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### Cabinet Member for Adult Services

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**Time and Date**

10.00 am on Friday, 17 March, 2023

**Place**

Committee Room 3 - Council House, Coventry

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**Public Business**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 6)
  - a) To agree the minutes of the meeting held on 3 October 2022
  - b) Matters arising
4. **Adult Social Care Complaints and Representations Annual Report 2021/22** (Pages 7 - 50)

Report of Director of Adult Services and Housing
5. **Market Sustainability Plan** (Pages 51 - 90)

Report of the Director of Adult Services and Housing
6. **Outstanding Issues**

There are no outstanding issues.
7. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

**Private business**

None

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Julie Newman, Chief Legal Officer, Council House, Coventry

Thursday, 9 March 2023

Note: The person to contact about the agenda and documents for this meeting is

Usha Patel Tel: 024 7697 2645 Email: [usha.patel@coventry.gov.uk](mailto:usha.patel@coventry.gov.uk)

Membership: Councillor M Mutton (Cabinet Member)

By invitation Councillor B Mosterman (Shadow Cabinet Member)

**Public Access**

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**Usha Patel**

**Email: [usha.patel@coventry.gov.uk](mailto:usha.patel@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Cabinet Member for Adult Services held at 11.00 am on**  
**Monday, 3 October 2022**

Present:

Members:                                   Councillor M Mutton (Cabinet Member)  
  Councillor B Mosterman (Shadow Cabinet Member)

Employees present:

Adult Services                            S Atkins, T Denning, P Fahy, A Ross

Law and Governance                    U Patel, C Taylor

## **Public Business**

### **6.       Declarations of Interest**

There were no declarations of interest.

### **7.       Minutes**

The minutes of the meeting held on 13 July 2022 were agreed and signed as a true record. There were no matters arising.

### **8.       Coventry and Warwickshire Living Well with Dementia Strategy 2022-2027**

The Cabinet Member considered a report of the Director of Adult Services and Housing seeking approval for the joint Coventry and Warwickshire Living Well with Dementia Strategy 2022-2027.

Coventry's Living Well with Dementia Strategy (2014) had been refreshed to create a 5-year document across Coventry and Warwickshire Integrated Care Board and Warwickshire County Council. The Strategy built on the 2014 document reflecting current policy, priorities and ways of working.

The Strategy set out ways of working and use of existing allocated resources for continuing improvements for people living with dementia. There was no additional funding requirement associated with the strategy.

The Strategy would be delivered and monitored via annual delivery plans and reviewed as appropriate dependent upon any relevant policy documents related to dementia.

The Cabinet Member, having considered the report, welcomed the collaborative working with Warwickshire County Council along with reducing risk, promoting independence, supporting carers and the annual review process.

The Cabinet Member and Deputy Cabinet Member congratulated officers on report.

**RESOLVED that, the Cabinet Member for Adult Services approves the joint Coventry and Warwickshire Living Well with Dementia Strategy 2022-2027.**

**9. Developing a Coventry Dementia Hub**

The Cabinet Member considered a report of the Director of Adult Services and Housing which sought approval to the development of a Coventry Dementia Hub and the reduction of traditional services to two days per week. In addition, the report sought approval to the associated adaptation of the building and commencement of building works required to create the hub.

The provision of day opportunities was an important function in meeting Council's responsibilities to Adults with Care and Support needs and their carers' and Council's provision of day opportunities for older adults with dementia had all been centre-based services and activities.

The expectations of people with care and support needs had changed during the pandemic and day centres which historically provided 'in centre' support were now not required. Provision of centre-based support and the opportunity to undertake activities better achieved the outcomes people were seeking. Changes to the services being proposed supported the intentions and priorities for the proposed Coventry and Warwickshire Living Well with Dementia Strategy 2022-2027.

The Maymorn Day Centre was a Council operated Monday to Friday service for people with advanced dementia and had provided a long-valued service. However, prior to the pandemic, the centre had been underutilised and data had shown that traditional day services for people with advanced dementia was not sustainable long term. The long day was considered a negative factor although, for carers, this had provided a full day's respite. Since the service re-opened, shorter days had been accommodated however, there continued to be a low uptake on the traditional day service option and the number of referrals received did not necessitate a need to re-open 5 days per week.

Council responded to the changing position by operating the Maymorn Centre 3 days per week and as a pilot, provided alternatives to centre-based activities delivered through the provision of outreach over 5 days. The outreach service offered 1:1 support to people with dementia to participate in activities in their own homes or in the community, offering a mixture of personal support outreach, drop-in sessions and access to 2 days per week traditional day service. The interim outreach pilot had proven popular with many people using the outreach service instead of the traditional day service and as a result, a formal consultation commenced on 20th September 2021 to look at progress the hub and mainstream this new model of support.

The Cabinet Member, having considered the report, thanked the officers for the report and commended the outreach work and the choices that would be available to people with dementia.

**RESOLVED that, the Cabinet Member for Adult Services:**

1. **Approves the development of a Dementia Hub and the reduction of traditional services to 2 days per week, creating 96 hours of outreach and drop in opportunities.**
2. **Approves the adaptation of the Maymorn building and commencement of building works to create the hub.**

10. **Outstanding Issues**

The Cabinet Member considered a report of the Director of Law and Governance which detailed one item that was discussed in Item 4: Developing a Coventry Dementia Hub.

**RESOLVED that the Cabinet Member notes the Outstanding Issues report.**

11. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

There were no other items of business.

(Meeting closed at 11.25 am)

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Coventry City Council

## Public Report

Cabinet Member

Cabinet Member for Adult Services

17 March 2023

**Name of Cabinet Member:**

Cabinet Member for Adult Services – Cllr M Mutton

**Director approving submission of the report:**

Director of Adult Services and Housing

**Ward(s) affected:**

All

**Title:**

Adult Social Care Complaints and Representations Annual Report 2021/22

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**Is this a key decision?**

No

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**Executive summary:**

Adult Services have a statutory duty arising from the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. There is also a duty under the regulations to produce and publish an annual report.

This report sets out the details of the complaints and representations across Coventry's Adult Services in 2021/22. It highlights the service improvements and learning from feedback and includes information on future developments in complaint handling and reporting.

**Recommendations:**

The Cabinet Member for Adult Services is recommended to approve publication of the Council's Annual Report in relation to complaints and representations in Adult Social Care in 2021/22

**List of appendices included:**

Appendix I – Adult Social Care complaints and representations annual report 2021/22

Appendix II – Complaints handling guidance

**Background papers:**

None

**Other useful documents**

Adult Social Care Comments, Compliments and Complaints

[https://www.coventry.gov.uk/info/194/have\\_your\\_say/562/](https://www.coventry.gov.uk/info/194/have_your_say/562/)

Complaints Managers' Group (May 2016) Good Practice guidance for handling complaints concerning adults and children social care services <https://www.adass.org.uk/media/5360/good-practice-guidance-final-09062016.pdf>

Local Government and Social Care Ombudsman Guidance for bodies in our jurisdiction to support good complaint handling <https://www.lgo.org.uk/information-centre/reports/guidance-notes>

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

No

**Report title:**

**Adult Social Care Complaints and Representations Annual Report 2021/22**

**1 Context (or background)**

1.1 Adult Services have a statutory duty arising from the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. The system provides a means for resolving issues and listening to the views of those who use or are affected by adult services. Where things have gone wrong it enables the Council to put things right, learn from the experience and make the necessary improvements.

**2 Options considered and recommended proposal**

2.1 There were 50 statutory complaints made within the year 2021/22, compared to 35 in 2020/21. 22 (44%) of these complaints were fully or partially upheld, compared to 24 (68%) in 2020/21

2.2 Most informal complaints are received by social care providers but occasionally complaints received by the Council are dealt with on an informal basis where appropriate. In 2021/22 21 informal complaints were received compared to 6 in 2020/21. These are complaints resolved /handled at the point of delivery. In line with our complaints policy and best practice, most concerns are dealt with in an informal basis, for example by social care providers, and may not be reflected in the figures in this report.

3 In 2021/22, the Local Government and Social Care Ombudsman (LGSO) considered 9 complaints or enquiries regarding Adult Social Care, of which 2 were investigated and upheld. This is the same as 9 complaints or enquiries with 3 upheld in 2020/21

3.1 Adult social care services are committed to learning from customer feedback. Where complaints highlight where matters have gone wrong, managers must identify any remedial and developmental action required to improve service delivery. Feedback from compliments provides an equally valuable message; clearly affirming when services make a difference and personal qualities have added value to the outcome for users and carers Learning point examples are as follows: Improvements in communication in relation to when assessments are delayed and to ensure that processes and outcomes are completed in a timely manner and a prompt resolution to enquires are sought. Advice could be given to social workers that they can offer carers assessments to anyone providing informal care, regardless of the care in place for the cared person. Processes to be reviewed in intake to ensure persons/families are contacted and appropriately supported through the safeguarding process, and any necessary care changes. Continued staff training to ensure care providers leave properties secured

3.2 While there are no externally prescribed timescales for the resolution of complaints, the Council's internal guideline is to resolve complaints within 20 working days. Performance on this standard is monitored by the Adult Social Care Management Team. It is normal practice to inform complainants should an extension be required. Most often, extensions are sought due to the complexity of particular complaints, including where the complainant supplies additional information/evidence part way through an investigation. In 2021/22, 64% of complaints (32 of 50) were resolved within 20 working days, compared to 49% (17 of 35) a year ago.

3.3 Appendix I sets out the trends in complaints and representations across Coventry's adult services in 2021/22. It highlights the service improvements and learning from feedback and

includes information on future developments in complaint handling and reporting. Key issues for 2021/22 include: communication between adult services and service users: decisions: and delays/waiting time for assessment decisions. Managing service users' expectations

3.4 Appendix II sets out the Council's complaints handling guidance.

#### **4 Results of consultation undertaken**

4.1 None identified or undertaken.

#### **5 Timetable for implementing this decision**

5.1 Areas for development and improvement have been included within the divisional and relevant team plans for 2021/22

#### **6 Comments from the Chief Operating Officer (Section 151 Officer) and the Chief Legal Officer**

##### **6.1 Financial implications**

There are no direct financial implications associated with this report. Financial remedies resulting from any complaints are typically paid out of service budgets. In 2021/22, three complaints to the Local Government and Social Care Ombudsman were investigated and upheld. These cases resulted in a total amount of £900 being paid as Remedy actions. All complaints relating to financial issues were investigated and rectified accordingly.

##### **6.2 Legal implications**

In accordance with the Local Authority Social Services and NHS Service Complaints (England) Regulations 2009, the Council is required to prepare an annual report for each year (being a period of 12 months, ending on 31<sup>st</sup> March) which must:

- (a) specify the number of complaints received.
- (b) specify the number of complaints which were decided to be well-founded;
- (c) specify the number of complaints which the responsible body has been informed have been referred to the Local Commissioner to consider under the Local Government Act 1974; and
- (d) summarise
  - (i) the subject matter of complaints that the responsible body received;
  - (ii) any matters of general importance arising out of those complaints, or the way in which the complaints were handled and
  - (iii) any matters where action has been or is to be taken to improve services as a consequence of those complaints.

#### **7 Other implications**

##### **7.1 How will this contribute to achievement of the Council Plan?**

This annual report sets out the progress made by the service towards the One Coventry Plan vision to be locally committed, by improving the quality of life for Coventry people, by contributing to the priority to protect our most vulnerable people.

##### **7.2 How is risk being managed?**

There are reputational as well as financial risks when things go wrong. It is, therefore, important that the Council takes action and learns from the outcome of complaints. The Adult Social Care Management Team routinely considers complaints as part of regular performance management.

##### **7.3 What is the impact on the organisation?**

Page 10 The co-ordination and management of complaints involves considerable officer time. Therefore, where things have gone wrong, it is important for the Council to put things right,

learn from the experience and make the necessary improvements. The feedback that is received from complaints and other representations is reported to managers on a regular basis to inform service planning and improvements.

#### 7.4 Equalities/Equality Impact Assessments (EIA)

EIAs have been built into the delivery of work within adult social care services. As part of continuous improvement, the service will continue to review the integration of equality and diversity into operational practice and performance monitoring.

This year, the complaints officer began collecting data on complainants by protected characteristics such as ethnicity, sex and disability status. This will enable the Council to identify if its complaints policy is operating as intended, eliminate discrimination and advance equality of opportunity in line with the public sector equality duty.

#### 7.5 Implications for (or impact on) climate change and the environment

None

#### 7.6 Implications for partner organisations?

Although the Council directly provides some adult services, the majority of provision is commissioned from independent organisations in the private or voluntary sector. Although the Council retains responsibility for the quality of contracted services, there is equally a responsibility of partner agencies to comply with specified quality standards and, in the case of regulated services meet the requirements of national care standards inspected by the Care Quality Commission.

#### Report author(s):

##### Name and job title:

Ilius Ahmed  
Complaints Officer

Eve Sanderson  
LGSCO Link Officer

John Stewart  
Senior Complaints Administrator

#### Contact:

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Enquiries should be directed to the above person.

04/09/2019 16:37:14

Contributor/ approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
<b>Contributors:</b>				
Sally Caren	Head of Service Partnership and Social Care Operations	Adult Services	22/09/2022	29/09/2022
Andrew Errington	Head of Practice Development & Safeguarding	Adult Services	22/09/2022	29/09/2022
Rachael Sherwood	Customer Service Manager – Improvement * Development	Customer Services	22/09/2022	29/09/2022

Jaspal Mann	Equality and Diversity Officer	Public Health	22/09/2022	22/09/2022
Jon Reading	Head of Commissioning and Provision	Adult Services	22/09/2022	29/09/2022
Suzanne Bennett	Governance Services Officer	Law and Governance	22/09/2022	10/10/2022
<b>Names of approvers for submission: (officers and members)</b>				
Pete Fahy	Director of Adult Services and Housing	Adult Services	22/09/2022	
Finance: Ewan Dewar	Finance Manager	Finance	22/09/2022	27/09/2022
Legal: Janice White	Team Leader, People Team	Legal Services	22/09/2022	03/10/2022
Julie Newman	Chief Legal Officer	Law and Governance	22/09/2022	09/12/2022
Councillor M Mutton	Cabinet Member for Adult Services		22/09/2022	03/03/2023

Pete Fahy	Director of Adult Services			
Members: Councillor M Mutton	Cabinet Member for Adult Service			

This report is published on the Council's website: [www.coventry.gov.uk/councilmeetings/](http://www.coventry.gov.uk/councilmeetings/)

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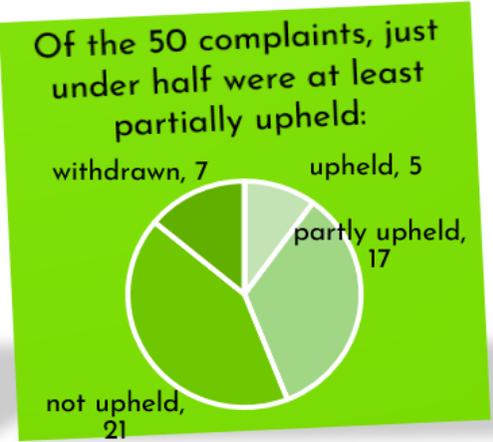
# Adult Services Complaints and Representations Annual Report 2021-22



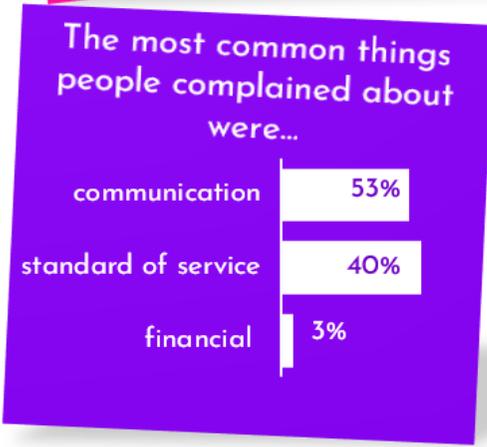
# Adult Social Care 2021/22 Complaints & Representations key facts & figures

There were **3,519** adults in long-term support as of 31 March 2022

In 2021/22, the Council received **50** complaints about Adult Social Care, compared to 35 in 2020/21.



The Council aims to resolve complaints within 20 working days. In 2021/22, **64%** were resolved within 20 working days, 55% in 2020/21 and 55% in 2019/18



In 2021/22, we received **282** compliments; up from 166 last year. These were all about the standard of care provided at care homes for older people.

If a complainant remains unhappy after completing the Council's complaints process, they may take their complaint to the Local Government and Social Care Ombudsman (LGSCO). In 2021/22, the LGSCO received **9** Adult Social Care cases. A total of **2** cases were upheld

Listening to service users' complaints helps services improve by helping Managers identify changes that are required. Key learning points from 2021/22 include: Ensuring effective communication. Outcomes, delays/waiting times for assessment decisions. Safeguarding information not being shared with appropriate teams

**Comments, Compliments and Complaints about Adult Social Care**  
 You have the right to receive a good level of service. Listening to your views helps Adult Social Care Services to put things right and improve things for the future, so your comments, compliments, complaints and suggestions are important and always welcome. You can contact the Adult Social Care Complaints Officer by phone to **08085 834 333** or online at [www.coventry.gov.uk/form\\_speakup/](http://www.coventry.gov.uk/form_speakup/) or by email to [AdultSocialCareCustomerRelations@coventry.gov.uk](mailto:AdultSocialCareCustomerRelations@coventry.gov.uk).

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## Welcome

Welcome to the 2021/22 complaints and representations annual report. As part of the Council's commitment to openness, quality assurance, service development and listening and learning from service users, this report provides summary information from comments, compliments and complaints received under the statutory procedures in relation to Adult Social Care provided by or commissioned by Coventry City Council for the year 1 April 2021 to 31 March 2022.

## Background

Local Authorities are required to have a system for receiving representations by or on behalf of people in need of adult social care support who have a range of support needs due to a disability or frailty (Local Authority Social Services and National Health Services Complaints Regulations (England) 2009.) Services cover assessment and case management, direct service provision or the arrangement of a range of services, including support at home, day opportunities, supported housing, intermediate, residential and nursing care or provision of equipment.

