

ANNUAL REPORT 2021-22

ADULT SOCIAL CARE

Complaints, Comments and Compliments

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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 2021 to March 2022.

During this period, both nationally and locally, the coronavirus (COVID-19) pandemic has had a profound and unprecedented impact on people receiving and providing social care and it continues to impact upon the service in terms of demand of new clients and the complexity of needs of those clients.

During the pandemic an increased number of individuals were admitted to hospital and consequently discharged to Adult Social Care. Nationally, discharge pathways out of hospital were updated and significantly more individuals were discharged during the period. This had significant impacts on the frontline social care teams and on commissioned providers.

What has been highlighted is the increase in the number of compliments and the type of compliments received during 2021-22, which supported the continued dedication and positive work being done by Adult Social Care staff during a particularly challenging year. There was a slight increase in Complaints during 2021-22, which may have been as many people found themselves unable to see their relatives and friends in care settings due to Covid 19, and also due to the closure of some front line services such as day centres, learning disabilities respite provision, and as face to face contact was restricted. We are now experiencing a return to more 'normal' levels with marginal increases in complaint numbers.

Adult Social Care continues to use monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. Relevant outcomes from the complaints process have been incorporated into the new plan in order to aid learning and improve staff performance.

Learning from complaints is ongoing for Adult Social Care and with the implementation of complaints on the Adult Social Care system 'Liquidlogic', this should lead to more evidenced based learning leading to service improvements.

2. Introduction

Local authorities have a statutory requirement for complaints, which are set out in The Care Act Statutory Guidance paragraph 3.55: Complaints and the Local Authority Social Services and National Health Service Complaints Regulations 2009. It is a requirement for the 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:

Local resolution

Informal - Where a complaint relates solely to a regulated service, this will be referred to the relevant agency.

Formal - Complaints will be responded to within 20 working days from the date in which points of complaint are agreed and/or relevant consent or further information received. Complaints involving an external agency will be responded to within 25 working days. Complaints requiring an independent investigation will be completed 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 and are advised of such in responses.

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

3. Service Context

Adult Social Care is responsible for ensuring the most vulnerable adults in our community, and their carers, are provided with support to meet their assessed essential needs. Safeguarding is a priority, with a personal approach adopted with each case. The service ensures residents are provided with practical support to help them live their lives and maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

The service supports and works with individuals across our communities: older adults, adults who have physical disabilities, those with sensory impairment, mental health needs and learning disabilities, as well as carers in the community. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities.

Adult Social Care has responsibility for supporting individuals to remain well and self-sufficient for as long as possible in the community, as well as providing services to those who are vulnerable and have social care needs. For those that do not meet the eligibility criteria, we also have a duty to provide information and advice to all borough residents, and to signpost to services. The service operates a strength bases approach to frontline social care to support clients to make best use of community resources and to carry out assessments based on client assets and strengths (we call this 'Better Living'). We continue to work with and integrate with partners to help people remain well and active for as long as they are able.

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.

4. Complaints Received

4.1 Ombudsman referrals

In 2021-22, there were a total of 6 Ombudsman investigations regarding Adult Social Care decisions. There were 2 decisions for maladministration (injustice with penalty), 1 not upheld (no maladministration/service failure), 3 closed after initial enquiries (no further action).

The 2 decisions returned for maladministration were regarding delays in addressing a safeguarding concern and wrongful termination of residential care arrangements.

	Apr21 – Mar22	Apr20 – Mar21	Apr19 – Mar20
Maladministration (no injustice)			1
Maladministration Injustice with penalty	2	3	3
Maladministration injustice no penalty			
No maladministration after investigation			
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued			
Not upheld no maladministration/service failure	1	1	2
Closed after initial enquiries: no further action	3	1	1
Closed after initial enquiries: out of jurisdiction		1	
Premature/Informal enquiries			3
Total	6	6	10

4.2 Total number of complaints

In 2021-22, there were 74 statutory complaints, representing a 7% increase on 2020-21(69). The marginal increase in complaints over the last year could be attributed to the lingering aftermath of the Covid19 pandemic. We anticipate that as commissioned providers have now reopened post lockdown and as care homes open more widely to family members, we may see an increase in complaints in 2022-23 and we are preparing for this.

