



INDIVIDUALS OVERVIEW & SCRUTINY SUB – COMMITTEE - 4 DECEMBER 2019

Subject Heading:	Adult Social Care Complaints Action Plan Update
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Policy context:	An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.
Financial summary:	There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

1. Individuals Overview & Scrutiny Committee Members requested an update on the action plan as outlined in the Adult Social Care Annual Complaints report 2018-19, which is attached as Appendix 1.
2. This report provides an update on the action plan.

RECOMMENDATIONS

3. That Members note the actions already taken and those to be implemented that inform service improvements.

REPORT DETAIL

4. Financial

- 4.1 Financial information for service users and families are being provided via a financial checklist, which is signed by service user or family member. A financial charging case note was implemented, although monitoring has not been as robust as when first introduced in 2017. Quarterly reports are now being produced on the use of financial charging case notes, which informs the complaints quarterly reports, as well as being reported to the Director's senior management team meeting/Operational Management Group.
- 4.2 The Non-Residential Charging Policy has been updated to include an explanation regarding frustrated visits i.e. visits cancelled within 24 hours, that incurs a charge (unless there is a valid cancellation reason as specified). This is available on Havering's website and is also provided as part of the pack for social workers to issue when doing visits.
- 4.3 'Paying for Care in a residential home, nursing home or residential college' booklets are provided in social worker packs. These had been provided to the Joint Assessment & Discharge Team at Queen's Hospital, and are being used by social workers involved in discharge arrangements. It has been identified that the gap in information may arise where there are Discharge to Assess (D2A) arrangements made by the hospital into nursing care settings (funded by the NHS for up to six weeks), where there may be no social worker involvement in the placement initially. This is to be firmed up by looking at providing a financial assessment pack, with a letter to families and care homes, to advise of charges.
- 4.4 Issues still arise where a service user may be discharged from hospital into a bed within a care home, and information is not being given about the cost implications once health discontinues their funding. This has implications for Adult Social Care in ensuring that the financial assessment (as required on change of provision) is undertaken in a timely manner, so that there is clarity on charging as soon as feasible.

5. Complaints

- 5.1 All external provider complaints that are referred directly to the relevant provider, with no Adult Social Care input, are closed at that point to Adult Social Care.
- 5.2 Where an external provider is to provide information or records to Adult Social Care, as a result of a complaint, they are asked to do so within 15 working days. An escalation process has been implemented where external providers fail to meet the 15 working day turnaround, with such instances being referred to Senior Managers within Commissioning to take forward on behalf of the Complaints Team.
- 5.3 Increased capacity and closer monitoring of complaints, with weekly update meetings, has improved response times somewhat from 60% within 20 working days in Q1 in 2018 compared to 69% in 2019.
- 5.4 Two permanent Complaints & Information Officers appointed this year within the Social Care Complaints & Information Team will help to build resilience in the team.

6. Assessments/Reviews/Accessible Information

- 6.1 Monitoring arrangements are in place for senior managers to review assessments, to ensure that all information is recorded appropriately before decisions are ratified.
- 6.2 The introduction of the Adult Social Care Liquidlogic system in August 2019 provides a process for managers to review and authorise/sign off assessments.
- 6.3 Information packs are being provided for social worker visits. There are three packs:

The *Non-Residential care pack* consisting of: 'Payment for Non-Residential Care Service' Booklet; consent and capacity forms, customer survey, information leaflets for Tapestry, Telecare, Careline, Peabody, Carer's Hub; comments/compliments/complaints leaflets; London Fire Brigade information on making an appointment, home safety; direct payments; PA information; advocacy; welfare rights; community navigation leaflet and brokerage.

The *Residential pack* consisting of; 'Payment for Care in a residential home, nursing home or residential college'; consent and capacity forms; Care Home Check List; Deferred Payment Agreements; information leaflets for Tapestry, Peabody, PA information, advocacy and welfare rights; customer survey; comments/compliments/complaints leaflets and community navigation leaflet.

The OT pack consists of equipment catalogue; universal services list, consent and capacity forms; London Fire Brigade information, top tips for preventing slips and trips; survey; telecare; comments/compliments/complaints leaflet and community navigation leaflet.

- 6.4 Havering has established four localities where joint working takes place between health and social care. The intention is to bring together health and social care, services to work more actively in partnership, so that we can give joined up solutions to people who need help. The intended result will be that people are better informed and have more information on how to source the help and support they really need.

7. External providers

- 7.1 In order to ensure that providers understand and can share any issues they are facing, the complaints team and operational social care colleagues regularly attend provider forums. At the forums the expectations of the council are clarified, and any issues or problems experienced can be shared, so that mutually beneficial solutions can be found and any concerns addressed.
- 7.1 Continuation of Quality & Safeguarding meetings (which includes representation from CQC and Healthwatch) has helped to identify providers that cause concern, with action plans and suspensions of placements being implemented as required.
- 7.2 The decision to introduce minimum payment to homecare providers has been agreed. The Joint Commissioning Unit are in the process of measuring the benefits and speaking to providers about the change. Meetings are being led by the Programme Manager for Prevention with the Quality Team with all homecare agencies on Adult Social Care's framework, which should be concluded by the end of December.

8. Communication

- 8.1 Managers are reminding staff within team and 1:1 meetings to ensure that Communication is clear around case closures, and that where financial implications may occur staff ensure that this is actioned appropriately and promptly within the new Liquid Logic system. It should be noted that there are some adjustments and changes still required to the system as this beds in and staff become familiar with the new processes.

9. Actions yet to be reviewed

- 9.1 The Better Living Model has been in place since February 2018 and will be relaunched in February 2020, with a full policy and procedure review underway to support the relaunch.

9.2 There has been a further review of the Non-Residential Charging Policy following consultations regarding minimum charging and charging for Brokerage with the aim of this being implemented by December 2019.

9.3 Monitoring and authorisation of assessments will be reviewed in March 2021, following the new care management system, Liquid Logic going live in August 2019.

9.4 Review of respite arrangements via direct payments is to be reviewed in April 2020.

9.5 A project to review top up arrangements is due to be completed by April 2020 and reviewed in September 2020.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications associated with this report.

Legal implications and risks:

There are no apparent legal implications in noting the progress in implementing the Action Plan.

Human Resources implications and risks:

There are no direct HR implications arising from the recommendations in this report.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all

Individuals Overview & Scrutiny Sub-Committee, 4 December 2019

Havering residents in respect of socio-economics and health determinants.