

COVENTRY

Adult Social Care

Annual Report and Key Areas of Improvement 2019/20 (Local Account)



**24 Hours in the Life of
Adult Social Care**

People's Stories

**Our Key
Achievements**



Coventry City Council

Contents

What is the Local Account?	2
COVID-19 & Adult Social Care	3
Foreword	4
Introduction to Adult Social Care	7
Adult Social Care Vision	8
24 Hours in the Life of Adult Social Care	9
Setting the Scene - Adult Social Care in a Changing Landscape	10
Key Achievements - Based on the Adult Social Care Vision and our Priorities for 2019/20	14
Adults and carers at the heart of everything we do	14
High quality, person-centred and effective support	16
Reflective and responsive to change	18
Outcome-driven and meaningful	21
Support around people and their families	22
Effective enablement, prevention and wellbeing	24
Mature partnerships	26
Committed workforce	28
Innovative	30
High performing	32
Adult Social Care's Unsung Heroes	35
Performance Matters	37
Celebrating Our Own Strengths - Awards and Good News	39
Adult Social Care Peer Challenge - 3 to 5 March 2020	43
What's Next? Proposed Key Improvement Themes for Adult Social Care	45
Glossary	47
Useful Contacts	48

What is the Local Account?

Every year, Coventry City Council produces a report which describes what the Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing, along with areas where we seeking to improve further. This report is usually referred to as the 'Local Account' but is also referred to as the 'Annual Report' for Adult Social Care.

We hope you find this account interesting and that it provides you with an insight into Adult Social Care in Coventry and the work that is being done to support improvements.



COVID-19 and Adult Social Care

We could not write a Local Account reflecting back on 2019/20 without mentioning the impact coronavirus (COVID-19) has had on the work of Adult Social Care. Although this Local Account reflects on the work during the financial year (April 2019-March 2020) of which COVID-19 only started to impact in the latter part of the year it has, nevertheless, dominated our work since February 2020. Although coronavirus has had a massive impact and will feature in this Local Account, we also want to recognise the incredibly valued work that took place prior to the pandemic, which started to impact towards the end of 2019/20. Although the pandemic has impacted significantly on Adult Social Care it has not changed the essence of what we do, which continues to be supporting people to live as independently as possible within their communities.



Pete Fahy

Director of Adult Services

The production of this Annual Report remains an important part of the annual cycle of Adult Social Care. It provides an opportunity for reflection on the progress we have made and challenges we face in delivering Adult Social Care within the city. Although the impact of COVID-19 and the additional demands it has placed on Adult Social Care has led to this Local Account being produced later than I would have wanted, I did not want to let the year pass without delivering on this important element of our calendar.

The Annual Report covers the period from 1 April 2019 to 31 March 2020. Although the impact of COVID-19 was only towards the end of the period covered by the report, due to its scale and impact there is inevitably significant reference to the pandemic within the content of this report.

It was also really important for me and the team to not make this Annual Report all about COVID-19. To do so would lose the opportunity to reflect on the huge amount of work done and progress made to improve the lives of those who come into contact with Adult Social Care and it is important to tell these stories too. Although this report only highlights a small number of examples it does hopefully help bring to life the essential contribution of Adult Social Care to the people



it supports. We never expect these examples to reach the headlines, but it is important that they are not lost.

In March 2020 we were also subject to an Adult Social Care Peer Challenge. This is again a significant event in our improvement journey, occurring approximately once every three years; the findings of which will inform how we move forward in what continues to be an uncertain and challenging time. Regardless of what the future has in store we remain committed to our core purpose of supporting people to live as independently as possible within their communities.

I hope you find this Annual Report informative and as always myself and my team are happy for any feedback.



Councillor Mal Mutton Cabinet Member for Adult Services

This year's Annual Report was produced during unprecedented times for both the nation and Adult Social Care here in Coventry. I hope you find the report effectively reflects both the ongoing day to day activity of the service as well as the truly inspirational impact the team working in Adult Social Care has had during the most recent months.

In the midst of the COVID-19 pandemic, the most significant and tragic health crisis in living memory, I am immensely proud that Council colleagues, care providers, and their care staff have not only risen to the challenge but have truly gone above and beyond in the interests of the people they work to support.

It is not unusual for people who work in social care to see their roles as more of a vocation than a job, and often when asked why they go to work, the resounding answer is 'to make a difference'. I can say without a doubt that this year, more than ever, a difference has been made.



This report contains stories demonstrating this, along with key information on our performance and resources.

Whilst there are, in fact, far too many examples of incredible work happening across social care for me to list here, I want to take the opportunity here to record my heartfelt thanks for the hard work, perseverance, compassion, humanity and dedication that means so much to so many residents of Coventry, I along with many, am truly grateful.

Please do get in touch if you would like to offer any feedback on the Annual Report by emailing getinvolvedasc@coventry.gov.uk



Karen McKay

Adult Social Care Stakeholder Group

It is essential to include service users and their carers in the decisions made about social care services, that is why I became involved in the Adult Social Care Stakeholder Group. I care for my adult son. Its membership includes people and representatives from different user groups, and they bring a wealth of experience and hands-on understanding of how care impacts on people's lives, which is what I enjoy most about being part of it.

A stakeholder group is only one way to include people and trying to push for ways for genuine inclusion is an ongoing theme in the group. The recent Peer Challenge highlighted this as an area for improvement, as true inclusion means starting with the people who use a service or have a need from the outset, not just in a meeting or at the end! Being part of the Peer Challenge, which was tasked to look at promoting independence and reducing residential admissions, was a rare opportunity for myself and another group member, to be more involved and to meet with staff across all levels and hear their views too.



The input to this review from the stakeholder group was a rich and lively discussion too. A number of 'challenges' were put by the Peer Challenge for improved commissioning and building on the strengths in the community to create more flexible services, enabling more people to live in their own homes with support.

People, especially now, appreciate what social care does, as well as seeing the gaps being even more exposed. As service users and carers, we can add our voices to the calls for the reform and investment needed and for care to be seen as the skilled and dedicated career that it really is when done right.

The work of Adult Social Care continues to be supported by our Stakeholder Group, which meet regularly to discuss any updates and influence the improvements of the service. The group is made up of Coventry residents who are experienced in how services work. To find out more about Getting Involved you can access the link [here](#)



Introduction to Adult Social Care

The delivery of Adult Social Care is the responsibility of the local authority, which interacts with a range of other local authority functions to support people in our communities, including Housing, Public Health, Children's Services or Culture and Leisure to name but a few. Our work is also closely connected to health organisations and the voluntary and third sector, who work with many of the same people who come into contact with Adult Social Care. Therefore, although Adult Social Care has a distinct identity so much of what we do is achieved through working with others.

We do not have a complex strategy for Adult Social Care - all our work is tested against our objective of 'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'. Progressing this overarching objective is delivered day in, day out through the many interactions between our staff and people with care and support needs and through a series of improvement projects overseen by the Director of Adult Services aimed at constantly improving what we do.

During the last year we have made significant progress in delivering improvements. We have launched our strength-based practice framework and we have continued to grow our

'Promoting Independence' approaches, including developing our Adults' Initial Contact Service to include greater input from Occupational Therapists.

In early March 2020 we were subject to a Peer Challenge which is a key part of the sector-led improvement approach in Adult Social Care. Peer Challenges provide an important opportunity for assessment of our work and an indication of areas we might focus on to improve going forward. The findings of the Peer Challenge contained a number of positives and also made a number of recommendations, many of which will form a key part of our improvement activity as we progress through 2020/21 and subsequent years.

Adult Social Care Vision

Adult Social Care supports people aged 18 and over who have care and support needs as a result of a disability or an illness. Support is also provided to carers who spend time providing necessary care to someone else. We continue to work in accordance with our primary legislation, the Care Act (2014) and the required changes to practice and policy set out by the Act.

The delivery of Adult Social Care in Coventry, as embodied in our vision, is that we focus on approaches that promote wellbeing and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes. In performance terms this means that we would expect to see a relatively

smaller number of people in receipt of ongoing social care, and where ongoing social care is required, that this is mainly provided in people's own homes. We would also expect that the short term services we have in place to enable people to be independent are successful in reducing demand for ongoing Adult Social Care.

Adult Social Care Vision

To enable people in most need to live independent and fulfilled lives with stronger networks and personalised support.

Strategy: Provide support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people.



Adults and carers at the heart of everything we do: People we work with are involved as equal partners in planning and decision-making.



High quality, person-centred and effective support: We deliver high quality, person-centred effective care and support to service users, their carers and families. Empowering people with the right support, at the right time in the right way using the resources that are available to them.



Reflective and responsive to change: The support we provide reflects and responds to the changing needs of Coventry's diverse population of adults and older people.



