

# **ANNUAL REPORT 2017/18**

## **ADULT SOCIAL CARE**

### **Complaints, Comments and Compliments**

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# ADULT SOCIAL CARE ANNUAL REPORT 2017-18

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## 1. Executive Summary

Adult Social Care complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which includes a requirement to publish an annual report. This report covers the period April 2017 to March 2018.

In 2017/18, there has been a slight drop in the number of complaints across Adult Social Care from the previous year. However enquiries have increased and although these do not form part of the statutory process, these still need to be responded to. As in previous years, there remains a key complaint theme around financial assessment and charging, particularly linked to level and quality of services, mostly community based services. The other key complaint issue to emerge in 2017/18 was around delivery of equipment.

Adult Social Care recognises that the service needs to continue to improve response times to enquiries and complaints, although it is noted that this has improved on the previous year. The main reason that some responses were over timescale is that the complaint/enquiry involved external agencies where information is required to reach decisions around charging disputes. Work is ongoing to continue to improve response times, and also how the Complaints & Information Team and Adult Social Care can work more effectively with external agencies, to ensure timescales are met.

In 2017/18, Adult Social Care began a period of transformational change, most notably making changes to how incoming work is managed by the Service 'Front Door' and then by the Service as a whole. In February 2018, the Service went live with 'Three Conversations', a model that focusses on building on residents' strengths and family and social networks, and ensuring every opportunity to maximise independence before setting up statutory services). Embedding this across the service is a key priority for 2018/19.

Within this context, complaints continue to play an important role in highlighting areas of improvement. Learning from complaints is crucial, to ensure the service is able to make improvements to how vulnerable residents and their families are worked with. With the continued emphasis on learning and by evidencing this, improvements to the service can be made.

## 2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong, or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman, and has encompassed this within its new procedures as follows:

**Informal-** Where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process.

**Formal - Local resolution** – where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium–high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months.

### 3. Service Context

Adult Social Care in Havering provides a wide range of support, including information and advice, front line assessment and social work/occupational therapy services for adults who have an identified care and support need, and are eligible for assistance with meeting those needs. We provide support to older people (65+); individuals with a physical or sensory disability; individuals with a learning disability; and individuals with mental health needs. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities. The Service also includes Safeguarding Adults. The Service is further supported through brokerage of care, management of direct payments and client income and managing client finance arrangements, as well as quality and contract monitoring of provider services.

The total number of new contacts received in 2017/18 by Adult Social Care was 10,440 (which may or may not have resulted in services being provided), with around 50% being managed by the Service 'Front Door' and 50% received via the Joint Assessment and Discharge Service based in Queens and King Georges Hospital. Total activity within the service over the year (including for example assessments, reviews, and safeguarding adult referrals) was just under 14,500. The key area where the service has seen increased activity is in managing Safeguarding Adults referrals and Deprivation of Liberty Safeguards.

The total number of services implemented for residents in 2017/18 at some point in the year was just over 7,200, including people who received short term services (such as reablement), long term services (such as home care or residential/nursing care), or one off interventions (such as equipment).

## 4. Complaints Received

### 4.1 Ombudsman referrals

Ombudsman enquiries have increased slightly by 20% in 2017/18. Two were found to be maladministration with penalty. These both involved cases where financial implications were not communicated clearly when there had been a change in care provision. One was not upheld no maladministration found, three were closed after initial enquiries, with two out of jurisdiction.

	Apr17 – Mar18	Apr 16 - Mar17	Apr 15 - Mar16
Maladministration (no injustice)			3
Maladministration Injustice with penalty	2		1
Maladministration injustice no penalty		4	
No maladministration after investigation	1		3
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued		1	
No evidence of maladministration/service failure		1	
Closed after initial enquiries: no further	3		

action			
Closed after initial enquiries: out of jurisdiction	2		
Premature/Informal enquiries	1	2	3
<b>Total</b>	<b>9</b>	<b>8</b>	<b>10</b>

## 4.2 Total number of complaints

Total number of statutory complaints for 2017/18 were 108 an 11% drop from 2016/17 (121),

