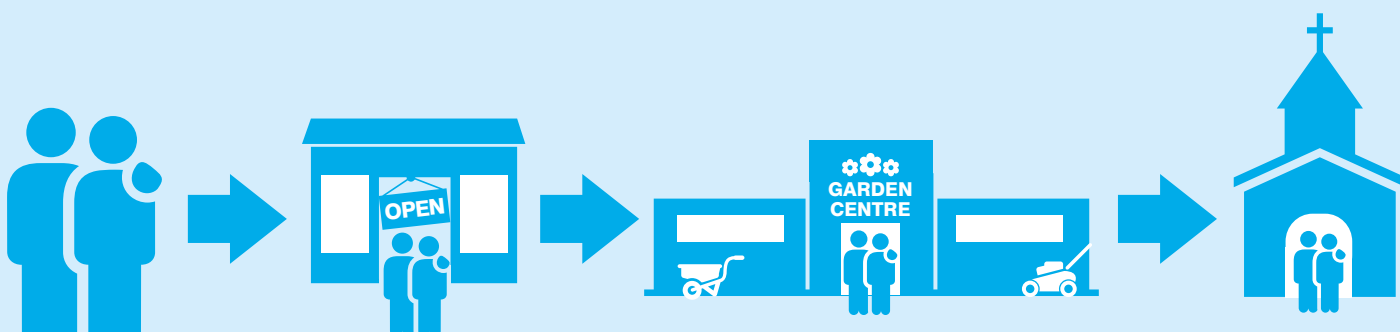
In Adult Social Care we believe that people should be at the 'heart of everything we do' and this can be achieved by taking a 'strengths-based' approach.

Strengths-based approaches aim to put individuals, families and communities at the heart of care and wellbeing, and in doing so strengthens relationships between members

of that community, builds social capital and recognises the assets that people can bring to the assesment process. Strengths-based approaches recognise that individuals, families and communities are resourceful and if enabled can find the best solutions for themselves. Strengths-based approaches are seen as being the opposite to a 'deficit' approach

The deficit approach	The strengths-based approach
Responds to problems	Identify opportunities and strengths
Provides services to users, views people as clients and customers	Invest in people as citizens and as having something to offer
Focus on individuals	Focus on developing communities, neighbourhoods and families
Treat people as passive and 'do to'	Help people to take control of their lives
'Fix people'	Support people to develop their potential
Make changes to services from the top down	See people as the answer and experts in their own care

An example of this approach was a situation where we supported someone following a period of reablement, via the use of the good neighbour service, to start accessing local services and facilities such as the church, local shops and garden centre.



'Working in a strengths-based way reinforces that as a practitioner I need to think about the whole person and remember an individual's social isolation and emotional wellbeing are as important as maintaining physical health and support needs. The reduction of social isolation minimised the need for care calls and supported the person to connect with their local community'

Ellis - social worker



In Adult Social Care we have been looking at how we can support our practitioners to work with people in a more strengths-based way.

This initially involved providing training in 'strengths and asset-based assessments', with more than 80 of our staff attending five training sessions on strengths-based practice in 2018/19. This has been followed by more specific training for staff in 'Motivational Interviewing'. Motivational interviewing techniques develop a focus on strengths-based conversations, so people can tell their story in their own words through the use of open questions to encourage reflection. This training has been well received by practitioners:

'I think it will have a massive impact on the practice of myself and the team'

'This is so relevant to my role. I'm really looking forward to putting it into practice'

'I didn't realise that this was something I naturally used but obviously not to the extent taught. I feel I now have that level of understanding'

However, we realise that it's not just about training our staff. We have continued to support a Practice Quality Assurance Framework, with our practitioners receiving annual observations of their practice and dedicated time to reflect on their practice with their manager.

We have also developed our assessment forms to be based more around good conversations and strengths and an opportunity for people to talk about what matters to them. These forms will be ready for use in July 2019.

