

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

AGENDA



28 July 2022

at 10.00 am

**Council Chamber,
Civic Centre, Hartlepool**

Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523019 by midday on 27 July 2022 and name and address details will be taken.

You should not attend the meeting if you are displaying any COVID-19 symptoms (such as a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell), even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the [NHS guidance on testing](#).

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Allen, Buchan, Clayton, Falconer, Hall, Little and Young.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 23 June 2022

4. BUDGET AND POLICY FRAMEWORK ITEMS

None

5. KEY DECISIONS

None

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Use of Disabled Facilities Grant and Housing Assistance Policy (*Director of Adult and Community Based Services*)

7. ITEMS FOR INFORMATION

- 7.1 Adult Social Care White Paper: People at the Heart of Care (*Director of Adult and Community Based Services*)
- 7.2 Annual Complaints of Adult Social Care Complaints and Compliments 1 April 2021-31 March 2022 (*Director of Adult and Community Based Services*)

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Forthcoming meeting dates are set out below. All meetings will be held in the Civic Centre, Hartlepool.

Thursday 29 September, 2022 at 10.00 am
Thursday 20 October, 2022 at 10.00 am
Thursday 24 November, 2022 at 10.00 am
Thursday 19 January, 2023 at 10.00 am
Thursday 16 February, 2023 at 10.00 am
Thursday 16 March, 2023 at 10.00 am



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

23 JUNE 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Bob Buchan (In the Chair)

Councillors: Gary Allen, Ben Clayton, Angela Falconer, Ged Hall, Sue Little, and Mike Young.

Also present: Evelyn Leck and Tony Richardson.

Officers: Jill Harrison, Director of Adult and Community Based Services
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Danielle Swainston, Assistant Director, Joint Commissioning
David Cosgrove, Democratic Services Team

1. Apologies for Absence

None.

2. Declarations of Interest

None.

3. Minutes of the meeting held on 17 March 2021

Received.

4. The Role and Remit of the Adult and Community Based Services Committee *(Director of Adult and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide background on the Committee's role and remit to Committee Members.

Issue(s) for consideration

The Director of Adult and Community Based Services, together with the Assistant Director, Preventative and Community Based Services and the Assistant Director, Joint Commissioning gave a presentation to the Committee outlining the role and remit of the Adult and Community Based Services Committee as set out in the Council Constitution and the service areas that fell under its management. The presentation also included a brief overview of the Council's current budget position. There was also an update on the preparations for the Tall Ships Race in 2023.

The presentation outlined Members' role and the specific service issues for Adult Social Care, Preventative and Community Based Services, and Commissioned Services and the challenges and priorities the services faced in the immediate future.

A question was raised in relation to the number of staff working on the Tall Ships event. The Director stated that there were 4 additional staff on fixed term contracts working on the event.

A Member asked if there would be a stall or similar at some of the events the Council was involved in organising (Waterfront Festival, Big Lime Triathlon etc.) showcasing the advice and support services available from the Council or other groups through the Community Hubs. The Member particularly highlighted the support for men's mental health issues. The Assistant Director, Preventative and Community Based Services indicated she would refer the suggestion to the Mental Health Forum.

A Member asked about day services for older people. The Director commented that a wide range of services were available through Community Hubs and the voluntary sector which had largely replaced the previous building based day service located at Hartfields. The building based day service was unable to operate during COVID and the contract was not renewed. People who previously accessed the day service were now being supported in the community through activities including lunch clubs, reading groups and exercise classes, and were also being supported to access services digitally. The Director stated that the department would not be looking to re-provide 'venue' based services in the future but would continue to identify any gaps in service and to consider how best these could be filled.

The move of allotment holders from the Stranton site was raised. The Assistant Director stated that all moves would be undertaken in consultation with allotment holders and in line with guidance.

A Member raised a question around the information available for those who wished to do some volunteering. The Assistant Director, Preventative and Community Based Services stated that there was a volunteering website (volunteerhartlepool.org.uk) which provided a lot of advice and links to organisations. Information was also available for those without the internet and there was also free internet access at the Community Hubs. There would be a lot of volunteer opportunities around the Tall Ships event and these would be widely advertised.

A Member asked if the social care Personal Budget provision was over-subscribed. The Director commented that while there were significant pressures within the Adult Social Care budget, all people with an assessed need were provided with a personal budget, with the option of using a Direct Payment to organise some or all of their own care. There were also some individuals with health needs who had Personal Health Budgets or support that was jointly funded with the NHS.

Concern was expressed at the forthcoming changes to telephone lines in Hartlepool and the effects this may have on people using tele-care equipment. The Director commented that solutions were available to address this and no issues had been raised locally, although this would be monitored.

Decision

That the presentation and discussions be noted.

5. Any Other Items which the Chairman Considers are Urgent

None.

It was noted that the next meeting of the Committee would be held on Thursday 28 July 2022 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 11.10 am

H MARTIN

CHIEF SOLICITOR

PUBLICATION DATE: 1 JULY 2022

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

28th July 2022



Report of: Director of Adult & Community Based Services

Subject: USE OF DISABLED FACILITIES GRANT &
HOUSING ASSISTANCE POLICY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-key decision.

2. PURPOSE OF REPORT

2.1 To seek approval from the Adult & Community Based Services Committee for a revised Housing Assistance Policy which aims to create greater flexibility.

3. BACKGROUND

3.1 The Disabled Facilities Grant (DFG) is over 30 years old. Originally, it was one of several housing grants available to fund repairs, improvements and adaptations. The DFG is now part of the Improved Better Care Fund (iBCF); a pooled budget seeking to integrate health, social care and, through the DFG, housing services.

3.2 Through a revised Housing Assistance Policy the DFG aims to support people of all ages to live in suitable housing so they can stay independent for longer.

3.3 Home is central to everyone's lives, but is particularly important for disabled and older people as it is where they spend most of their time. Increasing numbers of people are living alone, especially in later life, their ability to get in and out of the home, move around inside, access the bathroom, receive friends, cook and go to bed has a significant impact on people's dignity, autonomy and wellbeing.

3.4 The majority of disabled people are living in ordinary housing but only 7% of homes in England have basic accessibility features such as downstairs toilets and level access. Three quarters of deaths relating to falls happen in the home, and falls represent 10-25% of ambulance call-outs to older adults.

