



Adult Social Care
Annual Report for 2012/13
(Local Account)
Produced September 2013



Coventry City Council

www.coventry.gov.uk

Foreword



Councillor Alison Gingell
Cabinet Member
(Health and Adult Services)

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

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

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

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

A handwritten signature in blue ink that reads "Alison Gingell".



Brian M Walsh
Executive Director, People
Directorate

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

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

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

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

A handwritten signature in blue ink that reads "Brian M Walsh".

Commentary on Coventry City Council Adult Social Care Annual Report 2012-13

Healthwatch Coventry

Healthwatch Coventry is the new consumer champion for health and social care in Coventry. We enable local people to have a voice in how their services are delivered and planned. Healthwatch came into being on 1 April 2013 and has taken over the work of Coventry LINK. We are therefore providing an independent commentary on this document.

This year the Council asked Healthwatch to look at an early draft of this Report and to feedback on how it was presented, the information it gives, and to provide a perspective on what the priorities for action should be for the coming year. As we believe it is important that services are accountable to local people we ran a lively workshop for Healthwatch members and voluntary groups and fed back what people said. We are therefore pleased to see this reflected within the document and two of our suggested priorities for the coming year included.

In 2012-13 Coventry LINK looked at the services provided by the Opal Disability Equipment Centre and how best to communicate issues around keeping people safe (safeguarding). LINK also followed up on previous recommendations about the Council developing information to support people with personal budgets or direct payments. Our work to look at the Opal Centre was received positively and has brought about improvements in information for people who use the service, personal budgets remain a priority for the Council and for this work to be successful information and support to enable choices continues to be key.

Social care services support many people in Coventry and this report demonstrates the importance of the different elements of provision, including, services provided by voluntary organisations. We believe that the current challenges impacting on the delivery of social care in Coventry should be reflected in this Report. The Council is being required to spend less on services and has recently launched a consultation on closing and changing services. Our members have understandable concerns about what this might mean for service users. We believe that those who use services and local people should have an influence on decisions about services and be involved in the design and planning of services.

There are other significant challenges including how to manage service provision by private sector organisation to ensure quality of services, and here the Council's role of monitoring performance against contracts is very important and is of interest to us and others.

The biggest challenge is how health and social care can deliver services effectively and in a joined up way whilst there are substantial pressures on funding. The new Health and Wellbeing Board and Health and Wellbeing Strategy work which underpins this bring opportunities to really think about how things can be done differently for the benefit of those who use services and for the benefit of the health and wellbeing of people in Coventry.

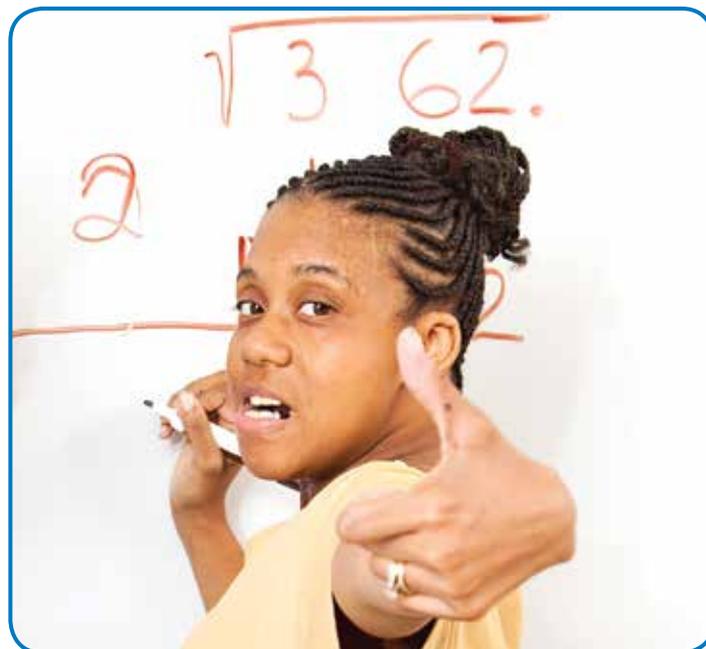


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What it means to receive Adult Social Care support in Coventry

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



Facts and figures 2012/13

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

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

Facts and figures 2012/13

During the year...

