

Adult Social Care

Reduce, Prevent and Delay

Our approach to Promoting Independence



Coventry City Council

November 2024

● Introduction

Prevent, Reduce and Delay

Coventry has been a Marmot City since 2013 and has a Health and Wellbeing strategy rooted in the principles of enabling children and adults to lead healthier lives. Adult Social Care has adopted the Health and Care vision as its own with the principle of adults leading healthier and more productive lives at the core of the offer being made.

The realisation of this is through the promoting independence (PI) ethos that exists and is well embedded locally. The approach is therapy led, and applies in all areas of service though we recognise that in some areas it is more embedded than others. The principle is consistent with variation in delivery dependent on need of the individual. The approach is supported by short term service provisions which promote recovery and rehabilitation.

We don't do this in isolation and recognise the critical interface with local health systems to realise the vision and the best outcomes for individuals.

Prevention:

A range of services are secured through the use of the Preventative Support Grants made to the Voluntary, Community and Social Enterprise sector and other partner organisations and through city council commissioned services such as Sky Blue in the Community, Coventry Moves CV Life, the Dementia Hub (a collaboration of a number of agencies) and through The Pod which specialises in support to those with mental illness.

The prevention agenda for the City Council cuts across a number of different Departments including Public Health and Housing specifically and therefore Adult Social Care sits within a much wider City Council offer.

Reduce and Delay:

The offer in Coventry is predicated on the promoting independence ethos and services arranged accordingly. This extends into all areas and is not confined to hospital process and older adult services. Progress has been made in developing the approach into learning disability services and into mental health with a range of services on offer that complement the work of assessing teams. These include: Dementia Outreach Services, MH and LD outreach services, Sensory Impairment Services, assistive technology and more latterly a Communicator-Guide service.

The Social Intervention Collective (SICoI) model has been established by practitioners working in MH Crisis support. This has transformed and significantly improved our approach to those people facing admission to hospital due to mental health crisis by using a social rather than medical model and by operating in a joined-up holistic way to remove barriers and really listen to a person's needs and wishes.

● Promoting Independence

Part of how we do things

A core principle underpinning the delivery of Adult Social Care in Coventry is that of promoting independence.

This principle has, at its heart, an approach to social care that starts from the premise that everyone we work with has strengths that can be built on to promote recovery, enablement and the achievement of independent lives. This approach is long standing and originates back to the establishment of Intermediate Care services in the early 2000's and the New Homes for Old policy which saw the development of Housing with Care as a means of enabling older people with care and support needs to remain living independently in their own flat within a supported environment. This approach progressed further with the development of supported living for adults with learning disabilities, Discharge to Assess pathways to support people to regain skills following a hospital stay, and home-based community promoting independence services all of which are embedded in our service offer today. This means that we commit to assessing people outside of the hospital setting, preferably at home as this leads to much better outcomes for people. Our multidisciplinary Improving Lives initiative supports hospital discharge and is ensuring that more people are able to go back home on discharge and people are needing less ongoing support as reablement is improved through multi agency locality working.

Underpinning this is our utilisation of the skills of Occupational Therapists, Social Workers, Community Care Workers and support workers who work together with the person, their family and carers to achieve their optimum level of independence.

Our approach to promoting independence is constantly evolving and improving as our understanding and technologies develop. This document sets our ambition and plans for the next stages of development and the benefits expected as a result of this.



● Promoting Independence

within the wider health and care system

Our operating model is consistent with the requirement of Local Authorities to provide preventative services and promote wellbeing under the provisions of the Care Act 2014. The Adult Social Care Offer and the eight commitments included reinforce this approach.

Our approach also supports the overall health and social care system vision:

'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'

Coventry Health and Wellbeing Strategy 2019-23

In essence, a core objective of the health and care system, of which Adult Social Care has a key role, is to support adults to live independent lives within their communities. Our Promoting Independence approach works with people so that they have the skills to do this.



