



Cabinet Member for Adult Services

Time and Date

9.30 am on Wednesday, 20th November, 2024

Place

Diamond Room 1 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 6)
 - a) To agree the minutes of the meeting held on 5th September, 2024.
 - b) Matters arising
4. **Future Recommissioning of Carers Support Services and Update on Progress Against the Carers Action Plan 2024/26** (Pages 7 - 54)

Report of the Director of Adults and Housing
5. **Adult Social Care Complaints and Representations Annual Report 2023/24** (Pages 55 - 98)

Report of the Director of Adults 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

Julie Newman, Director of Law and Governance, Council House, Coventry

Tuesday, 12 November 2024

Note: The person to contact about the agenda and documents for this meeting is Tom Robinson Email: tom.robinson@coventry.gov.uk

Membership: Councillors L Bigham (Cabinet Member) and D Toulson (Deputy Cabinet Member)

By invitation: Councillor B Mosterman (Shadow Cabinet Member)

Public Access

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Tom Robinson

Email: tom.robinson@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Cabinet Member for Adult Services held at 10.00 am on
Thursday, 5 September 2024

Present: Councillor L Bigham (Cabinet Member)
Councillor D Toulson (Deputy Cabinet Member)

Employees (by Directorate):

Adults and Housing: P Fahy (Director), N Byrne, L Ferro

Law and Governance: S Bennett

Public Business

7. Declarations of Interest

There were no disclosable pecuniary interests.

8. Minutes

The Minutes of the meeting held on 1 July, 2024 were agreed and signed as a true record.

There were no matters arising.

9. Quarter One Performance 2024/25 - Adult Social Care

The Cabinet Member for Adult Services considered a report of the Director of Adult Services and Housing that provided an update to Adult Social Care performance for quarter one 2024/25, alongside actions in place to improve performance and proposed next steps.

Adult Social Care performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) and this performance is reported nationally at year end. Adult Social Care (ASC) also measures a series of locally defined indicators, which are reported to the Adult Social Care Management Team on a quarterly basis.

The report updated the Cabinet Member on the quarter one performance, provided a summary of key changes and improvements, and outlined actions in place to improve performance and proposed next steps. It also provided an opportunity for the Cabinet Member to provide comment.

An appendix to the report outlined the ASCOF figures for each of the four domains and indicators set out in the report, demonstrating the quarter one improvement of key areas in comparison to 2021/22 and 2022/23 figures. Directional arrows were displayed to summarise performance compared to previous years against these indicators. It also provided a useful comparison between Coventry City Council's figures and those at a regional and national level.

The Cabinet Member was provided with a detailed assessment of the variations in the ASCOF figures and the work undertaken to gradually improve every indicator figure. The Cabinet Member was also updated on the engagement work being undertaken, especially with regard to the Service's engagement with Adult Social Care carers, which the Cabinet Member acknowledged, supported and welcomed.

RESOLVED that the Cabinet Member for Adult Services endorses the action taken in relation to the Adult Social Care quarter one 2024/25 performance including the next steps as outlined in the report.

10. **Market Position Statement**

The Cabinet Member for Adult Services considered a report of the Director of Adults and Housing which indicated that, Coventry City Council, together with its main commissioning partner, NHS Coventry, and Warwickshire Integrated Care Board (CWICB), is striving to develop a diverse vibrant and high-quality health and social care market to meet the needs and aspirations of the people of Coventry who require support now or who may do so in the future.

Communicating effectively with the market is a key part of market development and sustainability so that providers are aware of both the challenges facing Adult Social Care and some of the principal areas where needs and demand analyses indicate the requirement for services to be developed. Market Position Statements (MPS) are a tool for providing this communication and the production of a Market Position Statement for Adult Social Care fulfils requirements of the Care Act (2014) in relation to market shaping duties.

The MPS focuses on both current activity and future opportunities across the whole Adult Social Care market and seeks to provide a balance between description and analysis. The document aims to give clarity about the difference the Council are looking to make in people's lives. The Council's role is to support individuals to live as independently as possible, using strengths-based practice, and to ensure that anyone with care and support needs has access to good quality, tailored and reliable support. The Council is proud of the impact we have made in partnership with the care market to improve our overall adult social care offer, available provision, and ways of working.

Since publication of our previous MPS key achievements include:

- Development of an increased supported living offer for adults with learning disabilities and/or autism or those with significant needs associated with their mental ill health which facilitates more independent living.
- Establishment of the Improving Lives programme, a multi-agency initiative that aims to fundamentally improve the way the health and care system respond to emergency needs.
- Increasing visibility of Adult Social Care including through Open Days held in various parts of the city.
- A successful bid for Accelerating Reform Grant monies which will be used to fund several projects centred on delivering

- alternative methods of support with a particular emphasis on supporting informal carers.
- Award of funding to identify and scope the number of international recruits employed in Coventry and Warwickshire, assess the risk to both individual recruits and the wider care market should sponsorship become unstable, and identify a cohort of ethical employers who are willing to train, mentor or reemploy displaced International Recruits, migrants and/or refugees.

The MPS document has been informed by provider engagement and will be used to underpin ongoing dialogue with providers through a number of activities including the well-established provider forums. It was noted that generally, a strengthened care market with increased choice, diversity and equality of access will actively improve the quality of life experienced by individuals.

A Briefing Note appended to the report outlined consideration of the report by the Health and Social Care Scrutiny Board (5) at their meeting on 17 July, 2024. The Cabinet Member noted that the Scrutiny Board had recommended that the MPS be approved and that consideration be made for encouraging local and not-for profit suppliers where appropriate.