8,600

people contacted Adult Social Care.



4,737

had an assessment of their needs.



2,876

received short term support and did not require on-going support.

3,863

were signposted to sources of information, advice or support, or had their needs met.



2,876

received short term support and did not require on-going support.



1,861

received on-going support.

We supported...

8,517

people received support from Adult Social Care during the year.

We support people who are assessed as having 'critical' or 'substantial' needs.



15%

received their personal budget in the form of a direct payment.



7,356

people received their support in the community.



2,036

carers were assessed and received information, advice or support.

55%

of people had a personal budget.

Our Staff



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

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

Money

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

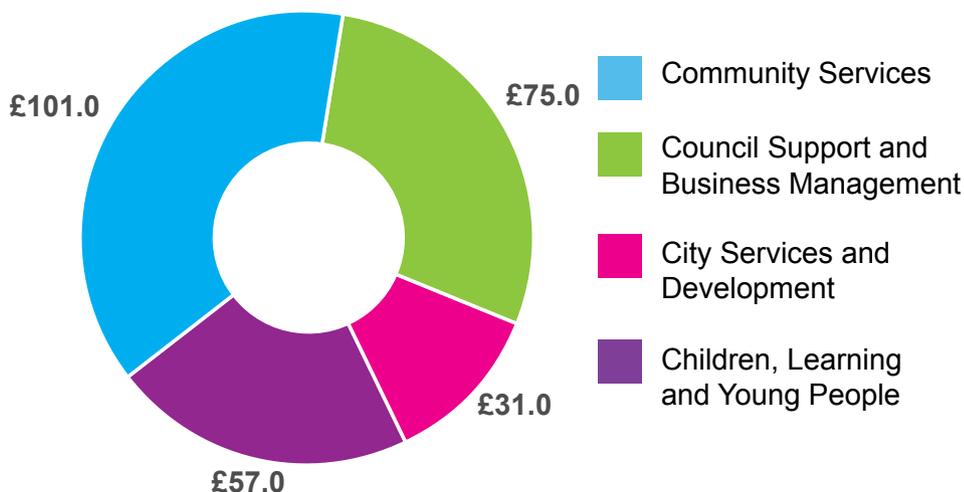
The chart below identifies the areas of spend across the Council during 2012/13.

Of the £101m spend for

Community Services £78m was spent on Adult Social Care. The chart below shows how this was spent.

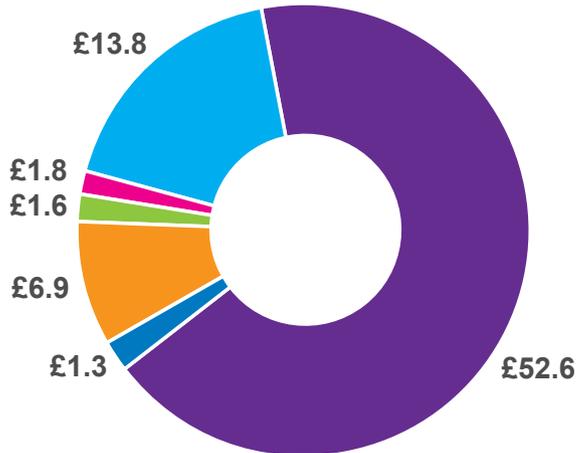
Adult Social Care, as part of the People Directorate, will be required to make a number of savings over the next three years. These savings are hugely challenging and will impact on the way we support people.

2012/13 Revenue Spending Position (£m)



Our Annual Report

2012/13 Adult Social Care Net Spend (£m)



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

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

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

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

Understanding your views and experiences

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

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

from people throughout this report from that survey.

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

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



Progress on last years priorities

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

We said we would...

Continue to ensure that carers receive the timely advice, information and support they need, and increase the number of carers who receive assessments.

We said we would...

Use a more robust and substantial indicator of improvement (or otherwise) made through our safeguarding interventions.

We said we would...

Continue to offer short-term, goal-focused support, which gives people the opportunity to regain lost skills, confidence, and independence, prior to establishing any on-going support.