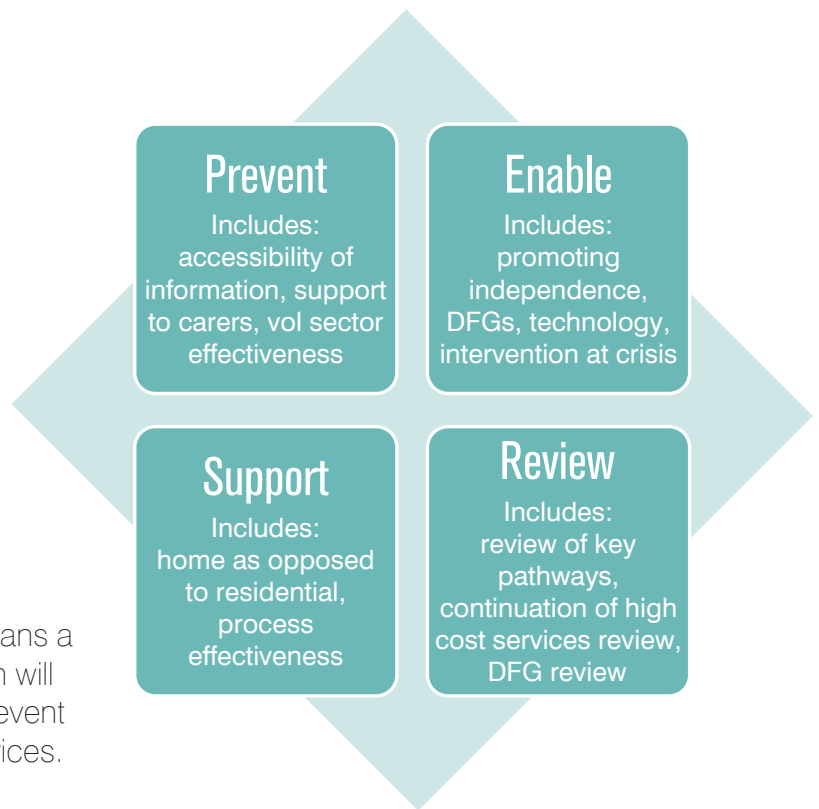
● Promoting Independence

at the heart of how we do things for Adult Social Care

Our approach to Promoting Independence is incorporated into all elements of our operating model. This operating model has four key stages which, at each point aims to deliver good social care through enabling people to do more for themselves and use a strength based approach drawing on community assets and alternative means of support.

For individuals and families, this means a coordinated approach to prevention will help realise these principles and prevent or delay the need for long term services. The approach aims to:

- Have timely and appropriate involvement with individuals who, through disability or illness, need support to overcome barriers which prevent them from having independence in everyday tasks.
- Have in place primary prevention strategies that reduce the negative impacts of disability or mental ill health in society, improve people's access to community and universal services, tackle disablist perspectives and prevent abuse.
- Work across the whole life course, and take family centred as well as person-centred approaches.
- Include secondary and tertiary that prevent, delay or reduce the need for unnecessary specialist services.
- Reduce hospital admission and admissions to residential and nursing homes.



● How we work in practice

We work closely with the individual and family/carers to help them to achieve their goals of becoming more independent, by doing the following:

- On initial contact, we discuss with people how their concern might be resolved with information and advice, this could be signposting to another agency or providing some equipment
- If further support is required following initial contact either an Occupational Therapist (OT) or Social Worker (SW) will complete an initial assessment of the individual's strengths & needs and develop, with the individual, a plan that is meaningful for them. This plan will set out goals to be achieved, over a given time period, with the aim to increase independence and decrease the need for ongoing formal care support. Where the skills of both OT and SW are required they will work jointly
- If an OT is involved they will complete a full functional assessment of activities of daily living and provision of therapy interventions. This could result in no further on-going support or an intervention plan supported by a home support agency. In these situations the OT will work closely with the agency and provide ongoing therapy assessment and intervention as required
- Before consideration is given to a potential requirement for ongoing care and support all social care staff will consider promoting independence interventions. These may include practice of tasks, employing alternative techniques, using assistive equipment/technology and provision of home adaptations. Brokerage (brokerage is part of our service that finds out about support and available resources aside from formal care and support) will be utilised throughout the process to work creatively with the individual to find ways of supporting areas where rehabilitation is not the solution
- Social care staff will work as part of the multi-disciplinary team utilising community resources, assistive technology and home adaptations to enable adults to remain at home and/or to live independently and engaged with their network and community
- Social care staff will work across service boundaries and coordinate the response which includes liaison with other City Council Services (Housing, Revenue and Benefits, Transport) and with health professionals (General Practitioner (GP), District Nurse (DN), Community Psychiatric Nurse (CPN), Hospital Consultants)

