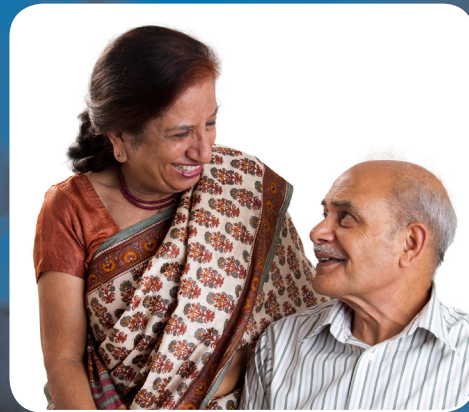


Adults Social Care

Annual Report for 2010/11

Produced December 2011



Coventry City Council

www.coventry.gov.uk

Foreword



Councillor Joseph Clifford
Cabinet Member for Health
and Community Services

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

The year has seen the Council having to make in-year financial savings as well as plan for future savings. Adults Social Care has responded well to these pressures while delivering a challenging personalisation programme; changing the way support is commissioned and delivered.

The landscape of health and social care is changing and the year ahead will continue to be challenging. The implications of the Health and Social Care Bill, and its impact on the way we work with our partners in Health, will become clearer. We are preparing for Public Health functions to return to the local authority in 2013, from our colleagues in Health. We have established the Coventry Shadow Health and Wellbeing Board, which brings together a range of partners to maintain an overview and coordination of the health and social care needs of the Coventry population. We also await the Coalition Government's forthcoming White Paper on Social Care which we hope will address the future funding arrangements for the sector and drive up quality standards.

In Coventry, we are committed to delivering safety, quality, efficiency and creativity in Adults Social Care so that we can face the challenges of the future with confidence.

A handwritten signature in blue ink that reads "Joseph Clifford".



Brian Walsh
Director of Community Services

I am pleased to be presenting the first Annual Report on the performance of Adults Social Care to Coventry citizens. This report describes our performance against the objectives we set ourselves for 2010/11. It describes what has gone well and what challenges we have faced.

Last year, which was the final year of the Care Quality Commission monitoring us, we were judged to be performing 'well' with some 'excellent' areas of performance. We believe we have improved the quality of our services this year and have realigned our management arrangements to better meet the pace of change we face in adult social care.

This report will, in future, be presented as a 'local account' and we look forward to engaging people who use services, carers and citizens to understand the information and performance you want to see. We will have far wider consultation and participation on how this will be produced for next year.

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

Finally, we look forward to continuing to work positively to improve outcomes for the people of our city.

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

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Adults Social Care – a priority for the Council

The Council Plan 2011/12 – 2013/14 sets out the vision for city and the priorities for the next three years. Priority outcomes have been identified by Elected Members, based on the issues that citizens have reported as the most important to them. One of these priorities areas is **to protect the city's most vulnerable residents**.

To achieve this, the following objectives have been set:

- Older people and disabled adults live independently and safely and have more choice and control over their health and social care
- Support those in transition from child to adult social care

More information about the Council Plan 2011/12 – 2013/14 can be found here: www.coventry.gov.uk/councilplan

Adults Social Care is part of the Community Services Directorate of the Council. We work with internal departments and partners across the city to support adults over the age of 18 and older people who may need information, advice or support to remain independent.



Adults Social Care's approach to Personalisation in Coventry

Adults Social Care in Coventry is committed to directly supporting, or influencing others, to enable every adult in Coventry to have the opportunity to live a fulfilling life based on their individual choices and aspirations.

To do this, Adults Social Care focuses on:






- Supporting people to develop, maintain and regain skills
- Connecting people within local communities
- Safeguarding people whilst empowering them to balance choice and risk
- Valuing the contribution made by carers and the support they require to continue caring
- Maximising people's use of their own resources
- Signposting and make full use of universal and targeted services
- Maximising the use of assistive technologies
- Regularly reviewing to evaluate, adapt and respond to any life changes
- Influencing partners and organisations locally, regionally and nationally
- Making best use of public resources.

More information about Adults Social Care can be found here:
www.coventry.gov.uk/info/100010/health_and_social_care



Facts and figures 2010/11

As at 31 March 2011 During the year

	3,684 people received an assessment. Of these, 58% went on to receive an ongoing service.	72% of people who accessed a short term tenancy in housing with care continued to live independently in the community, either going back to their own home or choosing to move into a housing with care scheme.	
	95% of support started within 28 days of the assessment completion.	Contact & Connect provided support to 2,236 people, an increase of 12% on the previous year. 3,430 separate connections to other services were made.	
5,946 people were supported by Adults Social Care.	5,003 people were supported to live at home.	37% of people supported to live at home received a personal budget.	
494 people supported to live at home received a direct payment.		89% of people who completed our Adult Social Care Survey were satisfied with the care and support received. 30% were extremely satisfied.	91% of people who responded to our Adult Social Care Survey felt positive about the quality of their life.

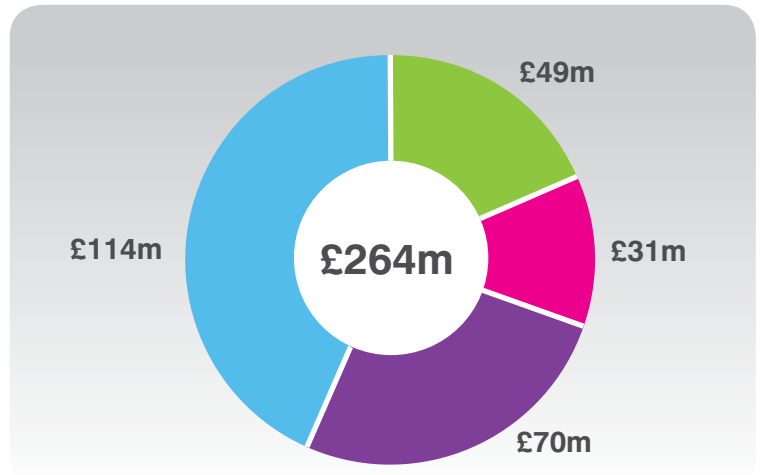
Money

The City Council is a large organisation managing total annual resources of around £900m, including a net revenue budget of £269m and a capital budget of £89m. Each year the Council reviews its spending in light of existing and new legislation, the demographics of the city and the Council's own priorities and objectives in order to set a budget. For 2010/11 the Council spent £264m on revenue activity. The chart identifies the areas of spend across the Council.

