REPORT FOR HER MAJESTY'S CORONER FOR THE BIRMINGHAM AND SOLIHULL AREAS

Re: (Sylvia Nash)
(deceased)

DATE OF BIRTH: 30/05/1940

DATE OF DEATH: 14/04/2023

ADDRESS - LATE OF: The Orchards Care Home, **164 Shard End Crescent, Shard End, Birmingham B34 7BP**

Report prepared by: [redacted]

[redacted]

Role: Head of Service - Hospital and Discharge to Assess Pathways

[redacted]

Background

This response is provided by Birmingham City Council (BCC) further to the Regulation 28 Report issued by HM Assistant Coroner Rebecca Ollivere on 2 January 2024. I would like to start by expressing our condolences to Sylvia's family for their sad loss.

The Assistant Coroner explained in the Report that she is concerned that the communication and understanding of the correct process between agencies around decision making is insufficient. Prior to the report being issued, BCC had written to the Assistant Coroner acknowledging shortcomings which had existed at the time and setting out in detail the changes which have been made to its processes since. That already being the case, the Assistant Coroner has requested that BCC's Regulation 28 response should address only the issue of communication between services.

BCC Social Workers work alongside partner agencies and professionals to support the social work assessment process, as an example, they will refer citizens to therapy services and then on receipt of the therapy report, review the recommendations and use them to underpin and provide an evidence base as part of their own Social Work ("SW") assessment. Information sharing between partner agencies takes place in a variety of forms depending upon the service. There may be daily board rounds, tracker meetings or Multi-Disciplinary Teams ("MDT"). The purpose is to ensure that all professionals supporting the citizen have a full understanding of all of their care and support needs, so this includes both health and social care needs. It is also an opportunity to identify if there may be any disagreements between professionals and what actions are required in order to ensure a safe discharge.

Citizens will be discussed within the MDT at various stages of their assessment journey – for instance following a therapy assessment, the MDT will be updated about their mobility needs, following a capacity assessment, the MDT will be updated about the citizen's capacity etc. Where there is a disagreement around a citizens' care needs, there needs to be a discussion within the MDT based on evidence. The expectation is that a consensus can be reached within the MDT, if this is not possible, then any concerns need to be clearly documented on the

citizens care record. There are, at times, different professional perspectives. Social Workers are aware that if these cannot be resolved, they need to be very clear about their own decision-making process and escalate when necessary to their line manager. Any decisions made need to include any risk mitigations where appropriate and again these need to be recorded on the care record.

There may be a requirement for a Continuing Health Care assessment to identify any primary health care needs; the outcome of this will also inform the SW assessment and support with discharge planning. This is a separate multi-disciplinary process led by health and affords an additional opportunity for multi-disciplinary discussions.

Once all assessments have been concluded, the MDT will be updated about the next stage in the process. This may lead to a commissioned service and the MDT will be notified about any offers received via Local Authority brokerage. Where a care home is being explored, the SW will send a copy of the support plan via email to the potential provider and follow up with a telephone call to arrange the pre-admission assessment. They will also advise the existing service that a pre-admission assessment has been arranged. The pre-admission assessments may be face to face or a telephone assessment. It is the responsibility of the Social Worker to ensure that the support plan is up to date, and an accurate reflection of the citizen's care needs and it is the responsibility of the existing service to provide a full and comprehensive handover for any pre-admission assessment. Once a citizen's care provider has been finalised, the MDT will be updated, and the discharge will be arranged. If a professional has concerns around the proposed discharge, these would be explored and again during the board round/tracker/MDT meetings and should be recorded on the citizens' care record. All professionals working with the citizen will be aware that the citizen has an allocated social worker and the contact details for that worker.

Information is shared between services in a variety of ways including face to face discussions, telephone calls, emails and reports. The expectation is that the citizens care record is kept up to date to reflect the information sharing between the agencies involved in the assessment/discharge planning process.

In Sylvia's case, the care record does not evidence the multi-disciplinary input and decision-making process. To address this, there have been staff engagement sessions and discussions with the Social Work staff around evidencing the multi-disciplinary decision making. There is now a template that workers need to complete to record the discussion, any agreed actions, and any risk mitigations.

Sylvia was a self-funder whilst living at The Orchards, and the care arrangements were made by the family and an independent broker. BCC has a duty to complete the SW assessment for self-funders, this can then be shared with potential providers who will complete their own pre-admission assessment. This was the process followed for Sylvia.

BCC has worked with colleagues in the Integrated Care Board (ICB) to develop procedures around 1 to 1 support. The P2 (assessment) beds that Sylvia stayed in at Connaught House are funded by the ICB, so the ICB are taking a lead on developing this and embedding the new procedures across P2 beds. The procedure now clearly states that 1 to 1 support can only be removed following an MDT decision involving the care home nurse, social worker, and the clinical need.

BCC does not use Connaught House for P2 provision. However, the ICB when required does spot purchase beds at Connaught House, which the ICB then oversees. Discussions have taken place between Connaught House and the ICB to ensure Connaught House understands that responsibility for removing 1 to 1 support does not sit with the BCC P2 team but is an MDT decision, which should include the care home nurse, clinical lead, and the social worker.