RESOLVED that the Cabinet Member for Adult Services:-

- 1) Notes and accepts the recommendations from the Health and Social Care Scrutiny Board (5) as outlined above.**
- 2) Approves the refreshed Market Position Statement for use with the Adult Social Care Market.**

11. Outstanding Issues

There were no outstanding issues.

12. Any Other Items of Urgent Public Business

There were no other items of urgent public business.

(Meeting closed at 10.50am)

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Public Report Cabinet Member

Health and Social Care Scrutiny Board (5)

13th November 2024

Cabinet Member – Adult Services

20th November 2024

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor L Bigham

Director approving submission of the report:

Director of Adults and Housing – Peter Fahy

Ward(s) affected:

All

Title:

Future Recommissioning of Carers Support Services and update on progress against the Carers Action Plan 2024/26.

Is this a key decision?

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

Executive summary:

In the 2021 Census, 27,391 people in Coventry identified themselves as having caring responsibilities. We know this is likely to be an underrepresentation of our caring population, as many people do not recognise caring roles. Of those 27,391 – 8,391 carers reported to be providing over 50 hours of care, indicating an intense caring role (30.6%).

Supporting carers is of major importance to health and social care for a number of reasons including meeting duties arising from legislation, the important preventative aspects of maintaining support and because it is the right thing to do. We are all likely to take on caring responsibilities during our lifetime.

Adult Social Care in conjunction with Coventry and Warwickshire Integrated Care Board (CWICB) currently commission a range of support services for people with caring responsibilities across the city from Carers Trust Heart of England. These include:

- Carers Wellbeing Service – Information & Advice, Training, Peer Support, Activities, Wellbeing support
- Carers Assessments – Delegated responsibility from the council
- Carers Regulated Support – Carers Emergency Response Service & Carers Break Scheme
- Carers Projects – Primary Support for Carers, Employment Support, Direct Payments and Grief and Loss

The services are currently arranged in a mix of grant-based arrangements and a contract. All contracts and grants are due to expire on 31st March 2025. The current annual value of commissioned support is circa £775k which includes an annual contribution of £134k from CWICB.

A number of additional projects at a cost of £96k per year (included in above costs) commenced in 2020 during the COVID-19 pandemic, to respond to emerging needs and identified pressures for carers. This included Grief and Loss & Employment Support.

For the future recommissioning of carer services there will be an overall reduction in budget of £41,870 per year due to the development of alternative information and advice support corporately and how we want to reshape our future carer support. The procurement activity will be structured in such a way (with a maximum price or similar mechanism) to facilitate this reduction in budget required, with the intricacies of such arrangement to be discussed and finalised with procurement and legal services colleagues in due course.

Coventry City Council together with the CWICB plan to recommission carer support services within Coventry based on carer feedback. The recommissioning is also aligned to our priorities in the Carers Action Plan 2024-26. (See appendix one). The plan outlines three key priorities based on carers feedback:

- Empower carers with flexible respite options, ensuring they can take breaks
- Deliver the right support, at the right time, and in the right place
- Maximise the reach of carers assessments to benefit more carers

The aim of the Carers Action Plan is to improve the experience of carers with a particular focus on improving the life a carer lives alongside caring. We plan to review the success of the plan by engaging with carers and reviewing data such as the local authority's bi-annual survey.

Progress against the Carers Action Plan so far is captured in appendix 1 and includes:

- Advancing deployment of the Accelerated Reform Funds including onboarding of a specialist self-assessment and information and advice digital tool called Bridgit and the implementation of a project called My Time with the aim of supporting carers to take meaningful breaks.
- Developing Carers Assessments and pathways including delivery of a number of training sessions and rolling induction sessions to further support carers in their caring role.
- Updating and developing carer related information such as leaflets and websites to ensure carers are aware of the most up to date information to support them in their caring role.
- Developing a working group with University Hospital Coventry and Warwickshire to support carers whilst in hospital and upon discharge with the aim of improving carers experience and that they are aware of support options in the community.
- Development of Young Carer pathways including establishing a Young Carers Early Help Link
- Recommissioning of carer support services aligned to our three key priorities in the carers action plan.

Recommendations:

Health and Social Care Scrutiny Board (5) are requested to:

- Provide comments on the recommissioning of Carers Support Services and progress on Carers Action Plan 2024-26 to the Cabinet Member for Adult Services.

Cabinet Member is requested to:

- Consider any comments from the Health and Social Care Scrutiny Board (5)
- Endorse the recommissioning of Carers Support Services

List of Appendices included:

The following appendices are attached to the report:

Appendix 1 – Carers Action Plan 2024-26

Appendix 2 – Equality Impact Assessment

Background papers:

None

Has it or will it be considered by Scrutiny?