Total Number of Statutory Complaints		
2017/18	2016/17	2015/16
108	121	93

## 4.3 Stages

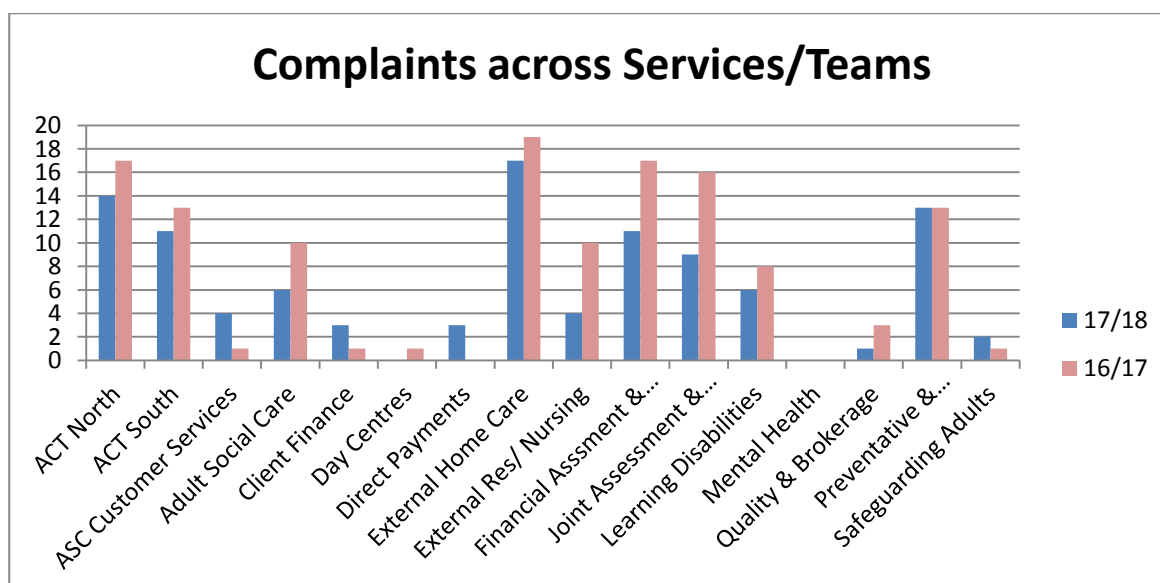
The number of enquiries in 2017/18 increased by 47% (34) compared to 2016/17 (18), with both formal and informal complaints in 2017/18 decreasing by 13% and 6% respectively. Enquiries are not reported in this report, except where indicated.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 17 – Mar 18	34	75	33	
Apr 16 - Mar 17	18	86	35	

## 4.4 Teams

There has been a reduction in complaints across most services/teams in 2017/18, with slight increases across Adult Social Care Customer Services, Client Finance, Direct Payments and Safeguarding.

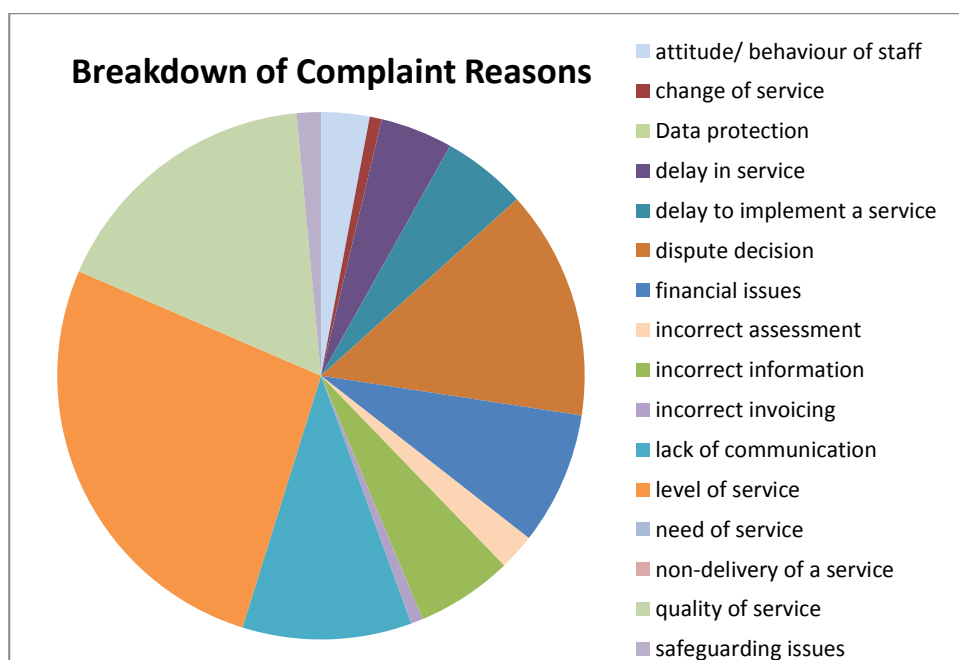
External home care received the highest number of complaints in 2017/18. The number of commissioned hours for 2017/18 was 707,593. Complaints involving external home care, commissioned hours totalled 15,884.71 and represents 2% of the total commissioned hours for home care.