2010/11 Revenue Spending Position

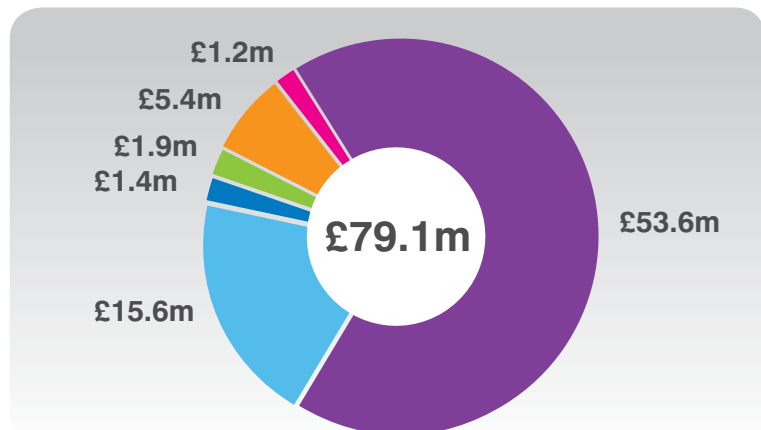
- Community Services
- Council Support Services & Business Management
- City Services & Development
- Children, Learning & Young People

Of the £114m budget for Community Services, £79.1m was spent on Adults Social Care. The chart shows the net spend for Adults Social Care in 2010/11.



2010/11 Adults Social Care Net Spend

- Spend on people
- Commissioning, assessment and overheads
- Training & Development
- Transport
- Central Recharges
- Policy, Performance & Information and Reducing Health Inequalities



Our Staff

As at 30th September 2010 there were 1,266 people employed within Adults Social Care, 62% in part time posts. 84% of the workforce is female and the workforce is ethnically representative of the local community.

Our first Annual Report

The Care Quality Commission has removed their system of annual inspection of adult social care departments. No replacement assessment of performance was implemented for 2010/11. The format of a 'local account' has been introduced by the Coalition Government and will be required of Councils in 2011/12. A local account is an opportunity for councils to report on their performance, quality, outcomes and priorities for adult social care. It is intended to encourage transparency and increase councils' accountability to their local population.

We have taken the opportunity to produce an annual report this year to describe our performance, reflect on achievements and consider the challenges of 2010/11. It is intended to provide assurance to the citizens of Coventry, Elected Members and other stakeholders, that Adults Social Care is delivering its objectives and is achieving positive outcomes for people.

This report will be shared with local citizens, people who use services, carers and partner agencies. Their feedback will influence our approach to producing a local account for 2011/12. The local account will become an important component of the overall Health and Wellbeing Strategy, owned by the Health and Wellbeing Board, for the citizens of Coventry.

Planning and objective setting for 2010/11 was framed around the Care Quality Commission's seven outcomes

and two domains that, up until this year, adult social care performance had been measured against. This report is structured in the same way. Each section sets out how Adults Social Care has achieved its objectives in each outcome area. To illustrate the work that teams do, a number of case studies have been used to demonstrate the impact Adults Social Care, and its partner agencies have on individuals and their families.

The case studies are examples of the range of ways people can be supported to achieve independence and do not describe the detail of how the person has been assessed as eligible for support from Adults Social Care. During an assessment we look at specific outcomes in relation to **health and well-being, choice and control, economic and educational participation**, and **social and community participation**; the case studies show the variety of ways these outcomes can be met. Adults Social Care may not have funded all of the support described in the case studies; universal services will have been utilised, as well as an individuals own resources and any support they may receive from other sources.

The report concludes by setting out the priority areas for 2011/12.

Our priorities for 2010/11:

Safeguarding

The safeguarding of adults in Coventry is a key corporate priority. During 2010/11, further progress has been made to ensure a cohesive multi-agency approach to safeguarding adults in Coventry is sustained. The Council remains clear about its responsibility as lead co-ordinator for safeguarding activity along with partner agencies and members of the Coventry Safeguarding Adults Board. During the year, a new Head of Safeguarding post for Adults Services was created and is responsible for ensuring the delivery of key priorities identified and endorsed by the Board.

Embed personalisation across social care, health and the city

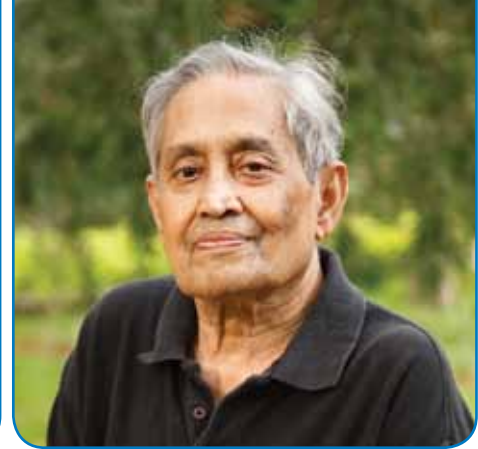
Significant work has taken place to work with colleagues across the Council and Elected Members to understand the impact of the national personalisation agenda and the challenges and opportunities this presents for the city. Coventry successfully achieved 14 out of 15 of the Putting People First Milestones (a national approach to measuring progress on the priorities for transforming adult social care), comparing well against other local authorities regionally and nationally. In addition, we led our own local Personalisation Programme to support delivery of the national milestones and achieve local priorities. The Promoting Independence Pathway, which follows an individual's journey through Adults Social Care, has been implemented and a staff training programme completed.

Realignment of Adults and Older People's services into one Adults Social Care function

The decision to form a single Adults Social Care function, bringing adults and older people's operational service areas together, creating a single adults commissioning function and an 'all adults' approach to citizen involvement, carers and safeguarding, has ensured a more consistent and better co-ordinated approach, with clearer, more focused management arrangements. The realignment removes some duplication of duties and responsibilities and ensured roles are designed to support our approach to personalisation. The new arrangements have also provided the opportunity to improve accommodation for staff and reduce the number of buildings we use.