Outcome-driven and meaningful: Support is outcome-driven and we are clear about the impact we are having on the people we support.



Support around people and their families: People are supported to live at home wherever possible. When people cannot live at home they will be supported to live in the most appropriate and least intrusive alternate setting.



Effective enablement and prevention and wellbeing: We provide support to people in cost effective ways, to enable them to reach or regain their maximum potential so that they can do as much as possible for themselves.



Mature partnerships: Our partnerships are mature, trusting and effective at both a strategic and operational level. In all our work with partners, the focus remains on the people that need our support.



Committed workforce: Our workforce is stable, skilled, motivated and committed to delivering excellent services. They feel supported to make decisions, assess and manage risk and work with people to achieve their outcomes.



Innovative: We will develop new ways of supporting people and use innovation as a key way to deliver good outcomes for people and manage our resources.



High performing: The outcomes we achieve for adults and older people compare favourably with similar local authorities. We make an active contribution to the delivery of the Council Plan.



24 Hours in the Life of Adult Social Care

Adult Social Care works 24/7

With spending of **£95million**, our Adult Social Care works with many organisations, providing advice and support to our residents.



Emergency Duty Team - From 5pm onwards our emergency duty team helps people who might require urgent support during the evening and night.



Mobile Night Carers - From 10pm onwards the Mobile Night Carers service supports people who need help and assistance during the night.



Assistive Technology - We provide a wide range of assistive technology to help people be as independent as possible both day and night.

Self-Online Assessment - Our online assessment can be completed at any time of the day and suits people who might have busy lives.



Evening

Night

Morning

Afternoon

24 HOURS

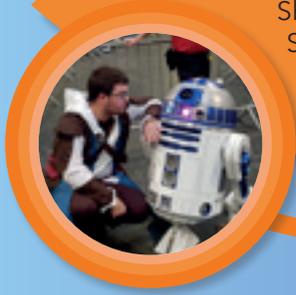
Adult Social Care Direct - Our Adult Social Care contact team is available from 9am. It provides information and advice and are the first point of contact.

Home Visit - Our home support providers help people to maintain their independence in their own homes.



Jenner8 - Our Jenner8 project supports adults with learning disabilities to access the community.

Shared Lives - Our Shared Lives Service supports people 24/7 by providing support in a family setting.



Setting the Scene - Adult Social Care in a Changing Landscape

The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs.

The illustrations on this page give you an indication of the challenges we face:

Budget - Money Matters

Activity - Facts & Figures

Demographic - The people who come to us for support

Our Workforce - The people who provide support where required

The Council is a large organisation, spending a net £231.4m on revenue activity during 2019/20.

The gross Adult Social Care spend in 2019/20, minus citizens' contributions, was £95m as shown below.

BUDGET-MONEY MATTERS

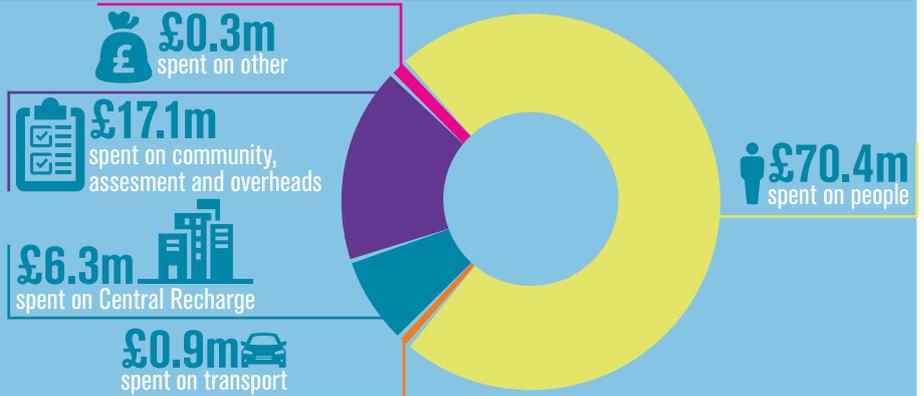
2019/20 ADULT SOCIAL CARE SPEND (£95m)

This compares to a spend of

£88.2m
in 2018/19



The increase was largely due to an increase in care costs, some of which was linked to increases brought about by the National Living Wage



BUDGET-MONEY MATTERS

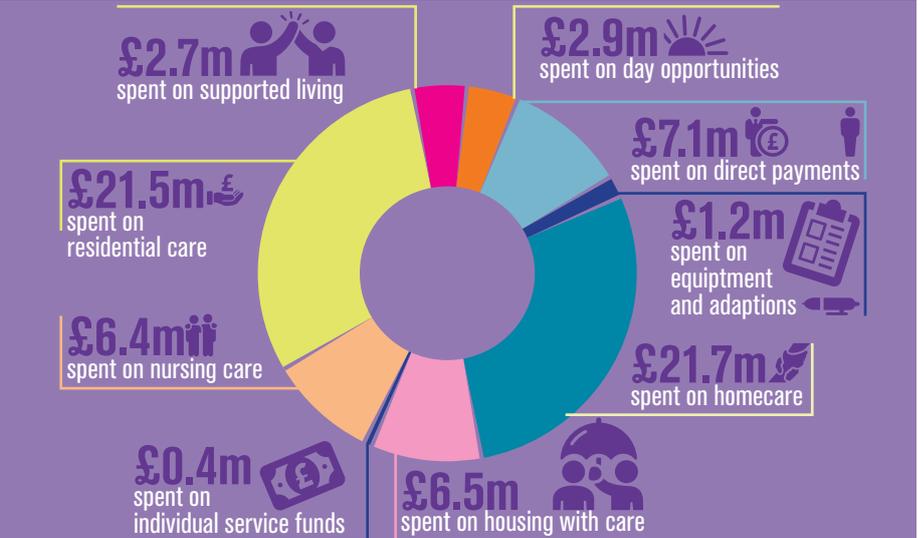
2019/20 SPEND ON PEOPLE (£70.4m)

The 'Spend on People' referred to in the above chart has increased from

£64.4m
in 2018/19



'Spend on People' is money spent directly on the following services



BUDGET-MONEY MATTERS

In recent years we know that Coventry demonstrates comparatively low spending as a local authority per

100,000 population

HOW DO WE COMPARE?

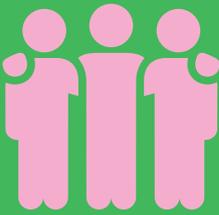
The Local Government Association publishes information about spend later on in the year but you can view information for 2019/20 [here](#)

ACTIVITY FACTS AND FIGURES

Adult Social Care receives a large volume of requests for support on a day-to-day basis. Our aim is to maximise people's independence and support people in the least intrusive way

10,534

new requests for support
(a small increase on last year's figures of 10,367)



7%

of requests resulted in a long-term service (increase on last year's 4%)



25%

received low level support
(increase on last year's 23%)



21%

received a short-term service to promote independence
(increase on last year's 16%)

4,453

people received long term support during the year
(an increase of 2.7% on last year's 4,331).

Of these, 1,527 people received a planned or unplanned review throughout the year



44

people transitioned from Children's Services to Adult Social Care



Compared with

45

last year

CARERS RECEIVING AN ASSESSMENT

Adult Social Care has an equal responsibility for anyone providing unpaid care within the city

Anyone providing necessary care to another adult is entitled to a carer's assessment

655

carers had their needs assessed of which 232 received a separate assessment

796

carers received support



HOW DO WE COMPARE?

CQC Local Area Analysis data suggests in Coventry, compared to other local authorities that have similar populations, that we think of other solutions first, signposting to universal services and other community support rather than looking at traditional models of support. To explore the Local Area Analysis in more detail you can view it [here](#)

SAFEGUARDING



Protecting adults to live in safety, free from abuse and neglect is a core duty of Adult Social Care. The rising rate of safeguarding concerns reported suggests people know how to report abuse and we are addressing concerns without the need for an enquiry or investigation

4,414 concerns received, a 5% increase on the previous year

563 completed safeguarding enquiries were undertaken in the year. 575 in the previous year

532 enquiries, a 19% decrease on the previous year

452 people were asked about their outcomes, a 10% decrease on the 516 asked last year

The conversion rate from concerns to enquiries was **12%**. Last year it was 15.5%

95% reported fully achieved/partially achieved outcomes. Last year it was 90%

HOW DO WE COMPARE?