Total Number of Statutory Complaints		
2021--22	2020-21	2019-20
74	69	74

4.3 Stages

There was a marginal increase in formal complaints whilst the informal complaints showed a nominal decrease during 2021-22 from 2020-21. The last quarter showed an increase of 38% i.e. January to March 2022 (29), compared to the previous quarter i.e. October to December (21). The last quarter increase may have been impacted by the governments published roadmap out of lockdown - the four steps - which saw greater take up of services and access to care homes etc.

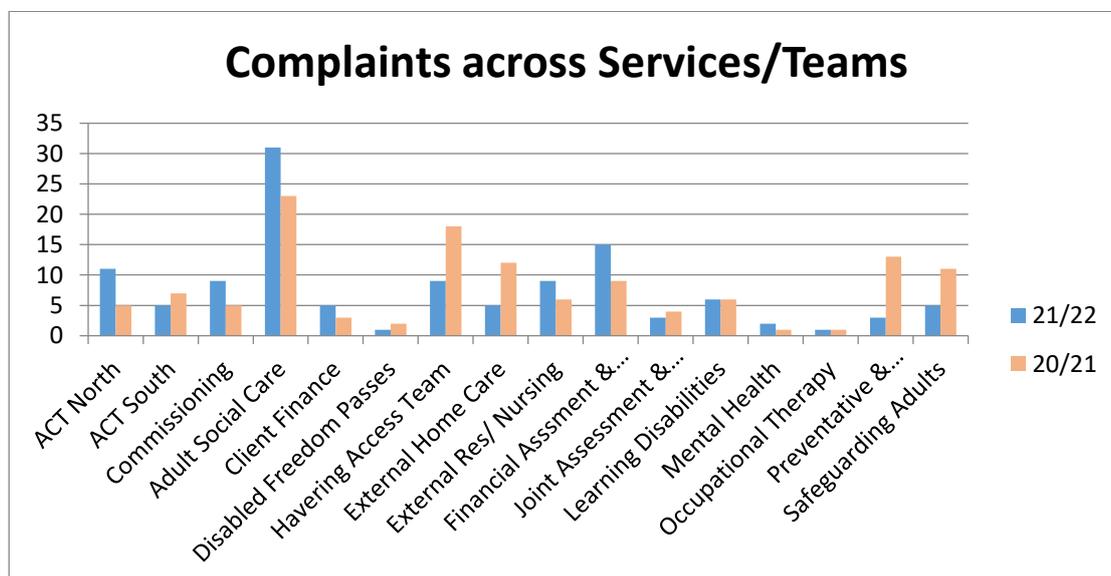
	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 21 – Mar 22	60	53	21	
Apr 20 – Mar 21	53	47	22	

4.4 Service Areas

Frontline teams (Adult Social Care and the Financial Assessment and Benefit Team) showed an increase in the number of complaints during 2021-22 regarding financial decisions, standards of service not met or disputing information given.

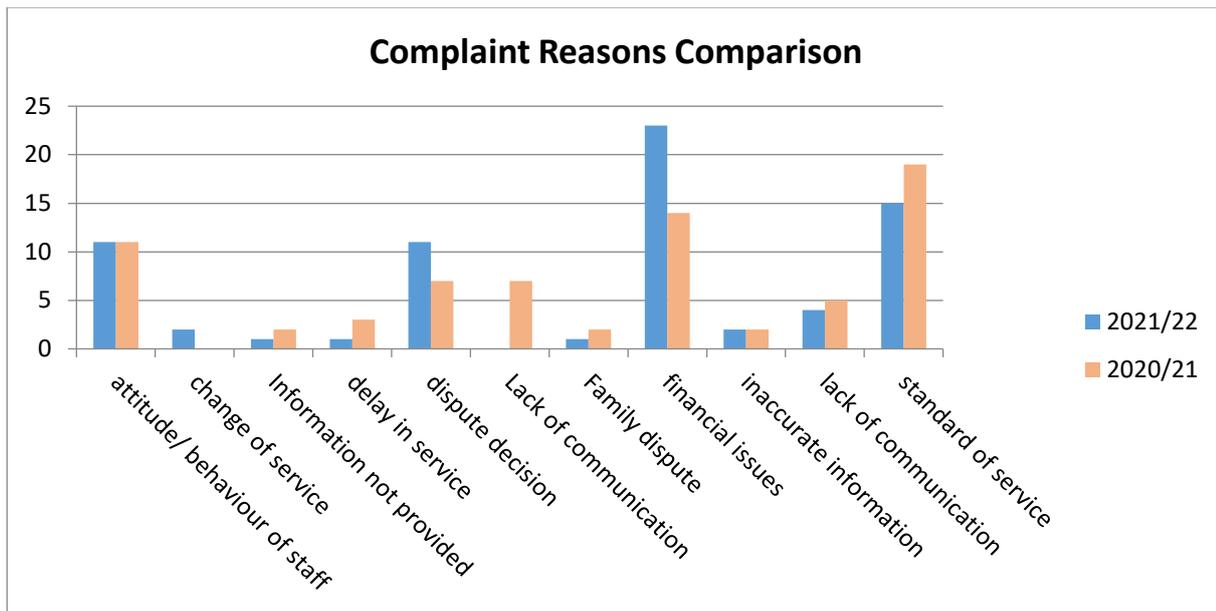
Areas such as ‘external home care’, ‘preventative and assessment’ and ‘safeguarding adults’ saw a decrease in complaints during 2021-22.