We said we would...

Continue to increase the choice and control people have over their support by ensuring that all people who receive on-going support receive a personal budget.

We said we would...

We have...

Increased the number of carers' assessments by 51%, from 1,344 in 2011/12 to 2,036 in 2012/13. This is as a result of extra Carers Assessment Worker capacity, targeted work with social workers and the establishment of a carer steering group.

We have also continued to contribute to the funding of Coventry Carers' Centre to identify and support carers. In 2012/13 they identified and supported 1,316 new carers and 2,248 carers received information, advice and support, which included ensuring carers were referred for a Carer's Assessment, where appropriate.

We have...

Implemented a process for asking adults at risk about their desired outcomes from the safeguarding process, both at the start and end of the process, finding out if improved outcomes have been achieved.

We have...

Increased the number of people receiving a personal budget from 40% to 55%.

We said we would...

Work with health colleagues to improve our performance on the number of people still living at home 91 days after their discharge from hospital to a short term reablement/ rehabilitation service. At 70% we were below the national average of 83%.

We said we would...

Improve people's experience of transferring from a hospital to community setting by working with our partners to support a reduction in the number of people who have a delayed transfer of care from hospital.



We have...

Expanded our Promoting Independence approach to include services for older people. Some of the results can be found on page 22.

We have...

Continued to work with health partners to improve processes for reablement. 76% of people are still living at home 91 days after their discharge from hospital to a short term reablement service, an improvement of 6% on last year. The majority of people who did not remain at home were re-admitted to hospital (19%) or went in to residential care (3%). However, we are still performing below the national average of 82% and have more improvements to make.

We have...

Continued to work with health partners to improve processes to reduce delayed transfers from hospital. During the year, there were a total of 99 delays attributable to Adult Social Care, a reduction of 22% on the previous year. Joint health and social care delayed transfers have reduced by 12% and there has been a 4% reduction in health delays. We have continued to fund support for carers of people being discharged from hospital to reduce the risk of unnecessary readmissions. However, we are still performing below the national average in this area (we had 5.9 delayed transfers per 100,000 population compared with the national average of 3.3) and improvement remains a priority.

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

Introduction from Assistant Director

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

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

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

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

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

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

Healthwatch Coventry recommended that ensuring information and advice is available and is received early should be a key priority for the

Council. We have taken this recommendation on as a priority for next year.

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

The **Coventry and Warwickshire Dementia Portal** was launched during the year, providing a one-stop shop web portal for people, professionals and family members, to learn more about dementia. We worked with people across Coventry and Warwickshire to find out about the type of information they want and need about dementia. We have included information for people who have a diagnosis of dementia about how to live well with their condition, information for people who support a person with dementia, as well as general information about dementia, including practical hints, tips and links to resources.

The portal has been very popular, with new visitors close to doubling month on month. On average, the portal receives 52% new visitors and 48% returning visitors every month, showing both its capacity to attract new users and maintain the attentions of existing users. You can find the portal here:
www.livingwellwithdementia.org

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

We have made good progress towards implementing the national strategy for adults with autism and have commissioned **Independent**

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

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

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

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

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

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

“To its great credit, the Council has long recognised the vital contribution made by family carers to social care in Coventry and has, for many years, made a significant contribution to the Carers’ Centre. This has helped us to ensure carers’ individual needs are met and so achieve our aim of ‘Improving Lives for Coventry Carers’. The service addresses the major disadvantages that

carers experience if they are not supported, helping carers to carry on caring, for example, by reducing their social isolation, reducing stress, improving their financial position and helping them deal with statutory services. The support we receive from the Council makes a vital contribution to what we are able to achieve, the importance of which is demonstrated by examples of what carers say about the service.”

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

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

Our priorities for 2013/14

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

Active and supportive communities, including friends and family

Introduction from Assistant Director

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

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

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

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

45% of service users surveyed told us they have as much contact as they want with people they like in their social life, whilst 33% have an

adequate amount of contact. 23% of respondents do not feel they have enough contact with people. Loneliness and isolation amongst older people has been identified by the Council and its partners as an area where outcomes for people could be improved. We will be working with partners to understand how we can improve outcomes for older people who are experiencing isolation.