No

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: Recommissioning Carers Support Services

1. Context (or background)

National Context

- 1.1 There is no current National Carers Strategy or policy framework specific to unpaid carers. A consultation into a new national carers' strategy is currently on-going.
- 1.2 A commitment to carers is referenced within the "People at the Heart of Care" – Policy framework, which includes the now implemented Accelerated Reform Fund – a two-year fund which aims to promote innovation within adult social care.
- 1.3 There are two large national charities which supports the interests and lobbies for carers, Carers UK and Carers Trust.
- 1.4 Best practice in relation to supporting carers is available through the National Institute of Care Excellence (NICE), Social Care Institute of Excellence (SCIE), the National Development Team for Inclusion (NDTi) and Adult Directors of Social Services (ADASS), we have used best practice guidance to review and benchmark our current model and underpin our new specification and requirements.
- 1.5 From 2023 the Care Quality Commission have inspected local authorities; Coventry is yet to receive an inspection. This means that local authorities are now assessed around the quality of provision, people's (including carers) experience through the system, how responsive services are to need, how well-led the organisation is and the safety of those accessing care. The Local Authority will be assessed in accordance with how well they are meeting requirements under Part 1 of the Care Act 2014 of which there are significant duties towards carers.
- 1.6 Carers support services play a key role in the delivery of the local authorities' statutory duties in relation to people providing support for unpaid carers, it is pivotal that any awarded provider work in partnership with the local authority, will be a named partner in the inspection and will be expected to contribute to the information return.
- 1.7 Part of the awarded contract includes the completion of a statutory function – Carers Assessments and support planning which is a statutory duty under the Care Act 2014 and although will be undertaken by the awarded provider is still considered a delegated function of the local authority, this function will be subject to the same inspection regime as the local authority function.

Local Context

- 1.8 Supporting carers is at the heart of everything we do in Adult Social Care. It is well known that carers are the most significant layer of prevention between health and social care. Alongside an ethos of supporting carers, we hold significant legislative responsibilities for carers, which are embedded in the Care Act 2014.

- 1.9 In the 2021 Census, 27,391 people in Coventry identified themselves as having caring responsibilities. We know this is likely to be an underrepresentation of our caring population. Of those 27,391 - 8,391 carers reported to be providing over 50 hours of care.
- 1.10 Carers are often the unsung heroes when it comes to ill-health prevention, preventing hospital admissions and ensuring that our citizens are living their best lives at home. Care provided informally cannot be replicated in the same way as paid for services. A recent research study into the value of unpaid care within the city estimates that carers save the NHS Social Care system £970million per annum in Coventry alone, an enormous contribution which outstrips the value of the NHS and social care.
- 1.11 Identification is key to supporting carers, we know that the vast majority of people with caring responsibilities do not recognise themselves as being a “carer” and therefore do not access support where it might be of benefit to them. Services commissioned to support carers play a significant role in educating and raising awareness of carers in the community. It is essential that a proactive approach to identifying carers is embedded in any commissioned provision. The reason it is important that carers get support at the right time, is that by not doing so it can create further issues for the future, for example not applying for lasting power of attorney (LPA) whilst someone still has capacity to make decisions can cause long term difficulties, early adoption of technology can reduce the longevity of a caring role or understanding rights and responsibilities whilst working and caring can prevent employment breakdown.
- 1.12 The Carers Action Plan was launched at the end of December 2023, a plan which highlights key activity and actions being taken to improve the experience of carers within Coventry. The plan is based on extensive engagement with carers which informed our three core objectives:
- Empower carers with flexible respite options, ensuring they can take breaks.
 - Deliver the right support, at the right time, and in the right place.
 - Maximise the reach of carers assessments to benefit more carers
- 1.13 A Carers Steering Group has been reestablished to oversee and ensure actions within the Carers Action Plan are completed. Members of the steering group include Public Health, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust, Carers Trust Heart of England, Alzheimer’s Society, Age UK, Dementia Hub & Children’s Social Care.
- 1.14 Progress around the plan is captured in Appendix 1.
- 1.15 In summary progress includes, advancing the Accelerated Reform Funds, developing Carers Assessments and progressing recommissioning of carer support services. With regards to the Accelerated Reform Funds, the procurement activity has been completed and two projects will commence in November 2024, My Time an innovative scheme which helps support carers access recreational breaks and Bridgit, a digital support tool which will help with the identification of carers and online information. Officers are exploring a further project to upscale support for carers within UHCW.
- 1.16 In relation to Carers Assessments, a number of training sessions have been held for staff including refresher and induction training and a number of team specific training sessions. Rolling induction sessions have been scheduled for the rest of the year. A practice learning alert was issued at the beginning of April 2024, setting expectations around completion of assessments, this will be followed up by a thematic review in the

Autumn 2024. Further focus will be on working with Mental Health teams to improve support for carers and the development of a new carers online self-assessment.

- 1.17 The recommissioned services will play a significant role in implementing the plan and actions and will be a key partner in the Carers Action Plan Steering Group
- 1.18 The last extensive recommissioning activity that took place in relation to Carers Support Services was in April 2018, when Carers Trust Heart of England were awarded a grant for the delivery of a Carers Wellbeing Service. This was 3 years after the implementation of the Care Act and prior to the pandemic. In 2019 the council provided the Carers Trust Heart of England with a further grant to deliver a project to improve identification of Carers within Primary Care Settings, this was in part to fulfil new guidance published by NHS England around embedding GP Quality markers in relation to carer friendly practice.
- 1.19 In September 2020, to respond to the emerging needs through the pandemic a number of additional grants were provided to enhance support to carers, this included improving digital skills of carers, the provision of Direct Payments, Grief and Loss support and working carers support.
- 1.20 Coventry has a long history of supporting carers within the local community having a mixed model of support that includes regulated services which enable carers to have a break and plan for an emergency and a universal service that supports carers with information and advice, training and peer support.
- 1.21 Since the implementation of the Care Act 2014, the local authority has delegated a statutory function to the Carers Trust Heart of England for the completion of Carers Assessments and support planning as part of a contract. The local authority also complete carers assessments internally and maintain ultimate responsibility for the delivery of the function.
- 1.22 We recognised that implementing support for carers, relies on a whole system approach, working across organisations, health and social care, businesses, employers, leisure and recreation.
- 1.23 A joint commissioning arrangement is in place for the provision of carers support with the CWICB contributing £134,096 per annum. CWICB have been consulted on the new proposals and have endorsed the recommissioning process.
- 1.24 Bi-annually a mandatory survey of people with caring responsibilities who have received a service or an assessment through Adult Social Care is undertaken. The results are used to benchmark performance nationally. Coventry has followed a national trend of decline in all areas during the pandemic and we are yet to see a return to pre-pandemic levels of performance however results are showing an incremental improvement. A strength is our involvement and consultation of carers during an assessment process but carers report to us that it is hard to live a life alongside caring, which is a common theme we see within our engagement with carers.