It is worth pointing out that the ‘Adult Social Care’ element referred to in the chart below relates to complaints with a social care component such as ‘inadequate care provision’, ‘attitude of staff’ and ‘inadequate maintenance’, that do not directly sit in any of the listed service teams, hence the broad categorisation.



4.5 Reasons

‘Financial issues’ was the highest reason for complaint during 2021-22 followed by ‘Standard of service’ which ranked highest in 2020-21. Where financial issues was given as the primary reason for complaint, the majority were in relation to care provided via home care or residential/nursing home, followed by discharge arrangements and provision of equipment. ‘Standard of Service’ was the second highest during 2021-22, and remains mainly around disputes on charges and invoices. ‘Attitude/Behaviour of Staff’ was the third highest with the majority of these referring to being unhappy with home carers and care provision arranged through social workers.



4.6 Outcomes & Learning

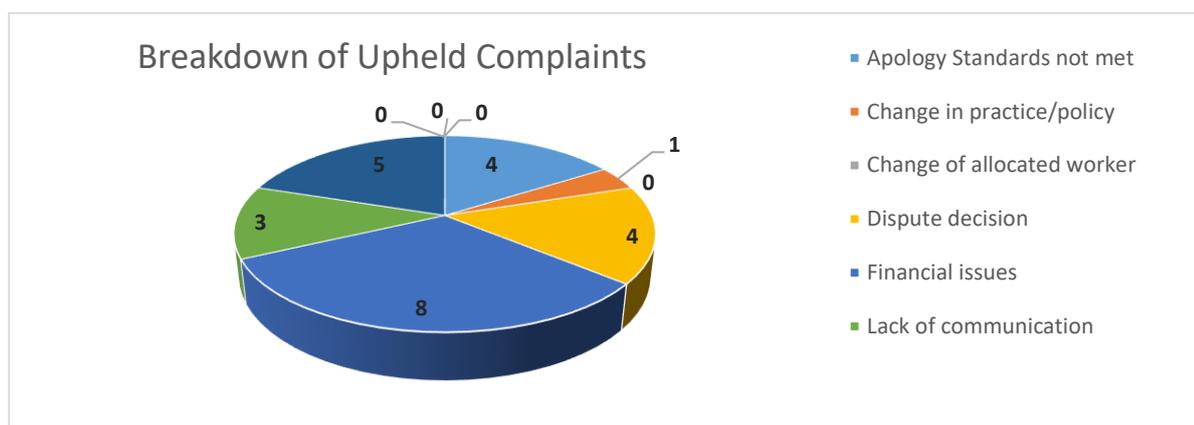
Of the 74 complaints which recorded an outcome, 33% of the complaints were partially upheld or upheld, 41% were not upheld and 22% were withdrawn. Complaints partially upheld increased slightly in 2021-22 compared to 2020-21 although there was a lower number of complaints in 2020-21.

	Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn	Referred to Alternative Service – outcome unknown	Total for year
21/22	9	16	31	17	1	74
20/21	9	14	25	18	0	66

For complaints that were partially upheld or upheld, 40% resulted in an apology being given with information or an explanation required, 32% required a financial adjustment. The remaining 28% in addition to either an apology being given or information/explanation provided, resulted in either a review of practice or provision, records amended or training identified.

An increase in the number of Occupational Therapy requests for equipment, to help support people at home, also had its challenges, with a shortage of Occupational Therapists (OT) not only locally, but also nationally. These shortages were due largely as a result of delays in obtaining vital equipment from suppliers in the European Union. In order to meet this challenge in future and the difficulties of recruiting, Adult Social Care developed a four year apprenticeship programme for Occupational Therapists, utilising existing resources to help ease the pressure in future years. It is hoped that there will be better bilateral agreements between the UK and the EU to assuage some of these supply challenges.