Outcome 1

Improved Health and Wellbeing



In 2010/11 we set out to:

- Ensure that universal services are utilised and promoted when people make contact with social care.
- Demonstrate promoting independence approaches have a positive impact on the majority of adults accessing adult social care.
- Ensure people's health care needs are taken into account and that they are supported to access appropriate health interventions.

Ensure that universal services are utilised and promoted when people make contact with social care

Universal services are those services that are available to everyone. They include housing, education and transport services, leisure facilities and information, advice and advocacy services. Access to these services can support and encourage people to stay healthy and more independent for longer. It is important that the right kind of quality information is provided, at the right time to maximise the opportunities.

Outcomes Brokers play a key role in ensuring universal services are promoted and accessed by people. To support the development of this new role, an accredited Social Brokerage Programme has been developed by the Council, Coventry University and with input from people who use mental health services. The programme supports Brokers to practice in a way that supports choice and control and is based on meeting goals and outcomes. It is the first qualification of its kind in the country.

This case study describes how Outcomes Brokers support people to access local services.

Case Study 1

Background:

Ms A is a young woman with a learning disability living within the family home, supported by her extended family. Ms A's primary carer was her grandmother who was concerned about her granddaughter's vulnerability. The family had found it difficult to engage effectively with Adults Social Care.

Action:

An outcome focused assessment was undertaken and a support plan developed. The following outcomes were identified by Ms A and her extended family:

- To pursue education
- To spend time with other young women from the same cultural background
- To do enjoyable things
- To make friends with more people who live near home.

In order to achieve these outcomes, **Outcomes Brokers** were able to map local solutions for Ms A based on her likes and dislikes.

Impact:

- Ms A continues to live at home
- Ms A attends a local Asian women's group where she is learning to make new friends and engage in a range of craft based activities she enjoys
- Family members are more confident that working with Adults Social Care can help to meet Ms A's needs and outcomes
- Family members have participated in a Carers Assessment identifying outcomes which benefit the whole family
- Overall, Ms A is now living more independently.



To further maximise the benefits universal services can deliver, it is important that when people contact Adults Social Care for the first time they get a consistent response and relevant, clear information. A Care Quality Commission review of the Council's response to 'first contacts' from people who have an adult social care need, highlighted several areas for development. In 2011/12 work has started alongside the Council's Customer Contact Fundamental Service Review to ensure that people who contact the Council with care and support enquiries receive effective information and appropriate signposting.

The Information and Advice Project, part of the Personalisation Programme, has developed a comprehensive directory that details the range of information, advice and signposting options available from both the Council and the services commissioned from the voluntary sector.

For example, **Contact & Connect** is a service prioritised by the Older People's Partnership, commissioned by Adults Social Care and NHS Coventry. The service provides information and makes referrals to a wide range of local services with the aim of maintaining the independence and improving the quality of life of people aged over 60 in the city. In 2010/11 Contact & Connect provided support to 2,236 people, an increase of 12% on the previous year. Of these, 3,430 separate connections to other services were made.

Demonstrate promoting independence approaches have a positive impact on the majority of adults accessing adult social care

Enablement and Therapy Services continue to focus assessments and interventions on achieving greater independence for individuals. By using assistive technologies and adapted environments, individuals have greater freedom in undertaking daily activities independently. The service continues to evidence the impact of interventions by using the Therapy Outcome Measure (TOM). The measure has consistently demonstrated improvements in overall health and wellbeing, satisfaction, carers' wellbeing and levels of independence. For example, approximately 75% of individuals who received interventions from Therapy Services during the year demonstrated an increase in activity levels, so that they required less assistance. 12% of people receiving interventions from the service increased their level of activity from 'requiring minor assistance' to being 'completely independent'.

The Opal, Assessment and Demonstration Centre formally opened in March 2010 and has since seen over 3,400 visitors through the doors. These visitors range from professional groups and people who use services and carers seeking advice and information, to the use of The Opal as a venue for meetings and training events. Over 600 individuals have had assessments at the centre (including assessments for Blue Badges), providing information relevant to their needs and signposting to universal services.

The following case study demonstrates the impact of promoting independence approaches used by Enablement and Therapy Services at The Opal.

Case Study 2

Background:

Mrs B lives in her own home, is a carer for her two young daughters and works part time in an office. She has arthritis and other related conditions. Mrs B referred herself to The Opal because she was experiencing difficulties using the stairs and accessing the bathroom. During an assessment Mrs B described other concerns that were impacting on her general health and wellbeing. Mrs B was struggling to carry out her job as she could not walk the distances between offices and she was finding it difficult to organise and maintain her home and assist her daughters.

Mrs B agreed the following goals with her Occupational Therapist:

- To continue to work and be financially secure
- To carry out initial cleaning and maintenance of her home and then seek support to manage on a long term basis
- To access personal care facilities appropriately
- To be able to care for her daughters' needs
- To improve family life.

Action: A Disabled Facilities Grant was agreed to provide a level access shower room on the ground floor of the home for Mrs B and her daughter to use. Mrs B was given information about the Access to Work scheme and provided with details of the local branch. A referral was made to a home improvement agency for support with maintaining the family home. A referral to the Physical Impairment Team was made, to better understand any long term support needs.

Impact:

- The level access shower room on the ground floor means Mrs B can shower independently and maintain her personal care and that of her daughter
- Support from Access to Work means Mrs B now has a scooter which she can use for work, enabling her to access all offices as required by her job
- Mrs B is supported by the home improvement agency to manage the organisation and maintenance of her home
- Mrs B is now happy that she is appropriately supported.

Ensure people's health care needs are taken into account and that they are supported to access appropriate health interventions

Support for people to access appropriate health interventions and NHS funded Continuing Healthcare has been strengthened during the year. Training and direct work has been carried out with individuals to help them understand the appropriate funding they can access to meet ongoing health needs.