Once admitted in an emergency, older people use more bed days than other people (65%) and falls often precipitate a move into residential care. (Source: University of the West of England, Bristol, 2019)

- 3.5 Government investment in the DFG has more than doubled in recent years. Nearly two-thirds of DFG applications are for older people, just over a quarter are for working age adults and a small but growing proportion are for disabled children and young people. Nearly 60% of applications are made by owner-occupiers, a third of applications are made by tenants of housing associations and only 8% are made by private tenants.

4. PROPOSAL

- 4.1 Local authorities were given extended powers to issue loans and other forms of assistance to DFG applicants under The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 which came into force on 18 July 2002.
- 4.2. Local housing authorities cannot use these discretionary powers unless they have published a policy setting out how they intend to use them.
- 4.3 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 grants a power to local housing authorities to provide assistance for the purpose of improving living conditions in their area.
- 4.4 A local housing authority may provide, directly or indirectly, assistance to any person for the purpose of enabling a person:
- To acquire living accommodation (whether within or outside their area);
 - To adapt or improve living accommodation (whether by alteration, conversion or enlargement);
 - To repair living accommodation;
 - To demolish buildings comprising or including living accommodation; and
 - Where buildings comprising or including living accommodation have been demolished, to construct buildings that comprise or include replacement living accommodation.
- 4.5 A number of recent publications including a review of the existing Adult Social Care Outcomes Framework suggest there needs to be a greater focus on understanding independence, for example the number of people who remain at home independently rather than capturing admission rates to residential care.
- 4.6. The proposed updated Housing Assistance Policy (attached as **Appendix 1**) has therefore been developed in a way which will enable the Council to make use of the powers provided under the Regulatory Reform (Housing Assistance) Order and use the funding in an appropriate way, to maximise the benefit for residents

5. RISK IMPLICATIONS

- 5.1 There are no risks associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 The revised Housing Assistance Policy will enable the centrally funded Disabled Facilities Grant to be used more flexibly. Use of the grant is monitored through the Better Care Fund Pooled Budget Partnership Board in accordance with the Better Care Fund governance arrangements, with regular reports to the Health & Wellbeing Board including funding allocations and financial position.

7. LEGAL CONSIDERATIONS

- 7.1 The legal framework for utilising the Disabled Facilities Grant more flexibly is provided within the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002, which sets out the requirement for a Housing Assistance Policy.

8. CONSULTATION

- 8.1 The government White Paper 'People At the Heart of Care' outlined plans which included new investments across housing and home adaptation.
- 8.2 The consultation identified three aspirations:
1. People have choice, control and support to live independent lives
 2. People can access outstanding quality and tailored care and support
 3. People find adult social care fair and accessible

9. CHILD AND FAMILY POVERTY

- 9.1 There are no child and family poverty considerations associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 The policy change aims to create greater flexibility. The aspiration is that people receiving social care support should be able to lead a fulfilling life, playing a full role in society. An Equality Impact Assessment is attached as **Appendix 2**.

11. STAFF CONSIDERATIONS

11.1 There are no staff considerations associated with this report.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations associated with this report.

13. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

13.1 There are no environment, sustainability and climate change considerations.

14. RECOMMENDATIONS

14.1 It is recommended that the Adult & Community Based Services Committee approve the revised Housing Assistance Policy.

15. REASONS FOR RECOMMENDATIONS

15.1 The Regulatory Reform (Housing Assistance) Order 2002 provides greater flexibility and grants a power to local housing authorities to provide assistance for the purpose of improving living conditions in their area.

16. BACKGROUND PAPERS

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

17. CONTACT OFFICERS

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Sign Off:-

Director of Resources and Development ☒

Chief Solicitor ☒

Hartlepool Borough Council

Housing Assistance Policy

A policy to contribute to supporting people to live as independently as possible



The Housing Assistance Policy

1. Introduction

- 1.1 This policy outlines an effective framework to deliver the vision of supporting people to live as independently as possible in homes that are safe and comfortable. It intends to provide an equitable policy to satisfy the Disabled Facilities Grant (DFG) conditions ensuring any support is fit for the future, is cost effective and makes full use of resources in the delivery of services to clients.
- 1.2 The policy also details how the Council will work to support the preventative agenda, across the Integrated Care Partnership, supported by the Improved Better Care Fund and the Better Care Fund Pooled Budget Partnership Board.
- 1.3 Increased flexibilities brought about by the Regulatory Reform (Housing Assistance) Order will assist in reducing the need for costly adaptations by working in partnership with agencies across Hartlepool to make best use of the available allocated budget.
- 1.4 The need for this policy is underlined by the challenges and opportunities related to improving services for people with disabilities and the need to co-ordinate the actions of a diverse range of agencies in improving the standard of living and health and well-being of local communities.

2. Legislative Framework

- 2.1 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 grants a power to local housing authorities to provide assistance for the purpose of improving living conditions in their area.
- 2.2 A local housing authority may provide, directly or indirectly, assistance to any person for the purpose of enabling a person:
 - To acquire living accommodation (whether within or outside their area);
 - To adapt or improve living accommodation (whether by alteration, conversion or enlargement, by the installation of any thing or injection of any substance, or otherwise);
 - To repair living accommodation;
 - To demolish buildings comprising or including living accommodation;
 - Where buildings comprising or including living accommodation have been demolished, to construct buildings that comprise or include replacement living accommodation.
- 2.3 The power may be exercised to assist a person to acquire living accommodation only where the authority:
 - Have acquired or propose to acquire (whether compulsorily or otherwise) his existing living accommodation; or
 - Are satisfied that the acquisition of other living accommodation would provide for that person a benefit similar to that which would be provided by the carrying out of work of any description in relation to his existing living accommodation.