The development of an apprenticeship for Social Workers is also being explored.



4.6.1 Learning from Complaints

During 2021-22, COVID-19 had ushered in unprecedented times with the priority and focus for Adult Social Care being on vulnerable residents within Havering and ensuring appropriate support was provided. With the complaint outcomes it highlighted that there

was still a need for workers to ensure that service users and family members received appropriate, relevant and accurate information. This resulted in social workers being reminded across the teams as part of team meetings, 1:1 supervision about the importance of recording decisions and when information is provided and to whom. This is also reinforced with case file audits that are conducted twice a year looking at random cases across services.

Many of the financial adjustments were in relation to homecare or respite charges. Home care agencies and residential/nursing homes also need to take on board the importance of their own record keeping. This is being progressed through communications from the Joint Commissioning Unit.

4.6.2 Learning from the Ombudsman

The Local Government Ombudsman ceased to deal with complaints for a period of time during 2020-21 (between late March and the end of June 2020) linked to the pandemic. Despite this situation, the number of Ombudsman complaints received for both the current and preceding periods of this report has remained about the same or normal

It is important to note that where Adult Social Care commission a service, the local authority will be deemed responsible for those services and the actions of the organisation. Commissioning, as part of their monitoring and quality visits inspect records and complaints of providers and will make recommendations for improvements required. Quality visits were restricted significantly during the pandemic. Through the roadmap out of lockdown, these have now been reinstated and are progressing. This is also reinforced through the Quality and Safeguarding Board meetings that take place, which covers safeguarding concerns, quality concerns, and complaints. Complaints representation at these meetings was challenging due to capacity constraints, so this was addressed with the stabilising of the team during 2020-21.

As a result of an Ombudsman's decision received in 2021-22, there were areas which required improvement in relation to being clear about how the Council brokered residential care arrangements; ensuring that it was more efficient in the issuing of correct invoices and avoiding delays in its complaint response. Another decision highlighted the need to avoid delays in conducting a safeguarding enquiry. Work began in December 2019 to look at the learning arising from this particular complaint with emphasis on ensuring that internal processes are fit for purpose and ensure that decisions are consistent and clearly explained. The complaint highlighted that there was a need to tighten up our guidance and be more specific about what we meant by eligibility, ordinary residence and inclusion on the learning disability team register. It transpired that eligibility meant different things to different departments and this had led to confusion and a poor experience for the complainant as terminology used was misleading. A flow chart was subsequently developed that sought to clarify the specific responsibilities of both Business Support Officer's administering Disabled Freedom Pass applications and the role of professionals within the Community Learning Disability team (CLDT) in terms of decision making. This work was paused due to the pandemic and is due to be restarted with the process finalised by August 2022.

Although there is already partnership working between Adult Social Care and Housing, it was highlighted that a clearer process was needed when dealing with individuals who are threatened with homelessness where it impacts on an individual with complex needs. Robust procedures should be put in place for sharing of information between Adult Social Care and Housing for those with complex needs. Training was provided by Housing to all Adult Social Care front line staff regarding housing process and as part of this Housing are to liaise with Adult Social Care on complex placements and ways to work with them. A dedicated email was re-launched for referrals in July 2021.

The link between Housing and Adult Social Care is emphasised throughout the Policy paper published in December 2021, People at the Heart of Care: adult social care reform, which quotes “making every decision about care a decision about housing.” There is a clear emphasis on further joining up health and social care with housing, to promote an individual’s overall wellbeing.

4.7 Response times

Response times improved for cases responded to within 20 working days in 2021-22, (54%), against 46% in 2020-21 whilst responses over 20 working days fell to 45% in 2021-22, as against 53% in 2020-21. The increased performance was a testament of the hard work of staff and the strategies put into place, particularly with regards to the implementation of new monitoring systems to record and monitor cases. Response times were impacted by Covid-19 and the impact on the service during, and as we come out of the pandemic, we endeavour to improve response times as we move forward.