Coventry has a higher rate of concerns per 100,000 population in 2019/20 (1534) compared to 2018/19 for England (943) and West Midlands (958) but thorough initial enquiries address these sooner without the need for a full enquiry. 2019/20 comparator data is due to be published in November 2020 on the NHS Digital Adult Social Care Analytical Hub

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

There has been a 3% (65) reduction in the number of applications from **2,315** in 2018/19 to **2,250** in 2019/20

254 (11%) are in due process compared to **270 (12%)** in 2018/19

In 2019/20 there were **1,996** completed applications which is a 2.5% decrease on 2018/19's **2,045**

There was a decrease in applications granted after **6 MONTHS** of being received from **36 (3%)** in 2018/19 to **22 (2%)** in 2019/20

HOW DO WE COMPARE?

Comparator information will be published at the end of 2020, however, we know last year, we saw a higher proportion of applications compared to other regions that Coventry shares similarities with. Similarly, we completed a higher proportion of assessments than our comparators. Nationally, local authorities completed on average 419 DoLS applications per 100,000 of the population and in Coventry this figure was 873 applications per 100,000

Liberty Protection Safeguards will replace DoLS in April 2022

DEMOGRAPHIC

Coventry is home to **371,521** RESIDENTS
(mid-2019 estimate)



Coventry's population is growing, changing and increasingly diverse

POPULATION GROWTH IS STILL AMONGST THE TOP 10% OF LOCAL AUTHORITY AREAS but has stabilised (growing by 1.27%)



Highest growth in the population is amongst **THE YOUNG WORKING AGED ADULT POPULATION**



13.5% OF THE POPULATION AGED 65+ but this is expected to grow and accelerate in the next 10-15 years



Life expectancy in Coventry remains consistently below England, but healthy life expectancy is similar to England

Health outcomes are worse in the most deprived areas, where people not only live shorter lives, but spend a bigger portion of their years in poor health, and are more likely to die of preventable causes



National data suggests that between 2012-14 and 2015-17, life expectancy between the richer and poorer further increased. In particular, there was a decrease in life expectancy for females in poorer areas - resulting in a widening of inequality in the life expectancy gap among females (7.4 years). Although, the gap for males (9.4 years) remains larger

Early mortality (<75 years)



Worse than national

Cardiovascular

X X

Cancer

X X

Liver disease

X X

Respiratory diseases

X X

Communicable diseases

X X



851 internal staff

83% female staff
17% male staff

48.7 average age of workforce
53% aged over 50

17% are black and minority ethnicity
72% are white ethnicity

7% vacancy rate compared to
8% nationally

11% (93 people) new starter rate

7% (63 people) leaver rate

OUR WORKFORCE

Key Achievements Based on the Adult Social Care Vision and our Priorities for 2019/2020

The previous section contained a volume of data and comparisons across a number of areas of performance. To summarise this as succinctly as possible would be to say that Coventry continues to support a relatively low number of people with ongoing care and support needs and as a result is a comparatively low spender on Adult Social Care.

This position has largely been arrived at by our approach to Adult Social Care and support which is based on supporting people to be as independent as possible. Where independence has been lost or reduced, we work with people to regain skills and where levels of independence have been limited, we work with people to improve this. The goal we aim at is for people to

be living independently within their own homes. This is not always achievable and in many cases living independently is only possible with support.

The examples below give a flavour of how we have delivered this approach alongside how we have responded during the COVID-19 pandemic. We have used real examples given with the consent of those involved.

1 Adults and carers at the heart of everything we do

The Adult Disability Service, what does it do?

Adult Social Care has an Adult Disability Service which provides professional advice, assessment and support to adults with a disability. The main purpose of the service is to support individuals to live their best lives by promoting their independence. The service is made up of a number of parts:

- Assessment, support planning and provision of services to maintain people's independence
- A Promoting Independence Team for individuals with a learning disability. This is a bespoke period of short-term enablement support for up to 12 weeks
- Preparing for adulthood, supporting timely assessments and preparing young people to move from Children's Services to Adult Services
- A Travel Training Team which supports young people to travel independently and to maintain safety awareness. This has huge benefits to the person, supporting the person to access the community independently
- Joint working with health colleagues to support individuals with a learning disability to move from a long-term hospital placement to various community settings

Achievements, what's good?

This service has continued to learn, develop and improve. Some of the more recent service developments have been:

- Preparing for Adulthood - A new approach to ensuring closer joint working with Children's Services and Special Educational Needs Services to support an effective transition from childhood to adulthood for those people requiring ongoing support
- The creation and implementation of a new electronic 'Tracker' system which helps forward planning for young people's needs as they enter adulthood
- A reduction in waiting times from referral to the start of an assessment
- A new Initial Contact Service working closely with the Adult Disability Service, leading to an improved response and ultimately greater independence and better outcomes for individuals who may have historically accessed long term traditional care packages



What does this look like in practice?

An example of the complex and diverse nature of the teams' work with people is that of AB. AB, who has asked to remain anonymous, is a 24-year-old man with Asperger's Syndrome who has an Acquired Brain Injury following a drug overdose. The injury affected his ability to walk safely and to remember and process information. The teams became involved when AB was being discharged from a rehabilitation hospital.

An assessment and multi-disciplinary meeting was held to discuss discharge with AB, his friend and next of kin, health and social care professionals. AB was very clear that he wanted to live as independently as possible in the community. However, due to his injury and being in a hospital environment for nearly 2 months, he had lost some skills, but he was determined to regain these. The hospital was working with him to develop and promote his independence. AB said that he liked to walk everywhere before his hospital admission, so this was a key goal for him. He also wanted this event in his life to be a turning point for a healthier lifestyle away from substance misuse.

In order to support AB to achieve what he wanted we organised for him to spend some initial time living in a Housing with Care Scheme, close to his friend. This environment supported him to gain confidence through the use of assistive technology, so that he could spend time alone in the flat for longer periods of time. Also, as the scheme was near his family and in a familiar area,

he was able to begin accessing the community alone, starting with short journeys.

Upon review of the placement it was established that AB was able to live independently in a supported living scheme and a plan was designed to continue to promote his independence. AB said,

"I was surprised at how quickly things were put into place for me and I am really happy with the way things have worked out."

Sejal Lakhani, Social Worker from the Adult Disability Team said "Working with AB was really rewarding. I was able to recognise the determination he had to change his life and it gave me the opportunity to help him use this to take control of his own life."

2 High quality, person-centred and effective support

CRESS (Carers Response Emergency Support Service) Enhanced Service

Since June 2019, we have worked with Carers Trust Heart of England to offer a 'Significant Events' service supporting carers to attend important events.

The service has enabled many carers to attend weddings, funerals, graduations and medical appointments. During the COVID-19 pandemic, the service changed the provision it offered to support carers in different ways, allowing carers to take some time for themselves knowing that their loved one is being looked after.



How has it helped?

In a survey undertaken by the CRESS Team,

44% of carers stated without the service of Carers Trust Heart of England, their cared-for would have been on their own and isolated



33% would have tried to find alternative arrangements, including emergency care or a referral to Adult Social Care for support



22% would have been admitted into hospital



- "I do not know what I would have done without CRESS stepping in"
- "Service was excellent, carers went above and beyond"
- "Gave us reassurance that mum has someone to see and talk to"

William and Joyce's Story

William is the main carer for his wife who has dementia. Due to shielding in separate properties during the COVID-19 pandemic, their daughter was unable to support her parents.

During this time William began to have breathing difficulties and paramedics were called. The paramedics wanted to take William to hospital for checks, however, William was concerned as he was unable to leave Joyce alone as their daughter was shielding.

William and Joyce's daughter contacted the CRESS service for support. Emergency support was put in place and a CRESS Advisor provided the care and support Joyce needed. This allowed William to be taken to hospital where he discovered he required a pacemaker to be fitted and would require a short stay in hospital. The service was implemented for 72 hours and this allowed Joyce to remain at home in an environment she was used to, avoiding any unnecessary distress.

During this time William and Joyce's daughter was able to maintain contact via the telephone and be reassured Joyce was being cared for and her needs and requirements were being met.



William and Joyce's daughter reported how relieved she was knowing her mum was at home being cared for and her dad was able to be treated in hospital without worry of who was caring for his wife.

With further ongoing support William and Joyce's daughter has stated she is no longer worrying about her mum and dad as she is reassured that their meals are being prepared and mum is comforted whilst her dad concentrates on his recovery.