3. Policy Aims & Objectives

- 3.1 The Disabled Facilities grant (DFG) is a grant paid from the Department for Levelling Up, Housing and Communities (DLUHC) to local authorities in England to adapt older and disabled people's homes to help them to live independently and safely. Assistance can include but is not limited to ramps, stair lifts, level access showers and suitable heating systems. The DFG was incorporated as part of the Better Care Fund (BCF) pooled budget in April 2015.
- 3.2 The DFG aims to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return from hospital. It therefore crosses the boundaries between housing, health and social care and reflects the increasing national focus on the integration of housing with health and social care services.
- 3.3 The improved Better Care Fund (iBCF) is passed to local authorities with social care responsibilities as a Section 31 grant, with conditions. The grant determination requires the money to be used only for the purposes of:
 1. Meeting adult social care needs
 2. Reducing pressures on the NHS, including seasonal winter pressures
 3. Supporting more people to be discharged from hospital when they are ready
 4. Ensuring that the social care provider market is supported.
- 3.4 Conditions of the Better Care Fund require that a recipient local authority must:
 - Pool the grant funding into the local BCF, unless the authority has written ministerial exemption
 - Work with the relevant CCG and providers to meet National condition 4. (Managing transfers of care) in the Integration and BCF policy framework.
 - Provide quarterly reports as required by the Secretary of State.
- 3.5 Improvements in health care means that the number of people with support needs living in the community is increasing. People are living longer and there is a preference among people with support needs to live independently in their own homes.
- 3.6 The four main aims of the Policy are as follows:-
 1. Enable and support people to live independently in their current and future homes,
 2. Promote, encourage and ensure fair access for disabled people to all appropriate adaptation services,
 3. Work in partnership to deliver a seamless service to disabled people, providing services and equipment that are cost effective and value for money,
 4. Make best use of Registered Providers' existing housing stock.
- 3.7 Assistance provided through Disabled Facilities Grants (DFG) is consistently effective, producing significant health gains and preventing accidents and admissions to formal care settings.
- 3.8 In 2008/09 the scope of a DFG was widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This enables authorities to use specific DFG funding for wider purposes.

- 3.9 Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, house clearances and de-clutters and where this is a more appropriate solution to moving home. Funding could be pooled to purchase alternative solutions to major adaptations.

4. Regulatory Reform (Housing Assistance) Order 2002

- 4.1 This Policy also sets out how the Council will consider options for disabled people in addition to mandatory DFGs as prescribed by legislation and reflect the wider intentions of the RRO.
- 4.2 The DFG (RRO) can be linked to wider objectives such as:
- Reducing the number of people with disabilities living in inappropriate accommodation
 - Increasing the supply of suitable and affordable housing to meet the demand of the increasing numbers of people with disabilities
 - Wider agendas including social inclusion, community care and hospital discharge
 - Accident prevention
 - Improved quality of life
 - Support for carers
 - Reduction in child poverty

5. Mandatory Disabled Facilities Grants (DFG)

- 5.1 Hartlepool Borough Council administers Mandatory DFGs to all owner-occupiers, social and private housing tenants who are able to satisfy the criteria laid out in the main legislation that governs its provision; the Housing Grants, Construction and Regeneration Act 1996. In England the maximum entitlement of grant under the DFG is currently set at £30,000 per applicant, and authorities are not required to provide additional costs over this maximum but can top up grants, as agreed locally and set out in their local Housing Assistance Policy. For more complex home adaptations, including those involving applications for bespoke extensions to existing dwellings, these can substantially exceed the upper limit in some cases.
- 5.2 Where there is an application for assistance by a person with disabilities, an assessment of the needs of the person (and their carer if applicable) will be made by the Council's Occupational Therapy service before any decisions in accordance with the Policy are made about the provision of equipment or adaptations. These assessments are made in accordance with the Care Act 2014 (incorporating Section 2 of the Chronically Sick and Disabled Persons Act).
- 5.3 Recommendations are passed to the Council's Special Needs Housing Team who process requests in waiting list order.
- 5.4 Further information regarding DFGs can be found at: <https://www.gov.uk/disabled-facilities-grants>

6. Use of DFG funding to Registered Providers (RPs) Properties

- 6.1 The Council works closely with its RP partners to deliver assistance to their tenants, and is aware that the majority of RPs will complete adaptation works to specific dwelling types, however there is still a large proportion of works that are not covered and are processed via DFGs. Through this policy all applicants will be treated equally regardless of tenure.

7. Rehousing as an Option

- 7.1 In cases where major adaptations to a client's home are required and it is difficult to provide a cost effective solution, assistance will be offered to help the client move into suitable alternative accommodation or housing that is suitable for adaptations to be completed. Assistance for relocation costs will be considered by the Special Needs Housing Team. Should this scenario arise a discretionary grant may be processed to support any payments deemed necessary.
- 7.2 Adapted social rented housing is advertised through the Tees Valley Home Finder scheme which covers the Tees Valley. Such properties are re-let to applicants who match the requirements of the property on a needs first basis.

8. Discretionary Grants

- 8.1 Discretionary Grant payments will be explored should an application for works cost more than the maximum grant available (£30,000). In cases where major adaptations (e.g. extensions) are being completed and the applicant has been classed as eligible for grant assistance, should the works cost more than £30,000 (grant limit) HBC may look to apply for a discretionary payment to make up the shortfall. The decision as to whether an additional grant is awarded will need be made via a recommendation from the Head of Service and will be authorised by the Assistant Director.

9. Prevention

- 9.1 Following an assessment of need, minor adaptations (under £1,000) are undertaken for people who fall below the threshold for making an application for a DFG if there is a clear case that an intervention would prevent falls, reduce risk or prevent deterioration. This work is either completed by the Council or RPs.

10. Working in Partnership

- 10.1 The Council actively works with all partners to maximise the best use of resources in delivery of this policy. Internally, the Occupational Therapy Team works in close liaison with the Special Needs Housing Team. The teams also work in partnership with the respective Clinical Commissioning Groups (Integrated Care Boards from 1 July 2022), local health partners and Registered Providers of social housing.

11. Recycling Equipment

- 11.1 The Council's Special Needs Housing Team endeavors to make savings where possible through recycling of adaptations such as stairlifts, through floor lifts and modular (metal) ramps. These adaptations are processed via a separate policy which is The Equipment / Loan Policy 2021 as the equipment fitted remains the property of HBC.

12. Procurement

- 12.1 Where major adaptations are approved the Special Needs Housing Team apply the following guidelines in organising / procuring works to be completed:
- Works costing between £1,000 & £5,000 – Two quotes are requested via the quick quote system
 - Works costing between £5,000 & £25,000 – Three quotes are requested via the quick quote system
 - Works costing above £25,000 – All required information is passed to the procurement team and three / four quotes are requested.
- 12.2 Should quotes come in and are at the same costing it would be determined by either the Special Needs Housing Manager or Technical Officer as to which contractor will be awarded the contract. Normally this will be decided by establishing which contractor can complete the works in the quickest time.
- 12.3 Stairlifts are procured as part of a sub-regional contract which offers cost savings and value for money.

13 Client Contributions

- 13.1 The Department for Leveling Up, Housing and Communities and The Department of Health and Social Care issued joint guidance for local housing authorities regarding client contributions in March 2022, reflecting changes to means testing. Means testing applies to applications made by owner-occupiers and tenants. Different rules apply where the application is made by a landlord.