78% of respondents to the Adult Social Care survey said they are able to spend enough of their time as they choose and do things they value and enjoy. This is higher than national results (65%). However, this contrasts with the

results from the Carers' Survey where only 18% of respondents felt they were able to spend as much time as they want doing things they value and enjoy.

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

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



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

out, including Zumba, indoor bowls and knitting, plus holistic therapies such as reiki and acupuncture. Many older people have continued to attend activity and therapy sessions, benefitting from social contact and improvements to overall health and wellbeing.

- We have worked with partners across the city to develop our response to the government's strategy for adults with autism - Fulfilling and Rewarding Lives. A Local Implementation Team has been established and has successfully agreed a pathway for diagnosis and support, which will be launched later this year. Frontline staff in Adult Social Care have started to receive autism awareness training and a plan is in place to roll out the training to other frontline staff including GP surgery staff, Police and employment advisors. **The Employment Support Service (TESS)** is the Council's supported employment service for disabled people. The whole team has received training in how to support people with autism.



The service has a lead Employment Advisor for people with autism, supporting individuals to gain and retain employment whilst, at the same time, working with and supporting employers to make reasonable adjustments and successfully employ, train and retain people with autism. You can keep up to date with developments on the autism strategy here: <http://www.coventry.gov.uk/autism>

- During the year, TESS supported six people with autism into employment. Five people with autism have been intensively supported to retain an existing job and five people with autism were supported into work experience opportunities.
- The Pod is a Council resource for people working to improve their mental health. In 2012/13, the service won the category for 'effective new approach to service delivery' at the national Skills for Care Accolade awards. The service focuses on personalised recovery journeys by connecting with community organisations to create opportunities for occupation and employment, which support people to move forward with their recovery. The results from a recent Outcomes Audit showed that 75% of people using The Pod had seen a reduction in the direct support they needed from a

Community Mental Health Team and 70% demonstrated an improved ability to manage their own mental health.

- The Age UK Fit as a Fiddle programme was successfully extended into Housing with Care schemes, a type of specialist housing where 24 hour care and support is provided to tenants. Tenants had highlighted that there was no consistent exercise or activity programme available to meet the diverse needs of tenants of varying age and ability. In response, the Fit as a Fiddle programme now runs in all 12 Housing with Care schemes across the city, offering fun and relaxing activities to improve physical and mental wellbeing. Activity programmes are adapted to meet the needs of each scheme, with changes led by tenants.

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

Participating tenants commented,

“The activity programme is wonderful, it brings a bit of life to the place.”

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

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



Case Study

Background:

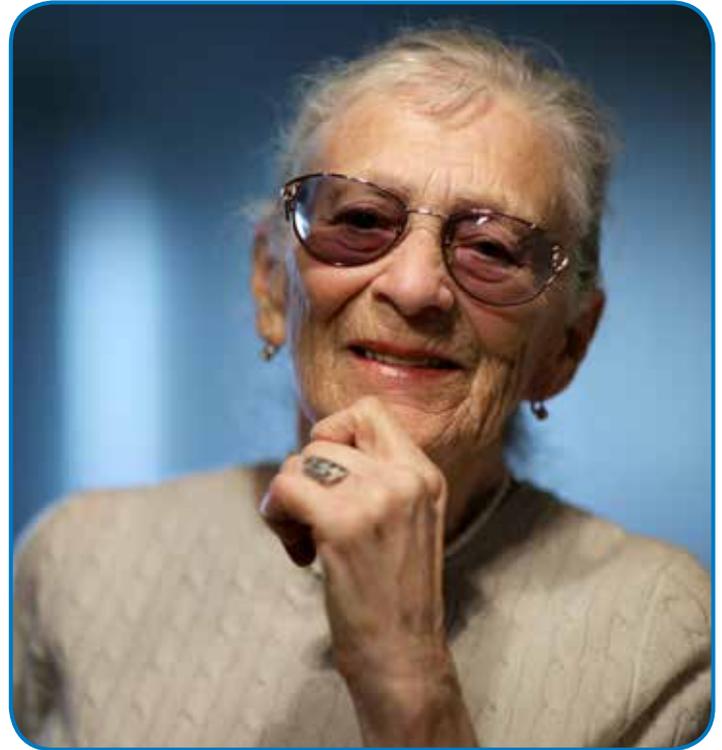
Ashna had received a Community Care Assessment from Adult Social Care because of a physical impairment, mild cognitive impairment and history of depression. Through talking to Ashna, her case manager understood that she had interests in knitting, arts and painting, and was keen to build relationships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