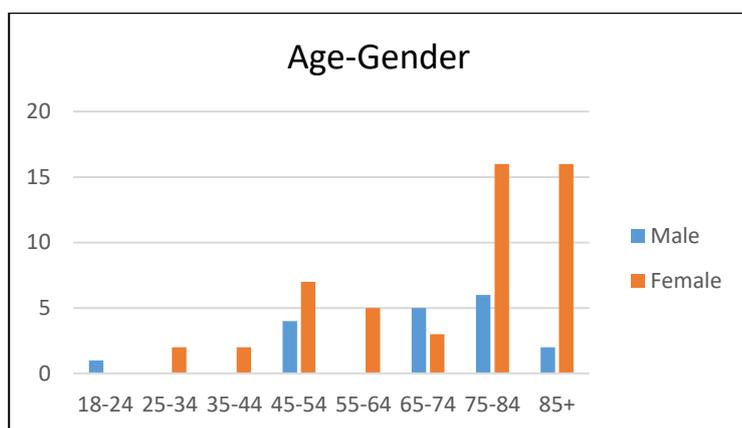
	Within 10 days	%	11-20 days	%	20+ days	%	25+ days	%	Total
Informal/ Formal	11	15	28	38	13	18	20	27	72
Adult Social Care	11	16	27	41	13	20	14	21	65
External Providers			1	14	6	85			7

4.8 Monitoring information

4.8.1 Age

During 2021-22 those aged 18 to 34 and the 85 year olds and over more than doubled compared to 2020-21; 65-74 increased by 87.5%. It is noted that during 2020-21 there was a much higher number of females to males across the age ranges with the exception of the 18-24 and 65-74 age range.

	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
21/22	4	7	2	12	7	15	25	37
20/21	1	2	2	11	5	8	22	18



4.8.2 Disability

There have been increases across most of the disability categories with the exception of those requiring ‘Social’ and ‘Visual impairment’ including those who require support for ‘Memory and Cognition’ where there was a decrease of 31% in 2021-22 from the number recorded in 2020-21

	Access & Mobility	Hearing impairment	Learning Disability	Personal care support	Memory and Cognition	Mental Health	Social Support	Visual impairment	Not recorded
21/22	19		7	56	13	7			5
20/21	7	1	4	29	19		3	2	4

4.8.2 Ethnicity

As reflected in the population of Havering, ‘White British’ is the highest ethnicity and there was a 78% representation in this category for 2021-22 as against 75% recorded for 2020-21. There were no significant changes in the data collated for the other groups such as Asian/Asian British – Any other Asian background’, ‘Asian/Asian British – Pakistani’ and ‘Mixed White & Asian’. However, the data recorded for ‘Black/Black British – African’ and ‘Black/Black British – Caribbean’ groups witnessed marginal increases in 2021-22. Whilst underrepresented groups have not changed over the years, we are closely monitoring our resident involvement process in view of Havering’s changing demographics.

	Asian / Asian British - Bangladeshi	Asian / Asian British - Indian	Asian Pakistan	Black/Black British - African	Mixed - White & Asian	Black/Black British - Caribbean	White Any other White background	White - British	Not declared
21/22	1	3	2	5	1	3		93	6
20/21	3	1	1		1		2	52	9

4.8.3 Religion

Those who are ‘Catholic’ decreased by more than half during 2021-22, whereas those who identified as Christians or Church of England faiths saw significant increases in 2021-22 as

against 2020-21. It is noted that those 'not recorded' fell by more than 50% in 2021-22. This could be attributed to a greater emphasis on case file auditing.

	Catholic	Christian	Church of England	Muslim	No Religion	Not recorded	Not stated	Other religion
21/22	1	10	23	2	3	13	13	1
20/21	4	2	17	1	3	31	10	

Marital Status

In 2021-22, the data for this group was either higher or remained the same when compared to 2020-21. The group returned as 'Married' was 80% higher in 2021-22 than the figure recorded in 2020-21.

	Married	Not recorded	Other	Single	Unknown	Widowed
21/22	17	38	2	12	10	8
20/21	9	38	1	9	2	8