<https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england#contents>

- 13.2 The revised DFG Guidance makes reference to the need to consider the fast tracking of applications or 'no means test' for works up to £5,000 when people have a rapidly progressing or highly debilitating condition or for people who may still want to work who would benefit from the property being adapted prior to their condition declining.
- 13.3 Where these circumstances arise, a decision will be made on a case by case basis considering both the unique circumstances of the applicant and the application of the grant conditions.
- 13.4 There may also be a need in other circumstances for the Council to make available a payment plan for those applicants who will struggle to make their contribution in one lump sum. These payment plans will be agreed by the Team Manager (Occupational Therapy &

Special Needs Housing) and would have to be repaid before the end of the financial year that they were authorised.

14. Land Charges

- 14.1 When a dwelling has been substantially adapted (e.g. extension) the Council will seek to place a local land charge against the property. For DFGs that cost more than £15,000 Local Land Charges may be placed (to the desecration of HBC) on the property (up to a maximum of £10,000) should the property be sold within 10 years.
- 14.2 Clients will be advised of the amount they will be expected to repay at the DFG approval stage. The placing of charges will allow the Council to recycle some funds back into the DFG budget.

15. Agency Service

- 15.1 The Special Needs Housing Team offers an Agency Service to all clients at no extra costs to them. The Special Needs Housing Team is in part funded by the grant, which covers a proportion of staffing costs, miscellaneous costs incurred during the year (such as bespoke staff training / and necessary IT upgrades for example) and abortive costs (i.e. costs incurred on DFG applicants which are subsequently cancelled or in instances where a client dies).
- 15.2 This agency service is optional. Clients can still choose to make their own application and are informed of this throughout the grant enquiry process so they can at any time make their own valid application for grant assistance.

16. Equality and Diversity

- 16.1 The Council is committed to delivering services to people who need them without discriminating against any client or service user. It aims to treat all clients with courtesy and respect regardless of their gender, race, age, disability, religion, belief or sexual orientation.
- 16.2 An Equality Impact Needs Assessment has been carried out on this policy to ensure the impact of its practices do not negatively impact upon any individual.

17. Monitoring and Review

- 17.1 A review of the policy will take place on an annual basis and in line with legislative or regulatory changes.

Equality Impact Assessment Form

Department	Division	Section	Owner/Officer
Adult & Community Based Services	Adults		Neil Harrison
Service, policy, practice being reviewed/changed or planned	Disabled Facilities Grant		
Why are you making the change?	Introduction of a revised Policy to create greater flexibilities in the use of the grant, in line with a regulatory reform order.		
How might this impact (positively/negatively) on people who share protected characteristics?			
		<i>Please tick</i>	
		POSITIVELY	NEGATIVELY
Age		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries			
Disability		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Gender Re-assignment		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Race		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Religion		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Gender		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Sexual Orientation		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Marriage & Civil Partnership		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			
Pregnancy & Maternity		x	
The proposed Policy reflects updates to the conditions of the grant to give more flexibility regarding its use and intended beneficiaries.			

<p>Has there been consultation /is consultation planned with people who will be affected by this policy? How has this affected your decision making?</p>	<p>The Policy reflects the recommendations within the governments (following a period of consultation) grant conditions and aims to open the grant up to a greater number of beneficiaries.</p>		
<p>As a result of your decision how can you mitigate negative/maximise positive outcomes and foster good relationships?</p>	<p>The grant in previous years excluded a number of people as a result of the grant conditions imposed by central government, the Regulatory Reform Order and Policy amendments enable greater flexibilities and removes a number of people who were previously excluded.</p>		
<p>Describe how you will address and monitor the impact</p>	<p>1. No Impact - No Major Change DFG panel will collate data and monitor the use of the grant and applications to assess impact, but this is expected to be positive.</p>		
	<p>2. Adjust/Change Policy</p>		
	<p>3. Adverse Impact but Continue as is</p>		
	<p>4. Stop/Remove Policy/Proposal <i>Please Detail</i></p>		
<p>Initial Assessment</p>	<p>10/05/2022</p>	<p>Reviewed</p>	<p>00/00/00</p>
<p>Completed</p>	<p>00/00/00</p>	<p>Published</p>	<p>00/00/00</p>

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

28th July 2022



Report of: Director of Adult & Community Based Services

Subject: ADULT SOCIAL CARE WHITE PAPER: PEOPLE AT THE HEART OF CARE

1. TYPE OF DECISION / APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 The report summarises the recommendations of the government's Adult Social Care White Paper, 'People at the Heart of Care', which was published in December 2021. It identifies opportunities and challenges and the work that will be required to implement the recommendations.

3. BACKGROUND

- 3.1. Over many years, social care has faced a range of challenges, most notably the rising demand for care. By 2040, the number of adults aged 85 and over is projected to increase by a further 77% and among younger age groups better diagnosis of conditions, longer life expectancies and higher rates of survival of premature babies all result in increased demand for social care services.
- 3.2. Social care reform has been actively debated nationally since the Dilnot Commission in 2011 recommended a lifetime cap on personal care costs of £35,000 for people aged over 65, and a more generous social care means test. The proposals were accepted in principle and an implementation date of April 2016 was agreed, with The Care Act 2014 providing the legislative framework for a cap on care costs. Implementation was subsequently delayed until April 2020 and was then indefinitely postponed.
- 3.3. In response to increasing pressure on successive governments to address the challenges in social care, plans were announced in September 2021 for wide-ranging reforms of adult social care. The government made clear that these

reforms were part of a longer journey of a change to achieve the national vision of social care that:

- offers people choice and control over the care they receive;
- promotes independence and enables people to live well as part of a community;
- properly values the exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide; and
- recognises unpaid carers for their contribution and treats them fairly.

4. WHITE PAPER: PEOPLE AT THE HEART OF CARE

4.1 The White Paper sets out a ten-year vision based on three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

4.2 The White Paper also sets out five key areas of reform:

- To provide £3.6 billion nationally over three years to reform the social care charging system, enabling all local authorities to move towards paying providers a fair rate for care, and prepare local care markets for implementing reform.
- To provide £1.7 billion nationally to support reform in further integrating housing functions in local health and care plans, improvements in the use of technology, national investment in workforce development, and strengthening local authorities' market-shaping and commissioning capabilities.
- To introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its discharge of duties under the Care Act.
- To grant new powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings.
- To establish an adult social care data framework by spring 2022, and improve the quality and availability of data nationally, regionally and locally.