The Carers Action Plan focuses on improvements based on carer feedback and the recognition that services and support need to develop and further support carers.

1.25 Current Activity of Carers Support Services

- Provide general support to over 4000 carers per annum
- Identify approximately 1500 new carers per annum
- Manage contingency plans for 500 carers per annum
- Complete 340 Carers Assessments per year
- Administer approximately 70 Direct Payments per year
- Provide short breaks for 50-60 carers per year
- Provide approximately 1000 hours of emergency support
- Engaged with all 60 GP surgeries in the city, with regular presence in a number of surgeries

2. Options considered and recommended proposal.

2.1 **Option 1** - Preferred Option – Complete a tender exercise for the recommissioning of carers support services. This will require a short extension of the existing grants / contracts for 6 months (April to September 2024).

2.2 Current Services

Service	Value	Commissioning Arrangement	Services Covered
Carers Wellbeing Service (including regulated carers support)	£634,731 (£134,096 of this is contributed by CWICB)	Grant	Carers Wellbeing: Training Specialist Carers Support Employment Support CRESS Carers Short Breaks Groups Carers Direct Payments
Carers Assessments Contract	£140,000	Contract	Carers Assessments, Support Planning & Reviews
Total Contract / Grant Expenditure	£774,731		

2.3 The intention is to recommission all Carer Support Services for 2025 under one single contract, to ensure consistency of approach and alignment of services. This will involve a competitive procurement activity and a review of current services. An annual reduction of £41,870 has been applied to this commissioning activity. This will mean a reduction in the additional funding applied in 2020, and a reduction in some of this additional support. This will partly be mitigated in the short term by the Accelerated Reform Funding previously reported to Cabinet and the development of alternative information and advice support corporately. The Council are also exploring alternative funding streams through central government to develop an existing project within the Carers Trust Heart of England through the Accelerated Reform Fund which will develop carers support within University Hospital

Coventry and Warwickshire. In addition to this there are a number of additional new projects funded by the Accelerated Reform Fund that will be of direct benefit to carers, including a digital support tool that will supplement support provided by the Wellbeing service and an innovative project that provide recreational opportunities for carers to take a break.

2.4 A separate contract exists for the provision of Young Carers Assessments which is due to expire in 2030. Commissioners aim to align the contract breaks and duration with the Young Carers contract to ensure a more cohesive model and embed an “All Age” carer approach.

2.5 **Proposed Service Design of Carers Support Services**

The service will comprise of four key areas:

2.6 **Universal Service for Carers**

Specialist support, identification and awareness raising, training and a number of projects which include:

- o Hospital Liaison Support
- o Mental Health Carers Support Worker
- o Primary Care Support for Carers
- o Working Carers Employment
- o Young Adult Carers Pathway
- o Diversity and Inclusion Support
- o Carers Voice and participation project

2.7 **Carers Assessments, Support Planning and Reviews**

A delegated statutory responsibility under the Care Act 2014. This will include the administration of Direct Payments to meet eligible needs and oversight of the Carers self-assessment portal.

2.8 **Carers Peer Support**

Group based support for carers, including a small fund to enable community led carer groups to establish.

2.9 **Carers Regulated Support**

- o Short Breaks for Carers
- o Carers Contingency Planning and Carers Emergency Response Support
- o Carers one-off planned breaks provision
- o Preventative Short Break Offer

2.10 The service model will not differ significantly from the current provision, however as the existing arrangements will move from a grant-based arrangement to a contract we can provide more specificity to the model, requirements and key performance indicators. The specification includes:

- Greater emphasis on transitional arrangements between Young Carers and Young Adult Carers

- A fund to be distributed by the provider to help nurture and develop smaller carer groups in the community
- Preventative short breaks allowing carers to access breaks for an interim period, in a timely and responsive manner
- Greater focus on developing engagement and co-production models in service re-design and commissioning processes

2.11 **Option 2** - To not retender the contracts / grants – This is not contractually compliant. Due to the size and duration of the contract it is not an option to directly award to a single provider or roll over existing arrangements.

3. Results of consultation undertaken

3.1 Throughout 2023 the Council undertook extensive engagement with carers across Coventry, undertaking a survey, attending groups, and pop-up events to inform our future commissioning and carers support offer. In total 166 carers gave us feedback and told us their experience of caring. People told us:

- Many people did not recognise they were a carer
- The pandemic had exacerbated caring roles and this had a lasting impact
- They felt conflicted about accessing some services like respite or alternative care provision, due to infection risks, quality and worries around cost
- Cost-of-living is a significant concern for carers
- They do not always feel valued or recognised by wider society
- They weren't always aware of the support structures
- They predominantly used the internet for information but want a range of ways to find out information
- They were more likely to see their GP than any other professional
- They value practical support (such as being able to take a break) above other interventions
- They felt that their voice was not heard or considered at times
- The label 'carer' acted as a barrier to accessing support

3.2 Because of the proactive approach to identifying carers who require an assessment we often work with people much earlier in their journey this can often be prior to requiring support through Adult Social Care. Carers assessments help in identifying anticipatory needs. Information from carers assessments also inform us that carers are increasingly experiencing poorer physical and mental health and complexity around their caring role, this includes situations where both people in a relationship have care and support needs, people with multiple caring responsibilities, people caring alongside and managing parenting responsibilities.