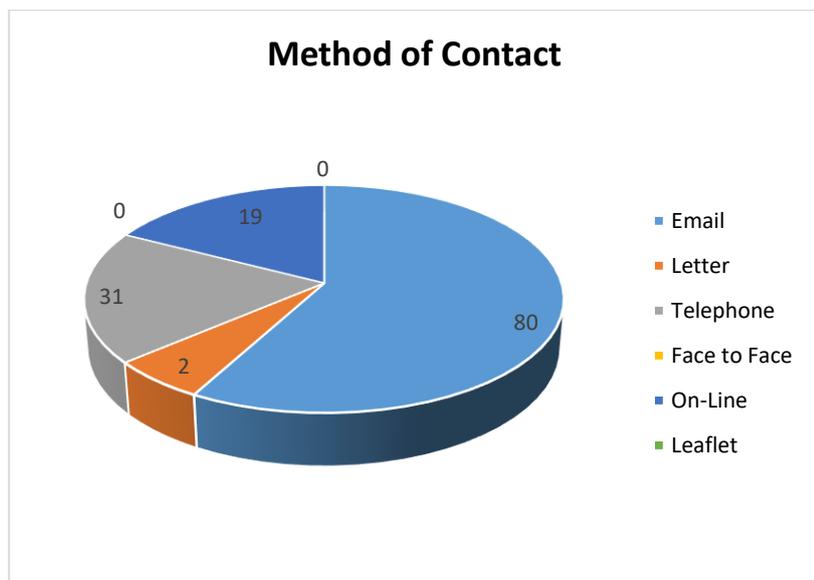
4.8.4 Sexual Orientation

This continues to be a category in which recording of this data could be seen as very sensitive and personal to an individual and is reflected in the high numbers that are 'not known'.

	Heterosexual	Not Known	Prefer not to say
21/22	5	72	
20/21	4	12	

5 How we were contacted

'Email' was the highest method of contact during 2021-22 at 48%, with telephone being the second highest method of contact at 18% representing a marginal decrease from 2020-21 (19%). Those choosing to complain using the online service decreased in 2021-22 and represented 11%. During 2020-21 an online form for Social Care complaints went live on the Havering website. Whilst acknowledging the multiple channels through which residents are able to register their complaints, we recognise the need to promote the online service as a preferred option for residents as the template provides a structured format that benefits all parties i.e. the complainant and service provider.



6 Expenditure

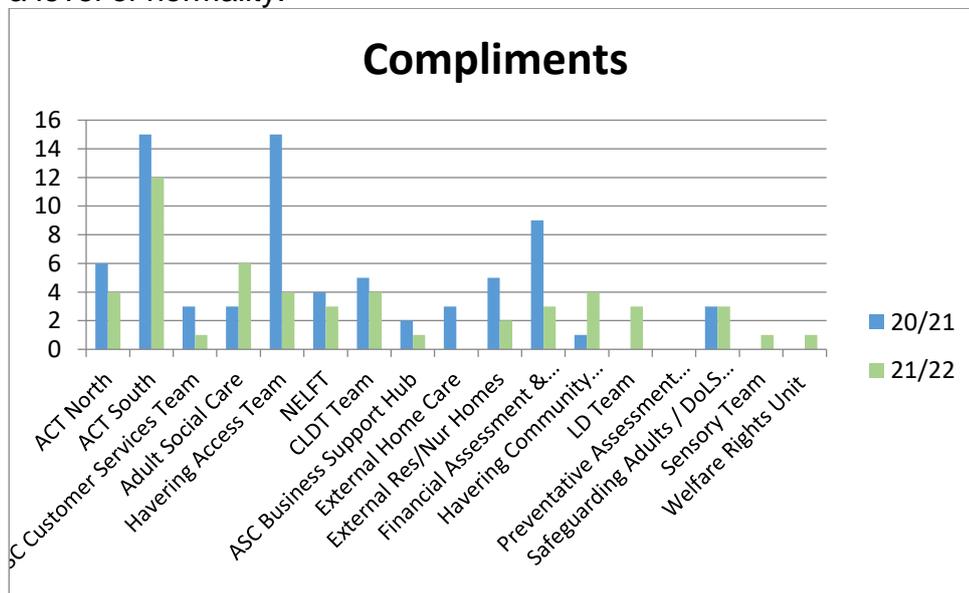
Expenditure has decreased in 2021-22 and represents time and trouble payments relating to two Ombudsman decisions in 2020-21.

	Publicity £	Payment £	Total £
Apr 2021- Mar 2022		350.00	350.00
Apr 2020- Mar 2021		850.00	850.00

7. Compliments and resident satisfaction

7.1 Compliments

The number of compliments received during 2021-22 reduced to 52 from 71 in 2020-21. A plausible reason for this could be attributed to the correlating increase in complaints arising from the covid19 pandemic. There is every indication that there will be an increase in the satisfaction levels from service users in 2022-23 as the UK is now seeing a return to a level of normality.