3 Reflective and responsive to change

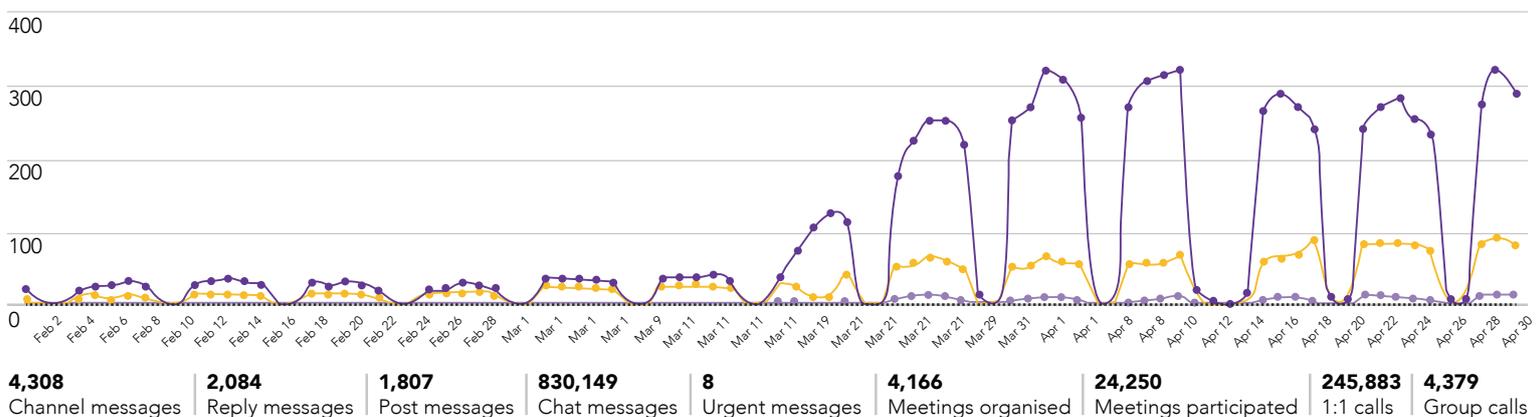
During the COVID-19 pandemic, Adult Social Care continued to support people, at times without the need for face-to-face contact.

This was essential to balance the need to protect and support whilst avoiding causing harm by the spread of infection. However, all our direct contact was risk-assessed and planned in advance, taking account of local and Public Health guidance regarding the use of Personal Protective Equipment (PPE).

We saw our ways of working change significantly with working from home becoming the new norm and a massive increase in the use of Microsoft Teams to enable us to communicate and collaborate remotely, especially when lockdown measures were announced in March 2020.



The graph below shows the increase in use of Microsoft Teams from the end of January 2020 until the end of April 2020



Clearly this presented challenges not just for us but the people we supported during this time and their families, carers and friends

An example of this is when we needed to provide support to Douglas

Douglas is an older man with Alzheimer's who, due to a deterioration in his health and increased stress for his wife who is his main carer, needed to access emergency respite, which then led to a need for a move into nursing care



The challenges for Douglas?

Nobody is asking me directly what I want?



The challenges for the family?

Visits to care homes not allowed during lockdown!

The challenges for the social care professional

Caroline Hirons,
Community Case Worker



The challenges for the social care professional?

When did I last talk to Douglas?
How do I undertake an assessment?

What did the social care professional do to support Douglas and his family?



Negotiated with the care home to visit Douglas wearing protective clothing

Reassessed Douglas' strengths, needs and mental capacity to make decisions on future care

Involved care staff, GP and family in the assessment via phone

Arranged a virtual multidisciplinary meeting with care staff and family to clarify Douglas' future care arrangements

Supported Douglas to move to a nursing home of the family's choice where he has now settled well

Negotiated that family could meet Douglas at a window of the care home at specific times, three times a week

Douglas was empowered to make decisions where possible, and his care needs were arranged in his best interests

Douglas' family felt supported by the Social Worker

During the pandemic we continued to find new ways of working and ensure we could stay in contact with people. One aspect of this included undertaking remote virtual reviews and meetings. We worked closely with all care homes, housing with care and supported living providers in the city to identify what ICT (Information and Communication Technologies) equipment they had such as laptops and the strength of Wi-Fi connections available to support video conference reviews. This has been a great way of continuing to undertake reviews where this worked for the person their family and the provider of their support.

4 Outcome-driven and meaningful

Mark's Story

Adult Social Care employs four Rehabilitation Workers in the Visual and Hearing Impairment Team who provide training and advice to people with a significant visual impairment to promote their independence.

The specialist training aims to enable people to regain skills or learn new ways of completing tasks, including getting out and about safely, making a cup of tea and using the telephone. Everyone is different and a rehabilitation plan is mutually agreed to meet the person's goals.

Mark has Retinitis Pigmentosa, a progressive sight condition which causes tunnel vision and, in some cases total sight loss. Mark had previously been registered as Partially Sighted but had always retained his independence. Mark's vision had started to deteriorate, and he was then registered as Blind/ Severely Sight Impaired.

During the assessment for registration it was identified that Mark was starting to lose his confidence, in particular with outdoor mobility. He had a good network of friends and family but was starting to feel that he was having to depend on them and was also becoming more reluctant to go out at night as this was when his vision was at its lowest.

What did we do?

We looked at maintaining his safety within his home. This included improving the light in the kitchen and putting a stair rail in to reduce the risk of accidents.

Mark had previously been using a 'symbol cane' (a short white cane used to be a 'symbol' to others of visual impairment), but this was no longer providing the safety and guidance that he needed.

We started a program of mobility and 'long cane' (a long white cane used to detect obstacles on the path in front) training. This involved teaching cane skills and then also developing his orientation skills. We also worked on travelling on the bus so that Mark would have more freedom to travel without waiting for a lift.

How did it go?

Mark was initially nervous and self-conscious about using the cane and learning to trust it. We started training in a park, so we were away from traffic and neighbours. Over time Mark's confidence and skills grew. He was then able to access his local social club and gym and meet with friends.

Mark said,

"I had a good teacher and have learnt so much. I didn't know the rotating cones on crossings even existed! I can now go to the gym by myself".

After some training sessions on the bus we had agreed to meet outside a shop in town.

"As a worker it was great to see Mark's confidence visibly grow. Watching Mark make his own way off the bus and through the town was a great feeling of achievement"

Kelly Sowter, Rehabilitation Worker



5 Support around people and their families

Shared Lives - It's a Family Affair Molly's Story

One Shared Lives Carer tells us her story.

"Becoming a Shared Lives Carer felt like a natural progression for me, it was something I was always going to do, my mum has been a Shared Lives Carer for almost 20 years, my two Sisters and I have grown up with people sharing our family home supported by our mum.

One of my sisters and I are now approved Carers in our own right. I was (and still am) the youngest Carer to be approved in Coventry, something I am very proud of. The approval process was explained to me and I found the experience to be a true reflection of the information I had been given, the process took around six months and a detailed assessment was completed. I was required to attend several training courses which is required of all Shared Lives Carers, I also completed bespoke training that related to the specific needs of the people I now support and have supported in the past.

I currently support two individuals on a long-term basis, both individuals have very different needs.

I have an allocated Shared Lives Officer who supports and monitors my placements, we all meet regularly, it works well for myself and the people I support to have a consistent allocated worker who is known to us all, although in their absence I know I can call anyone at the scheme if I need to. I attend Carers' meetings where we can discuss relevant topics, be advised of any changes within the scheme, and we have guest speakers. This is our opportunity to share 'good news stories' or equally our worries and concerns. The meetings are a good way to get to know other Carers too.

"I find my role as a Shared Lives Carer so rewarding, I have seen the people I support become happy confident individuals, they make choices about their lives (sometimes with the support of others), it feels good to offer others the opportunity to live a family life".

I have a great work and family balance, I have been able to have my children and be at home as they grow too, the interaction between my children and the people I support is great. It's good for my children to grow and learn that sometimes people need support and that everyone is different, but we are all entitled to family life. One person I support, comes from a very loving family, I don't replace that family, I see myself as an addition to it, people's families are always welcome to visit my home.



Molly is on the right in this picture, with her mum Linda in the middle and her sister Lucy on the left

"The challenges are similar in a way to the rewards, it can be difficult promoting independence, making choices or expressing yourself can be difficult for some people, especially if they haven't been encouraged to do this before. Building confidence and self-esteem can take time and patience, but it is so worth it. It can be hard work, like every family home, there are always things to juggle, but I wouldn't change my role, I feel I have the best of both worlds. Becoming a Shared Lives Carer is a big commitment but there aren't many roles in life where you can make such a big difference not only to the individual's life but also to your own and that of your family and friends."

**Interested in becoming
a Shared Lives Carer?
Find out more [here](#)**



6 Effective enablement, prevention and wellbeing

Elizabeth's return home

In Adult Social Care we provide a range of short-term support that is intended to be time limited, with the aim of maximising the independence of the person and reducing or removing their need for ongoing support.

Elizabeth was discharged from hospital with short-term support consisting of four 30-minute calls daily from a home support provider.