Representations are defined as comments, compliments and complaints.

Local Authorities are required by law to appoint a complaints officer to oversee all aspects of the procedure. Some complaints received do not meet the criteria to be dealt with under the statutory procedure. When this is the case, these are registered under the Council's corporate complaints procedure. The arrangements for handling these complaints are different from the statutory process in terms of timescales and the independence of the people who investigate and review the complaints.

The Local Authority has a nominated officer assigned to the management of representations for Adult Social Care.

The purpose of the comments, compliments and complaints system is to ensure that:

- the views and experiences of people who use services are heard.
- positive feedback is used to develop services and acknowledge good practice.
- things that have gone wrong are put right.

- the organisation learns from both positive and negative feedback; and the organisation sustains its focus on service users / customers / citizens.

Particular reference is made to the range of representations received and responses to them and specific trends and issues that emerged in the reporting period.

# Summary

In 2021/22 50 statutory complaints were made within the year, compared to 35 in 2020/21. 44% of these complaints were fully or partially upheld, compared to 68% in 2020/21. The increase in the number of complaints received may have been affected by the gradual Covid-19 Pandemic restrictions coming to a close. Adult Social Care focused on supporting those in need during the pandemic. The most likely reason for the increase could be due to the lifting of the COVID 19 restrictions and the stay- at-home guidance.

The main themes of complaints received over this period were as follows:

- Communication
- Standard of Service

In addition to the figures above, 21 informal complaints were received during 2021/22, compared to 6 Informal complaints in 2020/21, along with 4 Stage 1 Corporate complaints and 1 Stage 2 Corporate Complaint also received in 2020/21. These are complaints resolved/handled at the point of delivery. In line with our complaints policy and in line with best practice, most concerns are dealt with on an informal basis, for example, by social care providers; and may not be reflected in the figures in this report.

## Description of Complaint Types

Coventry City Council's complaints policy sets out how individual members of the public can complain to the Council, as well as how the Council handle compliments, comments and complaints.

### Informal

Where possible, complaints should be resolved informally. If this is not possible, complainants can formally complain to the Council. Informal matters can also be related to concerns that require resolution or follow up investigation outside of the formal process.

### Statutory

Complaints about Adult Services including care homes and other providers commissioned by the Council follow the statutory process for representations made by or on behalf of an adult using social care services provided by / commissioned by the Council arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009.

All other complaints relating to Council services are dealt with by the corporate complaints policy.

### Corporate

A Corporate complaint example would be as follows: When a member of the public who is not a service user or a holder of parental responsibility for a young person, requests that their concerns are investigated formally. An example of a corporate complaint could be a member of the public who has raised concerns regarding a service that they are not personally involved with such as, seeing a social worker act in a way they do not deem appropriate or witnessing a poor level of service.

# Feedback

## Promoting feedback

Representations from people who came into contact with Adult Social Care and their families provide a useful source of information about quality-of-service delivery, professional practice and the outcome of decisions we make that affect their care and support. A key part of the complaints process is how the Council learns from negative experiences and use this to improve what we do. Adult Social Care always welcome feedback, whether this is positive or negative and there are a number of ways in which people can make their views known.

Where possible, issues/complaints should be handled at the point of delivery. When a person feels that they are still not satisfied, then it is recorded as a formal complaint and investigated as such. The length of time to investigate and resolve complaints depends on their complexity. Where there are particular complexities that will require an elongated period of investigation, a timescale is agreed with the complainant.

## Providing feedback

People can provide feedback directly to the service or team; to customer services; or to the Complaints Officer. Further information about how to make a complaint, access advocacy or support, and the complaints process is available on the Council's website at [www.coventry.gov.uk/complaints/](http://www.coventry.gov.uk/complaints/).

It is vitally important that the comments, complaints and compliments system is easily accessible. This maximises the opportunities for individuals to make their views known. Complaints can be accepted through the contact centre via a visit to the centre, by letter, by an online form or by telephone. Complaints may also be made directly to the team that is providing them with a service. Sometimes, complaints are also made via elected members (Councillors), the Chief Executive, or directly to senior managers. Complaints can also be referred to the Council from the Local Government and Social Care Ombudsman (LGSCO). Complainants who contact the complaints team directly are encouraged to use the contact centre to ensure that their complaint can be processed efficiently.

In 2021/22, the majority of complainants chose to make a complaint via email or through the contact centre.

# Complaints

The number of Statutory complaints has increased from 35 in 2020/21 to 50 in 2021/22, a 43% increase.

The number of complaints and their outcomes are detailed below.

## Complaints 2021/22 vs 2020/21

Outcome	2021/22		2020/21	
Upheld	5	10%	3	8%
Partly Upheld	17	34%	21	60%
Not upheld	21	42%	9	26%
Complaint withdrawn	7	14%	2	6%
Open	0	0%	0	0%
<b>Total</b>	<b>50</b>		<b>35</b>	

## How people complained

Method	2021/22	2020/21
Email	34	25
Letter	1	3
Online form	15	7
Phone	0	0
<b>Total</b>	<b>50</b>	<b>35</b>

## Complaints by service area

The below table shows a breakdown of complaints received and investigated by each service area team

Service Area	2021/22	2020/21
Community Services 65+	5	3
All Age Disability	9	6
Adult Commissioning	9	17
Adult Safeguarding	1	0
Mental Health	5	2
The Opal/ Therapy Services	10	3
Dementia & Short Term	0	0
Finance	0	0
Disabled Grants	0	0
Hospital Team	4	3
Independent Living	0	0
Occupational Therapy	0	0
Outreach Support	0	0
Physical Impairment	1	0
Older People- South case management	6	1
<b>Total</b>	<b>50</b>	<b>35</b>

# Complaints regarding external providers

Providers of residential and domiciliary care services must have a complaints procedure that complies with the Care Homes Regulations 2001, the Care Standards Act 2000 and the National Minimum Standards stipulated by the Care Quality Commission. There is an expectation that the individual pursues a complaint with provider organisations through the provider's own complaints procedures in the first instance. However, if the individual is dissatisfied with the response of the provider or, if they wish to pursue the complaint through the Statutory Adult Social Care Complaints Process, they have the right to do so. Where possible, we encourage complainants to utilise the providers' complaints procedures in the first instance as this enables the complaint to be dealt with at source as opposed to through the Council.

Complaints regarding external providers are monitored through contract monitoring and, where required, providers produce action plans to deliver service improvements.

# Timescales

There are no externally prescribed timescales for the resolution of complaints. The only stipulation within the regulations is that timescales should be reasonable, and that the complaints process should be concluded within six months. It is acceptable to extend this deadline with the agreement of the complainant.

As there is no specific requirement, the approach taken is to agree a timescale with the complainant. It is normal practice to inform complainants should an extension be required. Most often, extensions are sought due to the complexity of particular complaints, including where the complainant supplies additional information/evidence part way through an investigation. In these instances, the complainant is contacted with an explanation for the delay and the likely revised timescale.

As a benchmark for monitoring the timescale for completion of complaints, Adult Social Care applies an internal guideline that complaints should be completed within 20 working days. Performance on this standard is monitored by the Adult Social Care Management Team. This year's performance against the target is shown in the table below:

<b>Complaint Stage</b>	<b>Timescales</b>	<b>2021/22</b>	<b>2020/21</b>
Stage 1	Within 20 working days	32 (64%)	17 (49%)
	Over 20 working days	18 (36%)	18 (51%)
	Still Open	0 (0%)	0 (0%)
<b>Total</b>		<b>50</b>	<b>35</b>

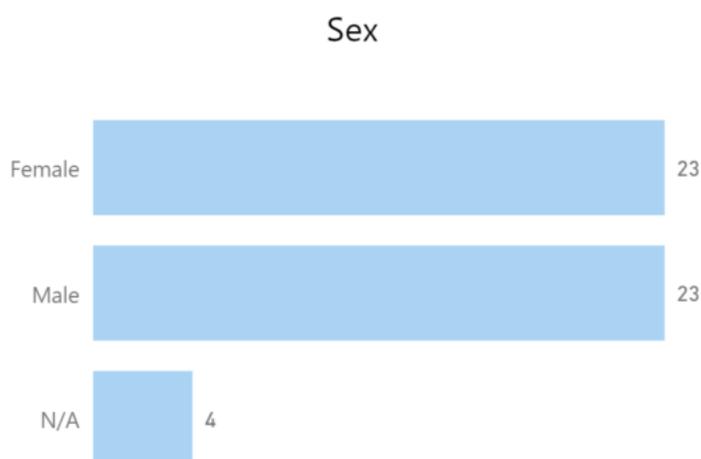
Where the 20-working day response timescale has been exceeded, this can be due to the requirement to involve other professionals, including health care professionals in other organisations. The responses received from other organisations are at times outside of the 20-working day time-frame. This can then impact on the investigation period which occasionally can be out of the direct control of the Local Authority.

The overall percentage on timescales has shown an improvement, even though there has been some impact by the gradual lifting of Covid-19 restrictions, with lockdowns causing slight delays with investigation times. Issues such as complainant's availability to discuss their complaints with investigating officers and social distancing have had an effect upon investigation time frames. Although 36% of complaints received have been responded to within 20 working days, we have seen a significant increase with 64% of complaints being investigated within the 20 working day timeframe.

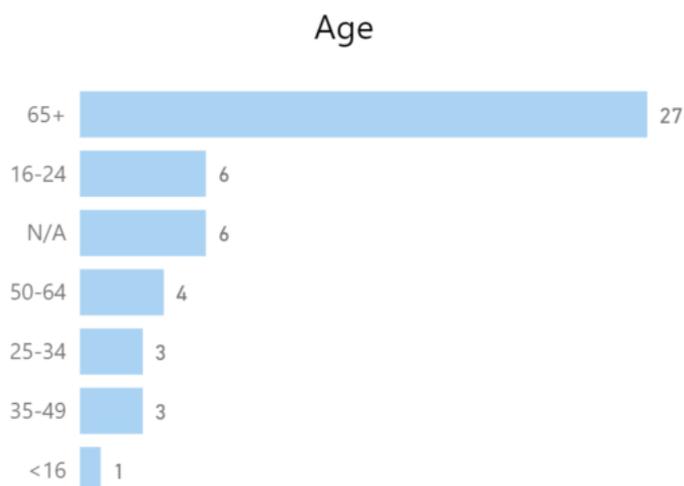
# Equality

The Local Authority has a system in place to capture the equality data required to support the complaints process. Information is only ever recorded in relation to who the service user is. The below graphs illustrate the data captured but this does not include complaints submitted for the Ombudsman. Data was obtained from Adult Social Care case recording systems, and, on that basis, it has not been possible to capture information pertaining to every complainant, only those with an existing case record. These are recorded as 'not available' (N/A).

The below graph shows out of the 50 complaints received in 2021-22 (excluding Ombudsman), 23 complaints (46%) were from male complainant's/service users, 23 complaints (46%) were from female complainant's/service users and 4 (8%) were not available (N/A).

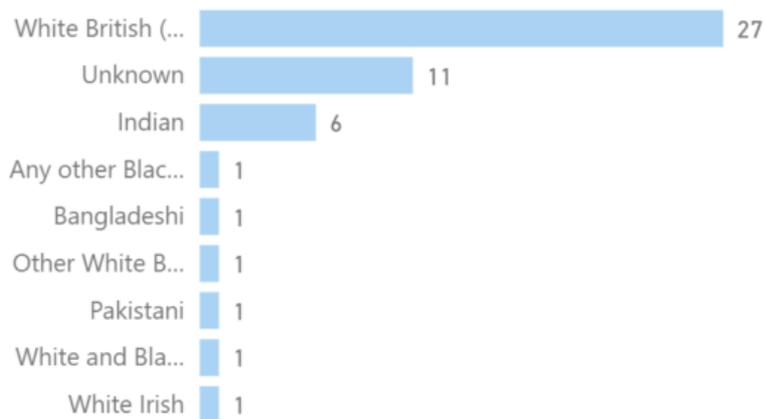


The below graph shows the age range of the complainant or service user. 6 complaints (12%) of the complaints received during 2021- 22 (excluding Ombudsman) were from or submitted on behalf of service users aged 16-24. 3 complaints (6%) were also received or submitted on behalf of service users aged 25-34. 3 complaints (6%) of complaints were received/submitted from service users aged 35-49. 4 complaints (8%) were received/submitted from service users aged 50-64. 27 complaints (54%) were received/submitted from service users aged 65+. 1 (2%) complaint received related to a service user under 16, this complaint received by parents regarding home adaptations and this service sits within Adult Services but for equality information we capture the service user details. The information was not available (N/A) for 6 (12%).



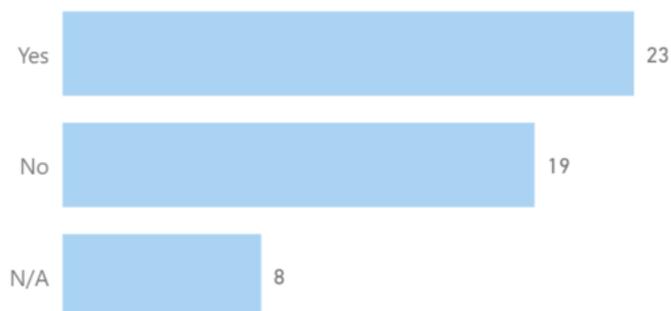
The majority of complainant's/service users in 2021-22 (excluding Ombudsman) were White British with a total of 27 (54%), followed by 6 (12%) with an Indian background. Any Other Black/African/Caribbean background, Bangladeshi, Other White British, Pakistani, White and Black African and White Irish all has 1 (2%) complaint each. 11 (22%) of the complaints received were N/A.

### Ethnicity



Out of the 50 complaints received, 23 (46%) had a disability and 19 (38%) did not, with 8 (16%) logged as (N/A).

### Disability



# Ombudsman

In 2021/22 Adult Social Care received 9 new cases, the outcomes of which were as follows:

- 2 Cases Upheld
- 3 Cases required no further action
- 1 Case was outside of the Ombudsman's jurisdiction,
- 1 Case was decided as premature and referred back for local resolution,
- 2 Cases are currently still under investigation.

This compared to 2020/21 which had 9 new cases, the outcome of which were 3 upheld, 2 that required no further action, 2 were outside the Ombudsman jurisdiction, 1 case decided as premature and 1 case that was still under investigation.

A summary of the 9 cases received from the Ombudsman in 2021/22 are as follows-

## Case 1-

Mr. X complained that Coventry City Council do have adequate Autism help and advice. They felt the Council had not supported them or provided a correct assessment as their Autism was not considered when the assessment for care had been undertaken. Mr. X stated that the Council need a better understanding and to offer better support for those with Autism. This case was closed as no further action as there was no fault by the Council.

## Case 2-

Mr. P complained about delays in their mother being assessed for a Disabled Facility Grant and the delays in receiving any monies to improve a bathroom and add handrails to their mother's residence. The Ombudsman decided this complaint was premature as the Council had not yet investigated this as a formal complaint, and the issues has not exhausted the Council's complaint procedure. The case was referred back to the Council and was fully investigated through the complaint's procedure. The Council issued a final response to the complainant.

## Case 3-

This case is the same as Case 2 but treated as a new case by the Ombudsman. We received a premature decision initially. The complainant then resubmitted their case to the Ombudsman once the Council had sent their final complaint response. Mr. P complained about delays in their mother being assessed for a Disabled Facility Grant and the delays in receiving any monies to improve a bathroom and add handrails to their mother's residence. The Ombudsman decided this complaint was premature as the Council had not yet investigated this as a formal complaint, and the issues has not exhausted the Council's complaint procedure. The case was referred to the Council and was fully investigated through the complaint's procedure. The council issued a final response. Mr. P then went back to the Ombudsman who decided they would not investigate the complaint as the Council were not at fault and they could not add to our response. This was closed after initial enquiries- no further action needed.

## Case 4-

The complaint was regarding the care for Mr. A's relative and the way in which the Council have managed this. The Council were found at fault for the standard of the care provision for Mr. A's relative whilst in a placement. This case was Upheld- Maladministration and Injustice. The Council agreed to pay compensation of £200 and £500 for compensation for the distress and apologise for this. The Ombudsman confirmed that the Council's remedy action was complete and satisfactory, and the case as closed.

## Case 5-

Mr. G's complaint centred around extra care charges from his landlord Midland Heart. This was an enquiry, not a full investigation. It was found that Coventry City Council had not provided any care for Mr. G, and he was not open to Adult Services within Coventry. The allegations regarding the tenancy issues/anti-social behaviours were better placed at the Housing Ombudsman and the decision from the Local Government and

Social Care Ombudsman was not to investigate the concerns and the case was closed after initial enquires as Out of Jurisdiction.

Case 6-

Mr. K's complaint lies with a care provider commissioned by the Council. Mr. K feels that their Mother-In-Law had not received the care they required and that the care provider violated the terms of the agreement by withdrawing care from their mother-in law with no notice. This complaint was dealt with initially by the care provider, and not through the Council's complaints procedure. As the Council commissioned the care, the LGSCO would deem the Council liable for any injustice that may have been caused. This was fully investigated by the Ombudsman and Maladministration and Injustice was found. The agreed remedy actions were to write a letter of apology and issue a payment for £200. The remedy had been deemed complete and satisfactory by the Ombudsman and this case was closed.

Case 7-

Mr. T has complained that Adult Social Care at the Council had not supported them and had not responded to any complaints. Information had been sent to the Ombudsman to advise we have not been able to consider the complaint due to lack of information provided by Mr. T. The Ombudsman made enquiries regarding this case, and this was found to be Not Upheld by the Ombudsman as the Council has not caused any injustice and there was no evidence of maladministration. This case was closed after initial enquires- no further action needed.

Case 8-

Mr. S complained that their son has been neglected whilst in care commissioned by the Council. Due to the neglect, Mr. S alleges that the son has more serious health conditions which should have been recognised previously. The complaint also includes dissatisfaction at records being deleted from a previous care provider. This case is still open at the time of this report and is under investigation.