## 4.5 Reasons

‘Level of service’ remains the highest reason for complaint in 2017/18. Although this mainly included issues around payments, invoices, this also included issues involving delay in financial assessments and delays in the provision of equipment and services. ‘Quality of service’ is the next highest and relates mainly to external home care regarding late or missed calls and charges incurred for the late cancellation by the service user.

In 2017/18 there were increases in complaints regarding delays in providing service/equipment, as well as financial and care assessments/reviews being undertaken. The Financial, Assessment and Benefits Team experienced a backlog within 2017/18 in getting financial assessments of service users undertaken within usual timescales, which has now been cleared. An increase in waiting times for assessments/reviews occurred within the year mainly due to the number of unforeseen additional work requirements required during 2017/18. This was as a result of cases moving from one provider to another where an agency had withdrawn their provision in the borough and also through the transfer of cases from Direct Payments (DP) to Individual Service Fund (ISF). In February 2018 Adult Social Care also reorganised how incoming work/referrals are processed and progressed, with the creation of the Havering Access Team, which affected all teams due to the realignment of cases and this had an impact.



‘Level of service’ and ‘quality of service’ as reasons for complaint increased in 2017/18 from 2016/17, with ‘dispute decision’, ‘financial issues’ and ‘lack of communication’ being the next highest and also increased from 2016/17. These continue to be linked to financial disputes for charges. The table below represent more than one complaint reason associated with a complaint and reflects the complexity of complaints within 2017/18, many of which are issues that necessitated liaison with third parties in order to provide a full response. This includes those where information is required from from external provider agencies, the Clinical Commissioning Group, Barking Havering and Redbridge University Hospitals Trust (BHRUT) or North East London Foundation NHS Trust (NELFT).

	attitude/ behaviour of staff	change of service	Data protection	delay in service	delay to implement a service	dispute decision	financial issues	incorrect assessment	incorrect information	incorrect invoicing	lack of communication	level of service	need of service	non-delivery of a service	quality of service	safeguarding issues
<b>2017/18</b>	4	1	0	6	7	19	11	3	8	1	14	36	2	3	23	2
<b>2016/17</b>	14	0	0	1	3	15	8	1	12	3	12	29	2	3	17	2

## 4.6 Outcomes & Learning

Recording practice has been improved to provide more consistency and transparency. . Categories have been streamlined to indicate where a complaint has been fully upheld, partially upheld, or not upheld which will be represented in 2018/19 report. The table below shows that those complaints upheld and those not upheld are almost equal. Further work is ongoing around ensuring a robust process for learning from complaints has been established by bringing those identified as requiring action to the attention of the Director’s management team meeting for allocation of responsible manager and to review.



Upheld	Not Upheld	Complaint Withdrawn
51	52	5

For 2017/18 the outcomes below have been used and compared as far as possible to 2016/17.

'Explanation and apology' is the highest outcome for 2017/18 and relates to where information was not made clear to families, or explained clearly with regard to relevant financial or service information, or where delays occurred. 'Changes in process/worker' mainly related to external home care provision, where a change of carer occurred, or a review of rota system took place, as well as implementation of more regular spot checks.

'Financial assistance awarded' is as a result of fees being waived, where a complaint is upheld regarding the lack of information or incorrect information provided about charges or a payment plan for outstanding fees where a complaint is not upheld and the costs would be deemed as still outstanding. Reimbursements are usually arranged as credits against future invoices.