9 Innovative

Contacting Adult Social Care - First impressions count



People contact Adult Social Care at a point of change in their lives, and sometimes in a crisis, so it's really important that we get this first conversation right. Previous improvements to the way people contact Adult Social Care have included the launch of the online self-assessment, appointment booking system for social work assessments and an information directory. All of these have proved very successful in helping people have timely conversations and to identify support they may be able to access. In February 2019 we started to test a new approach for responding to new referrals for help and support. This incorporated occupational therapy assistants discussing people's circumstances over the phone and looking at ways of maintaining and promoting independence.

How does it work?

This new way of working was tested for four weeks. During this time the team received 610 referrals of which 310 progressed to the prototype team, and of these 250 people were connected to services such as voluntary organisations, assistive technologies and services to promote independence.

One of the main objectives of the service is to respond to initial referrals quickly, with this proven to reduce the need for further support and better outcomes for individuals.

The team speaks to people, their carers and any other professionals, such as GPs, about the positive aspects of a person's life, exploring how existing support networks can be used to reduce the need for further support. At the heart of this approach is strengths-based working, focusing on existing support, assets and abilities and moving away from assessing for traditional models of support.



How do we know it's working?

After the initial pilot a review of the outcomes took place to determine the long-term benefits of the service. Most people contacted said they felt the support they received was helpful and being contacted quickly had made a difference.

'Everyone she spoke to from Adult Social Care was really kind and understanding'

'Mum was really happy with the conversations she had and how quickly it has been dealt with'

We identified that we need to improve the experience of the carer and ensure the support they receive is part of the initial contact process.

'At the start we were a bit anxious and apprehensive, but the training we received gave us knowledge and confidence. It helped that we had a fantastic team who supported throughout the pilot period'

Jayne and Caroline -
occupational therapy assistants.



Next Steps

We're looking at developing this approach further and enhance through the use of Skype Technology, which will support face to face conversations with people and their families. This can also help us understand more about people's homes so we can request any equipment and technology quickly and address any risks or concerns.

Another digital development is the use of Brain in Hand technology.

Living with autism, a mental health condition, a learning difficulty or a brain injury can lead to difficulties making day to day decisions. This app for mobile devices provides people with personalised activities and coping strategies which they can access anywhere, any time, and also monitors their anxiety levels.

Brain in Hand is now being used by a number of adults for a range of support in everyday activities such as travel and
accessing education
or employment.



