

WMADASS  
Shire Hall  
Abbey Foregate  
Shrewsbury  
Shropshire SY2 6ND

12 March 2020

Peter Fahy (DASS)  
Coventry Council

Sent via - [Peter.fahy@coventry.gov.uk](mailto:Peter.fahy@coventry.gov.uk)

Dear Pete

### **Coventry Council Adult Social Care Peer Challenge March 2020**

I write to give you formal feedback following the peer challenge that was recently undertaken. This builds on the provisional feedback that was shared with you and the wider team on the 5<sup>th</sup> March 2020. (A copy of the final presentation and the practice review is attached as an appendix).

Whilst I led the peer challenge team as the Lead Director, I was also joined by colleagues, Mary O'Hagan, Karen McKay, Cllr Polly Andrews, Sarah Dillon, John Williams and Mike Strauss.

On behalf of the rest of the team and West Midlands ADASS I would like to express thanks to Mary O'Hagan and Karen McKay for their contributions, but also to Coventry for enabling them to join the team. Their enthusiasm, insight and the level of focus on the key lines of enquiry was of great value whilst we were on site. Going forward they are committed to supporting Coventry on further developing its adult social care vision and delivery of sustainable and integrated services, we hope their participation in the peer challenge will help with agreeing that vision.

You asked for the peer challenge team to explore two specific areas:

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

This letter provides a summary of our findings and recommendations. The feedback presentation given on the 5<sup>th</sup> March 2020 and the practice review final report are also attached as appendices.

### **Summary**

Coventry as a city and council continues to transform, and since the last peer challenge the progress, including the city developments are all evidence of how much has already been achieved. The One Coventry approach adopted by the council, and now being reflected in the leadership model should provide an effective vehicle for integrating place and people delivery plans. This alongside the commitment from the

chief executive, and the wider leadership team to focus energy on supporting adult social care to improve outcomes and manage demand effectively is very positive.

The timing of this renewed commitment to social care is important as Coventry in common with other places in the country faces more demand in social care, with less resources available, as well as major change in the NHS. Coventry adult social care, and its leadership team have done an excellent job in managing resource, and steadily improving outcomes for the residents of Coventry over recent years, and the practice review demonstrated the progress made in strengths based practice by operational staff.

As demand and cost continue to grow, the peer challenge team thought that moving forward adult social care should embrace the opportunity that the One Coventry leadership model offers. Seek to explore and build a stronger community asset based offer in local places for those who are not yet in contact with formal services, and to support those living with disability who want to live in their home as independently as possible. Any strategy and delivery plan in this area which will help manage demand, should build on the existing public health developments, be responsive to the maturing primary care networks and utilise the energy in local community and voluntary groups that exist.

The team heard from a range of people and groups that they believe they have more to offer in helping design and develop commissioning and delivery of adult social care going forward. They are willing to offer skills, experiences and time to helping Coventry adult social care build a strong community offer, and to develop a commissioning approach that is strengths based, and offers a range of services, and flexible ways to live independently. They feel they are underutilised at present. The team were very impressed with your performance management, and the team you have in place. They may offer an opportunity to extend their focus into performance development, and developing an approach to co design, and monitoring progress in this area. This may include developing some routine collection of service user and carer insight at different points of the pathway to inform delivery plans.

### **Key Line of Enquiry 1**

The peer challenge team were very impressed with the visible openness to improvement and self-reflection from politicians, commissioners, operational staff, and partners in Coventry. This ethos has clearly helped to maintain the strong performance of adult social care, and some examples of improvement such as in delayed discharges of care for adult social care at a time when pressures have been so significant across the system.

Whilst residential and nursing care will always be the right place for some people, the Coventry data does suggest that it is placing more people in this type of care than the England average and its comparators, in both the 18 – 64 age group and the over 64 age group. The peer challenge team observed a number of possible drivers for this

System leaders are clearly very committed to integrating health and care pathways, and the plans that are held across the system are very credible, particularly those relating to community health and care support. The team was not clear about the status and level of implementation of some of these plans, which were originally conceived in 2016 and particularly the maturity of multi-disciplinary teams. The data set on funded health care and continuing health care needs further development, and then some detailed analysis by commissioners at a health and social care system level to understand the key messages and whether current commissioning plans are aligned. This includes whether personal health budgets and direct payments, alongside flexible payment mechanisms are enabling people to live as long as possible in the community. The peer challenge team heard from a number of different sources that the bed-based pathways are not working effectively, and that people are entering bed based care at times due to pressure in the system and

the need to maintain flow. It is therefore worth exploring those original plans agreed at a system level, for integrated health and care pathways and multi-disciplinary working to assess how far they have been implemented. This together with reports of some capacity that could support people in the community being underutilised may offer a way of reducing the use of residential and nursing care.