Case 9-

Mr. F raised issues around continuity of care workers who are looking after their friend. Concerns have also been highlighted around the training of care workers in certain breathing equipment that must be maintained for Mr. F's friend. This case has been sent to the Investigation team at the Ombudsman and we are currently awaiting an update once this has been allocated to an Investigator within the LGSCO.

The Local Government and Social Care Ombudsman (LGSCO) publish a annual report regarding Adult Social Care each year, this years can be found at- <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>

# Compliments

Feedback from compliments provides an equally valuable message, clearly affirming when services make a difference and personal qualities have added value to the outcome for users and carers. **282** compliments were received in **2021/22** compared to 166 in 2020/21. These were all related to the quality and standard of care provided to older people. Compliments came from service users and their family members, thanking individual members of staff and teams for the ongoing support and care provided by social workers, care teams and departments. Compliments are received by forms, thankyou cards, letters and emails.

The below tables show the % of compliments compared to all complaints received during 2021-22

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
April	2	8	400%
May	5	7	140%
June	5	16	320%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
July	12	33	275%
August	14	7	50% d
September	6	7	117%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Compliments received
October	6	5	83%
November	9	14	156%
December	4	13	325%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
January	2	14	700%
February	8	75	938%
March	3	83	2767

Below are examples of compliments received during 2021-22.

*Compliment to Community Case Worker*

*I wanted to send an email to say that the case worker has been working with the service user and our family to help meet his social care needs. He is relocating to the Nuneaton and Bedworth area, but we wanted to say how grateful we are for all the help and support that the case worker has given us over the last few months- she has been just brilliant. It is likely that we wouldn't be where we are regarding the service user's relocation to more appropriate accommodation had it not been for her input. Our whole family wanted me to say thank you for all the care, compassion, understanding and determination shown by the case worker to help get us where we are today.*

*Compliment to Community Services 65+*

*I thought I would just drop you a quick email on behalf of my family to say what a fantastic job your team are doing.*

*Their work was so professional, yet compassionate, in everything they did in arranging care for our father.*

*We know as a family we did not try and put a care package together until it was too late, but this was my mother and father's wishes, old school to the end, "we can do it ourselves, we do not need anyone's help" My father's respect form was to pass away at home, with my mum by his side, as she had been for nearly 63 years of marriage, but unfortunately, he became so poorly, we decided as a family that he needed medical help not care and was admitted to UHCW, where he passed away peacefully, finally free from pain, with his 2 proud sons at his bedside.*

*Once again, a big thanks to all the team.*

*Compliment to Therapy and Comms*

*Just to let you know that I received a phone call from a service user who said that she couldn't have done without you, it was a great service.*

*Compliment to Therapy and Comms/Adaptions*

*Firstly, due to poor health I would like to apologise in the delay in writing to you*

*We would like to thank you for all your support and understanding with the adaptations undertaken at our address.*

*The works undertaken were desperately needed to improve our quality of life, and this thanks to you certainly is the case.*

*A lovely wet room, where he can go without fear of falling and hurting himself*

*The door from the front room to his bedroom, making it easier for him to interact with us all and not feel isolated.*

*The door leading to the back yard, much safer for him to access without the step and without having to struggle opening both doors in order to get out.*

*We are extremely happy with all the hard work and dedication shown by the building contractors, in order to meet our need.*

*We were kept updated every day and any concerns we had were addressed immediately and without any hesitation.*

*There are a few points, that have been highlighted during visits to our house following completion of work which I would like to address:*

- 1. It was pointed out that there was no tray in the wet room, I can confirm that we did see this being put down.*
- 2. The grab rails, we were shown two sizes, we are happy with the ones fitted.*
- 3. Although on the plans it did mention a new double door, we did express having a single door installed making it easier for him to access and not have to struggle to open two doors.*
- 4. I was asked if I had seen and signed the plans I can confirm, we had sight of the plans and we both signed.*

*We would be grateful if you could share this email with your line managers and forward onto the Building Contractors who have helped make this happen.*

*You have made a young man very happy.*

*Compliment to Harry Caplan House*

*Thank you all so much for looking after my Mum brilliantly since she came to Harry Caplan House. We appreciate all that you do for her*

# Service improvements and learning points

Adult Social Care is committed to learning from service user and customer feedback. Where complaints highlight that matters have gone wrong, managers must identify any remedial and development action required to improve service delivery.

## Most common areas of feedback

When complaints are received, they are recorded on a database and each concern raised within the complaint is logged under a 'reason of complaint code'. These codes include main categories and subcategory subjects. An example of this would be Standard of Service which has the subcategory reason codes *service level/care plan dispute lack of/access to/eligibility for service and delay in receiving service*. It is not unusual for a complainant to raise more than one concern in the same complaint. For example, a complainant may submit a complaint about communication and finance issues experienced during the same incident, and both concerns along with any additional subcategories within the complaint codes would be recorded accordingly under that complaint.

The table below highlights the different types of concerns raised within the complaints received in 2021/22 compared to 2020/21 under the main category. This does not show the actual number of complaints received but only the main reasons of complaints data. Currently our system does not capture an individual complaint code breakdown of the outcome of each concern – so the figures below reflect the alleged complaint, rather than whether a complaint was upheld or not within those specific categories.

Category	2021/22		2020/21	
Communication	53	43%	50	53%
Standard of Service	58	48%	38	40
Protection	3	2%	3	3%
Environment/property	3	2%	2	2%
Financial issues	5	5%	2	2%

The 2 main categories of concerns raised are, Standard of Service and Communication.

## Communication

43% of complaints received in 2021/22 (compared to 53% in 2020/21) were centred around communication, this is a positive decrease of 10% from the previous year. When service users and their families are referred for support, they require information on subjects they may have not encountered before. They also need to be kept informed of progress and decisions in processes that are complex and often appear confusing. These may be services directly provided by the Council or those delivered through independent sector provision and can include care and support delivered in care homes, housing with care support and a range of other community support services. Representations of this nature are categorised in terms of the provision, quality, method and timelessness of information as well as accuracy. The Communication themes seen during 2021/22 were as follows, time keeping, missed calls, not attending call times, and technical delayed call time management. The lack of communication from social workers and with safeguarding referrals, inaccurate assessment records and the tone in which social workers were alleged to have spoken to complainants were also highlighted. Other issues centered around the lack of communication with service user's relatives and not being kept updated with developments.

## Standard of Service

48% of complaints received in 2021/22 (as compared to 40% in 2020/21) were related to standard of service and reflect an increase of 8%. Considering the increase of complaints, on an average, the percentage of Standard of Service has reduced compared to 2020/21. Standard of Services includes service delivery, assessment of eligibility for services and timeliness in receiving services. Not all adults will be eligible for services from Adult Social Care following assessment. This can inevitably result in challenge and disagreement on how individual needs can be met. These are often emotive and challenging situations which can stimulate complaints where people do not agree with the practitioner's views or level of service received. Delays may also be incurred due to sourcing the right support, again leading to a complaint. The Standard of Service themes seen during 2021/22 were as follows. Concerns were raised regarding the limitations of visitors into care homes, allegations of neglect in relation to the care of residents and service users being discharged from hospital without an adequate package of care. Other issues highlighted were centred around a lack of advice on how to approach Adult Services for help and support, the training of residential care workers around operating specialist equipment and delays in family members Power of Attorney being recorded causing delays with support.

## Compliments

The improvement initiative is continuing whereby compliments are captured by the complaints team and sent on a monthly basis to the Adults Principal Social Worker which are then published in the Adult Social Care internal news bulletin. In 2021/22 compliments have increased by 70% compared to the previous year which reflects positively on the service provided by Adults Services.

Compliments to date reflect well on Adult Services. In 2021/22 Adult Commissioning received the highest number of compliments, these were mostly from care homes regarding the excellent service and level of care provided. Service areas need to ensure compliments are shared with the complaints team, so these are logged and recorded accordingly going forward.

## Responding to and learning from complaints

The learning elements from complaints are captured in service areas on a regular basis as part of the business management process and further evaluation of complaint data is reviewed for ongoing learning and improvements. Across Adult Social Care various processes to address learning and outcomes of quality and assurance are in place, and the learning of complaints is regularly discussed on an on-going basis with management teams and social care staff. There needs to be a consideration of an achievable and deliverable timescale for responses to complaints. We do monitor achievements against this, with the continuation of the RAG reporting process and quarterly data capturing. Upon completion of the complaint investigations, service improvements can be identified to change practice. Examples of these changes are:

- The introduction of the Internal Investigation Form in 2021 captures individual learning from each complaint received, which is then shared with the relevant service areas to then implement any learning going forward.
- Adult Social Care is keen to learn from what works well as well as from what goes wrong. We now collate the compliments as well as complaints and look at themes, learning and where good practice exists, we share this via our internal Let's Talk meetings and briefings with colleagues across the services.
- Management oversight of complaints into the service is now embedded into regular updates from colleagues in the Customer Relations Team into the Adult Social Care Management Team enabling greater oversight of how the process is managed and any delays
- The Commissioning Team have progressed their intention to develop a robust protocol and process for the quality management of contracted services which is now in implementation
- Improvements in communication in relation to when assessments are delayed and to ensure that processes and outcomes are completed in a timely manner and a prompt resolution to enquires are sought.
- Advice could be given to social workers that they can offer carers assessments to anyone providing informal care, regardless of the care in place for the cared person.
- Processes to be reviewed in intake to ensure persons/families are contacted and appropriately supported through the safeguarding process, and any necessary care changes.
- Continued staff training to ensure care providers leave properties secured

## Adult Services Complaint Literature

In 2022/23 we are to review Adults Services complaints literature to provide 2 new complaints leaflets, to include an easy-to-read option. The complaint leaflets are to be available in multiple languages to ensure it is accessible to all communities/background.

## Complaints, Comments and Compliments Information Hub

An information hub had been launched in 2019 to provide complaint information and processes to members of management and staff within social services to support the investigation and complaints process. The information hub will further develop going forward to provide all information to support Adult Services with the complaints process.

## Internal Complaints Investigation Form

An Internal Investigation Form was launched in 2020/21 to capture additional learning and understanding of complaint concerns to ensure service areas and teams consistently improve their services and implement any learning necessary.

## Investigating Officer Guidance External Web Page

A step-by-step guide for investigating officers has been launched in 2022 on our external website. The guide is to provide support and guidance for investigating officers on statutory, corporate, and informal complaints and this will be updated and refreshed on a yearly basis.

## Complaints and Ombudsman Training Module

The Complaints Officer and Team continues to provide training sessions on all aspects of complaint processes in 2021/22 to all existing and new staff within Adult's Services. In 2021, the Complaints Team alongside the Customer Service Training Coaches delivered internal training to senior management and teams on the complaints and Ombudsman process. This is to be updated and delivered on a yearly basis.

## Specific service area improvements/learning which have been identified

### Adult Commissioning

Adult Commissioning investigated 11 formal complaints in 2021/22 of which 6 had elements that were found to be wholly or partially upheld.

The themes were around communication and quality of care including late home support visits and staff behaviours. All upheld/partially upheld elements of complaints were followed up with providers and remedial action put in place. This has included improving systems of communication, moving to reduce reliance on agency staff and in a small number of instances disciplinary action. Whilst our expectations are around good quality care provision it needs to be borne in mind that the Adult Social Care sector is particularly affected by workforce recruitment and retention issues and whilst the Council supports providers to improve the workforce situation low pay remains an issue. Our refreshed quality assurance approach was formally approved by Cabinet Member on 13<sup>th</sup> July 2022 and will continue to focus on proactive as well as reactive approaches to quality assurance with appropriate escalation..

### Community Social Care (65+) and All Age Disability

There have been a small number of complaints upheld with most issues relating to a lack of communication and some concerns highlighted delays.

Any issues raised about a lack of communication between a staff member and service user have been raised on an individual level and staff reminded of our Adult Social Care standards. To ensure issues do not arise again our processes are always reviewed to ensure best practice.

A variety of issues were raised across these areas, but no themes were identified so although it is important for us all to reflect on the learning there was nothing to address regarding service improvement.

Staff continue to work hard to ensure the timeliest response possible, but we are experiencing an increase in demand for assessments and support, this has been supported by a recruitment drive and demand is continuously monitored at senior management level.

### Hospital, Therapy, and Intake Teams

There have been a small number of complaints upheld which relate to conduct of staff or delays in major adaptations being completed. In addition, some complaints raised were in relation to information regarding Telecare being accessible on our web pages.

All concerns in relation to staff conduct are taken seriously and dealt with at an individual level to ensure all workers uphold professionalism and reflect on their actions to ensure reflections and learning from complaints informs future practice.

Information about Telecare is available on our web pages; however, we acknowledge that perhaps this is not as accessible as it could be. We were already in the process of reviewing our web pages to ensure all the relevant information is available and accessible to the public.

During the pandemic we have experienced delays in relation to building work and availability of contractors to complete major adaptations which has resulted in DFG's not taking place within timescales. We are doing some work internally to look at processes and procedures taking into account new DFG guidance so that our process is as timely and as streamlined as possible.

### Mental Health

Formal complaints in relation to Mental Health Services for ASC remain low but communication is a general theme that continues. Our interventions are often at a time of great distress to individuals and their families and communicating the finer elements of statutory responsibility can be difficult and this is apparent in each complaint received this year.

Investigating Officers have provided direct feedback into the service to enable greater consideration of the impact of information at the point of formal assessment and detention and in relation to the Deprivation of Liberty process.

### Practice Development & Safeguarding

The service area receives a relatively low number of complaints and the one received this year was not upheld. This complaint was regarding the sharing of safeguarding documentation and a learning action was taken to ensure staff involved alert people to the contents of which may cause distress before agreeing to share. We updated our internal safeguarding practice guidance, so staff and managers are clear when requests made to disclose information on what basis we do this and to minimize any potential distress upon viewing sensitive information regarding the recipient. There were no themed areas which required service wide improvement actions.

# Adult Social Care 2021/22 Complaints and Representations key facts and figures

Adult Social Care (ASC) have always taken



complaints very seriously and it is a priority that we learn from them, improving individual practices but also practice throughout the whole of the Adult Social Care Directorate.

There has been a slight increase in the number of complaints received compared to 20/21, however this may be due to an increased number of people being supported by Adult Social Care 21/22, and the complexity of the casework is constantly increasing however even though we have an increase in numbers there is an improvement in the number of complaints completed within timescale.



**In 2021/22 Compliments have increased by 70% compared to 2020/21**



Average timeframes to investigate complaints have **improved by 15%** compared to 2020/21.



Themes of Complaint: Communication has shown a **decrease of 10%** compared to complaints centered around communication in 2020/21.



**21 complaints** were resolved informally in 2021/22 compared to six in 2020/21. This is in an increase of informal complaint resolution by 250%.

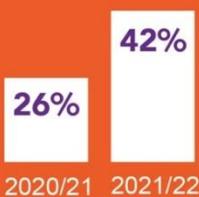


The number of complaints responded to in timescales, and learning that can be taken forward, is regularly reported throughout the year to ASCMT. It is important that we all know the areas where we can improve and that this is supported by Senior Managers.



100%

0%



The percentage of complaints not upheld have **increased by 42%** in 2021/22 compared to 26% in 2020/21. The percentage of complaints partially upheld have **decreased by 26%** compared to 2020/21.



# Further information

Further information about complaints and representations and a copy of the Council's complaints policy and [complaints handling guidance](http://www.coventry.gov.uk/complaints/) is available at [www.coventry.gov.uk/complaints/](http://www.coventry.gov.uk/complaints/).

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December 2022

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December 2022



Customer Services - Improvement & Development

Coventry City Council

# Complaints handling guidance

Guidance for managers and officers dealing with  
comments, compliments and complaints



**COMMENTS  
& COMPLIMENTS  
& COMPLAINTS**

**ONE  
COVENTRY**

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# Introduction

## About this guide

This document is an internal document that provides guidance for managers and officers dealing with comments, compliments and complaints. It is to be read in conjunction with the complaints policy at [www.coventry.gov.uk/complaints/](http://www.coventry.gov.uk/complaints/). In line with the Council's values to be open, honest and transparent, this guide is made available to members of the public too.

## Making things right

Coventry City Council is committed to putting local people and their needs at the heart of what it does. As employees of the Council, we work to ensure that people have a positive and trouble-free experience with us in all transactions and interactions. However, sometimes things go wrong. When things go wrong, we encourage people to speak up, so that we can make things right.

Effective management and resolution of complaints, as well as learning from complaints, help ensure that Council services meet the needs of local residents and communities, and helps build a foundation of trust in order for the Council to have new conversations with residents, communities and partners to enable people to do more for themselves as active and empowered citizens. A key principle of this is continuous improvement, and this includes reviewing the Council's complaints processes and systems to ensure consistency and improve the way the Council serve the people of Coventry.

## The complaints policy

Coventry City Council's complaints policy sets out how individual members of the public can complain to the Council, as well as how the Council handle compliments, comments and complaints. Where possible, complaints should be resolved informally. If this is not possible, they can formally complain to the Council.

The complaints policy can be found at: [www.coventry.gov.uk/complaints/](http://www.coventry.gov.uk/complaints/). The policy defines complaints as *"any expression of dissatisfaction about the standard of service, actions, or lack of action by the Council or its employees, which the customer feels should have been provided"*.

Depending on the subject and nature of the complaint, a different pathway is followed:

- complaints about **children's social care** including care homes and other providers commissioned by the Council follow the statutory process for representations made by or on behalf of children using social care services provided by / commissioned by the Council arising from the Children Act 1989;
- complaints about **adult social care** including care homes and other providers commissioned by the Council follow the statutory process for representations made by or on behalf of an adult using social care services provided by / commissioned by the Council arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009;
- **all other complaints** relating to Council services are dealt with by the corporate complaints policy.

Note that complaints about non-Council services, for instance, schools, hospitals; complaints by employees; or complaints about elected members (councillors) are outside the scope of the complaints policy.

The Council strives to act in accordance with best practice. This includes:

- the National Complaints Managers' Group (May 2016) [Good Practice guidance for handling complaints concerning adults and children social care services](#);
- guidance from the Local Government and Social Care Ombudsman (LGSCO):
  - [guidance on good complaint handling](#) (for instance, running a complaints system; managing unreasonable complaint behaviours and remedies); and
  - [single complaints statement](#) guidance for councils and care providers on best practice in receiving and dealing with comments, complaints and feedback about their services.