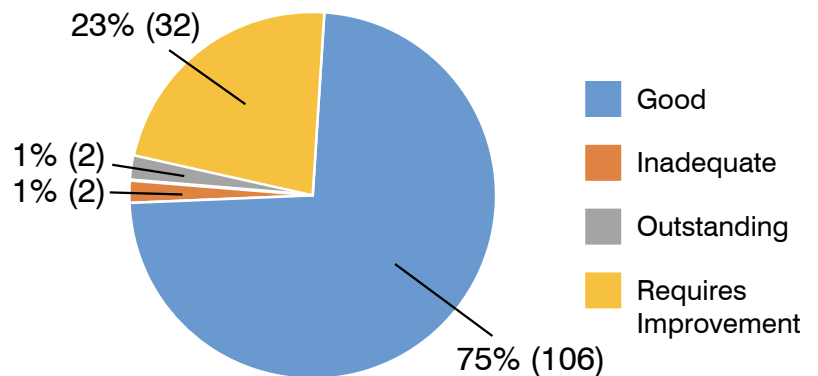
10 High Performing

Seeing an improvement in our care provision

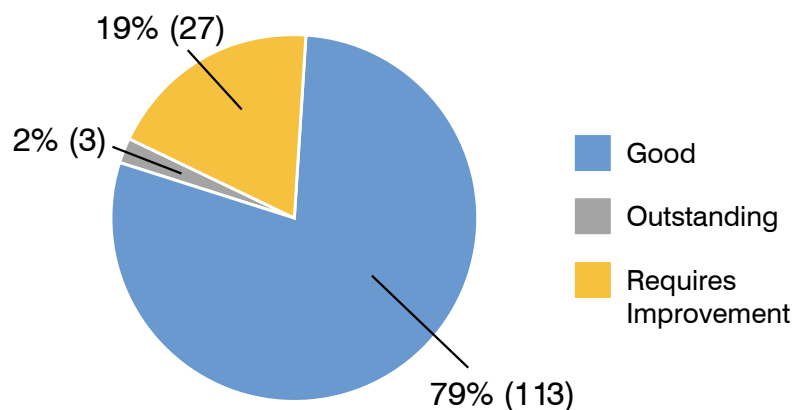
The Care Quality Commission (CQC) is the independent regulator of health and social care in England. Its role is to make sure that health and social care services provide people with safe, effective and high-quality care.

During the last six months of the year 2018/19 there was a notable improvement in Care Quality Commission ratings for registered social care providers marked by an increasing proportion rated 'Good', a declining proportion rated 'Requires Improvement' and no providers rated 'Inadequate'. Importantly, the number of providers rated 'Outstanding' increased to three, including Coventry's first contracted residential care home [Lammas House](#).

October 2018



March 2019



The Joint Quality Assurance Team is made up of contract officers, clinical nursing and commissioning managers, from health and social care. They oversee the quality of care. Their aim is to support the improvement of care providers, particularly focusing on those commissioned providers who are rated as 'Requires Improvement' or below. The team works on a number of care home improvement initiatives.

Care home improvement programmes

Red Bag Accreditation Scheme

The 'Red Bag' scheme is a national initiative that helps care homes plan for hospital admission of their residents, ensuring all the necessary background information and anything of importance is kept in a bag which follows the person during their admission to hospital and through to their discharge. By 31st March 2019, 51 of Coventry's care homes had received 'Red Bag' accreditation, with several more working towards this.



Say No to Infection

"Say No to Infection" is a joint health and social care accreditation scheme for preventing and managing infection. As of 31st March 2019, 23 care homes/housing with care schemes had been accredited. Eight providers have maintained accreditation for over two years. A further 78 providers are actively working towards accreditation. Last year we saw Caremark become the first home support service to achieve their accreditation, demonstrating that preventing and managing infection is crucial in the home as well residential settings.

My Home Life

Since January 2019, Coventry City Council has been working in partnership with My Home Life, which is a UK wide movement to improve the quality of life in care homes. The project focuses on leadership in care

homes, knowing that this is key to quality improvement. 15 care home managers in Coventry have commenced the programme, with a focus on improving the whole care home environment and building better links between care home managers.



Performance Matters

Adult Social Care undertake a survey annually of the experience of adults in receipt of support and every other year we undertake a survey of the experience of carers. This infographic shows our performance. This information helps us set our future priorities and identify any areas for improvement.

Understanding the views and experiences of adult social care CARERS 2018/19

About the survey

A random selection of people with caring responsibilities who received an assessment or review within the 12 months prior to 31st August 2018



483

people gave us their feedback during October - November 2018



Ages of people with caring responsibilities varied between 19 and 67

Average age was

67

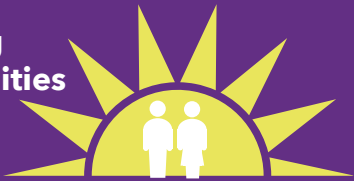


57% of people with caring responsibilities were female, **36%** were male, the rest was not recorded



Of the people who were being cared for **70%** had physical support, **7%** had learning disability support, the rest had mental health, sensory, memory or social support

Enhancing the quality of life for people with caring responsibilities



Carers reported quality of life

15 out of **24**

38%

said they had as much social contact as they would like

Ensuring that people with caring responsibilities have a positive experience of care services and support



4 in **10** carers said they were satisfied with the social care support they received

60%

said it was fairly easy to find information about services

Ensuring people with caring responsibilities are included and consulted in discussions about the person they care for



73%

of people with caring responsibilities felt included or consulted in discussions about the person they care for