3.3 An information and feedback session was held in June 2024 for Adult Social Care operational services (social workers and other front line staff) to feed into the service specification and requirements.

3.4 Re-commissioned services will have a focus on continued engagement with carers and embedding a co-production model in the delivery of carer related services.

3.5 We have used the engagement and feedback from carers to influence our service specification and design and to inform the evaluation criteria.

4. Timetable for implementing this decision.

- 4.1 With a short extension of contract / grants, the aim is to have a new contract in place for October 2025.

5. Financial Implications

Comments from Director of Strategic Finance and Resources (Section 151 Officer) and Director of Law and Governance

- 5.1 There are on-going funding requirements from both the local authority and CWICB. The contractual term will be 3 years with an option to extend for a further 2 years. Over the lifespan of the contract (inclusive of extensions) the funding commitment from the council will be approximately £2,993,825 (£598,765 per annum). The ICB will continue to contribute £134,096 per annum.
- 5.2 A reduction of £41,870 per annum has been applied to the contract which will equate to £209,350 over the lifespan of the contract (inclusive of extensions). The procurement activity will be structured in such a way (with a maximum price or similar mechanism) to facilitate this reduction in budget required, with the intricacies of such arrangement to be discussed and finalised with procurement and legal services colleagues in due course.

6. Legal Implications

- 6.1 The Council has a number of legal duties with regard to the provision of support for carers and the successful provider will play a substantial role in the delivery of these duties. The Care Act (2014) sets out parity of esteem for carers which means that the same duties that exist for people with care and support needs exist for carers and there is an expectation that processes and support are mirrored to ensure equity in the system.

6.2 Carers Assessments and Care Planning - Duties Outlined in the Care Act 2014

- The duty to assess a carers' needs (this can be anyone providing care or intending to provide care) and is based on the appearance of need. This includes establishing:
 - What a carer is willing and able to provide
 - Sustainability of a caring role
 - The outcomes a carer wishes to achieve
 - The impact of caring on a person's own wellbeing
 - Whether a carer presents with eligible needs
- The duty to meet eligible needs of a carer is outlined in [The Care and Support \(Eligibility Criteria\) Regulations 2014](#) – this means that a range of services and support need to be available to meet need, including the provision of direct payments for carers
- Promotion of wellbeing
- The duty to prevent needs from arising with the provision of information, advice and support
- Provision of information and advice including the provision of support for people who do not have eligible needs
- The duty to conduct a “transition” assessment when a child (young carer) turns 18

6.3 Delegation of Local Authority Functions

Under Section 79 of the Care Act 2014 – Part 1 – Local Authorities can authorise a third party to carry out certain statutory functions, this can be done in part or fully.

Ultimately the delegated activity is still considered a function of the local authority. Requirements may be needed to replicate those of the local authority such as data protection and confidentiality guidelines.

6.4 Carers and Market Shaping - Duties Outlined in the Care Act 2014

- There should be personalisation of carers support, including local specialised support which enables carers to make meaningful choices and control their support arrangements
- Carers should be helped to “micro-commission” support were helpful
- Include carers in commissioning processes
- Outlining carers support within the Market Position Statement

6.5 Health Care Services and Carers

- A set of new responsibilities primarily for ICBs to implement were outlined in the Health and Care Act (2022), with particular reference to Section 91, the responsibility of ensuring that carers are involved in hospital discharges.
- Places a duty on ICBs to involve carers in commissioning and policies that impact carers
- Places a duty on NHS Trusts and Foundation Trusts to involve carers within discharge planning
- Supporting carers in general practice: a framework of quality markers – sets out a requirement for Primary Care settings to embed carer friendly practice.

6.6 Duties with regard to carers are irrespective of whether the person they are caring for is self-funding, eligible for continuing health care funding or the person they are caring for does not have eligible needs, which makes the local authorities’ duties towards carers wide and far reaching.

7. Other implications

7.1. How will this contribute to the One Coventry Plan?

The recommissioning of Carers Support Services would support the Council’s key objectives through a contribution to improving outcomes and tackling inequalities.

7.2. How is risk being managed?

Risk of reducing expenditure through the contract – There is a risk that we will see a reduction in the quality of support provided by reducing the overall funding envelope. We will work with the awarded provider to mitigate risk against this and explore where changes can be implemented with the least impact. We will work with the provider to explore other funding channels for example we are planning on utilising funding from the Accelerated Reform Fund to upscale current support within UHCW.

Risk of discontinuity in services – With any competitive procurement exercise there is the possibility that a different provider to the incumbent will be awarded the contract. The Council

will work with any provider to ensure that continuity in service delivery is maintained, this is particularly important with the provision of Carers Assessments and ensuring there is no disruption to this statutory duty or gap in provision. A loss of skills, knowledge and expertise is a plausible risk if continuity is not maintained. Tupe arrangements may apply that will support the on-going continuity of services should the incumbent provider not be successful. There are no significant changes to the overall model of delivery.

7.3. What is the impact on the organisation?

There are no direct impacts on the organisation. Recommissioning of Carers Support will assist the council in delivering statutory responsibilities.