Action:

The Broker sourced a range of community-based options for Ashna, including a social group for older Asian women with cooking and exercise activities and an arts and crafts class for people over 50, both with a small annual membership and session fee. Also on offer were a number of free activities including a lunch group and community support service. It was felt that these options would be more suitable for Ashna than attending a day centre.

Impact:

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



Our priorities for 2013/14

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

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

Introduction from Assistant Director

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

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

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

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

When we asked people about their care and support in our Adult Social Care Survey, 65% of service users said they are 'extremely' or 'very' satisfied with the care and support they receive.

This is both an improvement on last year's result and is favourable when compared with national results (64%).

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

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

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

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

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

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



As the Council increasingly manages with a reducing level of resources, we will provide less and will expect people to use their own resources more. Comments such as those above indicate that people may have to re-set their expectations with regard to what the Council can provide. We want to make sure that, wherever possible, people have choice and control over their support. Here is some of what we, and our partners, have achieved in this area...

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

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

- Over the year, 181 older people were referred to the Promoting Independence service, 60% of whom required no on-going support.

40% required on-going care however, 50 people needed less support following the intervention than they had needed before. This demonstrates that short periods of support enables people to improve their independence.

- Grapevine **Help & Connect** project supports people with learning disabilities to make connections in their communities and use ordinary services. The project supported 149 people during the year, including people who are not eligible for social care services, but who still need support from their community. User-led groups for people with learning disabilities, autism and mental ill health help members to build confidence and develop relationships. Members of the groups meet outside of sessions, providing peer support to one another and developing their confidence to access community resources such as parks and cafes. One person who uses the service said; “I feel comfortable in being out and about in the community.”
- Together with the Coventry and Rugby Clinical Commissioning Group, University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust we looked at our arrangements for supporting people who needed a period of reablement upon discharge from hospital. ‘Move on



Coordinators’ were introduced with Coventry and Warwickshire Partnership NHS Trust to support people going through a period of reablement. The Coordinator role ensures that the process is as effective as possible and that people achieve their goals for independence. This work will continue during this year.

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

Case Study

Background:

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

Action:

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

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

Impact:

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



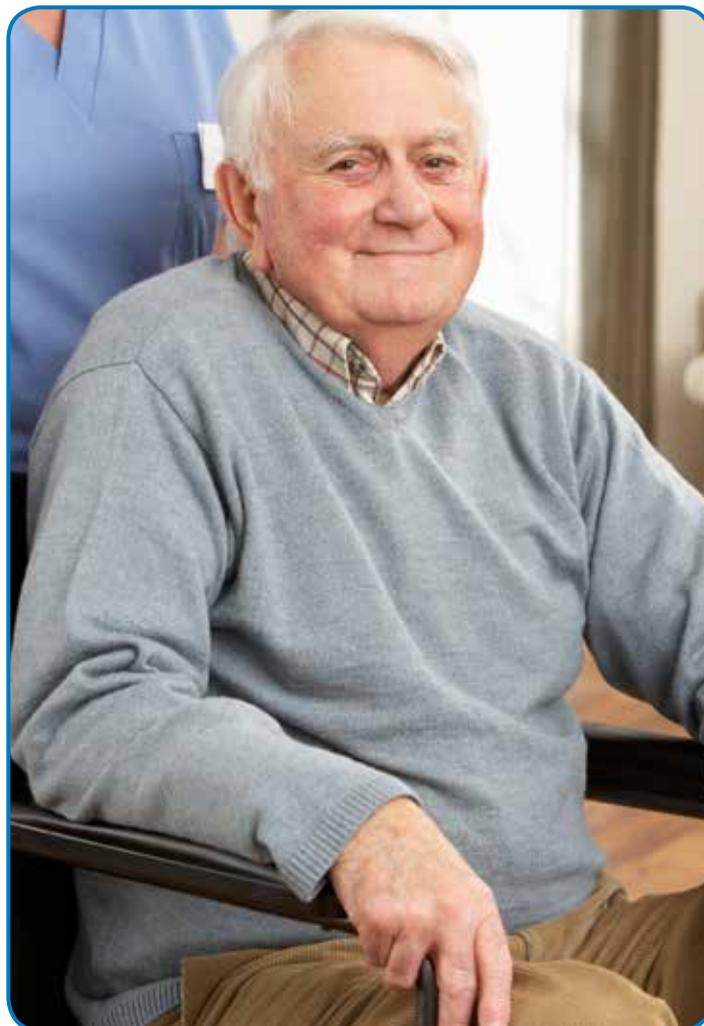
Crossroads Care, Coventry & Warwickshire describes the impact the Council's Carers' Team has had on improving the control carers have over their own lives.