Understanding the views and experiences of adult social care PEOPLE WITH CARE AND SUPPORT NEEDS 2018/19

About the survey

A random selection of service users were contacted who received long term support as at 1st October 2018



403

Service users gave us their feedback



Ages of respondents varied between 20 and 104

Average age was

70



79% of respondents lived in the community, **16%** in residential homes, **5%** in nursing homes



65% had physical support, **22%** had learning disability support, the rest had mental health, sensory, memory or social support

Enhancing the quality of life for people with caring responsibilities



People scored their quality of life

19 out of **24**



47% said they had as much social contact as they would like



Almost **8** in **10** people said they have enough control over their daily life

Ensuring that people have a positive experience of care services and support



6 in **10** people said they were satisfied with the social care and support they received

65% 

said it was fairly easy to find information and advice about support, services or benefits

Ensuring that people who are vulnerable feel safe and protected from harm



70% 

said they feel safe (this includes feeling safe from abuse, falling or other physical harm both inside and outside the home)



8 out of **10** said the services they receive help them to feel safe and secure

Celebrating Our Own Strengths - Awards and Good News

Phoenix Awards

We were very pleased that in this year's Phoenix Awards, the Council's annual award scheme, Karyn Ross, the registered manager for our Shared Lives Scheme, won the Manager of the Year award. It acknowledged Karyn and her team's dedication to delivering real care alternatives for people.

Edwina North, a social worker from the Older People's Community Team, won the Everyday Hero category for her commitment and dedication to the people she works with and her colleagues.



Developing support for people who are deafblind



People are regarded as deafblind if their combined hearing and sight loss causes problems with communication, access to information and mobility.

The Care Act 2014 says that a suitably qualified person who can understand the impact of both sensory losses must assess a person who is regarded as deafblind. We are pleased to say

that following a successful training course we now have several of our staff trained. Congratulations to Alison Spence, Angela Gardham, Kelly Sowter, Shelly Okoh, Janet Goodreid, Gloria Hylton, Heather Bugby and Harjit Matharu.

We are also revisiting our registration process and identifying training in sensory loss for the wider workforce.

Using Grants to improve our internal provision



We have used part of the Disabilities Facilities Grant to improve the physical environment for some of our citizens supported in our internal services. At Maurice Edelman House, all the bathrooms and toilets were refurbished, and tracking hoists installed to ensure people's lives are that little bit more comfortable. At Brandon Wood Farm, a new domestic style kitchen enables young people with autism to work towards more independence in a safe environment. The garden at Gosford Community Hub is now fully accessible for permanent wheelchair users.

Pod's work celebrated in national campaign

The life-changing work of The Pod was highlighted on social media as part of a Local Government Association (LGA) campaign to call for better funding for Adult Social Care.

A video developed by the LGA and shared as part of the social media campaign tells the story of Kyle, whose journey with the Pod connected him to the music community. You can view the link [here](#).

The Pod is firmly rooted in strengths-based practice, working with people to achieve their aspirations and goal setting, reconnecting people with their communities and building community capacity through their Time Union and Food Union.



In addition to The Pod being recognised for its innovation, it has also been celebrated for another reason, its food! [The Guardian](#) newspaper highlighted it as one of the best vegan places to eat after asking readers for recommendations.



Great British Care Awards

There was great excitement when Knightlow Lodge in Coventry was named the 'Best Home Care Team' for the West Midlands region.

By winning in the regional final it was nominated for the UK final - where it was shortlisted and recognised as one of the nine best home care teams in the UK, which is a great achievement.

Principal Social Worker Annual Report

Most areas now have a Principal Social Worker for Adults and Children, supported by national and regional networks. The Care Act 2014 says local authorities should make arrangements to have a 'qualified and registered social work professional practice lead' in place.

In support of ensuring visibility for the role and celebrating achievements, our Adults Principal Social Worker, Andrew Errington, has produced a first annual report.