Funding Proposals

4.3 The Government proposes to increase funding for health and social care over the next three years (2022-2025) through a new tax, the Health and Social Care Levy. This will be funded through a 1.25% increase in employee and employer National Insurance contributions. £5.4 billion from the Levy is

intended to support adult social care in England over the next three years, of which:

- £3.6 billion is identified to support reforming how people pay for care (including the introduction of a cap on care costs and a more generous means test); and
- £1.7 billion would support wider system reform.

- 4.4 While the additional funding from the Levy represents new money for the system, the government expects that the existing additional Adult Social Care precept collected through Council Tax payments will continue.
- 4.5 Wider system reform to be funded by the £1.7bn identified above includes:
- A specific commitment of £300m to further integrate housing into local health and care strategies,
 - £150m for technology and digitization
 - £500m investment in workforce

Cap on Care Costs

- 4.6 The government made a commitment to reform how people pay for adult social care or contribute to their care costs, stating that nobody needing care should have to sell their home to pay for it. The white paper proposes an £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime to be introduced from October 2023. The cap is applied regardless of age or income, although only money spent on meeting a person's personal care needs will count towards the cap, so this will exclude accommodation and daily living costs, often referred to as 'hotel costs'.
- 4.7 Additionally, from October 2023, the means test for accessing local authority funding support will become more generous. This includes increasing the upper capital limit (the threshold above which somebody is not eligible for local authority support towards their social care costs) from £23,250 to £100,000. This means that, when assessing a person's ability to pay for their own care, the value of their personal assets that is disregarded in the calculation will more than quadruple. This measure is intended to reduce pressure on people to sell their homes or other assets to pay for their care.

Inspection and Assurance Framework

- 4.8 The White Paper confirms that a new inspection and assurance framework will be introduced from April 2023 together with new legal powers for the Secretary of State for Health and Social care to intervene in local authorities in order to improve services where there are significant failures to deliver their duties under the Care Act 2014. The full detail of the inspection and assurance framework has yet to be announced by the Care Quality Commission (CQC) but it is clear that there will be an assessment at Local Authority level with a strong emphasis on the experience of people who use services.

- 4.9 The White Paper makes clear that the focus is on supporting local authorities' activities in meeting individuals' care needs, through:
- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development;
 - managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;
 - preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement;
 - carrying out their safeguarding duties;
 - ensuring good outcomes for people through effective leadership;
 - managing their commissioning and contracting responsibilities;
 - shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence;
 - meeting the needs of unpaid carers; and
 - assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care.
- 4.10 The CQC will assess local authorities using a new assessment framework that builds on the approach that is currently used to assess providers. The assessment is expected to focus on the five themes of working with people, providing support, ensuring safety, leadership and workforce.
- 4.11 The new assurance framework marks a change in the way that local authorities are assessed in how they deliver adult social care functions and it will have an impact both on the delivery of services under inspection and on officer resources to prepare for inspection regimes.
- 4.12 In preparation for inspection, there is work underway regionally and across the four Tees authorities to share good practice, benchmark performance and to identify opportunities for further collaborative working. A self-assessment will be completed by September 2022 and peer challenges are being scheduled. An officer working group has been established and there will be regular updates to Corporate Management Team and to Adult & Community Based Services Committee. There will also be a report to Health & Wellbeing Board in September 2022 to ensure that partners are well informed.

5. RISK IMPLICATIONS

- 5.1 There are significant risks associated with this report in terms of financial implications (set out in section 6) but also in terms of capacity to implement the reforms and prepare for inspection.

6. FINANCIAL CONSIDERATIONS

- 6.1 There is significant concern nationally that the cost of adult social care reform will far exceed the funding available.
- 6.2 While further work is needed to quantify the risk, recent work by Newton Europe, which has been shared with Local Authorities free of charge, estimates additional costs for Hartlepool Borough Council of £3.6m-£4.5m per year over the next two financial years, increasing to approximately £7.5m by 2030.
- 6.3 In addition to the costs of reform, the Local Government Association has recently reviewed financial pressures facing adult social care for 2023/24 and 2024/25 and has estimated that the cost of inflation and demographic pressure will be £1.8bn - £2bn in 2023/24 and a further £1.5bn - £1.7bn the following year.

7. LEGAL CONSIDERATIONS

- 7.1 The White Paper forms the basis of primary legislation to reform adult social care and the current legal framework for adult social care provided by the Care Act 2014, is being amended by the Health and Social Care Bill. From 2023, the Government plans to introduce a new cap on the amount anyone in England will have to spend on their personal care over their lifetime. The cap will apply irrespective of a person's age or income and will not apply retrospectively. The legislative framework for a cap is already provided by the 2014 Act, although the relevant provisions are not currently in force.

9. CHILD AND FAMILY POVERTY

- 9.1 There are no child and family poverty considerations specifically associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 A national equalities impact assessment has been completed in respect of the White Paper. More detailed equality and diversity implications for Hartlepool will be assessed as implementation of the reforms progresses.

11. STAFF CONSIDERATIONS

- 11.1 The White Paper and the Government's Autumn Spending Review refer to the additional £500m on workforce development being spent on training, mental health support, continuing professional development (CPD) and a digital hub for support and advice. The White Paper does not address the immediate recruitment and retention challenges within care homes and home care

services or the current recruitment challenges relating to social worker and occupational therapy posts within adult social care.

- 11.2 The reforms will create additional demand and workload for Councils in terms of both financial assessments and care assessments, which may require additional investment in staff teams in these areas, although recruitment of appropriately qualified and experienced staff will be a challenge.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations associated with this report.

13. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 13.1 There are no environment, sustainability and climate change considerations.

14. RECOMMENDATIONS

- 14.1 It is recommended that the Adult & Community Based Services Committee notes the report

15. REASONS FOR RECOMMENDATIONS

- 15.1 The White Paper sets out a wide range of proposals to reform adult social care which will have a significant impact on Councils and on people who need adult social care support.

16. BACKGROUND PAPERS

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

17. CONTACT OFFICERS

Jill Harrison

Director of Adult & Community Based Services

Sign Off:-

Director of Resources and Development ☐

Chief Solicitor ☐

ADULTS AND COMMUNITY BASED SERVICES COMMITTEE

28th July 2022



Report of: Director of Adults and Community Based Services

Subject: ANNUAL REPORT OF ADULT SOCIAL CARE
COMPLAINTS AND COMPLIMENTS 1 APRIL 2021 –
31 MARCH 2022

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To present to members the Annual Report of Adult Social Care Complaints and Compliments 2021/22.