Government funding was used to commission a range of support projects and approaches to enable people who have had a stroke, and their carers, to achieve improved health and wellbeing. For example, a transport project jointly funded with NHS Coventry, offers a transport service to isolated older people and stroke survivors and their carers. Volunteer drivers transport people to attend a variety of medical appointments and leisure and rehabilitation services. During 2010/11 23 new people accessed the service.

A Hospital Discharge Carer Support Worker, based at University Hospitals Coventry & Warwickshire, provides one to one and drop in support for carers of people being discharged from hospital. This provides carers with timely information and advice about what support is available to them to continue to support the person they care for.



Outcome 2

Improved Quality of Life



In 2010/11 we set out to:

- Evidence the use of assistive technologies.
- Evidence the positive impact of supported living options.

Evidence the use of assistive technologies

Assistive technologies are devices that help with everyday living and support people to regain and maintain their independence. We use the term telecare to describe this range of technologies. There were 74 new installations of telecare made during the year. Feedback from telecare assessors has demonstrated that the use of telecare has improved independent living outcomes for people in their own homes, reduced the need for increased support packages or alternative accommodation, and provided support to informal carers. Some telecare devices rely on people having a family member or friend to respond to an alarm call. Since 2009 individuals who do not have someone available to respond to alarm calls have been able to receive a response service from a home care provider. The number of people receiving the service has increased year on year.

The **Integrated Community Equipment Service** delivered approximately 7,500 items of equipment during the year. 97% of equipment has been delivered within seven working days, exceeding the target set of 95%, and a 78% recycling rate has been achieved.

Housing with care has continued to embed the use of assistive technologies within all schemes commissioned by the Council. 16 new installations were made to tenants during the year, meaning approximately 25% of tenants utilise telecare to maintain their independence.

Assistive technologies have also been utilised within **supported living options** by tenants who had been reliant on staff undertaking waking/ sleeping shifts to support them during the night. A telecare alert system was developed with the care provider, reducing the cost of night support packages. The impact of this work has been positive for tenants, the provider and the Council; tenants have benefited through increased privacy and independence, the approach is less staff intensive for the provider which results in being more cost effective for the Council.

Evidence the positive impact of supported living options

Short term tenancies, within housing with care, are a valuable resource enabling individuals to identify how they could continue to be independent at home following a significant change, such as a stay in hospital, change in health needs, or loss of confidence at home. A short term tenancy would usually be for a maximum of 12 weeks. The majority (72%) of people who accessed a short term tenancy during the year then moved to live independently in the community, either going back to their own home or choosing to move into a housing with care scheme.

A supported living scheme specifically for people with learning disabilities and autism has been developed, taking a person centred approach to the sourcing of accommodation. This case study describes the impact the scheme has had.



Case Study 3

Background: Mr C is a young man with a moderate learning disability and autism. He was living in a residential home out of the city, living with a group of individuals with a range of needs. Mr C has lots of interests, skills and potential which can be restricted because of anxieties relating to his autism. Mr C is a shy person, becoming anxious about new situations and struggling with everyday activities, such as using public transport and shopping at the supermarket. He also dislikes going out at night or when it is dark, relying on reassurance and support from staff to do so.

Action: Mr C was supported to move back to Coventry, initially to his family home. During this time, Mr C began to build relationships with the scheme providers and started to plan to move into a flat of his own. During this transitional period, Mr C began to access a local college on a full time basis. Mr C was the first tenant to move into the scheme's flats and settled quickly. The staff team

offered support and reassurance with the situations Mr C found challenging.

Impact:

- Mr C is now able to use public transport, with support, without being anxious
- He is able to cook meals by himself with staff prompts when required
- Mr C initially needed escorting to college on a daily basis, he now cycles independently
- Mr C's communication is clearer, making eye contact and initiating conversations more regularly
- He attends a local gym several times a week, with support
- He now shops at a large supermarket
- Mr C displays more confidence and socialises with other tenants
- Overall, Mr C is now living more independently.
- As Mr C is now more independent, has appropriate support and is living in Coventry, the cost to the Council has reduced.



Outcome 3

Making a Positive Contribution



In 2010/11 we set out to:

- Establish citizen involvement approach to ensure views are sought, incorporated and evidenced.
- Develop strategies and actions to support a culture shift to active citizen involvement.

Establish citizen involvement approach to ensure views are sought, incorporated and evidenced

The Learning Disabilities Partnership Board, Older People's Partnership Board and Reference Groups continue to be a successful way of engaging with people who use services, community representatives and carers.

As part of a review of the Home Meals Service we consulted with people who use the service in a variety of ways. In addition to public meetings, all people were written to and invited to share their views and consider options for future provision. To consult with as many people as possible we spoke to 220 people in their own homes so that people with diverse needs and abilities could be supported to give their views. The views of people who use services, carers and advocacy organisations influenced the report to Cabinet regarding next steps for the service.

The commissioning process for awarding new **day opportunity** contracts was driven by the feedback from individuals who took part in pilot projects. The aim of the pilot projects was to evaluate which model of service delivery would best deliver positive outcomes and would be most attractive to people. Feedback showed that people wanted more innovation and choice in the way day opportunity

services were delivered. As a result, there are more providers offering a wider range of day opportunity models. These models all focus on accessing leisure opportunities, fulfilling social roles such as visiting relatives and socialising with peers, preparing for volunteering and employment roles and facilitating daily living skills, such as shopping and attending appointments.

Within the **Learning Disabilities Service**, views from individuals have been sought in a variety of ways. For example, tenants in supported living schemes were sent a survey asking for views on the quality of support they receive and if they have the home and lifestyle they want. A total of 90 replies to the survey were received, a return rate of 94%. The results were sent to each supported living provider and any areas of concern were identified and addressed with individual providers. It is planned that the survey will be repeated in 2012 and the results compared to see where improvements have been made.

Within **housing with care** units, tenants are able to take on an

active role in decision making by becoming a member of the Vision Group. During the year, Vision Group members participated in the process for recruiting new housing with care staff and were supported to organise and run workshops on healthy living and maintaining independence. As a result of feedback from tenants that staff were too casually dressed and that their visitors could not always identify them, staff, Unions and tenants worked together to agree a staff uniform. In parallel with this work, other areas of concern raised by tenants with Unions have been addressed, resulting in revised and agreed guidance for staff on smoking, annual leave, use of mobile 'phones and meal breaks.