[Principal Social Worker Annual Report](#)

ANNUAL REPORT OF THE ADULTS PRINCIPAL SOCIAL WORKER 2018/19 KEY ACHIEVEMENTS AND DEVELOPMENTS
This graphic describes the work of the Adults Principal Social Worker (PSW) Andrew Errington for Coventry City Council during 2018/19

- What is PSW?**
 - Can Act 2014 states a PSW should:
 - be visible across the organization
 - support and develop effective conditions for practice
 - ensure quality and improvement of practice
 - have direct contact with the Adults Services and front line practice
 - PSW for Adults in Andrew Errington commenced in post in July 2018
 - Advocates in the field of Safeguarding and Practice Development and reports to Director of Adult Services
- Workforce Development**
 - Established a Learning and Development portfolio for Adults services across to a range of relevant and current training opportunities - 23 training hours
 - Reviewed a 2nd annual practice work with the Children's PSW - 23 sessions over 3 days, with 1250 attendees, 90% of attendees rated the quality of learning as excellent
- Social Work Education**
 - Established and growing links with our local Universities
 - Supporting Teaching Partnerships, new routes into Social Work like Think Ahead and the new Degree Level Social Work apprenticeship for staff to apply for
 - "3 out of 4 of the 2016 Think Ahead students now work for Coventry"
 - "2 members of staff will undertake the Degree Level SW apprenticeship in 2019"
- Strength Based Approaches**
 - Supporting staff to take a strength based approach
 - More than 60 staff attended one training session on strength based practice
 - Introduced a new Risk Engagement Panel
 - Explored opportunities for Family Group Conference (FGC) or family led meetings
- Practice Quality**
 - Implemented a new Practice Quality Assurance Framework for adult social care
 - "145 audits undertaken"
 - New guidance produced to enable workers to conduct their own assessments
 - "Makes me feel trusted as a worker"
 - "I'm more confident of what I'm writing because no-one is checking it"
- Professional Curiosity**
 - Raised the profile and uptake for Research in Practice for Adults and gained access to a further resource 'Care Knowledge'
 - Helping staff to stay up to date on the latest expert information and legislation to help day to day practice
 - "122 staff are now using Care Knowledge"
- Practice Leadership**
 - Chair of the West Midlands Adults Principal Social Worker Network since January 2017. In 2018 an network held its first annual conference with 400+ on strength based practice in the West Midlands
 - "Awarded by over 70 social workers from across all 14 Local Authorities"
 - Underlines regional case the audits taking place prior to each Peer Challenge
- Engaging and Coproducing**
 - Member of the user and carer 'Stakeholder Group' since it was created in 2016
 - Contributing to the production of Coventry's Local Accounts - an annual report reflecting on the work of Adult Services
 - www.coventry.gov.uk/downloads/download/1682/1682-social_care_local_account
- Policy and Best Practice Guidance**
 - Chairing the Adult Services Policy Group and ensuring adult social care best account of SAC National Guidelines
 - www.coventry.gov.uk/downloads/download/1682/1682-social_care_local_account
 - "qualified 5 relevant new NICE guidance and completed 4 compliance assessments"
- Delectating and Connecting with Practice**
 - Established networks and forums for staff engagement
 - Celebrating and raising the profile of Social Work by supporting the annual World Social Work Day and by encouraging staff to talk about their role and the work they do
 - www.coventry.gov.uk/158/safeguarding_adults/2046/social_care_2018_briefing
 - Engaging in touch with staff via the Adult Services E Bulletin
- Priorities for 2019/20**
 - Produce a Practice Framework supporting strength based approach
 - Embed Practice Quality Assurance measures
 - Update policies and procedures to support strength based practice
 - Prepare for new Social Work Registrar 'Social Work Code'

What's Next?

Key Areas of Improvement for Adult Social Care 2019/20

“Our vision for Adult Social Care in Coventry is focussed on promoting independence and enabling people in most need to live independent and fulfilled lives with stronger networks and personalised support”

To help us deliver this vision we have identified four priorities to shape our work in the coming years:

Make a strengths-based approach our standard practice

The service will take a whole system, strengths-based approach to care, support and inclusion and look first at what people can do with their skills, resources, relationships and their communities.