### The Local Government and Social Care Ombudsman

The LGSCO is the final stage for complaints about councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. It is a free service that investigate complaints in a fair and independent way; and provides a means of redress to individuals for injustice caused by unfair treatment or service failure.

If a complainant has exhausted all of the Council's own complaints process, and remain dissatisfied with the Council's decision and/or its handling of the complaint, they have the right to take the complaint to the LGSCO. When a complaint has exhausted the Council's complaints procedure, they are informed of this right – and provided detail with how to contact the LGSCO.

## Roles and responsibilities

### Customer services

Complaints by members of the public should typically be made through customer services:

Web: [https://www.coventry.gov.uk/form\\_speakup](https://www.coventry.gov.uk/form_speakup)  
 Email: [customer.services@coventry.gov.uk](mailto:customer.services@coventry.gov.uk)  
 Telephone: 08085 834 333

Members of the public may also choose to seek help and advice from elected members (councillors) or from agencies (such as Citizens Advice, or the Ombudsman) for help and support in making their complaint. These complaints should also be passed to customer services to ensure it is recorded and tracked on Dash.

### Investigating officers

Complaints should be dealt with by the individual service area in line with the complaints policy. The officer leading the complaint response is known as the investigating officer.

### Complaints co-ordination

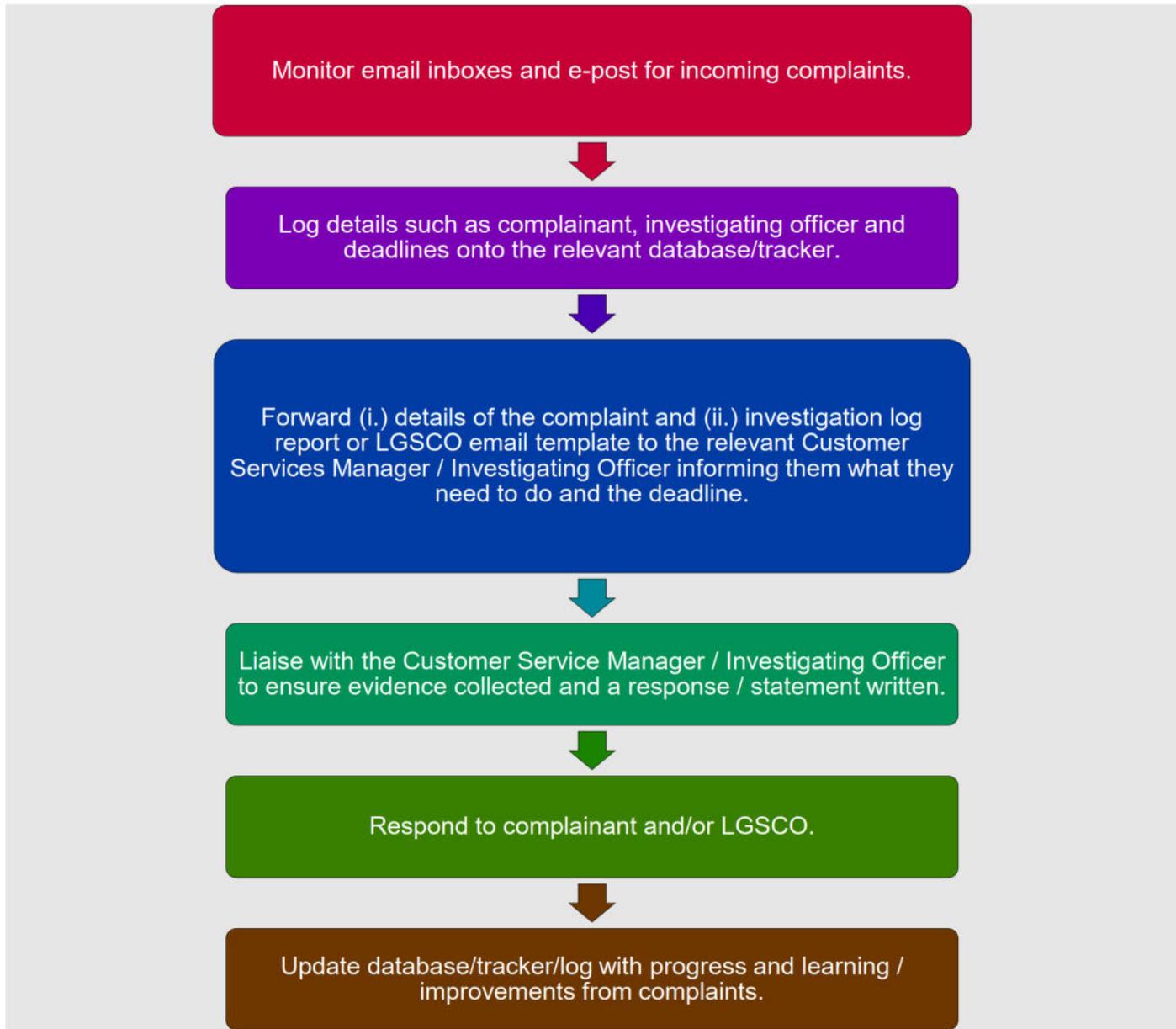
The Complaints Team provides a co-ordination function for social care, corporate and complaints escalated to Ombudsman. The complaints co-ordination function also:

- manages the 3Cs Info Hub, a one-stop shop on the intranet;
- holds regular meetings with managers and advocacy services to provide progress updates and discuss cases;
- appoints independent investigators and facilitate service investigations and reviews, in conjunction with children's services and commissioning;
- provides regular reports and statistics on complaint numbers, timescales and key messages to senior management; and
- produce annual reports.

# Complaints co-ordination role

## Process flowchart

The following flowchart sets out how the complaints co-ordination process handles complaints and representations from members of the public:



## Getting help

### The complaints information hub

Further guidance, reports and information available for Council staff on the Complaints, Comments and Compliments Information Hub (**3Cs Info Hub**) at <https://coventrycc.sharepoint.com/sites/3CsInfoHub/>.

### Getting help

If an investigating officer needs help in responding to a complaint, please speak to your line manager at first instance. If you need further help, please contact:

### Statutory social care complaints

- Adult social care complaints: [AdultSocialCareCustomerRelations@coventry.gov.uk](mailto:AdultSocialCareCustomerRelations@coventry.gov.uk)
- Children’s social care complaints: [CLYPCustomerRelations@coventry.gov.uk](mailto:CLYPCustomerRelations@coventry.gov.uk)

### Corporate complaints

- Corporate complaints: [Customer.Services@coventry.gov.uk](mailto:Customer.Services@coventry.gov.uk)

### Ombudsman Link Officer

- Coventry City Council’s Ombudsman Link Officer: [Ombudsman@coventry.gov.uk](mailto:Ombudsman@coventry.gov.uk)

# Complaint processes, stages and escalation

The key stages of the Council’s complaints processes are as follows:

Type	Corporate	Adult social care	Children’s social care	LGSCO
<b>Stages</b>	Informal resolution Stage 1: service investigation Stage 2: service investigation review	Informal resolution Stage 1: local resolution	Informal resolution Stage 1: local resolution Stage 2: investigation Stage 3: review panel	Enquiry and assessment Investigation Decision and remedy
<b>Timescales</b> (in working days)	Acknowledgement: 3 days Stage 1: 10 days Stage 2: 20 days  Please note that between Stage 1-2 escalation, we will always try to resolve issues informally before progressing to the next stage.	Acknowledgement: 3 days Stage 1: 20 days	Acknowledgement: 3 days Stage 1: 10 (to 20 <sup>1</sup> ) days Stage 2: 25 (to 65 <sup>1</sup> ) days Stage 3: 30 days  Please note that between Stage 1-3 escalation, we will always try to resolve issues informally before progressing to the next stage.	Enquiry: 1-3 days Investigation: 20 days Draft decision: 5-10 days Remedy: as set out in the final decision statement
<b>Services</b>	All other services <sup>2</sup>	Adult social care	Children’s social care	All
<b>Recording</b>	On the corporate customer relationship management system, <a href="#">Dash</a> .	On the corporate system, <a href="#">Dash</a> plus the <a href="#">social care complaints database</a> .	On the corporate system, <a href="#">Dash</a> plus the <a href="#">social care complaints database</a> .	On the <a href="#">Tracker</a> on the Local Government and Social Care Ombudsman management portal.
<b>Reporting</b>	Quarterly summary trends and indicators on the <a href="#">3Cs Info Hub</a> <sup>3</sup> .	Weekly progress reports provided on the <a href="#">3Cs Info Hub</a> and regular progress meetings held with relevant managers. Quarterly trend and context provided to relevant management team and via dashboards. Annual report to the relevant Cabinet Member.		Upheld complaints referred to the Monitoring Officer for follow-up action. Quarterly trends and context on the <a href="#">3Cs Info Hub</a> . Annual report to relevant committees and relevant Cabinet Member.

### Escalation of complaints

If the complainant is not satisfied with the outcome of the investigation, and they consider that one or more of the following apply: relevant information was not taken into account in investigating the complaint; procedures have not been properly applied in handling the complaint; there has been an incorrect interpretation of Council policy, they can ask for the complaint to be reviewed via a service investigation review. The review will either be conducted by a senior manager of the service or, a senior officer or manager outside the line management of the service depending on the circumstances.

<sup>1</sup> This is the maximum extension for complex cases as defined by the statutory guidance.

<sup>2</sup> All other services, e.g.: adult education; benefits and tax; children’s transport; corporate, finance and legal; education and libraries (except schools or education admissions appeals); environmental services (including household waste collections, noise complaints); housing services; planning; parking, etc.

<sup>3</sup> Indicators currently provided on the corporate dashboard accessible via the 3Cs Info Hub and the Performance Hub.

The complainant will be expected to explain, in writing or verbally, the grounds for seeking a review. With children's social care complaints, in line with the Department for Education statutory guidance for local authority children's services on representations and complaints procedures, a complaint may be escalated to a Stage 2 investigation or Stage 3 review panel if a complainant wishes for it to do so. When this happens, a senior officer will always work with the complainant to see if the complaint can be resolved without escalation first.

### Escalation to the Local Government and Social Care Ombudsman

If a complainant is unhappy about the way the Council has dealt with their complaint, they can contact the LGSCO. The LGSCO would normally expect a complaint to be made within twelve months of when the complainant first knew of the problem that they are complaining about, and normally require all complainants to go through all stages of the Council's own procedure before considering the complaint. However, in certain circumstances the LGSCO has the discretion to waive this requirement. Note that a complainant can approach the LGSCO at any stage of the complaints process.

### Remedies, compensation and financial redress

The key principle for any financial remedies paid is that a remedy should, as far as possible, put the complainant back in the position they would have been in but for the fault identified. Any financial redress should be agreed with the relevant director, in line with LGSCO guidance set out at <https://www.lgo.org.uk/information-centre/reports/guidance-notes>. Where a complaint has gone to the LGSCO, the local authority has the option of suggesting a remedy to resolve the complaint – or to accept the LGSCO's recommendation.

### Learning from complaints: the complaints investigation log report

It is important for services to treat complaints as an opportunity to learn lessons from previous experiences. By learning from complaints, services can become more responsive to the needs of residents. Upon completion of a complaint investigation, investigating officers are asked to complete a complaints investigation log report. This will provide additional learning from the complaints received, for example, improvements to training or to inform changes to procedures. The Council regularly publishes reports on complaints, including lessons learned, to ensure that complaints are properly communicated to elected members.

### Equality monitoring

It is important to ensure any equality dimensions identified through complaints are addressed and rectified. Operationally, it is important that equality data such as the protected characteristics such as ethnicity, sex and disability status is collected as part of handling complaints; and issues are raised to the strategic equality, diversity and inclusion project board. This will enable the Council to identify if its complaints policy is operating as intended, eliminate discrimination and advance equality of opportunity in line with the public sector equality duty.

## Privacy and information governance

**Please remember that complaints, investigations and information about it are private and confidential and must not be disclosed to third parties.**

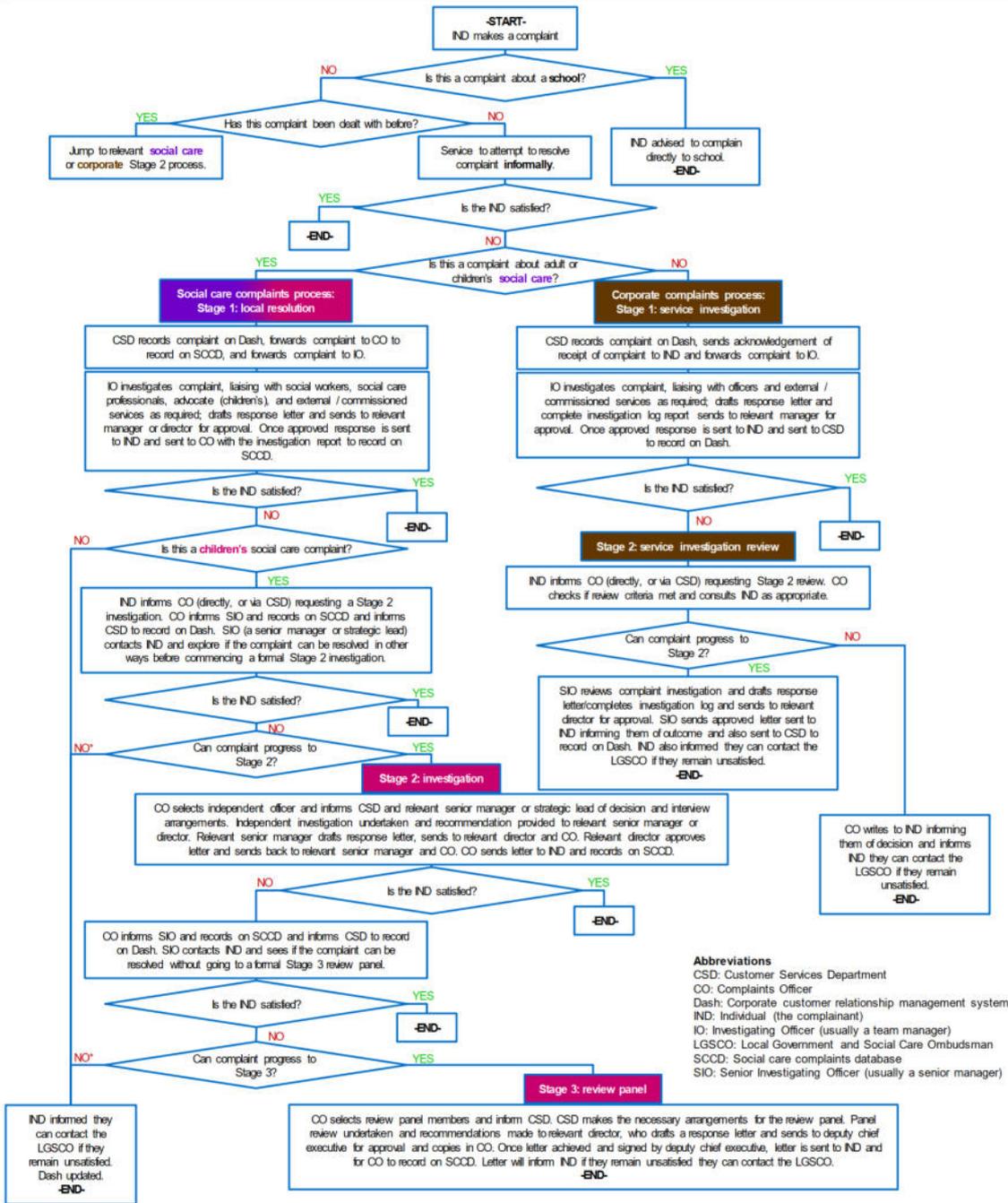
Our summary privacy notice states:

We will use the information you provide to handle your complaint in line with the Council's complaints policy available at [www.coventry.gov.uk/complaints/](http://www.coventry.gov.uk/complaints/). We may share this information with other organisations which may include independent external investigators, children's advocacy services and the Local Government and Social Care Ombudsman. We will only share your information if this is part of solving your complaint. More information on how we handle personal information and your rights under the data protection legislation can be found in the full Privacy Notice: [www.coventry.gov.uk/privacynotice/](http://www.coventry.gov.uk/privacynotice/).

You can help ensure that we protect people's information by ensuring that you follow the Council's information governance and data protection policies. In particular, please:

- **ensure that any correspondence containing personal or confidential data is sent in a password protected zip archive** with the **password provided in a separately email**; and
- **double-check** people's names, contact details, email addresses, mailing addresses and telephone numbers!

