
To: Scrutiny Board 5

Date: 29 January 2020

From: Pete Fahy, Director of Adult Services

Title: Adult Social Care Peer Challenge 3 to 5 March 2020

1 Purpose

The purpose of this briefing note is to provide information regarding the forthcoming Adult Social Care peer challenge.

This is of relevance to the health and well being board as peer challenges are a key part of how social care continues to improve within the City.

2 Recommendations

Scrutiny Board 5 are recommended to:

1. Note the content of this report and the Key Lines of Enquiry (KLOE) for the peer challenge
2. Support the peer challenge process through meeting with the peer challenge team and providing scrutiny oversight of how findings from the review are progressed

3 Information/Background

Within Adult Social Care there is no formal regulatory or inspection framework. As an alternative the approach of sector led improvement is taken where Adult Social Care seeks to improve through learning from elsewhere and opening itself up to challenge in a manner that provides opportunities for improvement.

Peer Challenges are an important part of this approach, where at periodic intervals a peer challenge team, led by a Director of Adult Social Care from elsewhere within the West Midlands visits a local authority for a period of three days to undertake a peer challenge. The peer challenge process also includes a case file audit in which a team of three Principal Social Workers review 20 social work cases and social work practice. This case file audit takes place in advance of the peer challenge.

The peer challenge process requires a series of documents including a self assessment to be completed in advance then a series of meetings over the challenge period with staff and stakeholders, plus site visits where required.

The peer challenge focusses on Key Lines of Enquiry (KLOE) which are set by the host authority, these KLOEs usually relate to key challenges or issues on which we want to use the peer challenge as an opportunity for improvement. At the end of the peer challenge feedback is given to the host authority and partners on areas of strength and opportunity in respect of these KLOEs. Peer challenges do not provide an overall grade or score.

Six months following the peer challenge the lead director revisits the host authority to establish what has been done to make progress and there is an expectation that the findings from the review are made public with a corresponding set of actions where required to progress areas identified.

The Coventry Peer Challenge

The next Coventry peer challenge will take place from 3 to 5 March 2020. The case file audit took place in October 2018. The timescale between the case file audit and the peer challenge is longer than usual as Coventry offered to be first to trial a new methodology for the case file audit that took a more rounded view of social work practice than can be gathered from an isolated review of 20 cases.

In respect of establishing the KLOE reference was made to the core Adult Social Care objective of supporting people to be as independent as possible within their own homes and communities. This objective aligns with the Health and Care system vision for Coventry and Warwickshire, as encapsulated within the Five Year Strategic Health and Care Plan which is that:

“We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do”

Based on Adult Social Care performance data two areas where there may be potential to improve in order to further support the delivery of our core objective were identified from which two Key Lines of Enquiry were established. These are as follows:

1. Admissions to residential care

Very few people aspire to live in a residential or nursing care home. An indicator of our success in supporting people to live independently is the number of new admissions to residential care. For Coventry the number of admissions has increased for the previous three years for both adults and older people. This increase has not been matched by a similar rise in overall care home population indicating that people may be being admitted to care homes much later and therefore have a relatively short length of stay.

KLOE ONE

A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities.

2. Effectiveness of promoting independence

There are times when opportunities exist to improve levels of functioning and work with people to support them to develop more fulfilling lives. This can be as a result of an acute episode, deterioration, or a change in life (which could be as simple as reaching adulthood with a disability). Taking a promoting independence approach at these points, and ongoing, is a key strategy to reduce demand for social care and improve outcomes for people. In Coventry we aim to give as many people that we work with as possible this opportunity. Our performance data indicates this wide usage of promoting independence

(short term) services but that a relatively high proportion of people require ongoing support afterwards.

KLOE TWO

The work to develop on our promoting independence approach is ongoing and this will always be the case. Can the peer challenge team advise how we might improve further in this area and what opportunities for improvement exist through working closer with internal and external stakeholders.

Improvement work in Coventry

Although we are keen for the peer challenge to identify areas of improvement against the above areas we are also continuing to make improvements ourselves. These improvements include:

- A new approach taken at our front door (first contact) which is Occupational Therapist led and seeks to provide interventions at first contact that prevent the need for further input from social care.
- Consolidating therapy support into discharge to assess pathways so that the City Council has responsibility for the totality of this as opposed to shared responsibilities with CWPT.
- Implementing initiatives to reduce risks of people living in their own homes including delivering mobile night response for telecare alerts as part of our internal social care provision
- A 'two carers in a car' programme where home care support can be provided at night, outside of normal operating hours

Further to this, over 2020 we will be:

- Increasing the availability of Promoting Independence support for Adults with Learning Disabilities and working with our partners in CWPT and wider stakeholders in respect of mental health to support peoples recovery.
- Developing and implementing a Promoting Independence toolkit for all providers following an initial project with Skills for Care.
- Engaging with organisations who are interested in developing Housing with Care and/or Supported Living in Coventry to ensure they are operating in a manner that supports our objectives
- Improving connectivity with the wider council on the role of other directorates and service areas in supporting people to be independent. This can include the role of housing, employment and skills and sport and leisure, all of which play an important role on supporting people to live independent and fulfilling lives

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Enquiries should be directed to the above person.