7.4. Equalities / EIA?

An Equalities Impact Assessment has been completed and can be found at Appendix two.

The recommissioning of Carers Support Services is expected to have a positive impact on the population of Coventry.

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

There are no direct implications for climate change and the environment however as part of the tender activity providers will be required to set out their commitment to tackling climate change.

7.6. Implications for partner organisations?

NHS Coventry and Warwickshire Integrated Care Board and wider health partners are expected to benefit from the recommissioning of carers support services.

Report author(s):

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Title – Joint Carers and Engagement Lead

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Enquiries should be directed to the above person.

Contributor/approver name	Title	Service Area	Date doc sent out	Date response received or approved
Contributors:				
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Director: Pete Fahy	Director of Adult Services and Housing	Adult Social Care	27/09/2024	01/10/2024
Member: Councillor L Bigham	Cabinet Member for Adult Services		08/10/2024	10/10/2024

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Carers Action Plan 2024-26 – Update Summary – September 2024

Ref:	We Will	Year One Actions (January -December 2024)	Progress to Date
PRIORITY 1 – Empower carers with flexible breaks options, ensuring they care take breaks			
1.1	Commission a range of respite and break provision, develop a ‘community alternative’ support model to empower carers with flexible respite options, co-designed with carers, ensuring they can take breaks, increase social contact and reduce the risk of isolation.	Work with third sector organisations and community groups to explore the potential for 'community alternative' support models or community delivered carers breaks.	<p>Work has commenced with the recommissioning of carers support services that includes short break provision for carers. We have designed our model of short breaks using carer feedback ensuring that different scenarios and situations are catered for. The new model of support will commence following the recommissioning process.</p> <p>In partnership with the Carers Trust Heart of England we have developed a more flexible model of delivery of short breaks in the here and now, ensuring that those most in need are able to take a break. This has involved utilising the “Urgent Care Fund” more flexibly so that carers who are awaiting an assessment can access breaks for an interim period avoiding carer breakdown in the interim.</p>
1.2		Investigate alternative offers or routes to accessing breaks, e.g. charities, grants and alternative holidays.	Using funding from the Accelerated Reform Fund from the Department of Health and Social Care, we have just awarded a grant to the provider Local Solutions who will deliver a project called “My Time” for carers within Coventry. This will be rolled out to Warwickshire in the second year. “My Time” is an innovative project that works with local businesses, retail, leisure, recreational and hotels to broker free opportunities for carers, such as a night at a hotel, an afternoon tea, an experience. The project will recruit locally and will work in partnership

Page 22			with the Carers Trust Heart of England to promote awareness. The project is due to commence in November following the recruitment of a co-ordinator.
1.3		Increase awareness of informal networks and social contact opportunities for carers.	<p>We are exploring the use of community alternatives for carers within Voluntary Sector organisations. We held several meetings individually with organisations and held a number of workshops. Through the meetings we were able to understand more about how organisations could support carers through group-based activities, where groups allow the carer to take a break for the duration of an activity and where groups enable carer peer support. We have also used our bulletin to promote awareness of groups and ensure they are on our community directory.</p> <p>A range of bitesize learning sessions have commenced (September 2024) internally to support practitioners to think of community-based options to support carers and the person they are caring for.</p>

1.4	Improve information on respite and promote carers breaks to support carer wellbeing and prevent carer breakdown.	Refresh Coventry City Council website on respite and break information, including information on costs, entitlement, options, purpose and how to access.	Information on the Council website has been refreshed recently and will be updated as further progress is made.
1.5		Develop respite / carer break FAQ's document, including information on the use of direct payments to access respite and replacement care.	A leaflet is currently being drafted – “When it’s time to take a break” and following this we will do some promotional activity. This will be launched in November 2024.
1.6		Promotion of respite / break information with under served communities (e.g. pop ups / information circulated in temples, community centres etc.) working with community leaders to improve awareness.	<p>Over the course of the year a number of different engagement activities and events have taken place including meeting with neighbourhood partnership forums and working with the migration team to speak to newly established communities such as the BNO Hong Kong.</p> <p>The Carers Trust Heart of England have produced videos of local carers speaking in their own language, including Gujarati, Arabic and Romanian to promote awareness of caring and support locally. The Carers Trust have delivered numerous pop-up events across the city to ensure there is a reach of services. In the past couple of months, engagement has happened with all 60 GP surgeries to held aid in the identification of carers. A new regular carers drop in will be held at Broad Street Hall in Foleshill from September 2024.</p>

Page 24			<p>We have just concluded the procurement of a digital support tool for carers that can be easily translated into almost all languages that will aid with seeking out support in the local community.</p> <p>A number of events are coming up based within the local communities, such as Hillfields and Foleshill where we hope to raise further awareness of break options for carers. We have worked with local community groups to raise awareness of the events.</p>
1.7		<p>Review process for administering carers direct payments and literature to support positive conversations around direct payments by practitioners.</p>	<p>A new Carers Direct Payment leaflet has been produced and is in circulation.</p> <p>Refresher training was held for all Adult Social Care practitioners.</p> <p>Refresher training has been conducted with the Carers Trust Heart of England to explore eligibility and support planning and completing Carers Assessments. A regular peer support meeting has been established.</p> <p>Further work is being completed to review the process of administering Direct Payments.</p>
1.8	<p>Review options for assistive technology to enable carers to have time away from caring role and increase opportunities for socialising.</p>	<p>Utilise existing technology and resources to support carers.</p>	<p>We have worked with Telecare Services to promote their offer at Engagement Events.</p> <p>Using peer support groups with the Carers Trust Heart of England we have explored the use of Direct Payments for carers for technology.</p> <p>The Carers Trust Heart of England have worked closely with the Coventry Connects project – having</p>

			<p>administered approximately 40 laptops to date to carers who are experiencing digital exclusion, this work continues to be on-going.</p> <p>A new project within Adult Social Care has commenced with two new Digital Navigators starting in September 2024. The digital navigators will explore technology enabled care solutions. We expect carers will benefit alongside the person they are caring for and shared learning will help explore continued use of technology moving forwards.</p>
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Priority 2: Deliver the right support at the right time and in the right place.