# Social care and corporate complaints process flowchart



**Abbreviations**  
 CSD: Customer Services Department  
 CO: Complaints Officer  
 Dash: Corporate customer relationship management system  
 IND: Individual (the complainant)  
 IO: Investigating Officer (usually a team manager)  
 LGSCO: Local Government and Social Care Ombudsman  
 SCCD: Social care complaints database  
 SIO: Senior Investigating Officer (usually a senior manager)

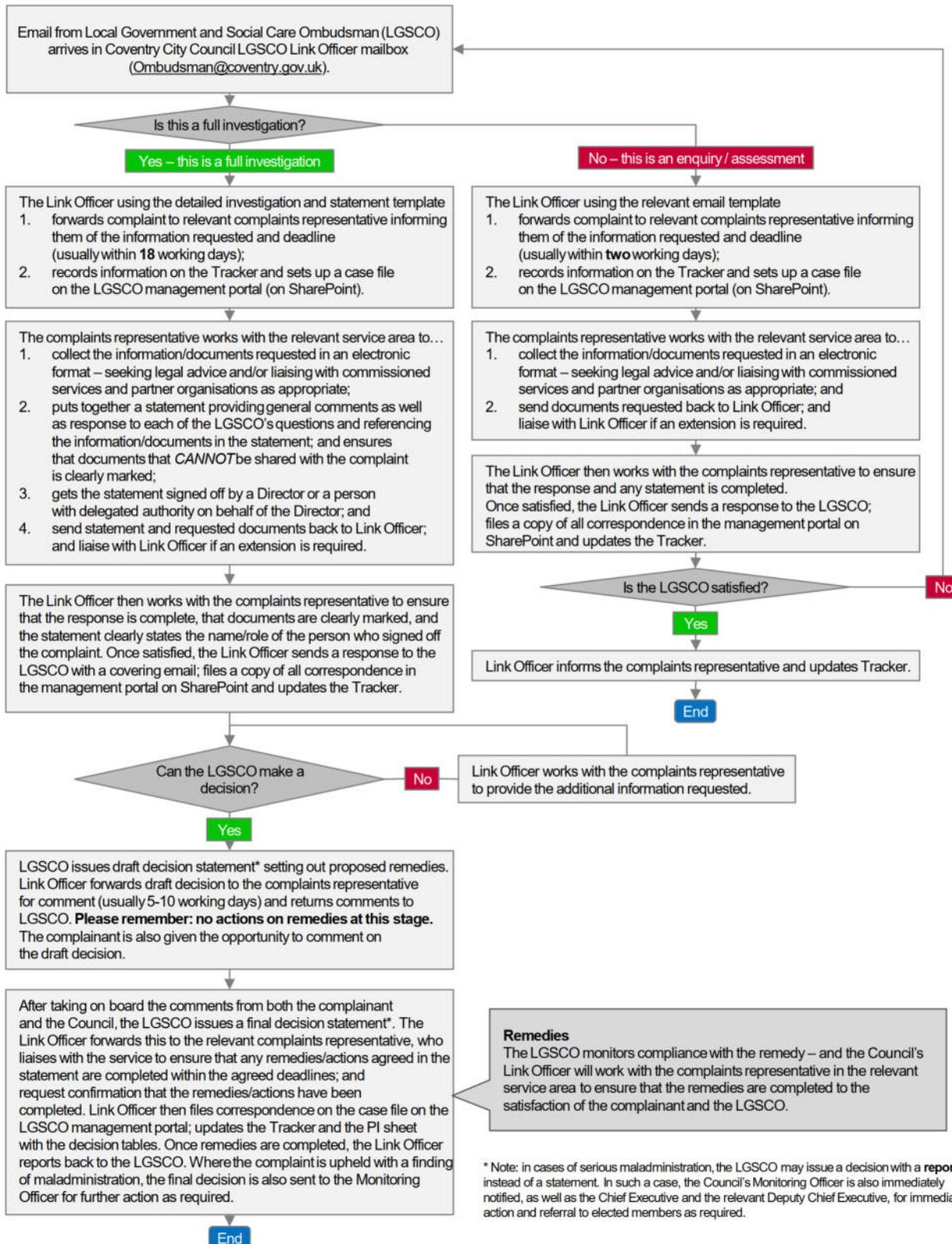
\* on rare occasions a complaint may not progress to the next stage, (e.g. out of timescale)

# Local Government and Social Care

## Ombudsman process complaints guidance

Stage	Notes
Enquiry / assessment	The request will have a short deadline of between <b>1 to 3 working days</b> . At this stage, the LGSCO will ask the Council for a copy of its formal complaint responses; and confirmation that the complaint has fully completed the Council's complaints process. The request will not include any new actions and should be returned to the Link Officer by the date specified.
Premature	If a complaint has not completed the Council's own complaints process, the LGSCO Intake team will ask the complainant to contact the Council. Alternatively the LGSCO will return the complaint as a "premature" complaint for consideration under the Council's complaint process. The Link Officer will send the relevant department the information using the premature email template. It is important to remind complainant of their right to complain again to the LGSCO when they exhaust the Council's complaints process. Following completion of the complaints process (whether it is resolved or not), a copy of the final response should be sent to the Link Officer.
Investigation	The Link Officer will send a covering email using the Ombudsman detailed investigation template which includes the statement document requesting a written response to the LGSCO's questions. This needs to be returned by a set deadline, usually within <b>18 working days</b> , so that the deadline (within 20 working days) can be met. The response must be provided as a <b>statement</b> , providing general comments as well as responses to each of the questions. It must also include the name and role of the author, and be <b>signed off by the Director</b> or a nominated person. Any supporting evidence must be provided as electronic attachments and referenced in the statement. Any information that cannot be shared with the complainant should be clearly marked and packaged separately. It may be necessary to seek legal advice and/or liaise with commissioned services and partner organisations as appropriate. The Link Officer needs confirmation that this has been done (in the form of an email trail). If the LGSCO investigator has asked us to consider whether we are prepared to remedy any injustice that may have been caused – we should comment on this as this is an opportunity for us to resolve the issue.
Draft decision	Following the investigation, the LGSCO will typically issue a draft decision <b>statement</b> . This will state whether the complaint was <b>upheld</b> or not, and detail the investigator's findings and explains the decision made. At this stage, the Council is asked whether it agrees with the decision and remedy. This is an opportunity to comment on the decision, and suggest any changes or corrections. At this stage, remedial actions must <b>not</b> be taken yet – remedies should only be completed after the final decision. We are usually requested to respond within <b>5-10 working days</b> . <i>Note: the investigator may choose to issue a decision as a <b>report</b> (under Section 30(1) of the Local Government Act 1974) in which case the Council's Monitoring Officer is notified.</i>
Final decision	The final decision letter and statement should be circulated, as appropriate, to everyone who was involved in the investigation and everyone who needs to know of the investigation outcomes. Action on remedies should now be completed. In cases where the LGSCO makes a finding of <b>maladministration</b> , the final decision letter and statement is also forwarded by the Link Officer to the Monitoring Officer. The Monitoring Officer will decide if any further action is required.
Remedy	The LGSCO aims to remedy personal injustice when its investigations reveal there has been fault. Remedies are not intended to be punitive and are not just about money: the remedies also look into the root causes and recommend improvements to systems when they haven't worked properly, so that others do not suffer the same problems in future. The LGSCO monitors compliance with the remedy – and the Link Officer will work with the complaints representative in the relevant service area to ensure that the remedies are completed to the satisfaction of the complainant and the LGSCO. Confirmation and evidence that all actions required, as per the final decision letter and statement. This can be as soon as within <b>5-10 working days</b> ; or longer for more complex issues.

# Local Government and Social Care Ombudsman process flowchart



# Version control

## Document Location

Published location: <https://smarturl.it/cov-complaints-guide>

SharePoint: [https://coventrycc.sharepoint.com/teams/ChiefExec/PublicHealth/Insight/Documents/Complaints handling guidance 2020.docx](https://coventrycc.sharepoint.com/teams/ChiefExec/PublicHealth/Insight/Documents/Complaints%20handling%20guidance%202020.docx)

## Reviewing arrangements

This guidance is reviewed annually with the annual complaints report.

## Revision History

Revision date	Summary of Changes
13/09/2018	3.1 Integrated guidance, combining previously separate complaints handling guidance for the Local Government and Social Care Ombudsman and People Directorate and social care into one document.
04/09/2019	4.0 Updated with new section on roles and responsibilities, updated with the new complaint's investigation log and statement template.
20/09/2019	4.1 Added section on equality monitoring.
14/09/2020	5.0 Updated to clarify changes in Ombudsman handling procedure regarding premature complaints and reflect organisational changes.
19/09/2021	6.2 Updated Complaint, Process, Stages and Escalation table to reflect an informal review between each stage of the complaint's procedure before escalation to the next stage.



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**Public report**  
Cabinet Member

**Cabinet Member for Adult Services**

**17 March 2023**

**Health and Social Care Scrutiny Board 5**

**22 March 2023**

**Name of Cabinet Member:**

Cabinet Member for Adult Services - Councillor M Mutton

**Director Approving Submission of the report:**

Director of Adult Services and Housing

**Wards Affected:**

All

**Title: Market Sustainability Plan**

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**Is this a key decision?**

No - Although the proposals affect more than two electoral wards, the impact is not expected to be significant.

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**Executive summary:**

A key component of Central Government's Adult Social Care reform agenda, introduced in the White Paper "People at the Heart of Care", is sustainability of the care market. Part of the requirement of Government was for Councils with responsibility for adult social care to undertake a Fair Cost of Care (FCoC) exercise to establish the median cost of care for two distinct elements of the care market namely care homes for people aged 65 and over and home support for those aged 18 or over and to move towards payment of median fee rates. A further mandate was for the delivery of a provisional Market Sustainability Plan (MSP).

The production of the MSP was required to ensure that the Council received Central Government financial support in relation to Fair Cost of Care in 2022/2023 and is a condition of receiving the Sustainability and Improvement Fund in 2023/2024.

The Department of Health and Social Care (DHSC) required submission of a provisional MSP in October 2022 and the Council submitted this to DHSC by the prescribed deadline following approval at Cabinet on 11<sup>th</sup> October 2022.

Whilst many of the Adult Social Care reforms have been delayed until 2025 as part of the Autumn Statement 2022, there is still a requirement for publication of a “final” MSP by 27<sup>th</sup> March 2023 including the following three sections.

Section 1: requires assessment of the 65+ care home market and the 18+ home support market which should draw on a range of information to give a comprehensive and representative picture of the current situation.

Section 2: is an assessment of the expected market changes over the next 3 years.

Section 3: plans for each submarket to address the sustainability issues identified including how funds will be used to move towards a fair cost of care over the next three years; any further actions the local authority plans to take to support market sustainability; how the plan complements other strategic documents such as the Market Position Statement and how the authority has engaged providers in the development of these plans.

The MSP contains both financial and non-financial aspects and has been shaped through targeted provider engagement initially informed via the use of a provider survey to understand the key concerns of our contracted provision. The feedback from this survey has informed our support offer as outlined below. Such support will be undertaken alongside our standard quality work and provider engagement.

The key features of the MSP are both financial and non-financial support through measures including skills development, use of technology and recruitment support.

On 6<sup>th</sup> February 2023 Central Government announced a further requirement that Market Sustainability plans would need to be refreshed for Winter 2023. Further guidance is to follow in due course.

### **Recommendations:**

The Cabinet Member for Adult Services is recommended to: -

- 1) Approve Coventry’s Market Sustainability Plan, as appended to the report, and:
- 2) Noting that the Plan will be considered by the Health and Social Care Scrutiny Board (5), on 22 March 2023, delegate authority to the Director of Adults Services and Housing to consider and take on board any comments received by the Scrutiny Board, following consultation with the Cabinet Member, prior to the publication of the Plan and use with the adult social care market

The Health and Social Care Scrutiny Board (5) are requested to consider this report and provide comments prior to publication of the Market Sustainability Plan.

### **List of Appendices included:**

Appendix 1. Market Sustainability Plan  
Appendix 2. Equality Impact Assessment

### **Background papers:**

Cabinet Meeting Tuesday 11<sup>th</sup> October 2022; Social Care Reforms Fair Cost of Care

### **Other useful documents**

None

**Has it or will it be considered by scrutiny?**

Yes, Health and Care Scrutiny Board (5) 22<sup>nd</sup> March 2023

**Has it or will it be considered by any other council committee, advisory panel, or other body?**

No

**Will this report go to Council?**

No

## Report title: Market Sustainability Plan

### 1. Context (or background)

- 1.1 A key component of Central Government's Adult Social Care reform agenda, introduced in the White Paper "People at the Heart of Care", is sustainability of the care market. Part of the requirement of Government was for Councils with responsibility for adult social care to undertake a Fair Cost of Care exercise to establish the median cost of care for two distinct elements of the care market, namely, care homes for people aged 65 and over and home support for those aged 18 or over and to move towards payment of median fee rates. A further mandate was for the delivery of a provisional Market Sustainability Plan (MSP).
- 1.2 The production of the MSP is required to ensure that the Council continues to receive Central Government financial support in relation to Adult Social Care Sustainability and Improvement Fund.
- 1.3 Underpinning the MSP is a broad definition of market sustainability as set out in the Care Act 2014, which places a duty on local authorities to assure themselves, and have evidence, that fee levels are appropriate to provide the agreed quality of care, and enable providers to effectively support people who draw on care and invest in staff development, innovation, and improvement.
- 1.4 The purpose of the MSP is for local authorities to assess and demonstrate how they will ensure local care markets are sustainable, as they move towards implementing reform.
- 1.5 The plan assesses the impact current fee rates are having on the market and the potential future risks. This assessment enables local authorities to inform the development of mitigating actions, including how much they will need to increase fee rates over the current three-year Spending Review period and what non-financial support authorities can give to underpin a sustainable local care market.
- 1.6 Local authorities are required to demonstrate in their MSPs how its content complements other strategic documents, such as, the Market Position Statements and demonstrate how they have worked with local providers to develop the plan.
- 1.7 Completion of the provisional MSP was a condition of receiving future funding from the fund and the plan was required to be submitted in 2 parts:
- 1.8 Part One: A "provisional" MSP was required to be submitted by 14 October 2022, which was approved by Cabinet on 11<sup>th</sup> October 2022 and submitted accordingly. This had to outline a local authority's assessment of the sustainability of their local care market in relation to 65+ care home services and for 18+ domiciliary care services, which:
  - considers the results from the cost of care exercises
  - considers the impact of future market changes over the next three years, particularly in the context of adult social care reform
  - sets out an outline action plan for addressing the issues identified and the priorities for market sustainability investment
- 1.9 Part Two: A "final" MSP is required to be submitted by 27<sup>th</sup> March 2023. The key addition at this stage is the inclusion of a commitment for how the local authority will move towards the

cost of care calculated in their exercise as part of their 2023 to 2024 budget setting process. Commercially sensitive information may be redacted in the published version.

- 1.10 The MSP is required to be published on the local authority GOV.UK webpage, in a way that is clearly labelled, searchable and in an easy to find location.
- 1.11 As prescribed by the Department of Health and Social Care, the MSP has 3 sections:
- 1.12 Section 1: requires assessment of the 65+ care home market and the 18+ home support market which should draw on a range of information to give a comprehensive and representative picture of the current situation.
- 1.13 Section 2: is an assessment of the expected market changes over the next 3 years.
- 1.14 Section 3: Plans for each submarket to address the sustainability issues identified including how funds will be used to move towards a fair cost of care over the next three years; any further actions the local authority plans to take to support market sustainability; how the plan complements other strategic documents such as the Market Position Statement and how the authority has engaged providers in the development of these plans.
- 1.15 On 6<sup>th</sup> February 2023 Central Government announced a further requirement that Market Sustainability plans would need to be refreshed for Winter 2023. Further guidance is to follow in due course.
- 1.16 The Council Produced a provisional MSP submitted to DHSC by the prescribed October 2022 deadline. The plan outlined use of a 3% uplift to those care homes for older people at or below the median Cost of Care calculation and a 3% increase for all commissioned long term home support provision acknowledging that this left a significant gap between the calculated median “Fair Cost of Care” and what the Council could afford to pay.
- 1.17 DHSC had initially indicated that they would review and feedback on all Provisional MSPs. This was later modified so that only local authorities where DHSC had some concerns about their submissions were to be contacted by 31<sup>st</sup> January 2023. No such contact has been made to Coventry City Council.

#### **1.18 The Coventry Market Sustainability Plan**

- 1.19 Provider engagement has been a key part of the development of the final MSP, this was initially informed via the use of a provider survey to understand the key concerns of our contracted provision and supplemented by a series of specific provider engagement sessions. In January 2023 the Council embarked on a specific engagement exercise with providers based on the provisional Market Sustainability Plan.
- 1.20 The feedback from this work has informed our support offer to improve sustainability which includes:
  - ✓ Quality assurance and improvement through working in conjunction with ICB nurses to improve the quality of care provision
  - ✓ Provider engagement and improved communication through in person provider forums; provider bulletin noting the latest developments in social care within the City or affecting provision, best practice, and useful information.

- ✓ Provision of development opportunities through free training on upcoming social reforms e.g. Liberty Protection Safeguards.
  - ✓ Improving the use of technology through the roll out of digital healthcare in care homes.
  - ✓ Improving local connections through facilitating links to community activities and support offers.
  - ✓ Support with recruitment through facilitating monthly recruitment fairs, some of which have supported providers to specifically target recruitment towards migrant and refugee workers to diversify the workforce. A recruitment video is also available for providers to use free of charge to supplement their own recruitment campaigns and encourage values-based recruitment. Providers are signposted to other areas of recruitment support such as overseas recruitment and encouraging younger people to join the social care workforce.
  - ✓ Cost of Living support through sharing DHSC survey on utility costs with accommodation-based providers and communication around cost of living support available for providers to cascade to their staff.
  - ✓ Improving leadership through promotion of the Skills for Care registered managers and nominated individual networks and resources.
- 1.21 There is also a significant financial aspect to sustainability. Section 5.1 of this report details the additional financial support that has been available in 2022/2023 and that which is to be paid in 2023/2024.
- 1.22 In compliance with Department of Health and Social Care requirements the FCoC of care report highlighting details of median, upper and lower quartile costs of care for the 2 submarkets was published prior to the prescribed deadline of 1<sup>st</sup> February 2023.
- 1.23 An Evolving Market**
- 1.24 In any efficient market it is expected that there will be a number of entrants and exits as the market evolves.
- 1.25 The past 2 years has seen 5 closures of homes supporting older people with a loss of 100 beds. All of these homes have been small independent ones. Issues that have precipitated closures have included owner retirement and inability to achieve/sustain necessary quality standards. As there are sufficient vacancies in the local market, reprovision has been readily achievable and moves well planned using the Council's market failure process.
- 1.26 In the last 12 months 1 home support provider served notice requiring the recommissioning of support.
- 1.27 Winter pressures have brought additional strain on the home support market. Two contracted providers had indicated a requirement to hand back short-term home support contracts but have been sustained by a temporary reduction in hours to enable them to consolidate their operations.
- 1.28 Increased capacity has mainly been in relation to a number of supported living schemes being opened catering for adults with learning disability/autism and mental ill health although

one older people home has recently expanded their capacity adding 10 beds to the local care system and a further care home is planning an additional 15 places.

- 1.29 Additional home support capacity has been brought on stream with provision put in place during the initial phase of Covid -19 being sustained and an additional 300 hours added to this from a separate provider funded through Adult Social Care Hospital Discharge Grant to cover the period from December 2022 to 31st March 2023 (see below) Home support has also been boosted by the commissioning of two contingency providers who are able to take packages where primary providers are unable to support individuals in a timely fashion.