	Change in process/worker	Complaint Withdrawn/referred to different procedure	Explanation and Apology	Explanation / Information provided	Financial assistance awarded	No action/further action required	Reassessment/Review	Reimbursement	Services re-instated	Training identified
17/18	14	5	36	16	11	3	6	6	2	8
16/17	2		31	60	4	3		2		

#### 4.6.1 Learning from Complaints

During 2017/18 the service identified that there are still practice areas where consistency must be improved regarding financial information and this continues to be addressed through team meetings and supervision. This has also highlighted the need to ensure that where there is a change of provision for a service user that the financial implications still need to be communicated and understood by families, even where financial information may have been provided prior to the change in service.

Also identified is the need for completeness of assessments, and consistency in providing these to service users, as this has been shown to be variable across areas. Adult Social Care are implementing a new social care system, which will ensure greater consistency across the Service.

Information sharing between the local authority and external home care agencies regarding charging policies on home care needs to be reviewed across all home care agencies and reaffirmed through the local authority. The Non-Residential Charging Policy has been revised in light of complaints received regarding the charged incurred for late cancellation by service users known as 'frustrated visits' and this was signed off and made available on the intranet in February 2018 and the link has been provided as follows:  
[https://www.haverling.gov.uk/downloads/20118/policies\\_and\\_strategies](https://www.haverling.gov.uk/downloads/20118/policies_and_strategies)

## 4.6.2 Learning from the Ombudsman

As highlighted above where a change in provision may have a financial implication, regardless of whether information had recently been provided, this needs to be clearly explained and information provided on the new charges. This also refers to where there are financial implications resulting from the change of provision, that the budget/cost information is included within the revised financial assessment.

## 4.7 Response times

The table below shows the percentages broken down by informal and formal complaints and provider complaints. Of the informal and formal complaints, 17 informal and 8 formal were responded to within 10 days, 6 informal and 26 formal were responded to within 11 – 20 working days and 9 formal and 41 informal were responded to in over 20 days. One complaint had no response time as response was not made available to Adult Social Care at the time of reporting.

Of the 108 complaints, 62 involved external providers, i.e. home care agencies or residential/nursing homes. Formal complaints that involved dispute of charges for external providers resulted in a higher percentage being responded to over 20 days. Due to a number of complaints being historic by several months sometimes up to a year, this will always prove a challenge in being able to respond in a timely manner. The Complaints Team and Commissioning is looking at ways to improve the engagement with external providers when dealing with complaints. The recent Single Complaints Statement that has recently been published by Healthwatch England and the Local Government Social Care Ombudsman will help to accomplish better integrated working on dealing with complaints.

	Within 10 days			11-20 days			Over 20 days		
	Apr17- Mar18 %	Total no.		Apr17- Mar18 %	Total no.		Apr17- Mar18 %	Total no.	
Informal	16	17		6	16		8	9	
Formal	7	8		24	26		38	41	
<b>Total no. 2017/18</b>			<b>25</b>			<b>32</b>			<b>50</b>
<b>Total no. 2016/17</b>			<b>11</b>			<b>32</b>			<b>76</b>
<i>Of the 2017/18 total, response times for all complaints involving external providers:</i>									
External providers	18	19		12	13		28	30	

