

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 1 February 2023

Present:

Members: Councillor M Ali (Chair)
Councillor J Birdi
Councillor J Clifford
Councillor A Jobbar
Councillor S Keough
Councillor G Lloyd
Councillor J McNicholas
Councillor B Mosterman

Co-Opted Members: Ed DeVane, Coventry Healthwatch

Other Members: Councillor G Hayre (Deputy Cabinet Member for Public Health and Sport)
Councillor M Mutton (Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Services: S Caren, A Staunton

Law and Governance: V Castree, C Taylor

Others Present: R Danter (Chief System Transformation Officer and Deputy Chief Executive, Integrated Care Board)
R Uwins (Head of Communications and Public Affairs, Integrated Care Board)

Apologies: Councillor K Caan
Councillor J Gardiner
Councillor C Miks

Public Business

28. Declarations of Interest

There were no disclosable pecuniary interests.

29. To agree the minutes of the meeting held on 7th December 2022

The minutes of the meeting held on 7th December 2022 were agreed and signed as a true record.

30. Matters Arising

There were no Matters Arising.

31. NHS Report - Developing an Integrated Care Forward Plan

The Health and Social Care Scrutiny Board (5) received a briefing note and presentation by the Chief System Transformation Officer and Deputy Chief Executive, Integrated Care Board (ICB) regarding Developing an Integrated Care 5 Year Plan for Coventry and Warwickshire.

The Coventry and Warwickshire Integrated Care System (ICS) comprised the following elements:

- Integrated Care Board
- Integrated Care Partnership
- Local Authorities
- Care Collaboratives
- Provider Collaboratives

The purpose of the ICS was to bring together partner organisations to improve health, healthcare, tackle inequalities, enhance productivity and value for money and help the NHS support broader social and economic development.

In order to achieve these aims, the following would be developed:

- An Integrated Care Strategy, setting out the direction of the system and outlining priorities for delivering integrated care. This would be developed by the ICP.
- An Integrated Care 5 Year Plan, responding to the Integrated Care Strategy and detailing how the aims will be delivered. This document would be developed and delivered through the ICB.

The final draft of the Integrated Care Strategy included 3 core priorities:

- Prevention and improving future health outcomes through tackling health inequalities.
- Improving access to health and care services and increasing trust and confidence
- Tackling immediate system pressures and improving resilience

Prior to the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts prepared an Integrated Care 5 Year Plan. The plan produced by the ICB must have regard to the Integrated Care Strategy and set out any steps on how the ICB proposed to implement Joint Local Health and Wellbeing Strategy (JLHWS) relating to the ICB area. This would give operational detail around the strategy's vision.

The Health and Care 2022 Act stated that the plan must:

- Describe the health services for which the ICB proposed to make arrangements in the exercise of its functions by virtue of the Act.
- Explain how the ICB proposed to discharge its duties.
- Set out any steps that the ICB proposed to take to implement any JHLWS.
- Set out any steps that the ICB proposed to take to address the particular needs of children and young persons under the age of 25.

- Set out any steps that the ICB proposed to take to address the particular needs of victims of abuse.

A draft of the plan was currently being reviewed by NHS England and feedback was awaited. The final submission date was 30th June 2023 and the plan would be refreshed each year.

Members of the Scrutiny Board, having considered the content of the briefing note and presentation, asked questions and received information from officers on the following matters:

- Inequalities and how they would be addressed throughout the plan.
- Staffing issues and the focus on tackling immediate system pressures by improving resilience and developing and investing in the workforce. Significant work was being undertaken on recruitment, retention, training and the use of technology.
- The Board would receive a 6 monthly or annual update on the Joint 5 Year Forward Plan with an overview of what has been achieved against the priorities.

The Board noted that the draft plan would be circulated to Members of the Board when available and the NHS would report back to the Board annually on the Joint Forward Plan progress.