3. BACKGROUND

3.1 The Annual Complaints and Compliments Report provides information on the complaints for adult's social care. It summarises information in relation to complaints that have been received and responded to, as well as compliments received during the reporting period.

4. ANNUAL REPORT

4.1 The report is attached as **Appendix A** and provides an analysis of complaints and compliments and demonstrates learning that has occurred from complaints and actions implemented as a result.

4.2 The report includes:

- Complaints and compliments received in 2021/22
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2021/22.

5. ADULTS SOCIAL CARE COMPLIMENTS/ COMPLAINTS

- 5.1 During 2021/22, 56 compliments were received relating to adult social care.
- 5.2 A total of 25 complaints were received during 2021/22. The number of complaints received has remained the same as last year. Of the 25 complaints received, 6 complaints were not considered further leaving 19 complaints investigated. This is an increase of 1 more complaint being investigated in 2021/22 compared to the previous year when 18 of the 25 complaints received were investigated.
- 5.3 Of the 19 complaints investigated in 2021/22, 17 complaints have concluded local statutory complaints processes and 2 complaints remains ongoing which will be carried forward to 2022/23.

6. RISK IMPLICATIONS

- 6.1 There are no risk implications identified.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations identified.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CONSULTATION

- 9.1 There is no consultation required in relation to this issue.

10. CHILD AND FAMILY POVERTY

- 10.1 There are no child and family poverty considerations identified.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 There are no equality and diversity considerations identified.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations identified.

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations identified.

14. RECOMMENDATIONS

- 14.1 That members of Adults and Community Based Services Committee note the contents of the Annual Report of Complaints and Compliments 2021/22 and note that the report will be published online.

15. REASONS FOR RECOMMENDATIONS

- 15.1 It is a requirement that an Annual Report regarding complaints is prepared presented to the relevant Policy Committee and published on the Council's website.

16. CONTACT OFFICER

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HARTLEPOOL
BOROUGH COUNCIL

Annual Report of Adult Social Care Complaints and Compliments 2021/22



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Appendices

A: Examples of compliments received across Adult Social Care

B: Examples of complaints and actions taken in Adult Social Care

1. Introduction

Welcome to Hartlepool Borough Council's Annual Report of Adult Social Care Complaints and Compliments. The report covers statutory complaints and compliments received for adult social care services for the period 1 April 2021 to 31 March 2022.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Actions implemented and resulting improvements following enquiries into complaints;
- Performance in relation to handling of complaints.

2. Background

Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress is made. Equally important is the work to improve services to prevent a repeat of failure in service quality and continually improve services.

2.1. What is a complaint?

A complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service. The Local Government and Social Care Ombudsman define a complaint as “*an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response.*”

A complaint can be made in person, in writing, by telephone or email or through the council's website. It can be made at any office. Every effort is made to assist people in making their complaint and any member of staff can take a complaint.

2.2. Who can complain?

A complaint can be made by:

- A person who uses services;

- A carer on their own behalf;
- Someone who has been refused a service for which they think they are eligible;
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent (within the meaning of the Mental Capacity Act 2005), where they are seen to be acting in the best interests of that person; or
- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

3. Adult Social Care Complaint Framework

3.1. Complaint management arrangements

The statutory complaint function for adult social care sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). The remit of the Complaints Manager's function is:

- Managing, developing and administering the complaint procedure;
- Providing assistance and advice to those who wish to complain;
- Overseeing the investigation of complaints that cannot be managed at source;
- Supporting and training staff; and
- Monitoring and reporting on complaints activity.

3.2. The complaint regulations and procedure

A single level integrated complaints process was introduced on 1 April 2009 with the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations place a duty on NHS bodies and adult social care organisations to coordinate handling of complaints and to advise and support complainants through the procedure.

The complaints procedure aims to be as accessible as possible. The policy is flexible to ensure that the needs of the complainant are paramount and allows the Department and the complainant to agree on the best way to reach a satisfactory outcome. On receipt of a complaint the level of impact is determined and complaints are screened according to their content as being red (high impact), amber (moderate impact) or green (low impact). The process for handling the complaint is dependent on the impact.

3.3. Timescales for the resolution of complaints

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a maximum 6 month timescale to investigate and respond to a complaint. This offers a more flexible approach to the amount of time in which complaints should be dealt with. The Council's policy aims for even the most complex of complaints (red) to be resolved within 65 working days. If timescales cannot be met, a new timescale should be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, there is discretion to accept a complaint after the 12 month time limit where the local authority is satisfied that the complainant had good reason(s) for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

Whilst the Council accepted all adult social care complaints made and continued with its ongoing complaint investigations during the worldwide health crisis, Covid-19, in 2021/22 there were minor practical adjustments made with different ways of working implemented to eliminate any face-to-face meetings taking place. In some cases, these adjustments increased the timescales to respond but complainants were kept informed at regular intervals and

acknowledged the unprecedented situation which was beyond the Council's control.

3.4. Referral to the Local Government and Social Care Ombudsman

If, at the end of the complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled, they may ask the Local Government and Social Care Ombudsman (LGSCO) to investigate their complaint. Complainants may also approach the LGSCO directly without accessing the complaints process. In these cases it is usual for the LGSCO to refer them back to the Council for the complaint to be examined through the relevant complaints process before they intervene.

4. Principles and outcomes

Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong; and
- Seeking to continually improve services.

Statutory complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Action taken following complaints and the quality of services improved as a result; and
- Monitoring being used as a means of improving performance.

5. Public information

Information about the complaints and representations framework is accessible via the Council's public access points and also the Council's website at:

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/93/get_in_touch

Service users and carers are provided with factsheets explaining the procedure when they take up a new service and when support plans are agreed and reviewed.

Information in other formats such as large print, Braille or translation in languages other than English are made available upon request.

6. Summary of representations

6.1. Compliments

Compliments are generally recognised to be an indicator of good outcomes for service users and carers. They also serve to provide wider lessons regarding the quality of services.

During 2021/22, 57 compliments were received relating to adult social care. This is a decrease of 9 compliments from 2020/21. These range from an expression of thanks and appreciation in the form of a thank-you card to written communication. In particular, they broadly reflect the work being delivered across adult social care, service users expressing thanks for pieces of equipment which improve their daily living and a general appreciation of the social work teams who have made a difference to the lives of service users and their carers. Appendix A provides some examples of compliments received during the period.