Eric Williams House is a residential home run by the Council, for older people living with a dementia diagnosis. During 2010, the home adopted the SPECAL™ (Specialised Early Care for Alzheimer's) approach to the care of people with dementia. SPECAL™ is an innovative approach that uses a photograph album model to demonstrate how memory works,

what happens as people grow older and what changes can occur with dementia. The approach focuses on what a person with dementia can do, rather than what they can't do. Staff at Eric Williams House work with each resident, their advocate and relevant professionals, to produce a fully individualised care and support plan, utilising the SPECAL™ approach.

The case study on page 20 demonstrates the approach.



Office for Disability Issues (www.odi.gov.uk)

Case Study 4

Background:

Mrs D was discharged from hospital to Eric Williams House with both physical and dementia care needs. For the first few days, Mrs D was very weepy and walked up and down the corridors with her coat on and all her possessions packed in her bags. At times, Mrs D was inconsolable and could only be distracted for short periods. Staff used their skills and techniques to try to get Mrs D to go to bed, but it proved difficult.

Action:

Using the SPECAL™ person-centred dementia care approach, staff worked with family members to create Mrs D's life history album. It became clear that Mrs D had returned to a particular time in her long term memory - when she worked as a Nurse Sister at a hospital. A photograph of her in her uniform took her back to contented days and the purpose and value she felt in her job. Using this information, staff realised that Mrs D's distress might be triggered or exacerbated by her environment and the hospital style bed in her bedroom – a Sister wouldn't sleep in a hospital bed. Staff replaced the bed with an ordinary divan and a pressure mattress,

her wardrobe was transformed into her 'work locker' and a 'rota' was placed on the door. As a result, Mrs B is now content to work a 'sleeping nightshift' and work 'day shifts'. She occasionally asks when she gets paid and staff respond by saying that her pay goes into her bank account. If she asks where the cheque is, staff print a cheque, which she then passes to her son for 'banking'.

Impact:

- Mrs D is able to live more contentedly at Eric Williams House as the context staff have provided fits Mrs D's memory stage.
- Mrs D's son has commented on how much happier his mother is and that she rarely asks questions about her situation. Staff have concentrated on minute details and have built up a library of responses which have meaning and lasting benefit to Mrs D and her daily lifestyle.
- Without the commitment of staff to see the world from Mrs D's perspective there is a very high chance that she would either be in a more secure environment, prescribed medication or have been labelled as having challenging behaviour.

Develop strategies and actions to support a culture shift to active citizen involvement

All learning and development programmes delivered by **Employee Development** were reviewed during the year to include a specific focus on promoting independence and enablement and with an aim of supporting the cultural shift to active citizen involvement. Face to face engagement and findings from surveys conducted with people who use services, carers, providers and staff informed a number of learning and development programmes delivered in 2010/11, which, in some cases, were co-delivered with people who use services. Learning and Development programmes included:

- Learning events with the **Assessment and Case Management teams**, concentrating on how to engage citizens in outcome focused assessment and support planning.
- Supporting **housing with care** staff to collate person-centred evidence to meet the Care Quality Commission's quality and safety standards. Roadshows were held by the managers to roll out the changes, and workshops with the Registered Manager and Assistant Managers were delivered.
- Focusing on systems and processes to initiate culture change within the **Dementia and Short Term Service**. It was identified that while services were working in a person centred way, support planning was not demonstrating this. Support plans were redesigned with managers and team leaders to better evidence the focus on outcomes. All staff were

fully engaged in the process via workshops and team meetings.

In addition, the **Employee Development** team have worked with external social care providers to identify and address the impact of the personalisation agenda on their businesses. Key to this work has been supporting providers to consider how their model of service delivery can be more person-centred and have active input from the people who use their services. Providers have been supported to self-assess their existing level of citizen involvement and to look at areas they could develop. This has included involving citizens in the recruitment of staff, in reviewing policies and procedures, and in the strategic development of the service.



Outcome 4

Increased Choice and Control



In 2009/10 we set out to:

- Implement the Promoting Independence Pathway across adult social care.
- Evidence that outcome assessments and reviews support people to achieve their goals.

Implement the Promoting Independence Pathway across adult social care

The **Promoting Independence Pathway** has been implemented using a phased approach. The new tools were rolled out to teams and action learning sets held to ensure consistent application of the Resource Allocation System (the means of allocating resources to individuals in order to support them to meet their outcomes). Following stages of implementation, staff focus groups were held in order to conduct initial evaluation and capture lessons learnt, before moving on to the next phase. A customer feedback process was implemented, to seek the views of individuals who participated in the new way of working in order to inform future developments. Action learning sets were also held with commissioning and provider services to ensure that all areas follow the same consistent approach and support people to access the pathway.

The implementation of the Promoting Independence Pathway was supported by the completion of two significant commissioning processes; the new **Home Support** and **Day Opportunities** contracts. The contracts are based on a framework contract basis, with no commitment of funds (so that support can be purchased from a range of suppliers on an 'as required' basis) with a service specification that mirrors the Promoting Independence Pathway. The

contracts have increased the number of providers and the diversity in support that can be offered, increasing choice and control for the individual.

A significant part of the Promoting Independence Pathway has been to communicate the approach to individuals, carers and wider citizen groups in the city. The **Citizen Involvement, Carers and Partnerships Team** held a Personalisation Information event in February 2011, attended by over 300 people. **'It's all about you!'** was designed to give people accurate and useful information about personalisation so that they could make informed choices. As part of the day's programme, a personalisation game, 'Shopping for Outcomes' was developed, where participants were given a scenario, a personal budget, and asked to shop for their outcomes. Participants in the game were able to see the benefit of receiving direct payments and utilising universal and community resources. Attendees could feed back their views on the approach and their understanding of it in variety of creative ways; including through a video box and with the support of a graphic events designer.