Appendix One: Data to support Key Lines of Enquiry

Admissions to Residential Care

Figure One: Long term support needs of adults aged 65+ who needs are met by admission to residential or nursing care (per 100k)

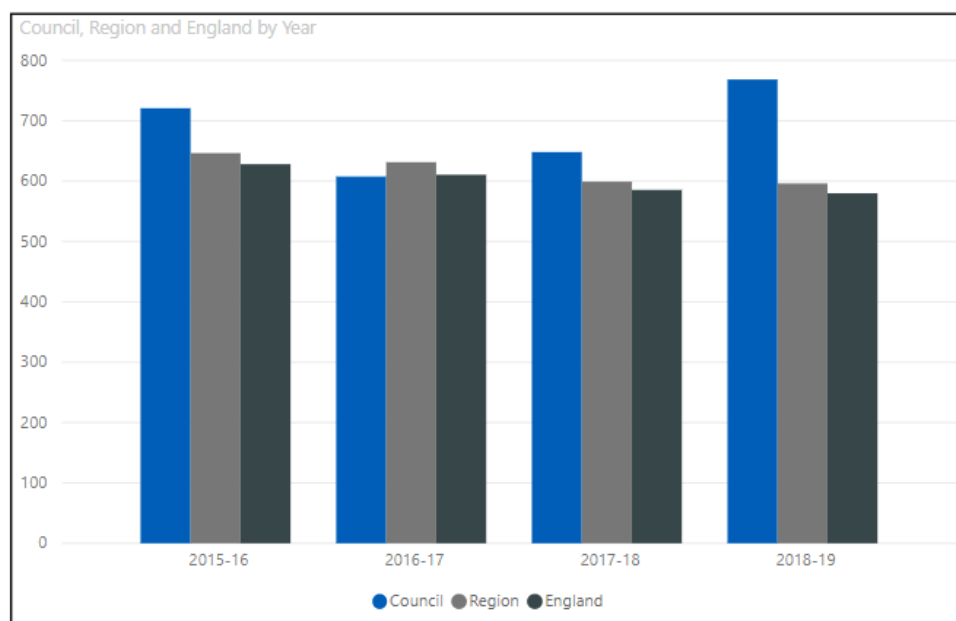


Figure Two: Long term support needs of adults aged 18-65 who needs are met by admission to residential or nursing care (per 100k)

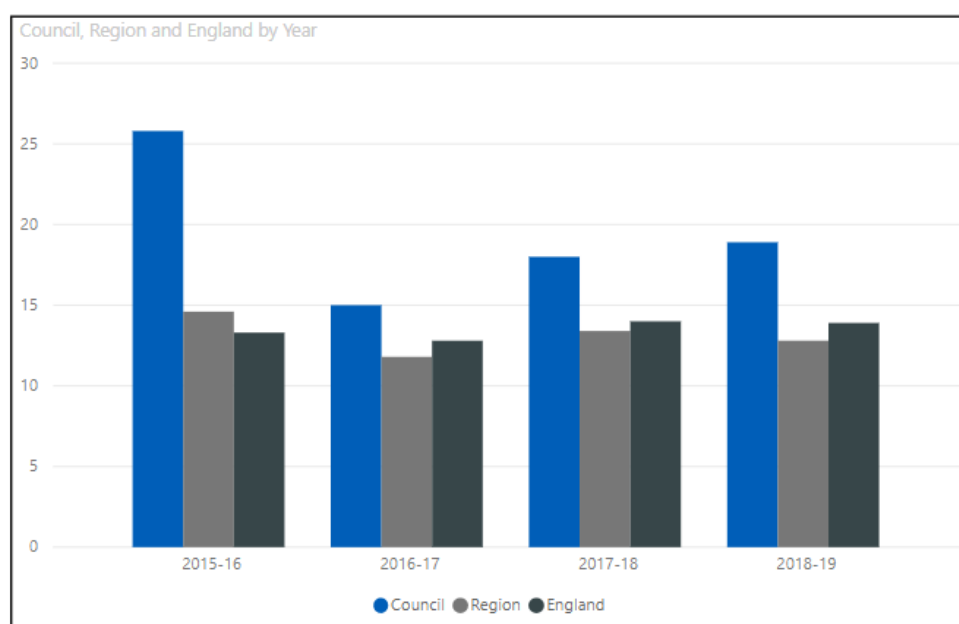


Table One: Population in local authority supported residential care as at 31 March