2.1	<p>Improve information and resources available to carers to help them make informed decisions to support them in their caring role and their own wellbeing.</p>	<p>Coventry City Council to work in conjunction with Carers Trust and third sector organisations to update Council website to centralise information and identify support options available for carers - information to be easy to navigate, clear, and specific to audience (e.g. adapted for young carers, translated and culturally sensitive).</p>	<p>At the beginning of the year we reviewed our website content to make sure it was simple and straightforward and key information was readily available. We continue to review the content on a 3 monthly basis. We have seen a small improvement in feedback around information and advice.</p> <p>Using funds from the ARF we are about to implement a digital self-help tool for carers (Bridgit) that will use help carers navigate support and connect with local resources. It is an added tool which will channel different approaches to identifying carers and then connecting them with the appropriate local support. We are currently reviewing content before going live in October.</p>
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Page 26			We have revised our general Carers Support leaflet which is now available online and has been distributed amongst teams.
2.2		Coventry City Council and Carers Trust to work with communities, specifically under served communities, and community leaders to promote information and advice services into communities and everyday messaging to reach hidden carers and reduce barriers to identifying as a carer or accessing support.	See 1.6
2.3		Work with GP's, pharmacists and health professionals to raise awareness of how to identify and support carers, knowledge of carers support services and referral mechanisms to Carers Trust and other support services.	<p>In April 2024 a new GP liaison Advisor at the Carers Trust Heart of England started. Between April and May all 60 GP surgeries in Coventry received a visit from the Carers Trust and received information to display and take away leaflets. All of the surgeries were visited again to see if they were displaying information, around 50% now display Carers information. The remaining 50% will receive follow up visits to encourage participation.</p> <p>Work has commenced with UHCW to explore carers experience of hospital admission, discharge and outpatient experiences. A working group has been formed which is exploring:</p>

			<ul style="list-style-type: none"> • An online carers information resource • Establishing a carers forum within the hospital (which is now running) both for staff and people caring for someone within the hospital – now in operation. • Looking at experience of people with caring responsibilities on hospital wards, such as access to food, parking etc. • Training support for staff around carer awareness • Exploring the visibility of the Carers Information around the hospital, including ward visits to see if information and leaflets are in place. <p>We are in the beginning stages of working with colleagues at the CWPT to explore and embed the Triangle of Care initiative within mental health settings such as the Caludon Centre and mental health community teams.</p>
2.4		Work with schools and colleges to identify young carers and promote young carers support options, advice and assessments.	<p>On-going work and activity is taking place with the Carers Trust Heart of England taking the lead. A Young Carers Strategy has been produced and outlines the following areas of work:</p> <ol style="list-style-type: none"> 1) School based program (in school award) 2) Peer support groups 3) Identification of Hidden young Carers (which includes an extensive communications plan)

Page 28			<p>4) Technology integration</p> <p>5) Transport solutions</p> <p>6) Carers and skills development programs (partnership with Coventry University).</p> <p>7) Outreach program</p> <p>8) Transition pathway</p> <p>9) Assessment and 1:1 Development</p> <p>A Young Carers working group has been established. We are pleased to now have a Young Carers Lead within Early Help services and a new strategic lead supporting Young Carers. Internal work has focused on improving pathways for young carers within the system.</p>
2.5		<p>Increased visibility and presence of Carers Trust and carers support / information services in communities e.g. GP's, pharmacy, food hubs, library's, community centres, gyms, supermarkets, ASC open days etc.</p>	<p>A range of outreach sessions have been undertaken with the Carers Trust Heart of England across the city, through including GP surgeries, food hubs, employers, places of faith, libraries, family hubs, Caludon Centre, UHCW. The outreach sessions continue to be delivered regularly within the city and are advertised within our monthly bulletin. The sessions are also advertised on the Carers Trust Heart of England – Facebook Page.</p> <p>We intend to use the Bridgit online tool to promote events and drop in options. A light version of Bridgit is now live with the full version expected in October 2024 and the Carers Online Self-Assessment to be available from January 2025.</p>