Evidence that outcome focused assessments and reviews support people to achieve their goals

The following case studies demonstrate how outcome focused assessments and reviews are supporting people to achieve the goals and outcomes that they set for themselves.

Case Study 5

Background: Mr E is a young man with a significant learning disability, living at home with his mum and brother. Mr E was becoming increasingly violent in the family home and displaying behaviour that could cause self injury. In addition, Mr E was refusing to attend college and was becoming increasingly isolated.

Action: An outcome focused assessment and support plan were completed. With Mr E, it was identified that the outcomes he wanted to achieve were: to stay safe, to make friends and to do new things he enjoys. His support plan involved taking on a tenancy, where he has his own front door and shares communal space with other tenants. 24 hour support is available from a male support team. An activities plan has been arranged, building on Mr E's likes and dislikes; this has provided opportunities to try new things. Travel training has been provided so that Mr E can explore more opportunities.

Impact:

- Mr E now lives in his own home
- Self harming behaviour has decreased
- He has made new friends and attends college
- He has an active social life
- Mr E can now use public transport, with support
- Overall, Mr E's independence and opportunities have increased.

Case Study 6

Background:

Mrs G has poor vision and some reduced mobility due to physical health problems. An assessment identified that Mrs G was having difficulty carrying out various kitchen tasks. She was also experiencing difficulties accessing shops, her church and other social engagements due to problems seeing and judging kerbs and traffic when crossing roads. These difficulties were also impacting on her normal caring role; preparing meals and drinks for her husband.

Action:

With a rehabilitation worker, Mrs G was supported to identify the outcomes she wanted to achieve and break them down into smaller step by step goals. Mrs G had been certified as partially sighted by her consultant. The rehabilitation worker was able to explain the benefits of registering as partially sighted and Mrs G consented to doing so. The rehabilitation worker was then able to devise an intensive rehabilitation programme to aid Mrs G to gain the new skills required. This included:

- Kitchen skills training, including marking appliance controls and learning how to use texture markers to judge settings; how to find the contact point and use contrast lighting when pouring; and the

provision of a liquid level indicator to use audio sounds to judge water levels.

- Mobility training, including replacing Mrs G's standard walking stick with a white stick (offering the same support with stability, while alerting others of her visual impairment); learning specific routes for regular journeys, using landmarks, identifying the safest places to cross roads and learning techniques for finding the edges of kerbs and other obstacles.
- Providing signposting to social opportunities relevant to Mrs G.

Impact:

- Mrs G is now able to carry out all her kitchen tasks independently, including preparing meals and drinks for herself and her husband
- Mrs G can shop independently and uses a door to door bus service to attend church and other social activities
- Mrs G receives peer support from local organisations
- As a result of registering as partially sighted, Mrs G now accesses appropriate benefits, travel concessions and specialist communication services, giving her more economic freedom.
- Overall, Mrs G has regained independence.

Case Study 7

Background: Ms F has a significant learning disability and lives in a residential setting, supported on a 24 hour basis. Her family liked the home and were happy that Ms F was safe there. Ms F had made it clear that she wished to move out of the residential home and to have a home of her own.

Action: An outcome focused assessment and support plan were completed. It was identified with Ms F that she wanted to have her own home, to live with people she liked, make new friends and to stay up late. As a result Ms F moved into a tenancy within a core and cluster setting, where she has her own front door and shares communal space with other tenants. Flexible support is offered to Ms F at key times; the support can be increased or decreased as required. Travel training has been provided so that more community facilities are accessible to Ms F, supporting her to try new things and make more choices.

Impact:

- Ms F now lives in her own home with flexible support
- She is making new friends
- She is learning to use public transport
- Family members are now more supportive of Ms F's choices and aspirations
- Overall, Ms F is living more independently.

Outcome focused assessments were developed and implemented for **carers**. Staff now use new assessment tools which help to gain a full picture of a carer's life. The new approach to carers' assessments has facilitated a more creative use of carers' personal budgets and direct payments.

In addition, the **Carers' Future Planning Pack** has been designed by carers, for carers. The pack is designed to provide carers with useful information and tools to plan for the future. The aim is to enable carers to plan for emergencies and for the longer term future, so that the people they support can have choice and control over the support they receive when their carer may be unable to care for them. The Carers' Future Planning Pack has been implemented during 2011/12.



Outcome 5

Freedom from Discrimination & Harassment



In 2010/11 we set out to:

- Evidence how we are supporting vulnerable people to better protect themselves.
- Demonstrate information, advice and guidance for citizens and staff is available, accessible and reflects the diversity of Coventry.

Evidence how we are supporting vulnerable people to better protect themselves

The **Promoting Independent Living Service** (PILS) provides support to 51 tenants across 12 housing schemes. Tenants range from people with mild to complex learning disabilities and it is important that the service enables tenants to be aware of and act on incidents of abuse. The PILS team ran two workshops for tenants under the banner of 'Providing Personalised Services'. The first workshop focused on safeguarding, exploring tenants' knowledge about what constitutes abuse and whether they would know what to do about it. The second workshop focused on issues of dignity and respect. The workshops were developed with the Employee Development Unit and run by an independent facilitator to encourage open discussion.

Demonstrate information, advice and guidance for citizens and staff is available, accessible and reflects the diversity of Coventry

A range of services are commissioned by the Council to support people to access information, advice and details of the range of services that might be useful to them.

This case study illustrates the impact the Contact & Connect Service has had on one of the 2,236 people it has supported this year. Contact & Connect provides a single point of access to a range of information and services provided by local voluntary and statutory agencies.

Case Study 8

Background:

Mr H was referred to Coventry's Contact & Connect Service. It was identified that Mr H has poor sight, limited mobility, concerns about money, was feeling isolated and lonely and showing signs of depression. He was eligible for support from social care but was refusing all services and was considered to be at risk in his home.

Action:

Through the connections made by Contact & Connect, Mr H receives the following support:

- An outreach worker encouraged him to accept support
- A charity for ex-servicemen provide emotional support and access to social events with other blind ex-servicemen
- A volunteer befriender makes regular visits
- The Local Pension Service offered reassurance and explained about the benefits he was entitled to. A review of Mr H's Disability Living Allowance led to an increase in his weekly income
- A social care assessment was carried out and a support package put in place to support Mr H to be safe in his own home.