## 4.8 Monitoring information

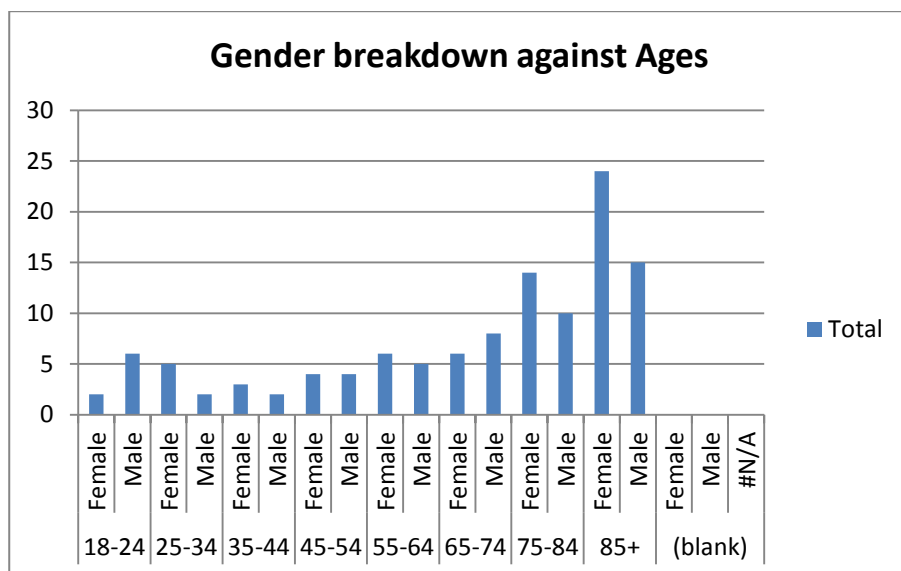
### 4.8.1 Age

There increases in 2017/18 across ages between 35 – 84, with a decrease in those over the age of 85+ by 28% and slight decreases for ages 18-24 and 25-34. It should be noted that for monitoring information, a complaint may involve more than one service user and therefore this is reflective in the numbers for monitoring.

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	under 18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
17/18		7	5	5	8	11	14	24	39	2
16/17	1	9	9	3	5	8	6	21	54	

Below also shows the breakdown of gender against ages and shows that between the ages of 75-84 and 85+ there are a higher number of females within this age bracket.



### 4.8.2 Disability

The breakdown below shows that complaints involving someone with a physical disability declined slightly from 80 in 2016/17 to 74 in 2017/18. Those that are not recorded relate to one historic case, one freedom pass and one carer complaint.

	Hearing impairment	Frailty or temporary illness	Learning Disability	Known disability	Physical Disability	Memory and Cognition	Mental Health	Other Vulnerable People	Social Support	Not recorded
17/18		1	9	1	74	20	3	1	3	3
16/17	3		10	1	80	14	2	2		

### 4.8.3 Ethnicity

As reflected with the ethnic mix within the borough, 'White British' has the highest number. Although there does not appear to be the spread across ethnicity in 2017/18, there is no up to date population data to understand if this is reflective in the borough as a whole.

	Asian / Asian British - Bangladeshi	Asian / Asian British - Indian	Asian / Asian British - Pakistani	Black / Black British - African	Black / Black British - Caribbean	Mixed - Other / Multiple Ethnic Background	Mixed - White & Asian	Mixed - White & Black	Mixed - White & Black African	Mixed - White & Black Caribbean	White Any other White background	White - British	White - English	White - Irish	White - other	Not declared
17/18	1	1		4		1					3	100	1	1		3
16/17	2	3	1	3	1	1	14	4	5	1	2	54		1	4	4

As part of the equalities monitoring information, religion, marital status and sexual orientation figures are included in this report and in future reports comparisons will be given on previous year where possible.

#### 4.8.4 Religion

'Church of England' is the highest of those making complaints. It may be argued whether Christian should be classed as one category against 'Church of England' and Catholic, however this is taken from what is recorded on the Adult Social Care system.

Buddhist	Catholic	Christian	Church of England	No Religion	Not recorded	Not stated
1	11	13	42	2	23	23

#### 4.8.5 Marital Status

This information shows that there are 43 where marital status is not recorded, which may be as a result of information not being provided at time of recording. Married couples are the highest and complaints may involve both husband and wife, or either the husband or wife.

Divorced	Married	Not recorded	Other	Separated	Single	Unknown	Widowed
1	30	43	1	2	14	6	18