Elizabeth had previously been admitted into hospital with an inflamed gallbladder and had remained in hospital for two weeks. Before the hospital admission, Elizabeth was independent around her home but was beginning to struggle on her stairs.

Upon returning home Elizabeth was to live upstairs, as her bed was unable to be brought downstairs and she was no longer able to go up/down the stairs safely.

What we did?

Elizabeth's main goal was to regain her independence, including going up and down the stairs and getting around her home. Her ultimate goal was not to need care at home and be fully independent. The first thing our Occupational Therapy Assistant (OTA) did was to refer Elizabeth for physiotherapy to support with managing the stairs. The physio advised that Elizabeth needed to build up her strength and stamina first, so was provided with a 'modular step' (a practice step) to practice stepping throughout the day.

After a couple of weeks of exercise to improve her strength and stamina, Elizabeth started to use the stairs with the physio and was continuing to make good progress. The stair practice was extended to support Elizabeth to take equipment downstairs such as a 'perching stool' (a seat which helps people who struggle to stand for long periods) and spending time downstairs during the day then going back upstairs with the support of carers at tea-time. After a couple of days of spending time downstairs during the day the OTA visited to complete a kitchen assessment and as no difficulties were identified the amount of support Elizabeth received was reduced.

The physio continued to work with Elizabeth to move from using a 'rollator frame' (a frame with wheels, handlebars and a built in seat) to a walking stick and after five weeks Elizabeth had decided the morning call was no longer required. Elizabeth started showering and dressing independently before the carers arrived and had made microwave meals and sandwiches throughout the week. On the advice of the physio the OTA undertook an assessment for Elizabeth to use a 'rambler trolley' (a trolley which can be used to carry household items around the home), this further promoted Elizabeth's independence and support was further reduced as Elizabeth was able to prepare meals and drinks by herself.

Elizabeth no longer required the support of the physio as she was now walking with a stick and when our OTA undertook a final review, Elizabeth reported she was feeling good. The equipment which wasn't being used was collected and all support was ended as Elizabeth was now independent again and had achieved her goal not to need care.

Elizabeth said,

"Everyone was lovely, I was very nervous about falling, but now I'm more content".

Caroline Dagg, Occupational Therapy Assistant said,

"I enjoy supporting people who have been discharged from hospital, it is a diverse role, which includes a lot of thinking outside of the box and working alongside different external agencies and furthering my own knowledge. It's great working with people, supporting them to meet their goals".



7 Mature partnerships

Reducing social isolation in residential care

Who are the Community Resilience Team?

The Community Resilience Team works with individuals, small or large voluntary organisations and communities to identify and build on already existing strengths and skills within neighbourhoods. The team offers a variety of support to the local community, from guidance and support of setting up a group, to how it can grow and become more sustainable, completing funding bids, recycling old Council resources such as laptops, co-ordinating volunteering and working with local developers who would like to offer support to the community.



What did we do?

The team worked with older people's residential homes in Coventry such as Quinton Lodge, Knightlow Lodge, Copthorne Lodge, Harry Caplan House, Cottage Farm Lodge and Elsie Jones House to support them to reduce their residents' social isolation.

Sometimes residents may have limited resources such as a low income and some residents have little or no family. Some residents have very few or limited opportunities to get out and this may cause people to become socially isolated which can have a negative impact on a person's emotional health and sense of wellbeing.



How did it go?

Working with the residential homes' managers, the team supported the residents to actively formalise into groups, with a view of supporting them to access funding to help pay for activities. The team helped support the residents to write constitutions for each of their groups and residents nominated themselves to have an active role in managing their group with the support of the residential homes staff.

Along the way the team experienced some barriers, some residents had mobility problems and were unable to get to a bank to open their community bank accounts (these are used for any funding received). Also, some residents did not have the identity documents that you need to set up these accounts, such as passports or driving licences.

However, the team did not let this get in their way and contacted several banks to see what could be done. Although some said they couldn't support, we identified one bank who was prepared to help by visiting the homes and talk about how we could confirm identities.

Sharon Thomas, Community Resilience Lead Officer, said,

"The staff and the residents were really welcoming and were very excited about the prospect of planning their own trips and activities at their homes."

Whilst the team were busy contacting banks that could support the residents, some of the residents at Harry Caplan House shared that they wanted more resources within the home to keep them entertained on a daily basis. As a result of this, an officer from the team did a shout out to Council staff who may have any unused board games in their homes that they would like to donate. This was a huge success and bags of games were delivered to the home, leaving residents delighted.

This work is still ongoing for the team with funding applications in process for activities, which will include help and transport for those with limited mobility. This will give all the residents an opportunity to take part in trips and excursions that will have a positive benefit on their mental health and wellbeing, while also reducing their social isolation.



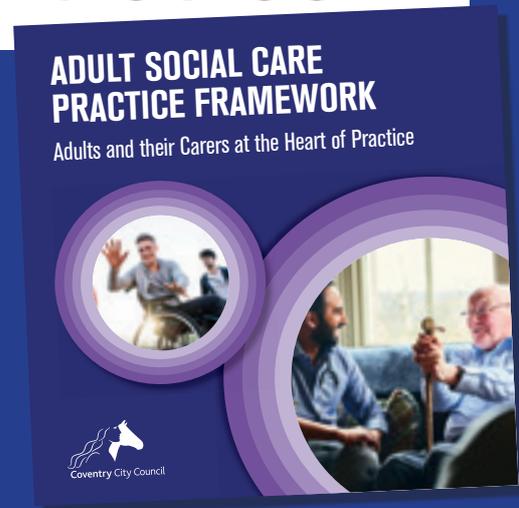
8 Committed workforce

Strengths-Based Practice - Our Story so Far

Strengths-based approaches aim to put individuals, families and communities at the heart of care and wellbeing, and in doing so strengthen relationships between members of that community, builds social capital and recognise the assets that people can bring to the assessment process. Strength-based approaches were so important in the context of COVID-19 as communities came together to support each other.

Strengths-based approaches recognise that individuals, families and communities are resourceful and if enabled can find the best solutions for themselves. Strengths-based approaches are seen as being the opposite to a 'deficit' approach.

In June 2019 we published a 'Strengths-based' Practice Framework to bring together our organisational approach.



The framework identifies what underpins our work, how this informs interventions and how as an organisation we support front line practice. Our practice framework includes the practice tools, techniques and approaches to support practitioners in the practical application of strengths-based approaches such as using 'Motivational Interviewing' techniques.

Read our Practice Framework [here](#)

We also developed our assessment forms to be based more around good conversations and strengths and an opportunity for people to talk about what matters to them. We started to use these in July 2019 and they have been well received by our practitioners.

"Easier, simpler and better to navigate during conversations".

"The forms are well formed and easy to follow and are not too lengthy to complete".

Supporting practitioners to develop strengths-based practice, however, requires more than new forms and skills training for activities or techniques. It requires being part of an organisation that values, promotes and enables strengths-based principles. We also recognise that this is a journey and changing the way we practice can take time and is the result of a combination of activities requiring the co-ordinated effort of a number of professionals.

What are our staff telling us?

As an employer to make strengths-based practice work we need to understand the practice conditions and working environment of the organisation's social care workforce. An Adults' Services Organisational Health Check 2019/20 was undertaken using an online survey in July and August 2019. The same survey (with very minor changes to answer responses) from 2017/18 was used.

You can read our survey [here](#)

The survey identified the following strengths which included positive results concerning team culture:



96%
feel able to raise concerns about workloads



90%
get feedback/updates from managers



95%
feel they have enough autonomy to practice creatively with people

How do we know it's making a difference?

Finally, and most importantly in support of strengths-based approaches, we launched a new 'real-time' experience survey in October 2019 to ensure we continue to seek feedback from our customers, clients and carers alike.

This was developed to ensure we understand the experience of those who access our support and also to encourage more people to 'get involved' and help to improve Adult Social Care support.

To read more about how to get involved in Adult Social Care, click [here](#)



9 Innovative Operation Shield

Around 2.2 million 'extremely vulnerable people', including children, across England were identified as being at most risk from COVID-19 mainly because of an underlying severe health condition.

The Government produced guidance called 'shielding' and people were strongly advised to stay at home and avoid any face-to-face contact for a period of at least 12 weeks.

The Council's response to these measures were a three-fold support offer:

- Food (delivery of food parcels directly to their doorsteps until national food parcels commenced)
- Medicines - collection and delivery
- Social contact for people unable to speak with friends or family

Within the city over 14,000 Coventry residents were identified as being at risk and requested to remain at home under the 'Operation Shield' programme.

Coventry's approach

The local authority worked with the sports and leisure charitable trust, CV Life to mobilise resources to deliver the Shield programme.