### **1.30 Quality**

- 1.31 Local authorities have responsibilities under the Care Act (2014) to ensure the availability of good quality adult social care provision and the City Council strives to ensure this through a number of proactive and reactive initiatives. Our revised approach to quality assurance which is based on a risk-based system was signed off by Cabinet Member at their meeting of 13<sup>th</sup> July 2022. This approach is seeing proportionate oversight of contracted adult social care provision. The approach includes a more robust process for overseeing quality of provision that is Out of City.

### **1.32 Winter Pressures**

- 1.33 On 22<sup>nd</sup> September 2022 the Government announced that £500m would be made available nationally for an Adult Social Care Hospital Discharge Fund. Allocations were published on 18<sup>th</sup> November 2022 with Coventry City Council receiving just under £1.3m and the Coventry and Warwickshire Integrated Care Board £6.7m, the latter being to cover both Coventry and Warwickshire. Grant conditions were published in December 2022. The Council, and its ICB partners have deployed resources on a number of initiatives which in turn have supported the care market by, for example reducing voids, underwriting additional staffing costs, supporting retention in short term home support through retention payments and commissioning extra short-term beds and home support.

## **2. Options Considered and Recommended Proposal**

### **2.1 Recommended Option – Approve the Market Sustainability Plan for publication**

- 2.1.1 Compliance with Fair Cost of Care process is a prerequisite of receiving future years funding and publication of an MSP is part of that requirement. As such there are no other options than to comply with Central Government requirements at this point in time due to negative impact this would have on future funding to support social care.

### **2.2 Other Options**

- 2.2.1 There is no other option that would meet Government requirements in relation to Adult Social Care Reform

## **3. Results of consultation undertaken**

- 3.1 To inform the Provisional MSP, the Council undertook engagement including 2 specific sessions for the “Fair Cost of Care” Exercise and the Market Sustainability Planning process. There were also specific provider forums held which included presentations on the process

and intended outcomes. Providers were sent a questionnaire which sought feedback on the types of support that they would find most useful.

- 3.2 Results of this engagement illustrated that providers would appreciate the following: additional support with staff retention and recruitment including the use of Council and Skills for care recruitment and retention specialist expertise, 'mock' CQC inspections; access to accreditation programmes (for example, Say No To Infection, React to Red pressure ulcer prevention); workshops on meeting statutory requirements and improving CQC ratings; multi-disciplinary best practice events giving providers access to knowledge from occupational therapists, physiotherapists and other supporting professionals.
- 3.3 During January 2023 additional engagement opportunities were provided for providers. These comprised sessions on outcomes of the Cost of Care exercise for older people and home support providers and fee rates increases for the whole market of commissioned providers.
- 3.4 The outcomes of all of the above engagement have been used to inform the final MSP (see Appendix 1)
- 3.5 In February 2023 further engagement with providers around the Final MSP was undertaken, and feedback indicated that the types of support already available and proposed were welcomed.

#### **4. Timetable for implementing this decision**

- 4.1 Should the Market Sustainability Plan be endorsed we would commence delivery of support actions within the Plan with immediate effect and would publish the document by 27<sup>th</sup> March 2023 in line with DHSC requirements.

#### **5. Comments from Interim Chief Executive (Section 151 Officer) and Chief Legal Officer**

##### **5.1 Financial Implications**

- 5.1.1 As reported to Cabinet in October 2022, the Council have deployed its share of £162m made available nationally linked to the "Fair Cost of Care" exercise. Coventry's share of £1.047m has been used to implement a 3% uplift in fees for older people care homes and home support providers who were being paid under the median weekly or hourly values as computed through the exercise.
- 5.1.2 In November 2022, as part of the Autumn Statement, Central Government announced an additional £400m of new ring-fenced funding for adult social care. This is in addition to the ongoing funding of the £162m Fair Cost of Care resources from 2022/23. The new grant is called The Adult Social Care Sustainability and Improvement fund. Coventry City Council's allocation stands at £3.6m for 2023/24.
- 5.1.3 Following the autumn statement 2022 Fair Cost of Care ceased being a stand alone funding stream and was incorporated into the Adult Social Care Sustainability and Improvement Fund which can be used to address discharge delays, social care waiting times, fee rates and workforce pressures and to promote technological innovation in the sector and this removed the specific requirement to use the resource to fund a move towards FCOC. However, recognising the importance of funding in market sustainability we have used the resource available to increase fee rates.

- 5.1.4 Using this funding, an additional sustainability payment of 2.2% will be added to all contracted providers fees for 2023/24.
- 5.1.5 The cost of care uplift and sustainability payment are in addition to the payments made to the whole adult social care market in 2022/23 (5.5%) and 2023/24 (9.0%) which represent increases to National Living Wage and Inflation.
- 5.2 Legal Implications
- 5.2.1 The City Council has a number of duties in respect of the social care market under the Care Act (2014) including to facilitate and shape the care market to ensure a sustainable and diverse range of care and support, continuous improvement in quality and choice and the delivery of cost-effective outcomes.
- 5.2.2 The Government Proposals on social care reform set out in “People at the Heart of Care” introduced a requirement on local authorities to produce a provisional Market Sustainability Plan by October 2022 with a final version by February 2023. This deadline was subsequently revised to 27<sup>th</sup> March 2023.
- 5.2.3 The Market Sustainability Plan is also informed by the Government White Paper on Health and Social Care Integration “Joining up Care for People Places and Populations”.
- 5.2.4 The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic and those who do not share it. These matters have formed an integral part of the decision-making processes in relation to the continuation of the Dementia strategy. The Council continues to engage with service users and representative groups, and use the information and views gathered in its consultation and equality impact in order to achieve accessible and inclusive service provision

## 6. Other implications

### How will this contribute to the Council Plan ([www.coventry.gov.uk/councilplan/](http://www.coventry.gov.uk/councilplan/))

The Market Sustainability Plan will contribute to the Council's objectives in a number of ways i.e.

- Improving the quality of people's lives in Coventry and focussing on improving health and wellbeing and supporting people to live independent lives.
- Helping people to maintain their independence and supporting them when they need help.
- Enabling people to exercise choice and control in their daily lives.
- Helping support people facing multiple and complex needs.
- Putting local people and their needs at the heart of the customer journey.

### 6.1 How is risk being managed?

- 6.1.1 Although Market Sustainability is not solely based on provider income this inevitably plays a large part. There is a significant risk that Government funding will not enable sufficient bridging of the gap between FCOC calculations and what the Council can afford to pay in fee rates.

- 6.1.2 There remains a risk to the Council of increased fee rate demands from providers, however, the 2.2% Cost of Care increase in addition to 9% for National Living Wage and general inflation results in an 11.2% increase for all commissioned provision for 2023/24.
- 6.1.3 There is a risk that there will be further closures of accommodation-based provision and/or further contract hand backs. The Council is well sighted on this risk through its Market Position Statement and quality assurance work and has tried and tested processes for managing provider failure.
- 6.1.4 Identification and mitigation of risks will for part of the implementation of the MSP. Key financial risks are captured in the Adult Social Care risk register. Any future risks identified will be managed through the City Council and ICB governance mechanisms.

## **6.2 What is the impact on the organisation?**

None

## **6.3 Equalities / EIA?**

The EIA is attached as Appendix 2 to this report and indicates individuals both in receipt of and delivering support will benefit positively from the proposals as outlined in the Market Position Statement, namely:

- Increased job security for staff of contracted providers due to improved financial sustainability of schemes, including a competitive rate of pay.
- Improved outcomes and continuity of care for individuals in receipt of support as a result of increased staff retention.
- A reduction in the prevalence of digital inequalities in accessing employment opportunities through the facilitation of in person recruitment events and support.
- Diversification of the workforce through targeted recruitment support to increase uptake of care roles in under-represented groups. A more diverse workforce will in turn be better placed to meet the varying cultural needs of the individuals being supported.

## **6.4 Implications for (or impact on) climate change and the environment?**

None.

## **6.5 Implications for partner organisations?**

- 6.5.1 The Action Plan supports the Health and Care system vision that we will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.' Partner organisations involved in the development of the Plan will contribute to the delivery of the priorities outlined.
- 6.5.2 For the Integrated Care Board (ICB) who have received no specific funding for FCOC there is a clear risk around matching local authority fee increase. This issue is discussed regularly with ICB colleagues.

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## Appendix 1. Market Sustainability Plan

### Covering note

We have amended the template for the final Market Sustainability Plans to reflect the delay to charging reform.

We have made minor changes to the template to limit the amendments local authorities will have to make to your draft plans. To allow local authorities to amend your Market Sustainability Plans, we have extended the deadline for submission to **27 March 2023**. The submission portal will be open from **18 January – 27 March 2023**. Local authorities are also required to publish your final Plans on your GOV.UK websites by **27 March 2023**.

Final Market Sustainability Plans provide local authorities with an opportunity to signal their assessment of current market sustainability and intended direction of travel to your local markets and public. These should support other existing documents such as Market Positioning Statements and Joint Strategic Needs Assessments.

#### Changes to Section 1:

Section 1 asks for a *revised* assessment of the current sustainability of local care markets. Building on the provisional Plan, you should also draw on additional factors to provide the Department with an updated picture of your current market sustainability. These considerations should now include the impact of current inflationary pressures (including National Living Wage increases) and how delays to charging reform have impacted your ability to manage current pressures on market sustainability.

#### Changes to Section 2:

In light of the delay to charging reform, section 2 has been revised to ask for an assessment of the impact of future market changes between now and October 2025, for each of the service markets, considering that charging reform is no longer planned for October 2023.

#### Changes to Section 3:

In section 3, local authorities should include a summary of how Fair Cost of Care funding has been committed. We have also given examples of other elements local authorities may wish to consider in setting out further actions to support market sustainability in adult social care.

For ease, all revisions have been made **in red** on the new template.

Throughout final Plans, local authorities should draw on Cost of Care reports and reflect on your approach to Cost of Care exercises, including any subsequent provider engagement, perspectives on the validity of results, and plans for use of Cost of Care exercises to set sustainable fees going forwards.

## Annex C: final market sustainability plan template

Please delete the guidance text in the template before completing.

### Section 1: Revised assessment of the current sustainability of local care markets

#### a) Assessment of current sustainability of the 65+ care home market

##### Capacity profile

Coventry has 46 care homes catering for people aged 65 plus with over 1815 beds available in the City. The majority of homes (64%) are part of a group or larger organisation.

Since 2019, the overall demand for adult social care in Coventry has been steady, though there is evidence to suggest complexity is increasing.

As of 22 February 2023, the Council supports approximately 44% of the long-term occupants (713 of 1613 people). The remaining people are either there on a short-term basis, self-funding, fully funded by health or are supported by a different local authority. Care home occupancy during 2021 and 2022 has averaged between 80-85%. This has enabled the sourcing of places to be made efficiently with no significant waiting lists, an important indicator when determining sufficiency of supply.

Coventry trend data in respect of residential and nursing provision indicates an increase in new admissions to care homes for 65 plus individuals. In 2020/2021, 321 nursing and 634.1 admissions were made per 100,000 population. For 2021/2022, this has increased in both areas to 370 for nursing placements and 723.6 for residential.

Coventry is a compact City only 98.64 km<sup>2</sup> in area so does not face significant geographical challenges with 55% of care homes in the North of the City and 45% in the South. Provision available varies in size, as below:

Size of home	Number of care homes
10 to 20 beds	3 (7%)
21 to 30 beds	17 (37%)
31 to 40 beds	13 (28%)
41 beds plus	13 (28%)

A total of 5 independent care homes (total of 100 beds) have closed during the last two years for a variety of reasons including owners retiring, financial sustainability, regulatory issues, staffing challenges, occupancy, size of home and difficulty in obtaining insurance. This would evidence that independent smaller homes are more at risk of closure within the Coventry area; all five care homes had capacity of 25 beds or less ranging from 12 to 25 in total.

Of the 15 small independent care homes currently operating in Coventry, 4 have capacity of under 25 beds which would place them in the most at-risk category for closure based on size and occupancy alone.

The closure picture is somewhat counterbalanced by new provision coming on stream. During 2021, one care home expanded by ten new beds and another home plans to expand by a further fifteen beds. Where practicable, the Council will support care homes in expanding their bed bases as well as supporting new developments. A joint venture partner has recently been selected who will work

with the Council with an aim to provide additional capacity to the care home and housing with care market, supporting individuals with complex needs. There also continues to be additional providers seeking sites for care homes in Coventry indicating an appetite to invest in the City.

Residential care fees are paid on the basis of provider quoted rates per room; third party contributions are commonplace where different homes are sought. An inflationary fee uplift is awarded annually, following which any provider with evidence of financial viability issues can approach the Council to discuss further.

Although not part of the cost of care review, Coventry has a healthy stock of Housing with Care provision, around 500 nominations and access to a

further 400 units, offering an alternative to residential care where individual needs can be met. Likewise, our support offer in respect of learning disability and mental health provision continues to strengthen. In the past year one 15-unit supported living scheme assisting individuals with a learning disability and / or autism live independently has opened; another 19-unit scheme is also planned to open in May 2023. Also, in the past 2 years 6 new schemes comprising 61 places (largely Supported Living but some residential beds) have become available to support younger adults with mental ill health and a further 56 supported Living places are expected to be opened in 2023/24. Innovative new day opportunities are now also available for individuals with more complex needs, and a community-based friendship network scheme has also been launched in the city to tackle loneliness and isolation. Our dedicated strategies for these areas listed in Section 3 below work to give clear direction to the market and support innovation and development in the city.

The Office of National Statistics provides a useful indication suggesting approximately 30% of residents in care homes are self-funders; providers who participated in Coventry's Cost of Care exercise had similar percentages of self-funders in their care homes.

**Factors affecting sufficiency of supply in the city – Quality:**

Care Quality Commission data has highlighted an increase in the last 12 months of care homes rated as 'Requires Improvement' and a change in our quality position following the onset of the pandemic:

<b>CQC ratings February 2023</b>	
Outstanding	1
Good	28
Requires Improvement	15
Inadequate	2

<b>CQC ratings February 2019</b>	
Outstanding	1
Good	28
Requires Improvement	19
Inadequate	1

As a result of changes to Care Quality Commission ratings, some providers are experiencing difficulties in obtaining insurance due to their quality rating or are facing higher insurance premiums,

an issue affecting the wider market in the context of a shrinking specialist insurance provider market with less appetite for risk. Lower Care Quality Commission rated provision may sometimes be less attractive to prospective service users and their representatives when selecting care homes, increasing the risk of voids; for smaller homes in particular, an increase in voids can quickly lead to financial sustainability issues.

Lower ratings can also exacerbate workforce issues with some prospective employees less likely to apply for posts and existing staff more likely to leave. Alongside the issues highlighted, these were further exacerbated during the pandemic where some homes with older buildings could not isolate outbreaks leading to long term absences of new admissions.

The Council regularly undertakes a review of the quality of care home accommodation and understands the limitations associated with older buildings with limited scope for improvement. This has informed a risk analysis which identified a small number of homes most at risk of failure and allows us to contingency plan effectively.

The Council's joint health and care Quality Assurance team has recently refreshed its approach to quality monitoring of Adult Social Care provision. In addition to risk-based monitoring a recent initiative has engaged providers with less than "Good" CQC ratings to have improvement plans developed, submitted, and monitored by the Council.

#### **Additional factors**

##### **Cost of living and inflationary pressures:**

Nationally we are currently operating at a time of significantly high running costs aligned to the cost-of-living crisis. This includes food, utility, building, fuel prices and workforce costs.

National Living Wage and inflationary increases also continue to impact providers significantly. According to the responses received in the cost of care exercise, staffing costs currently make up on average between 60-68% of the total operating cost of a provider. Impacts such as increases to National Living Wage therefore have a profound impact to providers financial sustainability.

The scale and pace of these inflationary increases (specifically, gas and electricity costs) is stretching providers financial positions in a manner previously unseen. Where previously providers were able to meet cost pressures (or at least, a proportion of these pressures) within their business models, the volume and severity of cost pressures faced by providers in the current market leaves little surplus funding able to absorb rising additional costs. All of these inflationary increases place additional financial pressures on providers and local authorities.

##### **Wider Health / NHS pressures:**

The link between health and social care has become ever more critical in light of the escalating pressures to support safe and timely Hospital discharges. We continue to support providers to facilitate timely discharges and utilise grant funding available (Hospital Discharge Fund). In Coventry we have a strong partnership with the Integrated Care Board and University Hospital Coventry and Warwickshire to ensure safe and timely patient flow where a supported discharge is required.

We have purchased additional capacity to support hospital discharges during the winter period funded from the Adult Social Care Hospital Discharge grant.

##### **Staffing:**

For residential care homes in 2020/21, Skills for Care data shows turnover was 34.4% (up 2% on the previous year) with a vacancy rate of 3.4%. By contrast, and in opposition to national trends, turnover of staff in nursing provision was down 3.9% on the previous year at 21.5%, with a vacancy rate of 2.5%. Anecdotally, a number of home support providers have reported a loss of staff to accommodation-based services due to the cost of travel.

Coventry offers a wide range of competitively paid roles requiring no specific training or qualifications, such as labour or warehouse positions, often offering more favourable and less onerous working conditions to the same potential pool of recruits. Ongoing support and engagement with this market

is, therefore, required to ensure its future sustainability and the Council has in place a range of initiatives to support the care market with recruitment, retention, and staff development.

**Market challenges and support:**

Commissioned providers were recently surveyed to gauge their concerns regarding sustainability outside of fee rates. For care homes, the highest reported priority concerns were in relation to recruitment of staff, followed by staff retention and utility costs. For nursing provision, their most notable challenge was utility costs, followed by insurance costs and the recruitment of staff. The results of this survey have informed the support offer outlined in Section 3.

**How delays to charging reform have impacted your ability to manage current pressures to market sustainability**

In the absence of further Fair Cost of care funding, the Adult Social Care Sustainability and Improvement Fund will be used to increase fees and charges for providers. With the delays to charging reforms this will mitigate the expected impact of fees reducing where self-funders could ask the local authority to commission care.