Impact:

- Mr H experiences less isolation and loneliness and an improved mood
- Mr H's income has increased
- Mr H is supported to be safe in his own home.

A range of new leaflets are now available to people, including specific information and advice on personal budgets and direct payments. The leaflets are available from all teams and best practice has been established for staff to provide the leaflets to people during assessments and reviews. Currently, these leaflets are produced in English. Any requests for translation or interpretation services are met. In order to assist any requests, a briefing session was held with the Coventry Interpretation and Translation Unit to inform interpreters on the approach to personalisation and the content of the leaflets so that interpreters could use appropriate language, supporting the change in language from 'needs' to 'outcomes'.

The development of the 'What's Out There' Guide by the **Learning Disabilities Service**, in partnership with NHS Coventry and the Coventry Learning Disabilities Partnership Board, has been widely distributed to people who use services and their carers. It brings together a wide range of information on community facilities and universal services. Making this information widely available enables people to make contact with and access appropriate information and services within the community when they need them.

The Council provides funding to the Coventry Carers' Centre who actively seek to identify new carers from our diverse communities and improve access to information, advice and support. In 2010/11 a total of 1,329 new carers were identified and supported by the Coventry Carers Centre. 33% were from black and minority ethnic groups.

The Asian Carers project at the Coventry Carers' Centre, funded by the Council, continues to offer drop in surgeries, training opportunities and a support group, which has been a valuable resource for the Council to engage with Asian communities. The Council funds a part time specialist African Caribbean Carer Support Worker, providing outreach surgeries and the establishment of a support group.



Outcome 6

Economic Wellbeing



In 2010/11 we set out to:

- Demonstrate understanding of the economic situation of individuals, ensuring that they have access to appropriate levels of information, advice and support.
- Demonstrate support provided to individuals in adult social care and carers to maintain/obtain paid employment.

Demonstrate understanding of the economic situation of individuals, ensuring that they have access to appropriate levels of information, advice and support

The Promoting Independence Pathway has been designed so that an individual's economic situation is discussed early on in the process and in an open and clear way. On contacting Adults Social Care, people receive a Contact Assessment. **Contact Assessment Workers** provide relevant information and signpost to organisations, such as Contact & Connect for people over 60 years, if individuals have queries about their entitlements. For those individuals who go on to have an outcomes assessment, significant assets or capital are identified during the assessment process and staff are encouraged to discuss how individuals can use their own resources to fund non-social care specific outcomes and activities to complement their assessed needs.

When young people are making the transition between children's and adults services, comprehensive transition plans are developed. The young person is encouraged to consider their aspirations relating to training and employment and is provided with the relevant information in order to explore this area of their future.

Demonstrate support provided to individuals in adult social care and carers to maintain/obtain paid employment

Gaining and maintaining employment continues to be a key factor in enabling individuals with a disability to choose how they spend their time and develop aspirations for their future. During the year, a number of actions have been taken with the collective aim of supporting more disabled people into employment. The Corporate Employment Strategy now includes the disabled workforce and the newly implemented Business Services has an increased number of entry level jobs within its structure, providing increased opportunities for employment.

Coventry's employment plan for young people and adults with learning disabilities, mental ill health and autism has been in development throughout the year. **'Raising Expectations'** is a three year, cross departmental strategy agreed by key stakeholders that aims to increase the number of people with learning disabilities, mental ill health and autism getting and keeping paid employment. As a direct output from the plan, four adults who are supported by secondary mental health services are working in apprenticeship roles.

Complementing this work, **The Employment Support Service** (TESS) (part of the Council's Economy and Community Department in the City Services and Development Directorate) produced a short promotional film – *Making the Case* - aimed at promoting the employment of disabled people to employers. The film features a cross section of

employers talking about how they have worked with TESS to employ disabled people and demonstrates the benefits of employing a diverse workforce. The film showcases what has already been achieved and is used as a marketing tool to engage more employers. It has been shown at a variety of forums, including the British Association for Supported Employment and the West Midlands Employment Forum, where it has been positively received.

A further film – *Making it Happen* – was produced to promote the employment of people with learning disabilities. The film features the stories of a number of people who have been supported by TESS to access and maintain paid employment, plus the view of some individuals' parents, who gave their own experiences of their son or daughter gaining employment. The DVD aims to raise the aspirations and expectations of both people with a learning disability and their family/carers and to demonstrate that with the right approach and support, many people with a learning disability can successfully gain employment. The film is shown to parents, carers and to people accessing day opportunities, as part of 'exploring work' sessions, and is shown in the reception area of the Economy and Community Department where it can be viewed by a wide range visitors from local businesses, local organisations and members of the public.

A training and work experience social enterprise has provided a range of positive outcomes for individuals.

Case Study 9

Individuals have successfully achieved training in food preparation, food hygiene, team working and confidence building. As a result, one person is now employed externally, supported by TESS, two people are accessing external work placements, and two others are on internal work placements.

Carers are encouraged to consider their education and employment options when completing a **Carer's Assessment**. Assessment paperwork includes a section on education and employment, encouraging the carer to explore what support is required in order for them to gain or maintain education or employment. The Carers' Team have developed good links with Jobcentre Plus, who are involved in producing and implementing Coventry's Carers' Strategy. A referral pathway has been developed between Jobcentre Plus and the Carers' Team, to ensure that carers are well supported to enter employment.

In addition, day opportunities are now accessible seven days a week, offering flexible models that provide both variety for people who access them and offer flexibility to carers so that other responsibilities can be maintained. For example, people who access day opportunities have been able to access them earlier in the day, meaning that their carer can ensure they arrive at work on time every day.

The following case study describes how the Carers' Team have supported a carer to maintain their employment.

Background:

Mrs J cares for her daughter, a young person with a learning disability and autism diagnosis. Mrs J has worked in a supermarket for several years with a set shift pattern which was changed by a new manager. When Mrs J explained her caring responsibilities, the manager did not understand the impact the changes would have.