#### 4.8.6 Sexual Orientation

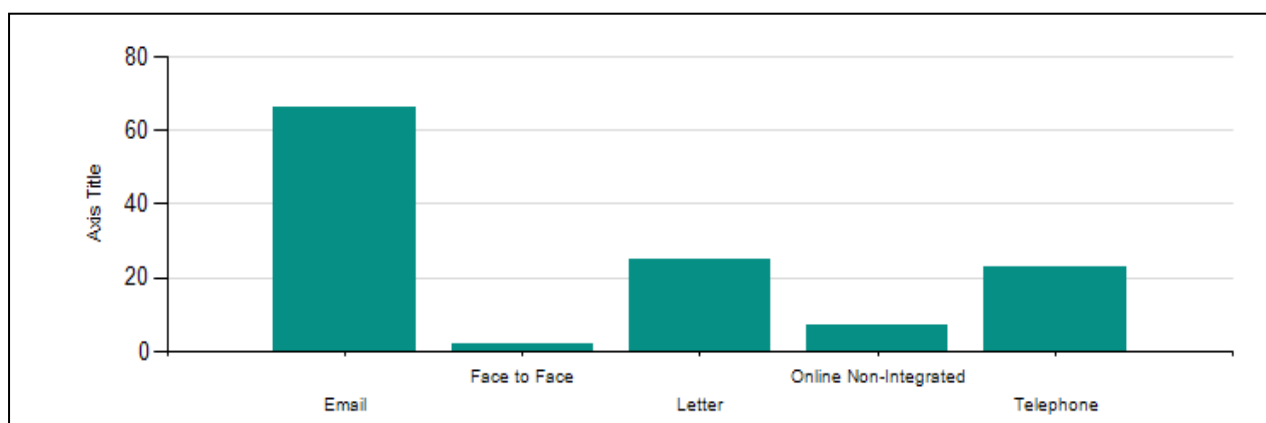
This information is still perceived by residents as being very sensitive information and therefore the number not recorded is high at 92, with 12 being 'heterosexual' and 11 'preferring not to say'.

Heterosexual	Not recorded	Prefer not to say
12	92	11

### 5 How we were contacted

The information below show that emails, letter and telephone continue to be the preferred method of contact. With the introduction of the new Adult Social Care system, the aim would be to allow complaints to be sent via a portal, which will allow secure communication between the service user and the local authority. It is anticipated this will have an impact on how complainants will prefer to contact Adult Social Care in the coming years.

### Method of Contact



## 6 Expenditure

The expenditure incurred for 2017/18 is for the update and publication of Adult Social Care leaflets. The use of leaflets will need to be reviewed in light of the introduction of the new social care system which will be implemented in early February 2019.

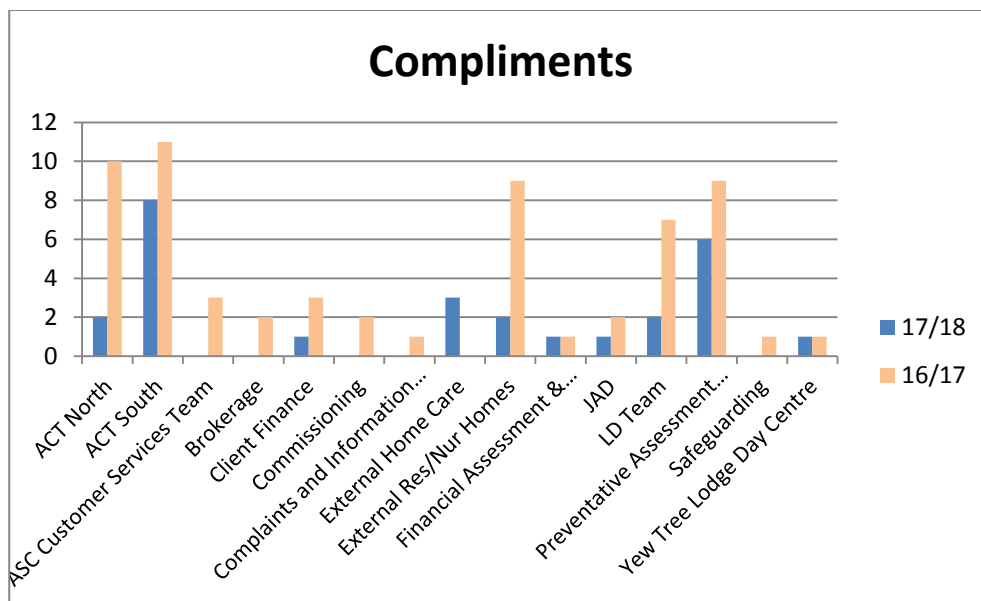
	Publicity	Compensation £	Independent investigators £
Apr 2017-Mar 2018	581.25		
Apr 2016- Mar 2017		250	0

## 7. Compliments and resident satisfaction

The number of compliments has gone down in 2017/18 by 21% from 62 in 2016/17 to 49 in 2017/18. In previous years satisfaction surveys were routinely sent out by community teams for completion by residents, however this had ceased following changes to the service structure. These surveys had been used to capture positive and negative feedback from residents receiving services, and supported practice improvements where applicable. Satisfaction surveys will therefore be re-introduced in September 2018. Teams still need to be reminded to send in their compliments to be logged.