6.2. Complaints received in 2021/22

A total of 25 complaints were received during 2021/22. The number of complaints received has remained the same as last year. Of the 25 complaints received, 6 complaints were not considered further leaving 19 complaints investigated. This is an increase of 1 more complaint being investigated in 2021/22 compared to the previous year when 18 of the 25 complaints received were investigated.

Of the 6 complaints not considered further, this was because:

- 1 complaint was not accepted for investigation because the person making the complaint was not the appointed independent Relative Person's Representative under Deprivation of Liberty Safeguards;
- 3 complaints were not accepted for investigation because the service complained about was not provided by the Council. The complainants were signposted to the correct organisations concerned;
- 1 complaint was not accepted for investigation under the complaints framework before relevant safeguarding enquires had been completed. The complainant was advised that their concerns must conclude the appropriate safeguarding enquiries (S42 of the Care Act 2014) before a complaint investigation could begin, if they remained dissatisfied following the conclusion of the safeguarding enquiries; and
- 1 complaint was withdrawn by the Complainant and was therefore not considered any further.

Of the 19 complaints investigated in 2021/22, 17 complaints have concluded local statutory complaints processes and 2 complaints remains ongoing which will be carried forward to 2022/23.

6.3. Client groups and general data

Adult Social Care			
Client group	2021/22	2020/21	2019/20
Older Persons	9	10	15
Learning Disabilities	2	3	5
Physical Disabilities and Sensory Loss	1	3	3
Adult Mental Health or AMHP function	4	5	4
Contracted Services	9	4	3
Carers	0	0	5
Total number of complaints received	25	25	35

In 2021/22:

- Complaints were received from 9 males and 16 females.
- Complaints which were considered either complex or have a number of elements to them are usually investigated by someone independent of the Council. Independent Investigators were appointed to 4 of the 19 complaints investigated. The remaining 15 complaints were investigated and responded to internally.
- Of the 25 complaints received, 9 complaints were received for the older person's service as well as 9 complaints being received about contracted service providers followed by 4 complaints within the adult mental health service. There was a decrease of 1 complaint within both the older person's and mental health services compared to the number of complaints received in 2020/21 but an increase of 5 complaints about contracted service providers. Complaints received about the learning disability service decreased by 1 whereas complaints about physical disability and sensory loss decreased by 2 compared to the previous year.
- Of the 25 complaints received, 5 complaints were received directly from the person concerned. There were 11 complaints received with the signed consent of the person concerned for someone else to represent them and act on their behalf in the matter of the complaint, 5 complaints were received from someone acting on behalf of a deceased relative in bringing their complaint and 3 complaints were received from someone who represented the person who lacked capacity within the meaning of the Mental Capacity Act 2005.

6.4. Timescales and the Grading of Complaints

There is a maximum 6 month statutory timescale for investigating and responding to a complaint relating to adult social care. However, the overall aim is to respond to complaints in a timely manner. The likely timescales for investigation are discussed with the complainant at the outset of a complaint investigation and updates on progress of the investigation are provided by the Investigating Officer at regular intervals. There are a range of factors that can impact upon timescales such as:

- Whether the complaint has been considered low, moderate or high impact;

- The number of points of complaint for investigation;
- The availability of the complainant and other key people the Investigating Officer needs to interview;
- The time taken to conduct interviews with key people;
- Seeking appropriate consent for obtaining information from partner agencies and awaiting the necessary information to inform the complaint investigation;
- Reading case files and records and obtaining copies of local policies and procedures;
- Consideration of all available information and the drafting of a complaint investigation report; and
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

6.5. Complaints carried forward to 2022/23

Of the 19 complaints investigated, 2 complaints remained the subject of investigation as at 31 March 2022 which have been carried forward to 2022/23.

6.6. Complaints considered by the Local Government and Social Care Ombudsman (LGSCO) in 2021/22

There were 5 complainants who approached the LGSCO about their adult social care complaint in 2021/22. Of these, 3 complainants concluded the Council's adult social care complaint process in 2020/21 and 1 complainant concluded the process in 2021/22. The 1 remaining complainant who escalated their complaint onto the LGSCO in 2021/22 did so after a contracted service provider, who delivered the service being complained about on the Council's behalf, responded to the complaint which had been made directly to them.

The LGSCO determined that they would not investigate 3 of the 5 complaints. In 2 of these 3 complaints, this was because there was not enough fault or significant injustice to warrant an investigation by them and, in the case of the remaining one complaint, the Ombudsman decided it could not add anything further to the Council's response to the complaint.

The LGSCO decided it would investigate 2 of the 5 complaints. Following their enquiries, they determined that there was no fault with the Council's actions in relation to these 2 complaints.

7. Actions taken following complaints

Actions implemented are an important aspect of the complaints framework. Appendix B outlines some improvements that have been put in place as a direct result of complaints and representations received in adult social care during 2021/22.

8. Conclusions and way forward

8.1. Going forward

There is an ongoing commitment to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. The Council is focused on ensuring that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; any redress is made and any service improvement recommendations are delivered.

8.2. Action plan

Actions for 2022/23 are as follows:

- Review the adult social care complaints procedure, including the interface between an appeal and complaint process, and clarify expectations with contracted services providers about complaints they receive.
- Review the adult social care complaints public information material.
- Review the training needs of managers and commission training for those managers who are allocated complaints to investigate.
- Develop a dedicated toolkit for those managers allocated to investigate adults social care complaints.
- Continue to raise awareness of lessons learnt from complaints and ensure that they are fed into policies, procedures and practice.

- Continue to remind and encourage the workforce to inform the Quality and Review Team when expressions of thanks have been received. These provide an indication of satisfaction with services and should be recorded and reported.

Appendix A: Examples of compliments received across Adult Social Care

"The service that I received during my recent illness to help and support me was outstanding. The dedication was second to none. They came to my home full of happiness and made me feel special and that I was not a burden to them. Keep up the good work."

Service User about Reablement Services

"Mrs P advised that the girls who attended were absolutely lovely and very reassuring, just helped her out and made sure she was safe."

Service User about the Telecare Service

"Thank you, your team and everyone involved in the support you have shown mam during her illness, from the very beginning with the adaptations support until the end through carer support. We as family really appreciated it, as we know mam did."

Carer about the Hospital Discharge Team

"You have not been my Social Worker for long but in the time you have you stepped in and made an important difference to my situation MASSIVE THANK YOU and if you are willing to work with me you can have a job for life. If you must change to someone else because of any reason please swap with someone kind and patient and helpful like you."