Action:

Following a Carer's Assessment:

- The Carers' Team worked in partnership with Jobcentre Plus to advocate on behalf of Mrs J and ensure that the employer was meeting their statutory obligations.

Impact:

- Mrs J was able to keep her regular shift pattern and maintain her employment.



Outcome 7

Maintaining Personal Dignity & Respect



In 2010/11 we set out to:

- Evidence progress in 'striving for excellence' in safeguarding.

Evidence progress in 'striving for excellence' in safeguarding

To support our aim of achieving excellence in safeguarding, the Improvement and Development Agency (IDeA) completed a Peer Review in 2009/10. The review made five key recommendations to support our drive for excellence:

- 1) Develop a bolder vision of what excellent safeguarding would look like
- 2) Improve focus on outcomes for people, including prevention, empowerment and protection
- 3) Develop wider levels of engagement with community in relation to dignity and safeguarding
- 4) Increase focus on integrated and shared leadership with partners
- 5) Maximise democratic accountability and strengthen leadership

During 2010/11 the Coventry Safeguarding Adults Board identified next steps, priorities and actions based on the recommendations of the review.

Our work to raise awareness about pressure ulcer prevention has been nationally recognised as an area of good practice. Over the year work was completed to inform about the risks involved when pressure ulcers develop, the importance of good quality treatment and the role of safeguarding procedures in determining if neglect has been a factor. Joint working with partners across health and social care delivered the following outputs:

- a protocol for the management of pressure ulcer cases
- a “top tips for avoiding pressure ulcers” card for workers
- a poster describing what pressure ulcers are and how to avoid them (placed in staff rooms)
- A risk assessment tool for workers who are not professionally qualified e.g. home care workers.



Two Serious Case Reviews for Adults were completed in Coventry during the year, involving joint working between all key agencies within the city. Executive Summaries of both cases are available on the City Council website: http://www.coventry.gov.uk/downloads/download/534/coventry_safeguarding_adults_board

The safeguarding of adults in Coventry is a key corporate priority. The Coventry Safeguarding Adults Board has produced its own Annual Report, which describes the achievements and challenges of 2010/11. The Report can be found here: <http://cmis.coventry.gov.uk/CMISWebPublic/Binary.ashx?Document=20012>



Domains 8 & 9

Leadership and Commissioning & Use of Resources



In 2010/11 we set out to:

- Implement the Care Director system
- Manage within allocated resources, identify efficiencies and begin to develop financial sustainability models
- Evidence Coventry's commissioning approaches deliver personalisation and promote independence

We work with partners across the Council, the city and the region to achieve objectives and continue to improve outcomes for people. We actively engage with our partners in health including NHS Coventry, Public Health, University Hospitals Coventry & Warwickshire, Coventry & Warwickshire Partnership NHS Trust, and Clinical Commissioning Groups.

Regionally, we take a lead role in the West Midlands Personalisation Network and have been part of a 'Commissioning Differently' sub-regional and national development group with Birmingham City Council.

Implement the Care Director system

Care Director is the new the client record case management ICT system for Adults Social Care. The system is used by social care staff to support the delivery of the Promoting Independence Pathway for the citizens of Coventry.

Implementing the new system has been a core focus throughout 2010/11 and has presented some significant challenges for Adults Social Care, specifically resourcing and skills capacity, and responding to the pace and scale of change within adult social care on a national and local level. Transferring to the new system

has reinforced the requirement for more consistent and robust working practices, in order to support the implementation of the Promoting Independence Pathway.

The Care Director system implementation commenced during 2010 and achieved the following key milestones:

- Phase 1 (Client Record System) went live in October 2010
- Phase 2 (Finance) go live scheduled for July 2011.
- Training for over 400 staff on the system and identification of system champions across Adults Social Care.
- Data cleansing and subsequent data migration.

Implementation of Phase 2 continues throughout 2011/12, alongside further work to embed new working practices and procedures.

Manage within allocated resources, identify efficiencies and begin to develop financial sustainability models

The 2010/11 Adults Social Care financial outturn remained within the net budget of £79.9m. Efficiency savings of £540k were delivered in year through the development of a new Home Support Commissioning Framework.

Efficiency Savings of £2.16m for 2011/12 have been identified, based on challenging current practices and improving the way we work, both internally and with partners.

In order to manage the pace of change in adult social care, we recognised the need to have the appropriate organisational arrangements in place to support new developments, and to manage the impact of reduced funding streams. In 2010/11 we completed a staff consultation to realign Adults Social Care. Separate Older People and Adults service areas, plus commissioning functions, were brought together under one Adults Social Care function to deliver a more consistent and better co-ordinated approach. Following the consultation, proposals were made for duties and responsibilities to be re-aligned to deliver adult social care effectively and without duplication, focusing resources in priority areas such as safeguarding. The realignment will deliver an ongoing net saving of £200,000 from 2011/12, and has incorporated a Council-wide review of management structures.

Evidence Coventry's commissioning approaches deliver personalisation and promote independence

New commissioning arrangements for Home Support and Day Opportunities were implemented in October 2010 and March 2011 respectively which have increased the number of providers contracted to the Council and created a more diverse marketplace. For **Home Support**, providers across all user groups are now paid based on the level of workforce skill, in line with our Promoting Independence Pathway. The **Day Opportunities** tender has reduced reliance on centre based activity and created new and varied options for individuals.

In addition to the implementation of the Care Director system, a web based procurement system was also tested during the year.

Outcome Brokers used the system to connect people who use services and/or their carers with the market place and the providers who may best meet their individual requirements. The system provided information on more than 300 providers who can offer support to, or be accessed by, adults across the city. Coventry City Council won the care innovator category at the Great British Home Care Awards as a result of this work.

Priorities for 2011/12:

- To continue to embed personalisation
- Review personalisation programme and review next steps
- Manage within allocated resources, identify further efficiencies and implement the realignment of Adult Social Care
- Continue to work closely with health colleagues
- Progress our Direct Payments policy development
- Progress our Independent Living Strategy
- Develop a local autism plan across health and social care
- Work closely with the Council's Children, Learning and Young People Directorate to achieve better outcomes for young people moving into adulthood.



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

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