Some of the outstanding work of teams/staff are shown by a few examples given below:

A relative is thankful for the care given to her ailing mother - *'Your team clearly updated me on every stage of the assessment and were very person centred and thorough in their investigations. I had concerns about my mother's residential care and they were able to investigate the concerns taking into account my mother's care needs and daily routine.....They are truly wonderful people who have made such a difference to my mother's life....I am now getting daily updates from the care home. Thank you – Social Services (adults and Children)*

An expression of gratitude from service user – *'I found ...very good and very pleasant at explaining everything that she had to help me. I could not fault anything she said to me. Many thanks'. – Occupational Therapy Team*

A grateful daughter on care given to her father - *'I'd just like to say a Massive THANK YOU. I truly mean that...Dad just phoned me, he sounded so positive, so positive it made me cry..... You'll never know the weight off my shoulders thanks to your intervention' – Safeguarding*

Relative on the care package for parents - *.....I just really wanted to thank you for intervening speedily and sorting out the issue. Without you Jacky would not have budged.....You have been extremely helpful to me in trying to in turn help my Mum and Dad. I want you to know how much I appreciate your help – Carehome Placement Brokerage.*

Relative regarding welfare Check - *Thank you for coming to visit my dad recently he doesn't often respond well to meeting new people especially in his home however he really enjoyed your company. You went out of your way to build a rapport with my dad and he was very open to the support you offered as a result. ...Thanks again, we really appreciate it. – Adult Care Team (North)*

A relative in appreciation of the care provided for her terminally ill mother - *Your team clearly updated me on every stage of the assessment and were very person centred and thorough in their investigations.....They are truly wonderful people who have made such a difference to my mother's life- she is putting on weight, getting the liquid she needs and her position regularly changed. I am now getting daily updates from the care home. – Adult Care Team (South)*

7.2 Adult Social Care Outcomes Framework – Survey 2021/22

Due to the pandemic, the service user's survey was voluntary in 2020-21 and was consequently not undertaken in that year. The chart below shows comparative data against 2019-20. In line with the statutory guidance, it should be noted that the 'Quality of Life' outturn is not calculated as a percentage (the others all are), this is a weighted combination of a number of questions answered in the survey to come up with an outturn. The data shows a drop in virtually all of the categories when compared to 2019-20. However this comparison is more than likely skewed as we do not have comparative data for the preceding year due to the pandemic.

	21/22	19/20
% Service User who are satisfied with their quality of life	18.9	19.1
% Service User who have control over daily lives	74.2%	74.9%
% Service User who feel they have as much social contact as they like	38%	48.3%
% Service User overall satisfaction	61.8%	65.4%
% Service Users who find it easy to find information about services	65.6%	72.4%
% Service Users who feel safe	68.8%	71.7%
% Service Users who think services make them feel safe	85.8%	86.8%

8. Members Enquiries

The number of MP/Councillor enquiries received in 2021-22 was 58, a 52% decrease from 2020-21 (111), with 81% (47) being responded to within timeframe in 2021-22, compared to 70% in 2020-21. The majority of the enquiries centred on welfare concerns (12%), requests for equipment and facilities (18%) cost of care packages (5%) housing/social care related issues (12%) and quality of care (3%)

9. Conclusion

Adult Social Care continue to embrace complaints as a learning tool, and the senior management team continue to ensure that improvements are embedded in the service.

Learning from complaints will continue with improved monitoring on actions arising from complaints to improve service provision. Adult Social Care complaints went live on the Liquidlogic system at the beginning of April 2021. It is anticipated, as this matures, that this will lead to better monitoring to provide evidence based learning, through the action plan incorporated within Liquidlogic to be completed by managers and the exploration of reporting mechanisms available within Liquidlogic for this.

Complaint levels have increased marginally as we come out of the pandemic. Response times are improving, and we anticipate that this will continue to be the case as new reporting mechanisms are put in place. The impact of the pandemic is still being felt by staff, with the workforce being under extreme demand pressure.

Taking proactive measures to address the housing issues impacting on residents with complex needs may further address multiple objectives of enhancing the wellbeing of affected residents as well as reducing the number of member complaints in this regard.