Service User about the Preventative Mental Health Team

"D was kind enough to tell us of other options and anything we would like to consider. However I did feel my need was only temporary and am progressing nicely. Thank you to all who made the difficult decision and effort to get us this help, it was greatly appreciated and wouldn't hesitate if at any time in the future, our circumstances changed."

Service User about a Social Work Team

“The full team were amazing from start to finish nothing was any bother for them. The contractor you sent was the best workman you could ask for, thank you the shower has made my life a lot easier.”

Service User about OT Services

“I would particularly like to thank you and all the team for the care and compassion showed to my mother over the past few years.”

Service User’s family about User Property and Finance Team

“I massively enjoyed S’s company, on a professional level she has been hugely supportive and reassuring. The improvements I feel I have made due to her support have been incredible, but on a personal level, it’s been like having a very dear friend, one I will miss greatly.”

Service User about Reablement Services

“Mrs H wanted to say how grateful she was for all the care she received. Mrs H went on to say that these last 6 weeks have been the best 6 weeks of her life during this difficult period, just having a friendly face visit her over the past 6 weeks has done wonders for her mental health, she said just having a chat and meeting all of our lovely carers has been an absolute tonic for her and she could never say how much gratitude she has for the service we provide to the elderly. She said we all deserve medals for being in this caring sector and if she could buy us all the world she would.”

Service User about the Direct Care and Support Team

Appendix B: Examples of complaints and actions taken in Adult Social Care

Details of complaint/Outcome	Actions following findings
<p>The complainant (a representative of a deceased service user) alleged that:</p> <ul style="list-style-type: none"> • her late relative's support plan was generally inadequate and was not amended when his health deteriorated; • the quality of care provided by a domiciliary care provider was inadequate; • the family were not asked about sentimental items they may have wished to retain when her late relative moved house; • information about her late relative's finances were not provided; and • the Social Worker failed to discuss making a will with her late relative. <p>The complaint was independently investigated.</p>	<p>Although only one element of complaint was upheld, the Independent Investigator provided a clear explanation about what had happened and findings against each area investigated. The complainant thanked the Independent Investigator for a very comprehensive report commenting that it was professionally written and answered a lot of things that they had not understood.</p> <p>An apology was provided for the one element of complaint that was upheld and a recommendation implemented about reminding staff to routinely record all text message exchanges in case records.</p>

<p>The complainant (a representative of a service user) expressed his dissatisfaction about an unannounced visit from a Social Worker and the upset this had caused his relative.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>Having looked into the complainant's dissatisfaction, it was found that there had been some miscommunication between the workers involved in the case which had led to the unannounced visit.</p> <p>The Head of Service apologised for this as well as the upset caused to his relative and implemented steps to avoid a repeat situation.</p>
<p>The complainant (a representative of a service user who lacked mental capacity) expressed that adult social care had not managed his relative's care and support needs adequately and that the care his relative received in a care home was not to an acceptable standard.</p> <p>The complaint was independently investigated.</p>	<p>Given the Independent Investigator had partly upheld an element of complaint, the Council conveyed an apology to the complainant in this regard.</p> <p>The Independent Investigator made recommendations for the care home which were accepted and implemented by the Council. This included checks being made, via regular monitoring meetings between the Council's Commissioned Services Team and the care home, to see if the care home's system for closed records was fit for purpose and review whether the training for staff who carry out resident weight checks was appropriate and staff are trained accordingly.</p>
<p>The complainant (a representative of a service user who lacked mental capacity) was unhappy with the care her relative received whilst she resided in a care home. The complainant was of the view the care was inadequate.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>An apology was provided to the complainant about a lack of communication between the care home and the service user's family regarding an unwitnessed fall and the Council's Commissioned Services Team raised how the care home records communication with family members during one of their regular routine monitoring visits with the care provider.</p> <p>The complainant was satisfied with this outcome.</p>

<p>The complainant (a representative of a service user) was unhappy about an assessed financial contribution and her relative's care and support needs following a care provider having ceased work with her relative.</p> <p>The complaint was responded to by an Assistant Director.</p>	<p>The complainant was contacted to explain the financial assessment process and how this can take some time to work through when there is disability related expenditure to appropriately consider and determine. It was agreed the assessed financial contribution would start from the date a new service begins.</p> <p>The complainant was assured adult social care were actively resolving the matter of a new care provider for her relative and this was being overseen by a Head of Service. This matter was resolved swiftly to the complainant's satisfaction.</p>
<p>The complainant (a representative of a service user) alleged there was a lack of communication in relation to her relative's care and support needs. The complainant was unaware of the process followed for this, how charges were applied and where to pay.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>A Head of Service telephoned the complainant to discuss her complaint and understand matters from her perspective before exploring the issues raised.</p> <p>It was found that the:</p> <ul style="list-style-type: none"> • importance of recording information as soon as possible had fallen short of expectations and the staff concerned were reminded about this in supervision; and • complainant's family had not been fully included in discussions about their relative's care and support package. This meant that their choice to continue to deliver their relative's morning and evening calls, as they had done prior to his hospital admission, was removed from them. An apology was provided for this and the relative was reimbursed 50% of the cost of his care to remedy the matter.

<p>The complainant (a representative of a deceased service user) was unhappy that no one had contacted the family to inform them of the service user's hospital admission.</p> <p>The complaint was responded to by a member of the Commissioned Services Team.</p>	<p>Although records indicated that the care home had tried to contact family members and left an answerphone message asking that they telephone the care home, the care home has implemented an additional measure as a result of this complaint.</p> <p>They have introduced that if no telephone call has been received from family members by shift changeover, contact will be attempted again by the incoming team.</p>
<p>The complainant (a representative of a deceased service user) alleged that his late relative's care in a residential care home was inadequate, there were delays in communication with him and he was unhappy with the care home's response to his request for further information.</p> <p>The complaint was independently investigated.</p>	<p>Although the Independent Investigator found that there were delays in communication and the complainant's request for further information could have been handled more sensitively, there was no evidence to suggest that inadequate care had been provided.</p> <p>Despite finding no evidence to suggest that inadequate care had been provided, the Independent Investigator did find evidence to indicate that recording of information could be improved upon.</p> <p>The complainant thanked the Independent Investigator for an excellent report which he felt was very thorough and considered that he had been listened to. An apology was provided for those elements of the complaint that had been upheld and the areas identified about how recording could be improved upon was shared and discussed as part of a regular monitoring meeting between the Council's Commissioned Services Team and the care home.</p>