CV Life led the role of contacting all residents identified as being an 'extremely vulnerable person'. Once contacted they gathered information about residents' needs for emergency food parcels, medication collections and whether they required social contact calls. In total, over 24,000 calls were made to residents (with one CV Life volunteer Tina making over 6,700 calls) and 3,000 food parcels were supplied by CV Life.

During the pandemic Coventry's library services had been suspended. Consequently, the Library Service Team volunteered to undertake the social contact calls for those residents under the Operation Shield programme. Around 7,000 social contact calls were made to those residents who had requested them. This created a lifeline for many who may have been experiencing isolation and loneliness during this difficult time.

A mum, Lesley, and daughter, Casey, who were supported with a weekly food delivery and regular phone call, thanked the Council and agencies involved in Operation Shield in Coventry.

You can read the article [here](#)



Wendy Jackson, Community Manager at CV Life, who helped to manage the team of volunteers, spoke of her pride in the team effort since the pandemic began.

She said,

"Operation Shield was a seven-day-a-week operation and some of our volunteers were up at 6am and doing long shifts, day in, day out, to ensure those shielding had what they needed."

Wendy added,

"We fostered a brilliant partnership with Asda in Whitley, whereby our delivery drivers collected groceries from the store early every day and delivered it to the Alan Higgs Centre where our team of packers prepared food packages from 8am."

This huge logistical task was made possible through the collective effort of many individuals working across the city. A massive thanks to CV Life from Adult Social Care for how they responded and worked tirelessly to contact everyone who needed shielding and to our Library Services staff for providing social contact to those shielding.

What next?

The experiences of the pandemic, and the way in which partners across the city were able to work together to respond, has been a beacon of hope during challenging times. The way services were able to pull together and use their collective skills and resources is a success story that will be built upon. The identification of vulnerable people in our communities, the joint response from partners and the benefits of working more closely with local communities is an approach that will be explored and developed further during 2020/21.



10 High performing

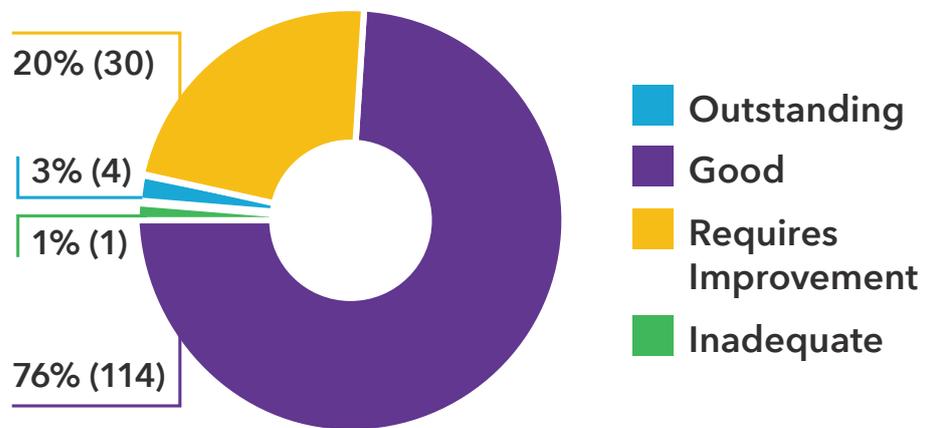
Care Home Improvement Programmes

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. The joint Health and Social Care Quality Team continues to work closely alongside CQC to ensure that we work collaboratively to make sure that health and social care services provide people with safe, effective and high-quality care.

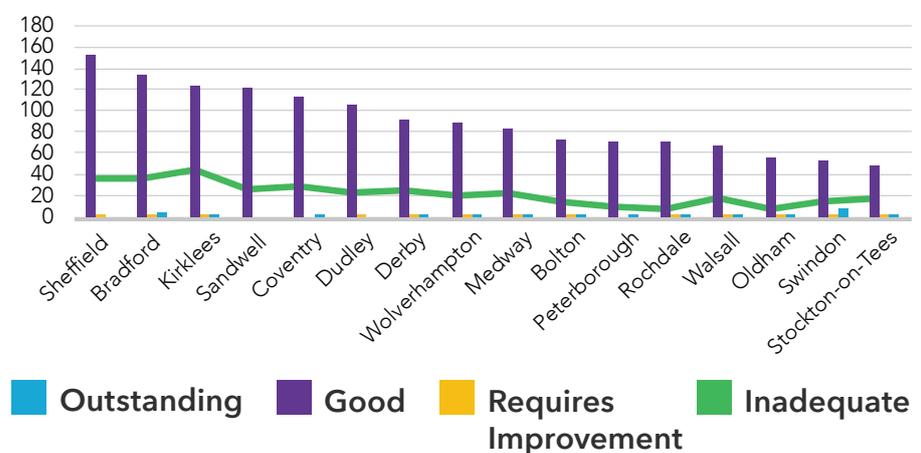
During the past year we have seen ratings decline slightly, with some providers previously rated 'Good' now being rated 'Requires Improvement'. Coventry is in line with the National average CQC ratings and we are one of the top performers compared to our Local Authority comparators as indicated in the table below.

We continue to hold regular health and social care provider forums. The forums are a great opportunity to network, share best practice and learning. The forums, led by providers, are well attended and membership has grown significantly over the past 12 months.

March 2020 - CQC Rating for the Coventry Care Market



CQC Care Provider Ratings across Coventry's Comparator Group



Care Home Improvement Programmes

My Home Life

Since January 2018, Coventry City Council has been working in partnership with My Home Life, which is a UK-wide movement to improve the quality of life in care homes. The programme is specifically designed for care home managers to develop skills and best practice together. Eighteen managers were successful in securing a place and a formal evaluation of the program has been carried out, which demonstrated the support the providers received had a positive impact on quality of care. The managers continue to meet and support each other and have opened this support group to other managers.

Managers involved said,

"I used to worry about inspections and the pressure to achieve ratings, now I keep in focus what is important, the residents and that they are safe and cared for"

"The programme has given me the opportunity to view my role through a different perspective"

React to Red

The React to Red is a joint health and social care awareness and educational campaign and accreditation scheme that was launched in 2014 across the care market in Coventry.

The campaign is designed to increase education to help prevent avoidable pressure ulcers. A total of 31 providers have achieved accreditation throughout the campaign, with several providers achieving continued accreditation for five years. A further 16 providers are actively working towards accreditation.



React to Falls

Falls are one of the top three reasons for hospital admissions for people over 65 and can result in some severe injuries or disabilities. These can be frightening, affecting a person's confidence in their mobility.

The React to Falls campaign was launched in January 2020. The campaign includes free training, tools and educational materials and local care providers will be able to gain accreditation.

In December 2019 we also facilitated a falls awareness event. A range of agencies attended, including Care Homes, Home Support Agencies, University Hospital Coventry & Warwickshire, Coventry and Warwickshire Clinical Commissioning Group and Coventry and Warwickshire Partnership NHS Trust. It was a chance for agencies to share their knowledge and approaches.

Red Bag Scheme

The Red Bag scheme is a national initiative that helps care homes plan for hospital admission of their residents, ensuring all the necessary background information and anything of importance is kept in a bag which follows the person during their admission to hospital and through to their discharge.

To date there are 33 providers fully accredited to the Red Bag and actively using the bags, a further 22 providers are working towards accreditation. We continue to work with University Hospital Coventry & Warwickshire to improve the use and understanding of the Red Bag.

Nutrition and Hydration

A Nutrition and Hydration quality improvement campaign pilot was launched to improve the identification of malnutrition and increase awareness of how eating and drinking well can support health, wellbeing and care outcomes.

The pilot had a positive impact on the reduction of the incidence of urinary tract infections and, therefore, reduced the use of antibiotics and hospital admissions. Following a successful pilot, the 'Think! Food and Drink!' accreditation scheme has now been established. For care homes to achieve the 'Think! Food and Drink!' accreditation homes are expected to achieve certain criteria and standards which will be required to continue in order to retain their accreditation. For example the number of staff who have completed nutrition and hydration training.



Adult Social Care's Unsung Heroes

These are just some examples of how individuals and teams in Adult Social Care have gone the extra mile to provide care and support during COVID-19

All Age Disability Team

Pulled out all the stops to maintain the service, operated differently and adapted to change, maintaining their commitment and enthusiasm.

Adult Commissioning Team

Working relentlessly showing dedication and humanity to ensure support is available to so many older citizens and younger adults with disabilities.

Copthorne Lodge

Staff provided socially distanced activities to keep up morale of tenants and helped them with technology to allow them to chat with family members.



Eric Williams House

Thanks to staff for always keeping a positive outlook through these hard times and keeping residents happy.