Adult Social Care undertakes a statutory annual service user survey, in the last quarter of each financial year, seeking client views on seven key indicator areas from the Adult Social Care Outcomes Framework. This outcome of this annual survey gives an indication on views and experiences from a wider range of people who use services.

## 7.1 Compliments



Some examples of compliments received are given below:

A friend writes - *'thank you for giving me the help to bury our friend.... He went with the dignity he deserved..'* – Appointee and Deputyship

A husband and wife write in regarding placement of their mother in a care home - *'she has been very professional in our dealings with her and my wife and myself have spoken to her on a number of occasions on the telephone. She has always been direct and transparent with ..... and ourselves, nothing has been too much trouble for her. I would go as far as saying she is a major asset for Havering.'* – **ACT North**

A wife thanks Social Worker - *'I would like to take this opportunity to once again thank you for the kind consideration and help you gave to me and my family when arranging the placement of my mother. This was a very traumatic time for us and your patience, especially with me, was much appreciated. I would also like to thank you for the kindness, courtesy and patience you showed to my mother..'* – **ACT South**

Family thanks a Senior Practitioner - *'I am writing to say a huge Thank You for all your help and support in moving ...to Ashgate House. I know the journey has not been an easy one. From ....review meeting there the other day it is obvious to see she is far happier and healthier than she has been in a long time. Thanks to your efforts she now has quality of life and the appropriate level of care for her needs, for the first time in years she has actually put on some weight! Since moving .....mental health has also improved no longer accusing people of stealing things and her constant phone calls have virtually stopped. From our whole families point of view it feels like a weight has been lifted, knowing ..... is being cared for properly. It has allowed us to provide support and spend quality time with our mum whom is terminally ill without worrying about the level of care and for that we will always be very grateful to you.'* – **Learning Disabilities**

A grateful couple write in *'thank you so much for all your help. We had a stressful time (initially) but you were so very supportive with your input and assistance and you reassurance. You have been a credit to us and your service.'* – **Preventative Assessment Team**

A social worker relays message from daughter - *'thank you and express her gratitude towards the work and care you put into getting him into Upminster Nursing home. ... wanted to let you know that .... and the whole family are really pleased with this placement and he is receiving a good level of care there, they are equally pleased with the travel times etc. in reaching the home. ....advised ..... was initially confused, but he has settled well.'* - JAD

## 7.2 Adult Social Care Outcomes Framework – Survey 2017/18

The annual statutory survey for Adult Social Care was completed in the last quarter of 2017/18. Around 60% of people using services who responded to the survey, reported overall satisfaction with the service they received from Adult Social Care. This has been consistent over the past few years, with benchmarking against other London local authorities in 2016/17 placing Havering 7<sup>th</sup> in London for overall client satisfaction<sup>1</sup>.

Other key outcomes from the Adult Social Care survey for 2017/18 are shown in the table below:

	16/17	17/18
% Service User who are satisfied with their quality of life	77.9%	79.6%
% Service User who have control over daily lives	75.5%	77%
% Service User who feel they have as much social contact as they like	41.9%	45%
% Service User overall satisfaction	61.0%	60%
% Service Users who find it easy to find information about services	71.3%	74%
% Service Users who feel safe	69.0%	71%
% Service Users who think services make them feel safe	91.7%	88%

## 8. Members Enquiries

The number of enquiries declined in 2017/18 from 91 in 2016/17 to 68 with 88% (60 of 68) being responded to within timescale. This is an improvement from 2016/17 with 71% being responded to within timescale.

## 9. Conclusion

Complaints and compliments continue to give insight to the service and highlight areas for improvement and good practice. The Complaints Team along with Adult Social Care are continuing to look at improving the way the Service captures the evidence of learning and introducing a process of monitoring actions and reviewing those actions.