RESOLVED that the Scrutiny Board engage with the ICB on the development of the Joint Forward Plan.

32. **Managing Adult Social Care Referrals and Assessments**

The Health and Social Care Scrutiny Board (5) received a Briefing Note and presentation by the Head of Adult Social Care and Support in response to the Boards concerns regarding the increasing demand for Adult Social Care and the potential impact of this on assessment or review response times.

Adult Social Care had a series of assessment duties under the following legislation:

- Care Act 2014
- Mental Health Act 1983
- Mental Capacity Act 2005
- Disabled Facilities Grant (DFG)

Referrals to social care could be made from a number of sources including the person themselves, family or friends or a GP. The majority of referrals were received via the online referral form and dependent on the source of referral and the team responsible for responding, different processes were applied to assess risk and prioritise.

Adult Social Care had seen an increase in safeguarding referrals and more complex situations, most of which were deemed high risk and high priority and therefore required a more urgent response.

All referrals were screened by intake teams within Adult Social Care to prioritise based on risk and to determine next steps. There were three levels of prioritisation based on need, priority, status and chronology and these were urgent, medium and standard.

Overall levels of risk were monitored by Heads of Service with resourcing decisions made as appropriate to manage risk levels within the service. Escalation processes were in place to ensure cases were appropriately risk assessed and allocated accordingly.

Within Coventry, there were approximately 3500 people in receipt of ongoing care and support with an average of 200 referrals per week into social work teams. The Care Act statutory guidance stated that it was an expectation that authorities should conduct a planned review of the support in place on an annual basis. Currently, 55% of people with a support package would have been reviewed within the prescribed time frame.

The hospital social work team also received a high level of referrals with on average, 700 referrals per month. All referrals to the Hospital Social Work team were allocated on the same day. The Deprivation of Liberty safeguards (DOLs), was seeing a year on year increase for new assessment and renewal requests. Demand on this service was so high that there was a waiting period for assessment.

There were currently 191 cases waiting for the DFG (Disabled Facility Grant) to be completed. In addition, there were 342 DFG's in the process of completion either by Coventry City Council or the Housing Association. Reasons for this ranged from issues with property ownership, agreeing specifications and availability of contractors or service users' choice as to when the work could be completed. Officers were working closely with Housing and Housing Association colleagues and an improvement plan was in place to reduce the wait times.

The increasing demand on Adult Social Care in terms of complexity of casework and legal standing had meant waiting times were longer for some. This would be a likely area of challenge in the forthcoming CQC Inspections.

Members of the Scrutiny Board, having considered the content of the Briefing Note and presentation, asked questions and received information from officers on the following matters:

- How cases were prioritised according to status and risk and response times to urgent/standard and lower risk cases.
- Finding a way to manage urgent assessments alongside lengthy wait times including the recruitment of additional staff.
- Acting in the service users' best interests when capacity had diminished.
- How the increase in requests of a safeguarding nature of 50% were being processed.
- Waiting times versus case complexity
- More complex needs due to the impact of the pandemic and later referrals to service
- Absence of case number national benchmarking data

- Response times according to the urgency of the case and to disagreements between the service user and their family whether an assessment was required.
- Response times to assessments under the Mental Health Act
- Data collection and caseload feedback, audits and speaking with service users
- Regular reporting on data to improve services
- Importance of feedback from service users and how this shaped service delivery
- Workforce management, pressures and caseloads

RESOLVED that the Scrutiny Board notes the work of Adult Social Care and understands the approaches and mechanisms that are in place to manage demand on Adult Social Care Services.

33. Work Programme and Outstanding Issues

The Board noted the work programme and suggested the West Midlands Ambulance Service be invited to the Scrutiny Board (5) meeting on 22nd March 2023.

RESOLVED that the Scrutiny Board 5 notes the Work Programme and invites the West Midlands Ambulance Service to the Scrutiny Board (5) meeting on 22nd March 2023.

34. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 11.20 am)