● Offer commitments

Our approach to Adult Social Care and support is based on the following Adult Social Care Offer commitments

- **Adopt a strengths-based approach and promote independence** – this means we will support people to gain or regain the skills required to live as independently as possible making the best use of what is available in local communities. We will focus on what is important to people and what they can do. We are committed to enabling people to have the skills they need to live as independently as possible.
- **We will work with people to ensure their living environment is suitable** - this may involve undertaking some adaptations to people's homes and providing equipment to enable people to live an independent life more easily. Where someone's existing home is not suitable, we will explore how we may be able to adapt the current environment and if we are unable to do so, we will then support people to explore alternative living accommodation options.
- **Enabling people to live well and age well by putting them at the heart of what we do** - we will help people think about their need for care and support and plan for how they can live the best life possible both now and into older age. People will need to make their own decisions, where they are able to do so, about the sort of life they want to live. We will support people to have choice and control over their own health and wellbeing, enabling people to take responsibility and find solutions that work best for them.
- **Making the best use of all resources** - We aim to provide the right amount of support to meet people's needs and outcomes (what you want to achieve). To provide the most appropriate care and support, we will consider costs and look for innovative ways, including the use of technology, to deliver care and support to secure the most cost effective way to meet people's needs.
- **Joined up and connected care and support** – We will work closely within the Council and with different organisations, including the NHS, voluntary organisations, care providers, community groups and local businesses, to support you to achieve what is important to you. We will work with the organisations that have been chosen to provide services to make sure they are safe, sustainable and of the right quality and will act if there are concerns.
- **Keeping you safe** - We will ensure the safety and wellbeing of our most vulnerable people. We will help people stay safe from harm and abuse, working alongside other organisations when we need to, and supporting people to make their own choices. This is central to everything we do.

- **Carers at the heart of everything we do** - We recognise, value and support the vital role of unpaid carers and the huge difference they make to people's lives and to their communities. We will support them to continue caring, as well as support them if their caring responsibilities change or end and to have a life outside of their caring role.
- **Committed workforce** - A valued and respected workforce is critical to the delivery of Adult Social Care. We will support and develop the workforce, both our own and those of our partners, wherever possible to ensure they have the necessary skills, knowledge, values and attributes to provide effective care and support.

● Future Developments

We continue to seek ways to improve and develop the prevention and enablement offer available to support people to remain independent and to do this we are focussing on a number of elements. These are broadly:

- The development of, and access to, neighbourhood community based opportunities for social contact, activities, support and information
- Supporting people to access digital tools and care technology (with training, support and guidance where required) as alternatives to more intrusive options of support
- Embedding our partnership working in partnership with local health organisations to ensure a joined up approach to avoiding hospital admission and reablement through integrated teams and approaches.
- Embedding our approach to independence within Mental Health provision and to reduce reliance on residential options.





○ Contact Adult Social Care Direct

Call **024 7683 3003**

or email ascdirect@coventry.gov.uk

or visit www.coventry.gov.uk/health-social-care

Speech impairment, deaf or hard of hearing? You can call using Next Generation Text (also known as Text Relay and TypeTalk): **18001 024 7683 3003**

If you require this information in another language or format, please email ascdirect@coventry.gov.uk

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