Age 65+	2019	2018	2017	2016	2015
Nursing total	193	163	157	196	188
Residential total	536	522	565	593	559

Age 18-64	2019	2018	2017	2016	2015
Nursing total	47	35	24	23	17
Residential total	217	197	206	220	202

Effectiveness of Promoting Independence

Figure Three: Proportion of older people who received reablement/rehabilitation on discharge from hospital

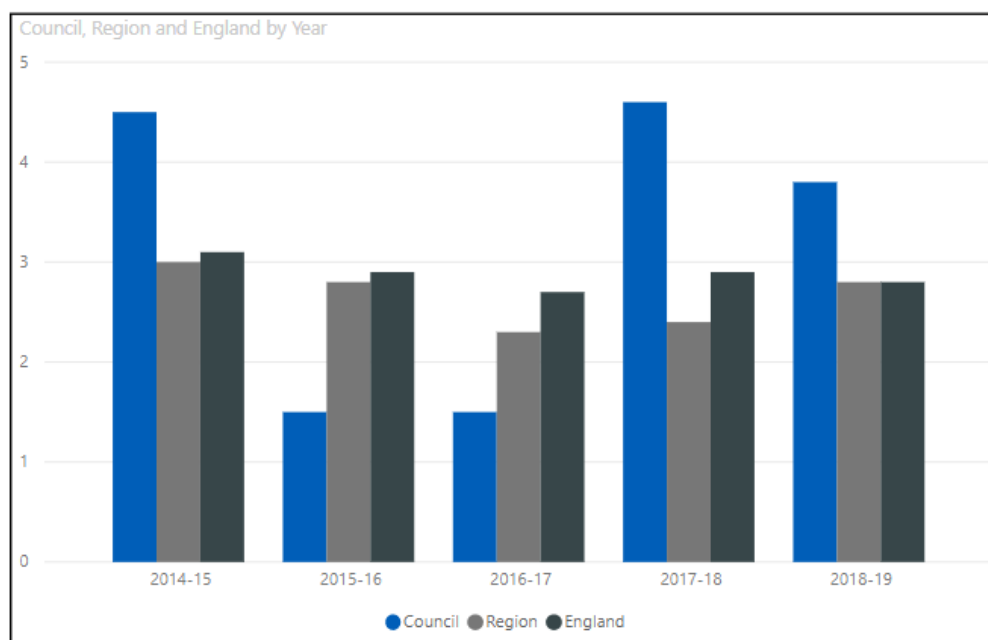


Figure Four: The outcome of short term services: sequel to services

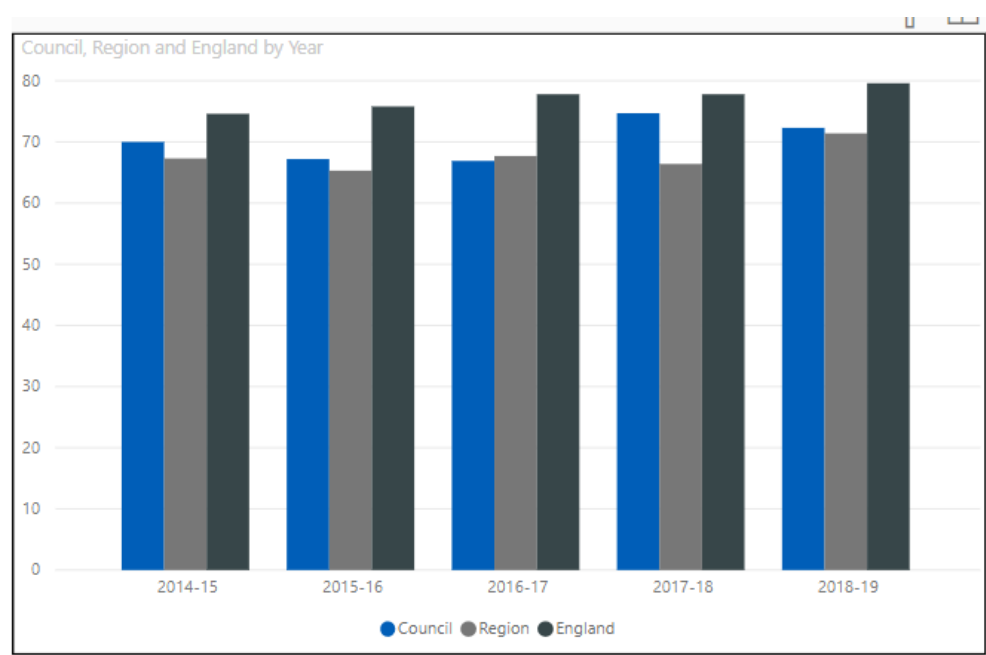


Figure Five: Proportion of people aged 65+ who were still at home 91 days following discharge who received reablement/rehab services