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

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

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

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



Learning from complaints

Communication

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

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

What happened:

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

What we found:

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

The process for assessment and the Council's Charging Policy was not properly explained to Mr Harris. As Mr Harris has savings over £23,250 he would pay full charges for any support he would receive. Mr Harris should have had this explained to him and should have been offered an assessment of his needs to determine if he met the eligibility criteria. The duty to assess applies to people who pay for their own support as much as to those who make a contribution or receive their care free of charge.

What we did:

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

Our priorities for 2013/14

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

Workforce: my support staff

Introduction from Assistant Director

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

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

Recruiting support staff can be a challenging task. In response to the Making it Real survey, one person told us; “I have one personal assistant left and am struggling to recruit a replacement.” We work with Penderels Trust

to support people to get the most out of their direct payment to achieve their goals. Part of this support includes help with recruiting and employing staff, and a personal assistant register to help match personal assistants with people. The Council’s Social Care Development Centre ensures that staff working in social care are highly trained and competent in their roles.

Courses that focus on person-centred planning, dignity, and communication are delivered to care and support staff across the city, not only Council staff. This training reinforces the values and attitudes we expect care and support staff to hold and is essential for improving the experience of people who use our services.

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





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

The guidance aims to ensure that everyone who uses social care services in Coventry, and needs support with taking their medication, gets the right dose of the right medication at the right time, every time. The guidance promotes the independence

of adults who use social care services through encouraging people to manage their own medication, clinical procedures and health related care, as far as they are able.

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

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

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

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

“I secured the post of Development Worker as part of The Pod team and needed to gain a qualification in Social Brokerage in order to understand best practice and the philosophy of The Pod team, ensuring I was working in a recovery focused and personalised way. I completed the Introduction to Social Brokerage course accredited by Coventry University in June 2012 and followed this with the Applied Social Brokerage Course in March 2013. I will continue to apply the skills learned from the Applied Social Brokerage accreditation in my work.”



Learning from complaints

Choice and control

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

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

What happened:

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

What we found:

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

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

Our priorities for 2013/14

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

Risk enablement: feeling in control and safe

Introduction from Assistant Director

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

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

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

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

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

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

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



The Coventry Safeguarding Adults Board

produces an annual report, which describes the achievements and challenges of the year. We are committed to supporting the Board in its priorities for 2013/14. The Board agreed three key priority areas for the coming year:

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

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

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

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

- Following recommendations from Coventry Safeguarding Adults Board, a review of bed grab handles on loan to individual users was implemented. A multi-agency team from the Council, Coventry and Warwickshire Partnership NHS Trust and University Hospitals Coventry and Warwickshire reviewed 3,200 bed grab handles on loan to people in the city, both in residential settings and in people’s homes. Of the reviews undertaken to date, 23% of the bed grab handles needed to be replaced, 10% were acceptable to continue to be used and 42% were no longer needed, for a variety of reasons. The remaining 25% were part of more specialised equipment and subject to separate review. The review has ensured that people are supported with the correct equipment and that equipment is well-maintained, fitted and properly used, meaning people are safer in their living environments.
- Grapevine Help & Connect project runs a Skill Up Group that offers training sessions to people with learning disabilities to work on developing their confidence, independence and skills for staying safe. A Hate Crime Booklet has been devised and designed by

the group in partnership with the Community Safety Partnership. People who use the service reported; “I have been able to give my ideas to the group and I do feel proud I have helped with the Hate Crime Booklet.”