Ensure our ‘Promoting Independence’ pathway is our first offer

The service will use a promoting independence pathway at both the first point of contact and where there are changes in a person’s circumstances to maximise people’s skills to manage within their own homes.

Improve service productivity and effectiveness, including the option for ‘self-service’

We will focus on self-service wherever possible, allowing people the opportunity to access adult social care on their terms, at a time and place of their choosing.

We will focus on identifying areas of work that we can do differently, that give us more time to spend on activities that truly add value to people’s lives.

Ensure our delivery models are as effective as possible

We will challenge how we do things across the whole of the service, including our internally provided services, commissioned services and equipment, to identify opportunities for making better use of resources.

“Our success in achieving the vision for Coventry depends on placing adults and carers at the heart of everything we do. We will ensure people we work with are involved as equal partners in planning and decision making”.

Glossary

This section provides an explanation of some definitions and terms that appear throughout this document.

Assistive Technology

This is an umbrella term for any devices, equipment or systems that help maintain or improve a person's ability to do things in everyday life. These can assist with a range of difficulties, including problems with memory and mobility.

Carer's Assessment

If you care for someone, you can have an assessment to see what might help make your life easier. This is called a carer's assessment.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS are the NHS services that assess and support young people with emotional, behavioural or mental health difficulties.

Community Treatment Order (CTO)

A Community Treatment Order (CTO) is part of the Mental Health Act. A CTO allows you to leave hospital and be treated safely in the community rather than hospital.

Disabled Facilities Grant (DFG)

Disabled Facilities Grants help towards the costs of making changes to your home so you can continue to live there.

Local Government Association (LGA)

The LGA seeks to promote better local government; it maintains communication between officers in different local authorities to develop best practice.

National Living Wage

The government sets a minimum amount workers must get paid on average for the hours they work. This is called the National Living Wage

Promoting Independence Service

A short-term service which aims to maximise the independence of the individual. At the end of the support, ongoing care and support services will be arranged as required.

Safeguarding

Safeguarding is how we work with people to prevent them experiencing harm from others or sometimes themselves. It includes helping people recover when they have been abused.

Short term services

Short term support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council.

Recovery Team

This team works to maximise a person's potential and personal recovery by addressing health and social needs, such as medication, accessing support for work, education and leisure, and support in managing their day to day mental health condition.

Useful Contacts

Adult Social Care and Communities Directory

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

Website: <https://cid.coventry.gov.uk/>

Council Contacts and Mental Health Services

Adult Social Care Direct	The first point of contact for any referrals into Adult Social Care	024 7683 3003
Emergency Out of Hours (After 5pm Monday to Thursday, 4.30pm on Friday and throughout the weekend)	For urgent enquiries / emergencies only outside of normal office hours	024 7683 2222
Main Council Customer Services	The main switchboard for Coventry City Council	080 8583 4333
Central Booking Services (Mental Health Services)	Run by Coventry and Warwickshire Partnership NHS Trust (CWPT), this is the first point of contact for people accessing mental health services and CWPT services	0300 200 0011

Other Organisations

Age UK Coventry	Supporting adults 18+ providing information and advice, support and groups	024 7623 1999
Alzheimer's Society Coventry	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support	024 7665 2602
Carers Trust Heart of England	One-stop shop for unpaid carers of all ages	024 7663 2972
Coventry & Warwickshire MIND	Support for people living with a mental health condition	024 7655 2847
Macmillan Cancer Support	Cancer Support Service	024 7696 6052

Special Thanks To....

Marcin Sz

Paul

Roy

Carole

Paul

Kyle

Limbrick Place

Elaine & Roy

Jean & Susan

All the staff at Adult Social Care

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More information about

Adult Social Care can be found at:

www.coventry.gov.uk/adultsocialcare