Strengths based practice has improved significantly in operational teams, however the peer challenge team felt that the commissioning plans needed to be developed further to address some of the potential gaps in the range of flexible support on offer. This includes different types of accommodation and tenure, alongside building capacity and connecting people into local community and voluntary support in addition to their formal care provision.

The peer challenge team heard some very positive feedback about the emerging partnerships with health at the system level, including how to make best use of the available resources across health and social care to achieve better outcomes and avoid admissions to hospital. Health partners clearly see Coventry Council as a good and committed partner and acknowledge the pressures that adult social care faces in terms of resources.

Through the emerging primary care networks, the current public health offer in the community, which includes social prescribing, adult social care has an opportunity to develop its strengths-based and ensure it is focused on prevention and early intervention to support demand management. Co designing this support with people and their families who use services will ensure it is a truly effective and flexible use of community assets and responsive to the local place and need.

## **Key line of enquiry 2**

Adult social care in Coventry has a very effective and impressive promoting independence offer. It is delivering tangible results, using the resources available effectively to manage rising demand. The peer challenge team heard some excellent examples including the development of a community broker, the strengths-based practise and examples of micro commissioning with individuals providing some very personalised community care.

Since implementation of the Care Act 2015 adult social care is on a journey of development as it moves away from a care management approach. In order to continue to be effective in the management of demand and shifting towards an outcome-based approach the peer challenge team felt some areas should be the focus.

The commissioning programme and intentions are well thought through but appear to be mainly focused on the procurement process and the contracting of current service models. A shift towards exploring what other areas are developing in this area, particularly in the space of developing more community asset capacity, connecting and supporting local community and voluntary activities the team felt should be prioritised. Without this the progress you have made in strengths-based practice may not continue at the pace you would like. Strengths based operational practice will flourish further in a commissioning environment that offers a range of flexible support, supported by personalised payment mechanisms such as individual service funds, and diverse personalised providers.

The peer challenge team heard that the energy and commitment in the local community is in place, but it would benefit from more involvement from commissioners and opportunities to share good practice and reflect on opportunities for development. If this could be connected with the current public health activity in the prevention space, then the impact on outcomes could be very significant.

The peer challenge team also concluded that the One Coventry approach offers an opportunity for adult social care to access the skills and knowledge of the wider council. This will enable adult social care to develop with the wider council a more diverse accommodation offer for all ages, exploring alongside this how technology and a place based approach will allow people with disability to live, work and play as independently as possible in Coventry including those currently placed outside of the city.

The Coventry adult social care offer was felt by the team to be a strong one and going forward it will continue to deliver for Coventry residents and their families successfully. The existing work is ambitious and in order to maximise the opportunity offered and deliver transformation at pace, the team felt that the capacity to support transformation needs reviewing. The team felt that focusing more resource on embedding an ethos of co design in all pathway development work, reviewing the available resource to support the adult social care technology offer to extend the ambition, and ensuring commissioning has capacity to develop community asset building alongside public health is also worth exploring

**In summary the peer challenge team believes that there should be specific focus in the following areas to enable adult social care in Coventry to continue to develop: -**

- Embrace the 'One Coventry' focus, involving communities, the voluntary sector and other providers in a holistic transformation plan for adult social care
- Develop a philosophy of involvement and co-design with people and their families who use services, and start commissioning from a position of co-production and involvement
- Develop the commissioning approach with public health and re-orientate activity towards developing more diverse community-based assets and shaping the voluntary and community market
- Consider a rapid improvement approach to focus on practice around patient/service user flow through the entire system to reduce the high usage of residential care and ensure personalised care
- Accelerate a clear digital strategy for adult social care and integrate it into the 'One Coventry' transformation priorities
- Address the range of accommodation and support available today and for tomorrow to ensure residential care is only used for those that need it, and that greater provision for independent living is made for younger adults
- Review the resources allocated to transformation to improve connectivity with the council wide 'One Coventry' ambition and re-invigorate the delivery of integrated care with health

On behalf of the peer challenge team, I would like to thank you for hosting this peer challenge and for working so positively with us. If you have any points that you would like clarifying, please do not hesitate to contact me.

Yours sincerely,



**Stephen Vickers (DASS, Herefordshire)**

Cc Pete Jackson Improvement Director WMADASS, Helen Coombes Peer Challenge Coordinator WMADASS, Shelley Madley Improvement Administrator WMADASS,  
Cc Peer Challenge Team