The Council will support contracted providers in respect of costs pressures and market challenges through the following measures, as discussed with providers at our fee setting meeting in February 2023:

- Clear and early communication of fee uplifts for 2023/24 (and moving forward) to ensure businesses can manage budgets effectively.
- 9% National Living Wage and inflation increase on contracted fee rates
- 2.2% Adult Social Care Sustainability and Improvement Fund increase on contracted fee rates
- A total uplift of 11.2% on contracted fee rates for financial year 2023/24
- Targeted recruitment and business support free of charge to providers.

Our full support offer to both areas of the market is outlined in Section 3 however focuses heavily on recruitment and retention in recognition of the weight of staffing costs to providers.

**b) Assessment of current sustainability of the 18+ domiciliary care market**

**Capacity profile**

Coventry contracts with 16 home support providers, 15 of which are rated 'Good' by CQC (1 is "Requires Improvement"). Two of these providers operate within Coventry only. In the past 12 months, one provider has handed back its contract due to financial viability issues. Whilst the market has been stretched and continues to be challenged, we have re-commissioned successfully and remain able to source replacement capacity to date.

Each provider is commissioned to deliver support within their allocated 'cluster' area within the City, an approach which works to improve both efficiency and sufficiency, ensure effective care delivery and reduce (as much as possible) the associated travel and fuel costs and carbon footprint of travel. Each of the 9 clusters are also supported by a contingency provider to support should the cluster provider experience a business emergency, for example staffing issues or following a large influx of referrals.

During 2023/24 we will be re-commissioning short term home support provision using customer feedback and intelligence gathered from previous contract performance to design the model and level of hours required to support provider sustainability. For long term support we will be re-commissioning the model during 2024/25, again using customer feedback and intelligence gathered to design the model and level of hours required to ensure maximum sustainability and resilience of

providers. Both areas of commissioning activity will involve a review to understand the optimal number of providers required to serve demand in the city whilst maintaining business viability, including the potential of increasing our number of contracted providers per cluster.

As with care homes, we have purchased additional short term home support capacity through the use of the Adult Social Care Hospital Discharge grant to facilitate hospital discharges through the period of winter pressures.

During 2022 / 2023 we have been able to source home care (on average within a week) at a volume required to meet demand with no significant waiting lists.

As of 22/02/2023 Coventry funded 1122 service users for long term home support directly with providers (note, data below does not include direct payments) with the average support package being 13.56 hours per week per person. Whilst the average hours delivered per week has remained relatively stable over the past three years, the number of people in receipt of a service has increased steadily year on year:

08/09/2020	08/09/2021	08/09/2022	22/02/2023
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**Service User**

<b>Count</b>	992	1,016	1,078	1,122
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All contracted domiciliary care services within Coventry are commissioned via a tender process ensuring the most suitable providers are selected based on quality and best value. The volume of providers available within the City means additional choice is available for individuals whose preference is outside of contracted provision, accessible via a Direct Payment (DP).

**Staffing:**

The market was recently surveyed to gauge their concerns regarding sustainability outside of fee rates. The survey highlighted there are challenges in the recruitment and retention of staff generally within the home support market leading to difficulties in ensuring a consistent and well-trained workforce. Skills for Care data for Coventry’s non-residential provision notes a turnover of 54.1% and a vacancy rate of 11.3%. This is significantly higher than accommodation-based services as noted above, although in line with national trends. The outcome of our autumn provider survey noted staff recruitment as providers single highest concern over the next 3 years with many providers also listing travel costs as a cause of workers leaving roles for positions in residential services.

High rates of staff turnover have resulted in increased agency use; whilst increasing costs for providers this also risks the continuity of care for the service user where staff are unfamiliar with the complexities of the individuals they are supporting. Other areas of concern reported by providers in the survey were the ongoing retention of staff with high turnover feeding a cycle of constant recruitment activity.

Linked to this, the quality of services is intrinsically affected by the level of staff turnover and recruitment challenges. The Council has in place several initiatives to support all providers with recruitment and retention.

The results of our cost of care exercise indicate direct staffing costs account for around 70% of the providers total cost per hour a significant proportion of operating cost to uplift, when required, in line with National Living Wage and inflation. When undertaking market research and validating Cost of Care submissions, all providers paid at minimum the National Living Wage with some paying in excess of this or rates akin to the Real Living Wage to remain competitive.

The Council will support contracted providers in respect of these costs through:

- Clear and early communication of fee uplifts for 2023/24 (and moving forward) to ensure businesses can manage budgets effectively.

- £1.59 National Living Wage and inflation increase per hour
- £0.44p Adult Social Care Sustainability and Improvement Fund increase per hour
- A total uplift of £2.03 uplift per hour for financial year 2023/24
- Targeted recruitment and business support free of charge to providers.

Our full support offer to both areas of the market is outlined in Section 3 however focuses heavily on recruitment and retention in recognition of the weight of staffing costs to providers.

## **Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets**

Based on the results of the cost of care exercise, current Government funding will not significantly bridge the gap between current average rates and the medians calculated. Whilst the funding will support a modest move towards the cost of care, there is a concern regarding the expectations of the market that the exercise will be a solution to presenting financial pressures. This is not possible within the financial envelope provided and exacerbated by significant cost inflation.

### **Other changes impacting on providers:**

- **Digital switchover:** The transition from analogue to digital will require a coordinated and clear approach to ensure a seamless conversion. The use of analogue assistive technology and aids is prevalent in both accommodation-based schemes and in supporting individuals live as independently as possible in the community. It is a key priority to ensure everyone remains as safe and informed as possible through the switchover, whilst using this as a time to promote the benefits of advancing technologies to support individuals.
- **Regulation of Local Authorities by Care Quality Commission:** Coventry welcomes the regulation of local authorities and continues its preparations in readiness for inspection. Our management of inspections alongside business as usual operational and commissioning activity will be a challenging but necessary adaptation.
- **Changes to Care Quality Commission regulation to providers:** The change to ongoing and real time data gathering of providers has influenced our approach to quality assurance. The development and implementation of our Quality Assurance Framework ensures a clear process and pathway is in place to support providers, escalate concerns and assist in maintaining the quality of provision in both a proactive and reactive (where necessary) way.
- **People at the Heart of Care (White Paper):** The White Paper placed particular focus on the importance of suitable housing and the interlink between housing and social care. Work is currently underway to understand the demand for different alternative options, and how aging infrastructure of existing provision can be adapted to meet modern requirements.
- **Inflationary and external cost pressures:** The next three years represent an increasingly challenging financial climate for both the local authority and care providers. Projected increases to National Living Wage and general provider costs depict a concerning picture for the adult social care market alongside the local authority's budget.
- **Occupancy and void rates:** whilst the City Council does not expect providers to operate at 100% occupancy, equally it is unable to financially support providers with ongoing high levels of vacancies. Historical trends indicate homes with a capacity under 25 beds, or where occupancy is under this level for a prolonged period, are most at risk. Existing void levels mean some reduction in care home capacity would not immediately create a problem in the market, however, there is a risk that a tipping point could be reached over time. According to the Capacity Tracker, as at 22 February 2023 occupancy for residential and nursing provision was 88%.
- **Integrated Care Boards:** With the introduction of the Integrated Care Boards, this is likely to lead to greater levels of integrated commissioning between health and social care

partners, giving a higher level of consistency to the market. Examples of this include the joint commissioning of our learning disability and mental health supporting living framework and day opportunities framework, and the commissioning of long-term home support. The latter is to be re-commissioned in partnership with ICB for new contracts to be in place by Summer 2024.

In summary, whilst Coventry City Council will always look to support the financial viability of provision, we must evolve our approach to ensure we are meeting market need and provide a tailored and suitable care offer. Our revised Market Position Statement (due in Summer 2023) will provide direction to the market in respect of Coventry Council's position on demand and standards of accommodation and care.

### **Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.**

**Note:** As part of these plans local authorities should also demonstrate how they complement other strategic documents, such as, but not limited to their Market Position Statements and demonstrate how they have worked with local providers to develop the plans in this section.

#### **(a) 65+ care homes market**

The purpose of our Market Sustainability Plan is to give clear direction on our intention to support the market through current areas of challenge and how we will continue to work with both existing and new provisions to develop provision and encourage innovation.

This Market Sustainability Plan will complement the following strategies and processes will feed directly into our revised Market Position Statement to be published in 2023:

- Joint Strategic Needs Assessment
- Market Development Plan for working age mental health individuals
- Market Development Plan for individuals with a learning disability and autism
- Adult Social Care Vision
- One Coventry Plan
- Quality Assurance Framework
- Autism Strategy
- Carers Action Plan
- Adult Social Care Offer
- Equality Impact Assessment (Fair Cost of Care and Market Sustainability Plan)

#### **Cost of care exercise**

Cost of care funding for 2022/23 was divided as an equal percentage uplift across home support and residential provision. Allocating funding in this manner recognised the differing but equally significant gap between existing rates and the cost of care based on the national methodology and works to assist both markets to remain sustainable. All contracted care and nursing homes (below the median weekly rate) received a circa 3% increase to current rates for 2022/23, backdated to April 2022. This is in addition to inflationary rates already awarded for this financial year.

Only contracted rates below the median were uplifted using year one funding, acknowledging the limits of the financial envelope available and to ensure a meaningful increase could be applied to those in most need of support. Funding for 2023/24 has however been opened to the wider market to ensure we are supporting the sustainability of the market in its entirety.

#### **Care fee uplifts 2023/24**

Coventry City Council consider a further increase to fee rates a key component of supporting improvement and sustainability. For 2023/24, our intention is to supplement the National Living Wage

and general inflation increase of 9% by an additional 2.2% from the Adult Social Care Sustainability and Improvement Fund. This would equate to a total increase of 11.2% for contracted care home fee rates for 2023/24.

For future years uplifts (2025 and beyond) of care fees we will further engage with the care market and where funding can be best utilised to support improvement and sustainability.

### **Engagement**

Ongoing communication and engagement with the market is key to maintaining stability. In Coventry, we promote an open dialogue with providers to ensure we can be responsive to the market changes and pressures. In respect of the cost of care exercise specifically, we have engaged with our 65+ residential and 18+ home support markets at first instance and have since opened this to the wider market.

We have also sought support from a range of stakeholders, including our Social Care Reform Group and Stakeholder Reference Group (made up of a range of experts by experience, service users, carers and social workers/practitioners).

In respect of engagement specifically with the market regarding the cost of care exercise, we have:

- Facilitated virtual meetings for all providers to attend to introduce the cost of care exercise and related social care reforms, assist in providers understanding the purpose of the exercise, and address any questions or concerns
- Facilitated meetings with each provider market specifically to outline how to use the provided toolkits (iESE and homecare cost of care toolkit)
- Ensured consistent communications and sharing of resources in respect of the exercise e.g. guidance, FAQs, webinars. Information was also updated and shared via our [website](#)
- Undertook a survey of 65+ residential and 18+ home care market to understand current challenges and how we can best support. This was originally undertaken alongside the cost of care exercise and has been refreshed to incorporate the whole market in 2023/2024 due to the ongoing and developing pressures and changes to planned reforms.
- Facilitated a cost of care outcome session with providers involved to inform as to the findings of the exercise.
- Facilitated a fee uplift session (whole market) to outline plans for inflationary uplifts in 2023/24, and non-financial support available.
- Facilitated a Market Sustainability Plan session (whole market) to inform providers of the various support options available as outlined below and further understand challenges.

### **Non-financial Support Offer 2023 - 2025**

Engagement with providers has also signified the need for a substantial non-financial support offer to supplement increases to fees. Significant areas of concern, for example recruitment and retention, cannot be resolved through financial increases alone. Our provider support offer therefore includes a variety of tangible actions aiming to make a meaningful impact in the following areas:

- Recruitment of new workers into the sector through monthly job fayres, access to an employment hub, advertising tips and support from Coventry's The Job Shop and Coventry's Employers Hub
- Recruitment campaigns working alongside Coventry's Migration Team, aiming to promote a career in care to individuals who may be unaware of the opportunities available in the sector
- Guidance on bid writing and funding applications, recognising independent businesses may not have the expertise or resources available to respond to tender exercises. Our support

will assist in ensuring our contracting process supports all businesses in accessing opportunities available

- Resources and tips to reduce business costs. Again, this support is particularly welcomed by small or medium enterprises who appreciate additional free resources in this area
- Assistance and guidance to boost CQC ratings
- Resources, including accessing group sessions, to promote wellbeing at work for existing staff aiding wider recruitment and retention strategies and support the health of our workforce.
- Effective digital market techniques.
- Guidance on co-production, specifically the benefits this can have on the business and individual outcomes.

The above areas are all included in our Provider Support Pack available to all providers (both commissioned and non-commissioned) on our [website](#).

Information on cost of living and wellbeing support is circulated monthly for providers to cascade to their staffing groups and to promote further.

Our support offer already in place includes the promotion of the Skills for Care registered managers and nominated individual networks and resources; in person provider forums; monthly provider bulletin noting the latest developments in social care both locally and nationally; best practice and useful information; free training on upcoming social reforms e.g. LPS; roll out of digital healthcare (DOCOBO) and Urgent Community Response in care homes; facilitating links to community activities and support offers. Coventry City Council have also supported monthly recruitment fairs and worked in partnership with our migration team to promote working in care as an option for refugees and migrants. A [recruitment video](#) is also available for all providers to use free of charge to supplement their own recruitment campaigns and encourage values-based recruitment. Providers are signposted to other areas of recruitment support such as overseas recruitment and encouraging younger people to join the social care workforce.

The feedback and suggestions from our survey will supplement the above care offer and over the next 12 months we will begin a programme of support to include, as requested, additional support with staff retention and recruitment including the use of Council and Skills for care recruitment and retention specialist expertise; 'mock' CQC inspections; access to accreditation programmes (for example, Say No To Infection, React to Red pressure ulcer prevention); workshops on meeting statutory requirements and improving CQC ratings; multi-disciplinary best practice events giving providers access to knowledge from occupational therapists, physio therapists and other supporting professionals. We will also look to facilitate an annual Provider Practice Development Week to reaffirm and evolve practice.

#### **Use of technology**

The implementation of DOCOBO remote patient monitoring (68 care homes from 73 have now signed up) has increased schemes ability to cater for hospital discharges whilst working to prevent hospital admissions and increase safety. A range of health professionals, for example, advanced nurse practitioners, therapists and paramedics, are also available to all care homes via the Urgent Community Response service, offering health support within two hours, again easing the pressure on frontline services. Both means of support have given assurances to providers that robust, practical support is available to meet the increasingly complex needs of individuals.

### **(b) 18+ domiciliary care market**

#### **Cost of care exercise**

Our approach to the allocation of funding for the home support market mirrors the approach to the residential market, with contracted provision below the median receiving a circa 3% uplift increase on the hourly rate in 2022/23. As all commissioned home support provision falls below the median rate, all providers received the uplift including Direct Payments.

#### **Care fee uplifts 2023/24**

Coventry City Council consider a further increase to fee rates a key component of supporting improvement and sustainability. For 2023/24, our intention is to supplement the £1.59 per hour National Living Wage and general inflation increase by an additional £0.44p per hour from the Adult Social Care Sustainability and Improvement Fund. This would equate to a total increase of £2.03 per hour for contracted home support hourly rates for 2023/24.

For future years uplifts (2025 and beyond) of care fees we will further engage with the care market and where funding can be best utilised to support improvement and sustainability.

#### **Further support 2023-2025**

Coventry City Council's support offer to home support mirrors that outlined in the residential care section above.

Our recruitment support offer will concentrate heavily on encouraging uptake to positions within home support recognising the more urgent need for staff and ongoing recruitment difficulties in this market. We will look to work innovatively with this area of the market to better understand the barriers to working in home support, for example, requiring a driver's license or car ownership, to support recruitment in this area specifically.

In recognition of the complexities of the varying business models of care providers and the national challenges in the market, business development support will also be offered to **all** providers through the Coventry and Warwickshire Growth Hub. This service is free of charge and supports businesses maximise efficiency, expand, access other areas of support and information to ensure they have the tools to be successful, sustainable, and profitable.

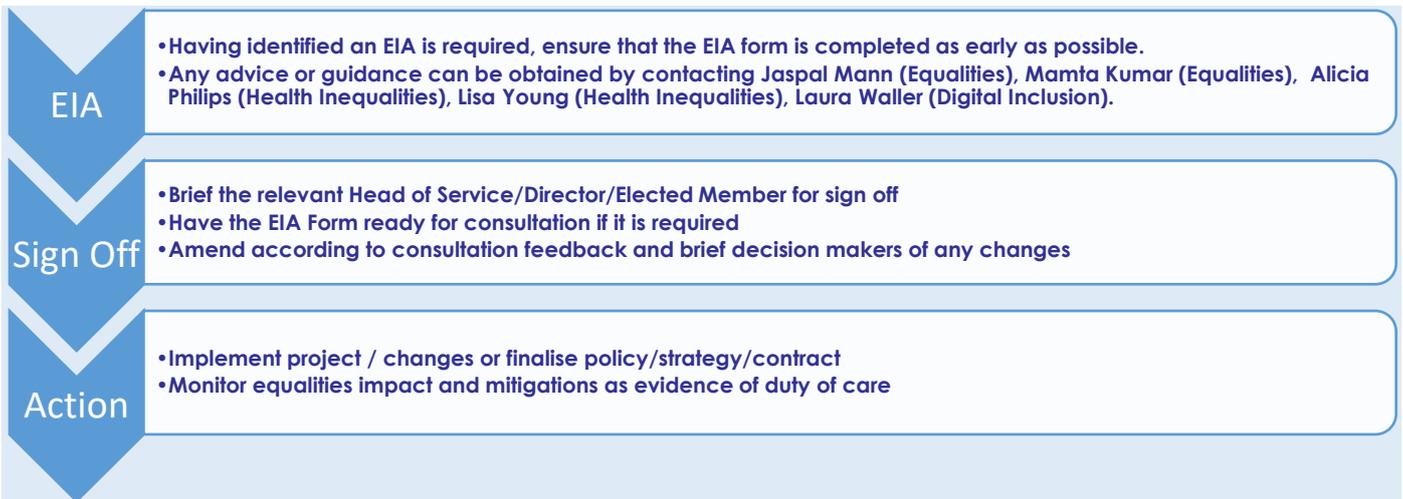
We are currently in the process of trialing a digital support offer which utilises technology to support people to remain at home safely and promote their independence in the least intrusive manner possible. The impact and success of this trial will inform our digital offer in the community moving forward.