With the introduction of the new Adult Social Care system (February 2019), this will greatly with the capturing of data for complaints and monitoring and reviewing actions to evidence learning in future years.

Ways to further improve response times for Adult Social Care complaints are being explored and in particular those involving external providers and how we engage better with them. With the introduction of the Single Complaints Statement from Healthwatch England and the Local Government Social Care Ombudsman, this will help inform

<sup>1</sup> 2017/18 benchmarking information for 2017/18 will be available by late September 2018.  
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discussions going forward with providers with Complaints and Commissioning at future forums. Also recording practices will continue to be reviewed going forward to ensure consistent recording to aid reporting in future..

Complaints continue to be complex, involving different service areas and external providers and remain in the main around disputing of charges.



## 10. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information about financial assessment process and potential client contribution reportedly not properly conveyed	<ul style="list-style-type: none"> <li>Improved recording of information given on financial assessment and charges</li> </ul>	<ul style="list-style-type: none"> <li>Financial assessment case note implemented in 202016/17.</li> <li>Forms introduced to be signed by service user/financial representative (JAD only)</li> <li>Compliance with completion monitored by:               <ul style="list-style-type: none"> <li>Monthly performance reporting</li> <li>1-1 supervision</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	<p>Case note to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user.</p> <p>Senior management to meet with individuals where case note recording identified as an ongoing concern.</p> <p>Implement in the new care management system</p>
Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> <li>Reviewing information to ensure it is available and accessible, and provided to people in timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>Locality model under review</li> <li>New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul>	<p>March 2019</p> <p>Implemented February 2018 and for review by March 2019</p>	<p>Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.</p>
Percentage of complaints responded to within timescales has declined	<ul style="list-style-type: none"> <li>Response times require improvement</li> </ul>	<ul style="list-style-type: none"> <li>Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days.</li> <li>Commissioning to support Complaints Team in getting information from external social care providers back within timescale</li> <li>Raise the profile of Complaints and the learning opportunities</li> </ul>	<ul style="list-style-type: none"> <li>All</li> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul> <p>Complaints Manager</p>	Ongoing	<p>Quarterly presentation to senior management team on complaints performance.</p> <p>Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale.</p> <p>Improved engagement with providers and other agencies is ongoing.</p>

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
		presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events).			
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		<ul style="list-style-type: none"> <li>Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market.</li> <li>Attendance at Provider Forums.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Joint Commissioning Unit.</li> </ul>	Ongoing	Engagement with care home providers: "Working with Care Homes to Understand Costs"
Home care charges need to be ratified when charging for services	<ul style="list-style-type: none"> <li>Confidence that invoices reflect actual delivery</li> </ul>	<ul style="list-style-type: none"> <li>Brokerage to ensure that invoices provide evidence of actual service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Brokerage Team</li> </ul>	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework
Changes in provision (or funding body <sup>2</sup> ) need to identify where there are financial implications and that these are communicated	<ul style="list-style-type: none"> <li>That financial implications are clear for service users and their financial representatives where there is a change of service</li> </ul>	<ul style="list-style-type: none"> <li>Assessments needs to be completed with budget information</li> <li>Financial assessments need to be undertaken following change in provision, including where the funding body changes</li> </ul>	Adult Social Care	Ongoing	Adult Social Care need to ensure when multi-disciplinary team is completing an assessment that they give financial information and document accordingly.
The half hour charge in relation to frustrated visits.	<ul style="list-style-type: none"> <li>Information to service users and their financial representatives needs to be clear that liability to charging for such visits will remain.</li> </ul>	<ul style="list-style-type: none"> <li>Updated charging policy –need to implement changes and make sure all are clear.</li> </ul>	<ul style="list-style-type: none"> <li>Care Management, Brokerage and Financial Assessment and Benefits.</li> </ul>	<p>When was the Policy done? Please insert date.</p> <p>Implemented February 2018 and for review by March 2019</p>	Non-Residential Charging Policy has been reviewed and updated to include information on frustrated visits and is available on website.

<sup>2</sup> This includes where the funding body changes from the council to the NHS for example