Housing with Care Team

Working relentlessly showing dedication and humanity to ensure support is available to so many older citizens and younger adults with disabilities.

Chris Green, Team Leader, Promoting Independence Service

Chris Green - Always there to give advice, even outside of her working hours. Regular video chats with her team even though staff have been moved to different service areas.



April Ross

Guided and supported staff, ensuring that all services have enough PPE by pre-planning and sourcing different places to get the needed equipment.

There day, night and at weekends to answer any questions or even just talk through a situation.

Outreach Support Service

Gone above and beyond to support vulnerable people who have experienced some really difficult and scary situations during lockdown, offering 'on-call' support and continuing to visit people over the weekends and bank holidays.

Quinton Lodge

Worked together as a team to ensure the safety of tenants and put a smile on their faces. Worked extra shifts and helped out wherever they could.

Rae Bottrill

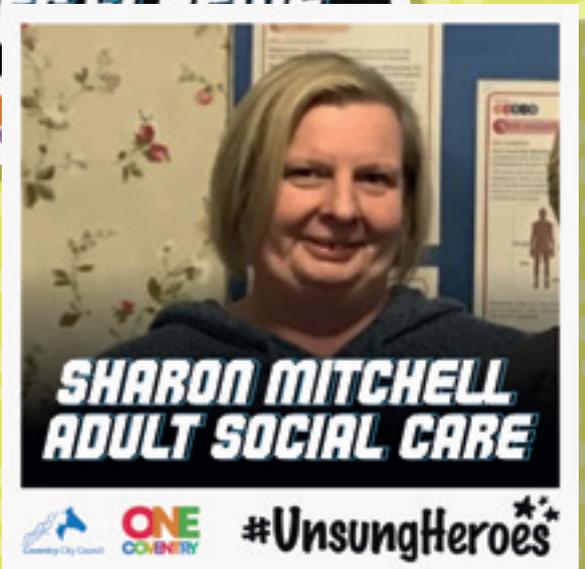
Made sure services remain accessible and staff are safe and well equipped to do their jobs. Constantly liaising with Council colleagues and NHS to provide a seamless service.

Shared Lives Scheme

Continuing their role throughout the day and night they have supported and protected adults that live in their homes as part of the carers family. Recently rated outstanding by the Care Quality Commission (CQC)

Sharon Mitchell

Supported not only her own team throughout the pandemic, but also her colleagues across all six Housing with Care schemes. Through patience and perseverance Sharon has made sure tenants in all schemes have some connection to the outside world.



Performance Matters

On a yearly basis Adult Social Care undertakes a survey of the experiences of adults in receipt of support and every other year we undertake a survey of the experiences of carers. This infographic shows our performance. This information helps us set our future priorities and identify any areas for improvement.

Understanding the views and experiences of Adult Social Care CARERS 2018/19

About the survey

A random selection of people with caring responsibilities who received an assessment or review within the 12 months prior to 31 August 2018



483

people gave us their feedback during October - November 2018



Ages of people with caring responsibilities varied between 19 and 105

Average age was

67



57% of people with caring responsibilities were female, **36%** were male, the rest was not recorded



Of the people who were cared for by family members

70% had physical support, **7%** had learning disability support, the rest had mental health, sensory, memory or social support

Enhancing the quality of life for people with caring responsibilities



Carers reported quality of life

15 out of **24**

38%

said they had as much social contact as they would like

Ensuring that people with caring responsibilities have a positive experience of care services and support



4 in **10** carers said they were satisfied with the social care support they received

60%

said it was fairly easy to find information about services

Ensuring people with caring responsibilities are included and consulted in discussions about the person they care for



73%

of people with caring responsibilities felt included or consulted in discussions about the person they care for



Understanding the views and experiences of Adult Social Care PEOPLE WITH CARE AND SUPPORT NEEDS 2019/20

About the survey

A **random selection** of service users were contacted who received long term support as at 1 October 2019



345

Service users gave us their feedback



Ages of respondents varied between 19 and 105

Average age was

67



85% of respondents lived in the community, **13%** in residential homes, **2%** in nursing homes



46% of people supported by Adult Social Care had physical support needs, **28%** had learning disability support, the rest had mental health, sensory, memory or social support

Enhancing the quality of life for people with care and support needs



People scored their quality of life

19 out of **24**



42%

said they had as much social contact as they would like



Almost **8 in 10** people said they have enough control over their daily life

Ensuring that people have a positive experience of care services and support



6 in 10 people said they were satisfied with the social care and support they received

70%



said it was fairly easy to find information and advice about support, services or benefits

Ensuring that people who are vulnerable feel safe and protected from harm



77%



said they feel safe (this includes feeling safe from abuse, falling or other physical harm both inside and outside the home)



8 out of 10 said the services they receive help them to feel safe and secure

Celebrating Our Own Strengths - Awards and Good News

Bringing it all Together

In February 2020 representatives from across Adult Social Care came together to discuss and celebrate the strengths of the service, with workshops focusing on the work undertaken to embed strengths-based practice. The session explored people's passion for the work they do and was a real opportunity to celebrate the good work completed by the workforce.



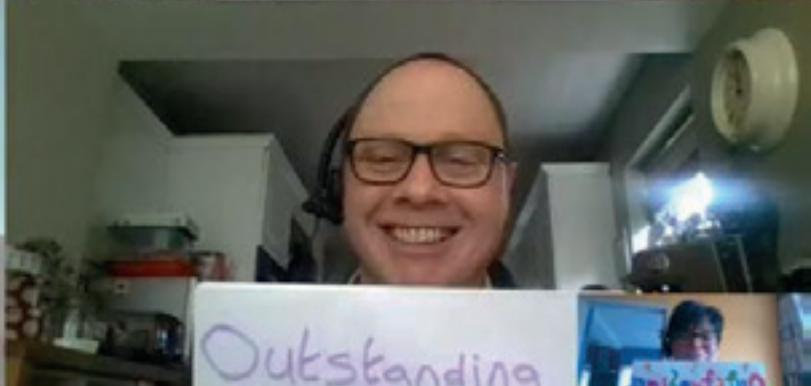
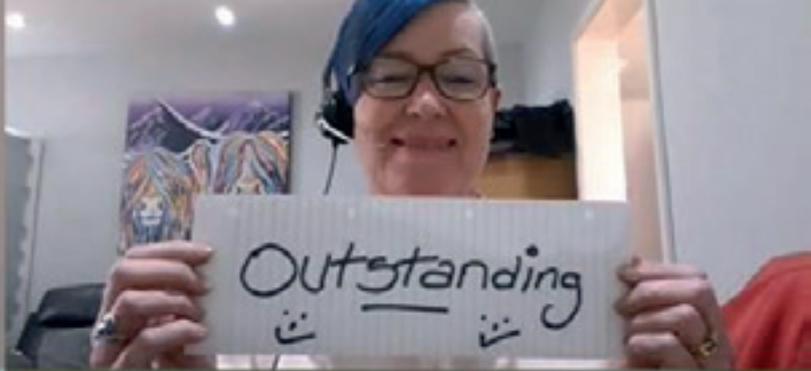
Coventry and Warwickshire Partnership Trust Employee of the Season



Jo Rathbone, a Mental Health Social Worker, was named an Employee of the Season this year by the Coventry and Warwickshire Partnership NHS Trust. Jo works in the Integrated Practice Unit at Longford, supporting older adults with dementia, and is a highly valued member of the team.

Colleagues said, "It is great to see her hard work, dedication and commitment rewarded in this way."

Jo was a joint winner of the award and was presented with her certificate by Jenny Horrabin, Associate Director of Corporate Affairs.



Shared Lives - 'Outstanding' CQC Inspection

In February 2020 Shared Lives was awarded an 'Outstanding' rating following a CQC Inspection. Karyn Ross the Registered Manager of the Shared Lives Scheme had this to say,

"As a Registered Manager, CQC Inspections always come with some trepidation, we are forever concerned we don't have enough evidence to meet all the key lines of enquiries set by CQC, but it felt different this time, and I was actually looking forward to it, and rightly so. The Scheme was more than prepared to evidence how committed and passionate we are about the work we do, from the Carers who open their lives and homes, to the people who live in Shared Lives placements and the team who continuously strive to provide the best service".

The report captured the true essence of the Shared Lives Scheme. The feedback contained in the report included:

'Staff working at the service took pride in the partnerships they had developed and how these had empowered the people they were working with'

'Staff strove for excellence to achieve the best possible outcomes for people'

'A person beamed with pride because they felt at home but also because they had achieved so much'

The report reaffirms why the Scheme works in the way it does, achieving real life opportunities for people requiring additional support in their lives and the Scheme couldn't be prouder of its achievements.