The home support market is an ever-changing landscape and support from Coventry City Council will need to be adapted as required to suit presenting need. We will therefore continue to seek the views of the home support market on an ongoing basis to ensure our support offer is tailored to the needs of the market. This will be informed through local intelligence alongside a provider forums and ongoing communications.

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<b>Title of EIA</b>		<b>Market Sustainability Plan</b>
<b>EIA Author</b>	Name	<b>Chloe Elliott</b>
	Position	<b>Carers and Engagement Lead</b>
	Date of completion	<b>09/02/2023</b>
<b>Head of Service</b>	Name	<b>Jon Reading</b>
	Position	<b>Head of Service – Commissioning and Quality</b>
<b>Cabinet Member</b>	Name	<b>Cllr Mal Mutton</b>
	Portfolio	<b>Adult Services</b>



**PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

1.1 Please tick one of the following options:

This EIA is being carried out on:

New policy / strategy

New service

Review of policy / strategy

Review of service

Commissioning

Other project (*please give details*)



1.2 In summary, what is the background to this EIA?

As part of the [People at the Heart of Care: adult social care reform white paper](#), local authorities are required to complete a [Cost of Care](#) (COC) exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan on working towards the ‘fair’ cost of care (where this is not already being paid) over the next 3 years and support market sustainability.

In undertaking the exercise, local authorities must identify the lower quartile, median and upper quartile costs in the local area for the following care categories:

- 65+ care homes
  - standard residential care
  - residential care for enhanced needs
  - standard nursing care
  - nursing care for enhanced needs
- 18+ domiciliary care (home support – excluding short term or reablement provision).

The Department of Health (DHSC) consider the median cost of care across the market to be the 'Fair Cost' and has indicated they will provide additional funding over the next few years to **move towards** this fair cost where local authorities are paying below this rate.

Whilst the exercise is not a mandatory requirement for providers, all providers who are registered to deliver the above care in Coventry have been invited to participate, regardless of whether they contract with the City Council. Participating providers are required to submit their costs via the nationally commissioned tools for the exercise; [IESE](#) supply the tool for care homes and [CHIP](#) the toolkit for domiciliary care.

Coventry City Council were allocated an initial fund of £1.047million to assist in moving towards the payment of the established “fair” cost for year one, which has been distributed to the above providers with contracted rates below the median cost. As per requirements from Central Government and CoC grant conditions, the following documents were submitted to the Department of Health and Social Care on the 14 October 2022:

- cost of care exercises for 65+ care homes and 18+ domiciliary care (published in line with DHSC requirements)
- a provisional Market Sustainability Plan
- a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund’s purpose

All decisions and funding allocations in respect of the exercise will be made following approval in line with CCC governance procedures.



The final Market Sustainability Plan (MSP) is now required to finalise compliance with grant conditions and summarise support to the market following execution of the exercise. Whilst focused predominately on the above specific markets, the MSP will outline planned support for the Coventry care market in its entirety in recognition of the need for robust support to all areas of the market and appreciating market interdependencies where meaningful support cannot be given in isolation. This will include how the Council will be engaging with services and supporting commissioned providers on both a financial and non-financial basis.

1.3 Who are the main stakeholders involved? Who will be affected?

- Coventry City Council
- Integrated Care Board (ICB)
- Providers of adult social care in Coventry (full list available from Commissioning)
- Individuals in receipt of adult social care services
- LGA (Local Government Association)
- ADASS (Directors of Adult Social Services)
- DHSC (Department of Health and Social Care)
- Neighbouring local authorities e.g. Solihull, Warwickshire

1.4 Who will be responsible for implementing the findings of this EIA?

Chloe Elliott – Carers and Engagement Lead

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not



### 2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

As described above, the original scope of the COC exercise and Market Sustainability Plan only covered care homes catering for people aged 65 and over and home support (domiciliary care) care providers providing long term support for those aged 18 years and over. However for 2023/24, we will be applying the principles of the exercise across the whole market as outlined in our final MSP, meaning all commissioned providers will benefit from the support and financial offer facilitated via this programme of work.

Data taken from the Capacity Tracker (a national database that adult social care providers are legally required to update) indicates the following number of people were in receipt of a services as of 08/02/2023 (regardless of funding source) and therefore potentially affected by this exercise:

- 3926 people are in receipt of community support in the city e.g. home support, supported living; of these 3048 people receive a home support service specifically.
- 1778 people in total live in a residential care home or nursing provision in the city; 1587 people living in a 65+ care / nursing home specifically.

The above data therefore captures all individuals recorded as in receipt of registered support in Coventry. The exercise itself will not impact service users directly but any implementation of increased fee rates and provider support (e.g. staff recruitment and retention support) may indirectly serve to improve service user experience through improved financial sustainability of care provision helping to support the continuity of care received, overall quality and outcomes delivered.

#### **General Data: Coventry City Population and Workforce**

##### **Age**

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Coventry City Council [population and demographics](#) data indicates there are 55,846 people aged 65+ in Coventry, around 16% of Coventry's population and a 9% increase since 2011. By 2029, the city should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

The population of adults aged 18-65, alongside the general population of Coventry, also continues to increase; Census 2021 data notes an increase of 8.7% for the 15-64 age range.

Coventry also has an aging care workforce. Data from Skills for Care\* indicates the average age of a worker in adult social care is 43 years; 66% are aged between 25-54, 24% above 55 and only 11% are under 25.

##### **Diversity**



33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry's\* social care workforce, 26% of individuals are from a BME background. Only 15% of the workforce are male.

\*Information is in respect of Coventry and Warwickshire ICS data via [Skills for Care](#), February 2023

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 – not below*

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	NI	The exercise does not cover this age group
Age 19-64	P	<p>This group could be positively impacted.</p> <p>Moving towards a more sustainable care market and having a robust support offer from the local authority will benefit providers of adult social care in the city. Through the MSP, we hope to encourage investment and innovation, improve staff retention and best practice, and in turn facilitate a wider range of flexible services better able to meet the varied needs of individuals in receipt of care. With increased recruitment and retention, we expect to improve both the quality and the continuity of care received.</p> <p>In addition to service users benefiting from the MSP we envisage provider staff captured within this age range will benefit from:</p> <ul style="list-style-type: none"> <li>• Assurance of payment of the NLW (or above, where possible)</li> <li>• Increased financial stability of their employer</li> <li>• Access to training and support facilitated by the local authority</li> </ul>



		<ul style="list-style-type: none"> <li>• Access to employment in the care sector through a variety of recruitment campaigns and programmes</li> </ul> <p>In line with Herzbergs Two Factor theory, we recognise provider staff require both motivational and hygiene factors to achieve job satisfaction and deliver quality care. As such, our MSP ensures both hygiene factors (for example, enabling payment of a competitive wage, job security) and motivational factors (professional training and development, creativity and innovation) are key components of our offer to the market.</p>
Age 65+	<b>P</b>	<p>This group could be positively impacted.</p> <p>69% of individuals in receipt of social care support in Coventry are over 65. This demographic will, therefore, be the user group most commonly affected by anticipated improvements to the stability and quality of the social care market in the city and experience improved care outcomes.</p>
Disability	<b>P</b>	<p>This group could be positively impacted.</p> <p>The Market Sustainability Plan should positively benefit individuals with a disability supported by adult social care providers. The MSP specifically outlines plans to support providers with both financial and practical support, for example, training and information sharing on best practice. For some individuals with a disability, e.g. a learning disability, the potential impact of this on staff retention and continuity of care and support may be significant; it can be particularly distressing for individuals when their support offer or individual staff members change. We, therefore, hope to keep continuity of this care by retaining staff who have supported individuals for prolonged periods of time and learnt an individual's communication methods and preferences, and therefore increase the health and wellbeing of people in receipt of support.</p> <p>The Census 2021 survey indicates 1 in 5 of the working age population are classed as disabled and a national disability employment rate of 52.7% (compared to 81% for non-disabled people). In Coventry, 8.4% of residents identified as being disabled and were limited a lot; 10% identified as disabled and limited a little. Where appropriate, recruitment support outlined in the MSP may be able to support individuals with a disability into employment in the care sector. It is noted by CQC the positive impact and perspective</p>



		that individuals with lived experience as ‘Experts by Experience’ themselves can have through being involved in care work.
Gender reassignment	<b>NI</b>	
Marriage and Civil Partnership	<b>NI</b>	
Pregnancy and maternity	<b>NI</b>	
Race (Including: colour, nationality, citizenship ethnic or national origins)	<b>P</b>	<p>This policy is expected to impact this group positively.</p> <p>There is some evidence that some ethnic groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups (<a href="#">source Gov.uk</a>) and health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey (<a href="#">source Gov.uk</a>). By supporting those with care needs to access appropriate and affordable care, this policy may have particular benefits for some ethnic groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not.</p> <p>People from BAME communities form 31.4% of the social care workforce (source WM ADASS). The Council will work to ensure that at least a proportion of any fee rate increases are passed on to the workforce thus having a positive impact on wages.</p>
Religion and belief	<b>P</b>	<p>This group could be impacted positively.</p> <p>We know that some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days. Likewise, people of different backgrounds or faiths may not believe a career in care is open to them or be aware of the career paths available.</p> <p>Through our recruitment support offer we hope to attract a range of individuals of different cultural backgrounds and beliefs into the care workforce. In turn, we envisage (alongside facilitating jobs) this will</p>



		bring different perspectives into the care workforce and assist in providers delivering support in line with an individual’s religious preferences and beliefs by carers with shared faiths and experience.
Sex		<p>This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers, and that this policy will thereby promote equality of opportunity between these 2 groups.</p> <p>Women are more likely than men to be disabled. In the <a href="#">2019 to 2020 Family Resources Survey</a>, 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled.</p> <p><a href="#">Office for National Statistics</a> (ONS) indicate that women’s lifetime earnings are substantially lower than men’s: in 2018 women received, on average, equal to 59% of men’s lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy.</p>
Sexual orientation	<b>NI</b>	The new policy is aimed at specific types of care and age ranges and is provided irrespective of sexual orientation.

## HEALTH INEQUALITIES

<b>2.3</b>	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p>
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<p><b>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider
<p>2.3a What HIs exist in relation to your work / plan / strategy</p>	<ul style="list-style-type: none"> <li>● Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>)</li> <li>● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation</li> </ul>
	<p>Response:</p> <p>Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. The ethos of the COC and MSP works to ensure providers are paid in a manner which ensures the longevity and sustainability of the market, therefore ensuring providers can maintain service delivery. In turn, the improvement to market sustainability will assist in ensuring providers can deliver the best care possible and meet health and care outcomes.</p> <p>Inequalities may also be faced by provider staff, or potential staff, in accessing care roles; language barriers, accessibility issues and cost of transport to interviews or work ,for example, may prevent individuals accessing careers in the care sector.</p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of</p>	<p><b>Consider and answer below:</b></p> <ul style="list-style-type: none"> <li>● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income</li> <li>● Consider what the unintended consequences of your work might be</li> </ul>



<p>different groups that share protected characteristics</p>	
	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <hr/> <p>b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.</p> <p>The DHSC advised scope of the policy itself specifically focuses on providers of care within 65+ residential settings and (long term) home support providers supporting individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the CoC exercise. Coventry have however decided to expand the remit of the MSP to cover and benefit all areas of the adult social care market and will look to influence HIs in a positive manner through this plan.</p> <p><b>Service Users:</b> The health of individuals in receipt of the services may benefit in a positive way through improved continuity of care, resulting in better outcomes.</p> <p><b>Provider staff:</b> There may be positive impact on the health of provider staff. The Council has and will continue to work with providers to ensure best use of funding within the financial envelope available. Any effect of this on provider staff will likely be positive in relation to:</p> <ul style="list-style-type: none"> <li>➤ Increased job security</li> <li>➤ Fair recruitment practices (supported by CCC)</li> <li>➤ Payment of the NLW or above</li> <li>➤ Good working conditions</li> </ul> <p>We will work with the home support market to understand the benefits of access to green travel / electric vehicles and investigate options to facilitate this, in turn reducing both fuel costs and the carbon footprint of this method of care delivery.</p>



The Council will also be supporting on recruitment events to assist in diversifying the workforce; Skills for Care data states only 15% of the workforce are male and 26% of the general workforce are BAME. Such statistics are not reflective of the city’s demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. Examples of events which have taken place so far have included job fayres specifically supporting refugee and migrant workers into adult social care employment and held in Churches or community halls. Future events are planned to be held in a range of wards / areas across the city to eliminate barriers in respect of transport, enable ease of access by different communities and create links between local people and local businesses; likewise, events aimed specifically to support unpaid carers and individuals with a disability are also planned. Wherever possible, we will look to facilitate interpreters at events to reduce potential communication barriers in accessing and understanding role requirements.

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

Funding will be distributed to all commissioned providers as quickly as possible in the new financial year (April 2023). Specific support sessions and recruitment events will also be facilitated by the Council on an ongoing basis; the impact of these will be monitoring to ensure these are fit for purpose and meeting the aims of the MSP and EIA.

**DIGITAL INCLUSION**

**2.5** The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English ([NHS Digital.](#))

Some of the barriers to digital inclusion can include lack of:

- **Access** to a device and/or data
- **Digital skills**



	<ul style="list-style-type: none"> <li>• <b>Motivation</b> to get online</li> <li>• <b>Trust</b> of online safety</li> </ul> <p>Digital exclusion is not a fixed entity and may look different to different people at different times.</p> <p>Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.</p> <p>Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.</p> <p>Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.</p> <p>It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.</p> <p><b>Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Laura Waller (<i>Digital Services &amp; Inclusion Lead, CCC</i>). More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>
Question	Issues to consider
<p>2.5 What digital inequalities exist in relation to your work / plan / strategy?</p>	<ul style="list-style-type: none"> <li>• Does your work assume service users have digital access and skills?</li> <li>• Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access?</li> <li>• Consider what the unintended consequences of your work might be.</li> </ul>
	<p>Response:</p> <p>Our Market Sustainability Plan includes reference to the following areas which may require mitigations to reduce the potential for digital inequalities:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> individuals in receipt of the support of assistive technology may experience a possible disturbance</li> </ul>



	<p>when switched over from analogue to digital. This is a national programme and control over this by the Council is minimal.</p> <ul style="list-style-type: none"> <li>- <b>Knowledge of digital technologies and systems to support a move towards a more digitalised care offer:</b> We are aware staff may not necessarily have the skills to support a move to a more digital based care offer and its associated systems.</li> <li>- <b>Advertisement of recruitment fairs:</b> Digital advertisement of our recruitment initiatives e.g. advertising job fayres / recruitment days, job descriptions and advertisements, are publicised online.</li> </ul>
<p>2.5b How will you mitigate against digital inequalities?</p>	<ul style="list-style-type: none"> <li>● If any digital inequalities are identified how can you reduce these? For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.</li> </ul>
	<p>Response:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> We will work with providers and relevant stakeholders to ensure, as much as possible, both individuals and providers effected by the switch are informed and able to remain safe should an issue arise.</li> <li>- <b>Digital technologies / digital support offer:</b> Support and ‘digital champion’ training will be offered to providers via the Coventry Connects digital training scheme to ensure staff are appropriately skilled in an effective, sensitive manner.</li> <li>- <b>Advertisement of recruitment fayres:</b> To supplement digital advertisement, posters / paper advertisement and conversations will be utilised to ensure as many people are aware of up coming events. Paper information will also be available during events, including the ability to complete paper job applications (online application options also available) at job fayres the day.</li> </ul>

2.6 How will you monitor and evaluate the effect of this work?



The Council will be required to produce an updated winter Market Sustainability Plan where we will reflect on the impact of our April MSP and outline plans for future support, especially across the winter 2023/24 period where pressures and risk to the market and individuals are most prevalent due to heightened demand.

Intelligence drawn from provider feedback e.g. through provider forums and specific engagement sessions, and market sustainability data e.g. contract monitoring and review of provider quality ratings and entrances and exits to/from the market will also be used to understand the impact of our MSP and support offer.

2.7 Will there be any potential impacts on Council staff from protected groups?

Internally Provided Care Services will be captured under this framework. Whilst impact will likely be minimal any impact would be positive.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [Nicole.Powell@coventry.gov.uk](mailto:Nicole.Powell@coventry.gov.uk)

**Headcount:**

**Sex:**

Female	88.9%
Male	11.11%

**Age:**

16-24	5.56%
25-34	5.56%
35-44	11.11%
45-54	27.78%
55-64	38.89%
65+	11.11%

**Disability:**

Disabled	
Not Disabled	88.89%
Prefer not to state	5.56%
Unknown	5.56%

**Ethnicity:**

**Religion:**

Any other	
Buddhist	
Christian	50%
Hindu	5.56%
Jewish	
Muslim	5.56%
No religion	22.22%



White	72.22%
Black, Asian, Minority Ethnic	27.78%
Prefer not to state	
Unknown	

Sikh	16.67%
Prefer not to state	
Unknown	

**Sexual Orientation:**

Heterosexual	94.44%
LGBT+	
Prefer not to state	5.56%
Unknown	

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

- No impact has been identified for one or more protected groups
- Positive impact has been identified for one or more protected groups
- Negative impact has been identified for one or more protected groups
- Both positive and negative impact has been identified for one or more protected groups

4.0 Approval

<b>Signed: Head of Service:</b> 	<b>Date: 03.03.2023</b>
<b>Name of Director: Pete Fahy</b>	<b>Date sent to Director: 03.03.23</b>
<b>Name of Lead Elected Member: Cllr Mal Mutton</b>	<b>Date sent to Councillor: 03.03.23</b>



Email completed EIA to [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)