9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information about the financial assessment process and potential client contribution has not always been communicated clearly or consistently.	<ul style="list-style-type: none"> Communications needed to be improved and made more consistent in all arenas, especially when people are coming out of hospital. Material covering the financial assessment process must be regularly reviewed and updated. 	<ul style="list-style-type: none"> Review of all financial assessment information including stationery, leaflets, and policy. Ensure information available on the website is up to date. The Financial Assessment and Benefits Team will continue to promote the online financial assessment tool Streamline internal and external communication material. All material and policy to be updated in advance of ASC Charging Reform. 	<ul style="list-style-type: none"> Business Management HoS Caroline May	Material to be updated by December 2022.	Once material is updated it will be reviewed with the different teams involved in the financial assessment process (to include social workers and the hospital team). The hospital leaflet is to be reviewed in light of ASC Charging reform. All documents will be reviewed annually, unless legislation changes dictate that this should be done earlier.
Lack of accessible information about adult social care generally leading to complaints about level of service / incorrect information.	<ul style="list-style-type: none"> The need to review ASC information to ensure it is available in the right places and is accessible, and is provided to people in timely fashion. 	<ul style="list-style-type: none"> The locality model and dissemination of information is under review New arrangements at the adult social care 'front door' were implemented in February 2020 (Better Living), with strengthened information and advice provision at the first point of contact. A renewed focus to begin 	<ul style="list-style-type: none"> Integrated Services HoS Annette Kinsella <ul style="list-style-type: none"> Joint Commissioning Unit AD John Green <ul style="list-style-type: none"> Business Management HoS Caroline May	Better Living was first implemented February 2018. Information and Advice plan – by December 2022	Primary Care Networks now established, with health and social care integrated care systems in place from July 2022, presenting opportunity to review and produce joint information with health.

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
		<p>in 2021/22, due to COVID-19, forcing different ways of working throughout 2020/21.</p> <ul style="list-style-type: none"> • ASC Information and Advice Working Group to be used to review information available, carry out mystery shopping exercises, and information and advice plan being reviewed. • Development of Community Hubs (first one launched in June 2021) in and the website (https://www.haveringcommunityhub.com/) and expansion of local area coordinators. 			

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
The percentage of complaints responded to within timescales still needs to improve. It is noted that performance deteriorated significantly due to the pandemic. This needs to be rectified over the coming year.	<ul style="list-style-type: none"> Response times require improvement 	<ul style="list-style-type: none"> Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. It is noted that NHS timescales for response are longer than 20 days. Commissioning are to support the Complaints Team in getting information from external social care providers back within timescale Raise the profile of Complaints and the learning opportunities presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events). 	<ul style="list-style-type: none"> Integrated Services HoS Annette Kinsella Joint Commissioning Unit AD John Green Business Management HoS Caroline May Complaints and Information Ossy Egbaran 	By 31 March 2022	<p>There will be a quarterly report to the senior management teams on complaints performance.</p> <p>Proposed visits to Provider agencies, and/or attendance at provider forums, to discuss Complaints.</p> <p>Attendance at team meetings and specific sessions on Complaints, as well as Subject Access Requests and Freedom of Information requests.</p>
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"> Quality must be continually reviewed and proactively managed. 	<ul style="list-style-type: none"> Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. Attendance at Provider Forums. 	<ul style="list-style-type: none"> Joint Commissioning Unit AD John Green 	Provider forum attendance – throughout 2022/23	<p>Quality Team have restarted in person visits to care providers and are addressing issues in consultation and collaboration with CQC, commissioning, safeguarding and operational services.</p> <p>Provider forums were run virtually through the pandemic and this will continue.</p>
Changes in provision need to identify where there are financial implications and that	<ul style="list-style-type: none"> That financial implications must be clear for service users and their financial representatives where there is a change of service 	<ul style="list-style-type: none"> Assessments needs to be completed with individual budget information being provided to the individual Financial assessments need to be undertaken 	<ul style="list-style-type: none"> Integrated Services HoS Annette Kinsella Business Management HoS Caroline May 	Process reviewed by December 2022	Working with health on ensuring the correct financial information is given to service users and families as part of review process and continues to be given/shared in hospital settings. Head of

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
these are communicated		following a change in provision	<ul style="list-style-type: none"> Financial Assessments and Benefits Salim Ramah 		Integrated Services to review process periodically.
Poor Communication	<ul style="list-style-type: none"> Communication between teams i.e. financial and care management must be robust so that financial implications are actioned in timely manner. 	<ul style="list-style-type: none"> Service management to pick up with teams and raise in team meetings, 121s etc. Process review to be undertaken. 	<ul style="list-style-type: none"> Integrated Services HoS Annette Kinsella Business Management HoS Caroline May Financial Assessments and Benefits Salim Ramah 	Process review by December 2022	This is continuously being discussed and staff reminded through 1:1s, team meetings and team briefing sessions.