To read the report, click [here](#)



The National Learning Disabilities and Autism Awards

In June 2019 two of our internally provided services achieved national recognition at the National Learning Disabilities and Autism Awards 2019.

Frances Longden, a Support Worker in the Learning Disabilities Outreach Team, was nominated for 'Making a difference', and Suzanne Horner and her team, in our Promoting Independent Living Service, for the 'Supported Housing Awards'.

Carers Conference and Carers Awards



During Carers Week in 2019 we held our very first joint Carers Conference in partnership with Warwickshire County Council. Over 100 people attended, carers and a range of professionals who are passionate about developing the support for carers across the city. The conference will help inform a refreshed version of the Carers Strategy.



Later in July 2019 the Carers Trust Heart of England hosted their first ever Carers Awards at Coombe Abbey. The Awards were a chance to celebrate the amazing work undertaken by unpaid carers, celebrate the successes of organisations such as GP surgeries, schools and mental health settings who have undertaken Carer Friendly Awards.

Adult Social Care Peer Challenge 3 to 5 March 2020



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

Peer Challenges are an important part of this approach, where at periodic intervals a Peer Challenge Team, led by a Director of Adult Services from elsewhere within the West Midlands, visits a local authority for a period of three days to undertake a Peer Challenge. The Peer Challenge

process also includes a case file audit in which a team of three Principal Social Workers reviews 20 social work cases and social work practice.

Read about Peer Challenges [here](#)

Peer Challenges focus on Key Lines of Enquiry (KLOE)

For Coventry these were:

- A number of changes have been made to how we support people at home in recent years. We want the Peer Challenge Team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities
- The work to develop on our promoting independence approach is ongoing and this will always be the case. Can the Peer Challenge Team advise how we might improve further in this area and what opportunities for improvement exist through working closer with internal and external stakeholders?

The Peer Challenge identified many positives in respect of progress made in Adult Social Care in Coventry and suggested that we should consider focussing on the following areas to enable Adult Social Care in Coventry to continue to develop:

- To ensure a 'One Coventry' focus, involving communities, the voluntary sector and other providers in the plan for Adult Social Care
- To develop our commissioning approach with Public Health, creating more diverse support and shaping of the voluntary and community market
- To ensure our commissioning approach incorporates co-production and engagement with people and their families who access services
- To review our accommodation and support offer to ensure residential care is only used when needed and improve provision for younger adults
- To better understand how and why people access residential care
- To continue to prioritise the use of digital technology through a clear strategy

Although since the Peer Challenge a lot of our normal improvement work has been put on hold due to COVID-19, the changing circumstances have enabled us to make progress in a number of these areas, for example:

Use of technology

Our use of technology to support our assessment activity has grown significantly. Whereas the majority of our work was completed face-to-face, doing things remotely became the norm wherever possible. As we progress, achieving the right blend of technology and face-to-face work will be required to ensure we engage with people in a way that is effective.

Community-based assets

We have engaged with community-based organisations in different ways to support people affected by COVID-19. This includes establishing new relationships and flexible approaches to support those impacted by shielding and other vulnerable groups. This work provides us with a strong foundation to further develop community-based approaches.

Joined up and timely support

We have worked with health partners to rapidly speed up the hospital discharge process and established 7-day working. The extent to which this work progresses and is mainstreamed is a matter for all partners to consider.



What's Next?

Proposed Key Improvement Themes for Adult Social Care

Reflecting on the Peer Challenge earlier this year, our own service model and our work with partner organisations, we are framing the next stages of our improvement work under the four key areas identified below.

We are keen to engage stakeholders in this work as we develop it to help ensure we are focussing our efforts on the areas of highest impact. One way we will be doing this is by using 'Let's Talk Coventry', a web page where people can have their say on key issues and developments.

Our Promoting Independence Model

We have, over several years, been clear about our service focus on promoting independence. We now want to take this model further and combine our resources with those of partners in the city to support people to prevent deterioration and to actively support themselves as much as possible. This means looking first at what people can do with their skills, resources, relationships and their communities.

Accommodation Offering - Care and Support

Our continued commitment to support people at home remains a priority. However, when an alternative is required, we seek to ensure this offers the best opportunity for reablement and promoting independence. We will do this by encouraging and supporting the development of facilities within the city, offering provision for people to live as independently as possible, even when they require care and support to do so.

Locally Based Support

We will continue to work with the local care providers and to enable future stability and resilience by setting standards and managing costs robustly. We will also utilise opportunities to work with local communities and organisations to improve access to support. This will strengthen our model of supporting people at home whilst including a focus on accessing support and resources available in the local area.

Digital Technology and Innovation

In order to maintain and develop modern, person-centred services, we will use technology-enabled care opportunities and ensure our workforce is equipped with technology to work agilely and support people effectively. We will focus on self-service wherever possible, giving people the opportunity to access Adult Social Care on their terms, at a time and place of their choosing.

🗨️ Our success in achieving the vision for Coventry depends on placing adults and carers at the heart of everything we do. We will ensure people we work with are involved as equal partners in planning and decision making 👍👍



Glossary

This section provides an explanation of some definitions and terms that appear throughout this document.

Promoting Independence

Short-term services which aim to maximise the independence of the individual. At the end of the support, ongoing care and support services will be arranged as required.

Peer Challenge

A sector-led review involving a team of senior Adult Social Care managers and an elected member from other West Midlands Local Authorities and a local 'expert by experience' spending three days reviewing our services.

'One Coventry'

One Coventry is how we describe the Council's objectives, key strategies and approaches. It includes the Council's vision and priorities; new ways of working; and core areas of activity.

Safeguarding

Safeguarding is how we work with people to prevent them experiencing harm from others or sometimes themselves. It includes helping people recover when they have been abused.

Carer Assessment

If you care for someone, you can have an assessment to see what might help make your life easier. This is called a carer's assessment.

Preparing for Adulthood

Preparing for Adulthood is an umbrella term used to describe the transition needs and arrangements for children with special educational needs and disabilities as they move from childhood into adulthood.

Travel Training

Travel Training provides people with the knowledge and skills they need to travel independently, whilst providing parents and carers with peace of mind that people are travelling safely.

Asperger's Syndrome

Asperger's Syndrome is a form of autism. People with Asperger's Syndrome may find difficulty in social relationships and in communicating.

Housing with Care

Housing with Care, sometimes known as Extra Care, is housing designed for older people, with various levels of care and support available on site.

Assistive Technology

This is an umbrella term for any devices, equipment or systems that help maintain or improve a person's ability to do things in everyday life. These can assist with a range of difficulties, including problems with memory and mobility.

Short-term Support

Short-term support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council.

Motivational Interviewing

Motivational Interviewing is a technique that attempts to help people find the motivation to make positive decisions.

Care Act Easements Guidance

The Care Act Easements allow local authorities to cease formal Care Act assessments, application of eligibility and reviews.

Useful contacts

Adult Social Care and Communities Directory

This online directory has all the information and advice you need in one central place, so you can find the information you need easily.

Website: <https://cid.coventry.gov.uk/>

Council contacts and Mental Health Services

Adult Social Care Direct	The first point of contact for any referrals into Adult Social Care.	024 7683 3003
Emergency Out of Hours (After 5pm Monday to Thursday, 4.30pm on Friday and through the weekend)	For urgent enquiries / emergencies only outside of normal office hours.	024 7683 2222
Main Council Customer Services	The main switchboard for Coventry City Council.	080 8583 4333
Central Booking Services (Mental Health Services)	Run by Coventry and Warwickshire Partnership Trust (CWPT), this is the first point of contact for people accessing mental health services and CWPT services.	0300 200 0011

Other organisations

Age UK Coventry	Supporting older adults, providing information and advice, support and groups.	024 7623 1999
Alzheimer's Society Coventry	Supporting adults with a diagnosis of dementia and their families with the provision of information and advice and group-based support.	024 7665 2602
Carers Trust Heart of England	One-stop shop for unpaid carers of all ages.	024 7663 2972
Coventry & Warwickshire MIND	Support for people living with a mental health condition.	024 7655 2847
Macmillan Cancer Support	Cancer Support Service.	024 7696 6052
Healthwatch	Independent organisation supporting people to have their say in health and social care services.	024 7625 2011
SEND Information, Advice and Support Service	Providing information and advice to young people with disabilities and special educational needs.	024 7669 4307

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AB

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Mark

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Casey and her mum Lesley

CV Life and Tina

Library Services

The staff at Adult Social Care

Contact Us

You can contact us about this report at
getinvolved@coventry.gov.uk

You can contact Adult Social Care Direct at
ascdirect@coventry.gov.uk
024 7683 3003

More information about Adult Social Care can be found at
www.coventry.gov.uk/adultsocialcare