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

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



Case Study

Background:

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

Action:

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

Impact:

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

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

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

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



Personal budgets and self-funding: my money

Introduction from Assistant Director

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

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

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

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

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

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

support needs. The 1,232 people who receive a direct payment during the year were able to exercise full choice and control over their personal budget.

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

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

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



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

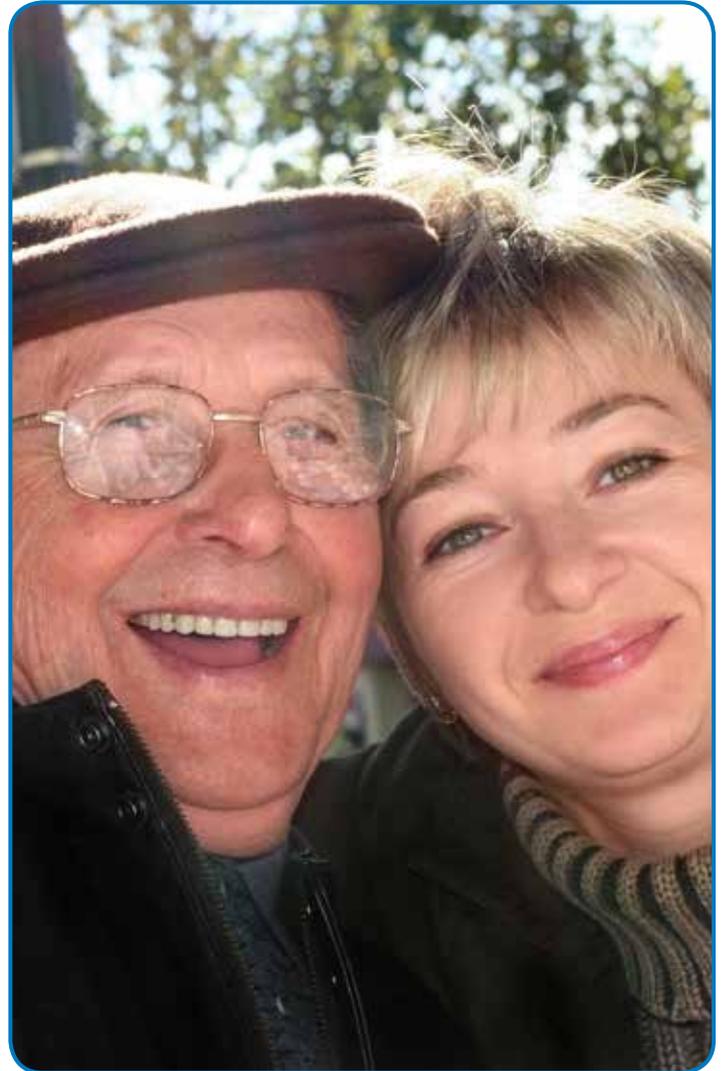
Ruman receives a direct payment and is supported by Penderels Trust. The direct payment has enabled him to move out of home and to live independently, supported by a support agency of his choice. This enables him to live an ordinary life like his friends. He shares his accommodation with someone of similar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

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

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

“We have been working with the Council to redesign and improve the appointee and money management service for adults at risk and older people who need support with their finances, while maintaining their independence in the community and preventing financial abuse.

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



Our priorities for 2013/14

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

Summary of priorities for 2013/14:

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

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

Contact Us

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

<http://www.coventry.gov.uk/speakup>

You can visit the Opal Assessment and Demonstration Centre:

Monday-Thursday: 9:30am – 4:30 pm,

Friday 9:30am – 4:00pm

Unit 17-18, Bishopsgate Business Park, Widdrington Road, Coventry, CV1 4NA

Tel: 024 7678 5252

More information about Adult Social Care can be found [here](#).

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