<p>2.6</p> <p>Page 29</p>		<p>Work with the Integrated Care Board on Compassionate Communities project to improve carers experience across the health and social care system.</p>	<p>The Compassion Communities Coventry & Rugby Group is a local initiative which aims to facilitate support for the dying and bereaved, people living with long term health conditions and people who are socially isolated from within their community. The project was being delivered as part of the Coventry and Warwickshire Palliative and End of Life Care Strategy 2024-2029. The Experience of Care project explored people’s experiences (predominately carers) in under-served communities, of end of life care and access to palliative care. As a result of the engagement an approach called “No Barriers Here” has been rolled out to providers. Training which supports providers and charitable organisations in facilitating discussions with people about end of life, using arts and crafts.</p> <p>The Carers Trust Heart of England are amongst those now trained to undertake “No Barriers Here” training and will now be able to deliver sessions to carers about advance planning and end of life discussions.</p> <p>The Carers Trust Heart of England have developed connections with Myton Hospice, supporting their carer support group at the hospice. We have used our channels to promote the group.</p> <p>Myton Hospice will be facilitating a session for Adult Social Care in October 2024 to raise awareness of their support offer.</p> <p>We have worked the CWICB to present to the Enhanced Care home forum around carers support following an</p>
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Page 30			admission to a care home and to raise awareness of continued support available to carers.
2.7	Ensure carers have access to practical support by way of peer support groups, telephone or face to face support and community networks to increase opportunities for socialising and reduce the risk of isolation.	Promote training and understand gaps in training needs through consultation with young and adult carers e.g. condition specific training such as dementia, autism, mental health, resilience, bereavement	<p>Promotion of training has been done through the Carers Bulletin and within our website.</p> <p>We are currently reviewing our training offer for Carers in partnership with the Carers Trust Heart of England to understand where gaps might exist. We will use data from Carers Assessments to understand this alongside engagement activity.</p> <p>Where there are gaps or more bespoke training required we will promote the use of Direct Payments to enable carers to purchase their own training.</p>
2.8		Develop a range of meaningful support groups available to carers, including activity based sessions, informal sessions and friendship building.	<p>A number of new groups have been established, including a walking group for carers and group for carers who are looking after someone with a learning disability. Both are in the initial stages and growing a cohort. We have linked in with the Community Learning Disabilities Team to promote the carers group.</p> <p>A range of carers activities and groups continue to be scheduled to support carers across the city and are advertised within our Carers Bulletin / Carers Trust Heart of England – Facebook page.</p> <p>Recommissioning of carers services will focus on the diversification of groups and a small funding allocation to enable smaller groups (such as peer led groups to develop).</p>

2.9	Provide additional support in respect of the cost of living, benefits advice and getting back into work or education, to support carers with managing finances.	Coventry City Council to engage with all unpaid carers identified via the Low Income Family Tracker (LIFT) to inform of available support services, carers assessments, benefits entitlement, respite and break options and support available via the Carers Trust.	<p>We have started to scope out the use of LIFT to help us identify households within Coventry provide an indication that they may be entitled to carers allowance but are not receiving it. We are in the initial stages of scoping this and this would involve a campaign, writing to those identified and notifying them of potential entitlement alongside information about carers services.</p> <p>A new project called “Carer Money Matters” funded by Carers Trust National has commenced and Carers Trust Heart of England have been awarded funding for 2 years. A Carers Financial Wellbeing Advisor is now in post working across Coventry and Warwickshire, they are trained to offer energy saving advice, information about the priority register and income maximisation. They are already supporting several drop-in sessions and completing home visits.</p>
2.10		Ensuring carers are aware of their legal rights through clear communications, a strong community presence and working with local businesses and employers.	<p>Working Carers Employment Support – Working carer support continues to be offered through the Carers Trust Heart of England. This year engagement with the introduction of the Carers Leave Act 2023 which came into force in April 2024 engagement with employers has made more employers engage with the project. A number of big employers across the city have become very proactive in improving their offer for carers.</p> <p>My Time Initiative – As part of the Accelerated Reform Fund we have provided a grant to the organisation My Time who will work with local businesses to raise</p>

Page 32			<p>awareness of carer support services. We expect the project to commence in November 2024.</p> <p>Thrive at Work – In partnership with the Carers Trust Heart of England we led a workshop for employers to discuss supporting carers in the workplace. The session was part of the Thrive at Work initiative provided through WMCA. The session included the provision of a toolkit developed by CCC, for employers wishing to develop their carers support offer.</p> <p>Coventry City Council – Unpaid Working Carers Network – 104 people are now members of the working carers support network. The group has held various different sessions from planning for the future, understanding welfare benefits and working with human resources to refresh carers guidance.</p>
2.11	Ensure a range of support is available to promote carers overall wellbeing and safety.	Re-commission a range of carers support services co-designed with carers	Initial planning, specification writing and engagement has taken place for the recommissioning of Carers Support Services with the aim for new services to be in place for Autumn 2025.
2.12		Work towards a Go CV+ discount for carers (including young carers) to allow a flexible membership to be utilised when time is available.	<p>The GO CV+ is in place for all Carers registered with the Carers Trust Heart of England.</p> <p>We have recently started to work in partnership with the West Midlands Combined Authority on an initiative to support carers to utilise public transport as part of the Excluded Access Programme. As from October carers will be able to receive a code from the Carers Trust Heart of England to receive a 9-month free bus pass</p>

			with a concessionary rate if continued past the 9 months.
2.13		Engage with carers, carers support organisations, housing, community safety team and the police to understand reasons why carers do not feel 'safe' and potential actions we can take to address and improve this.	We have completed some initial scoping of the idea of safety with carers and through wider engagement. We have established the predominant theme of safety concerns for carers, is concerns over managing aggression and challenging behaviour within a home environment. We intend to work with our partners to explore bespoke training and support that can support over the next few months, as part of the review into carers training provision.

Priority 3: Maximise the reach of carers assessments to benefit more carers

Page 34 3.1	Improve carers awareness of carers assessments, the benefits of an assessment, and its intended outcomes to ensure carers have access to all support options available.	Review and refresh Coventry City Council information on carers assessments available on both the Council and Carers Trust website to include what this is, the benefit of having an assessment and how to access (e.g. online assessment, Carers Trust, joint assessment etc.).	<p>Information on the website has been refreshed in January 2024.</p> <p>Carers Online Self-Assessment - we are in the process of developing a new online carers self-assessment using the ARF project Bridgit, this will be live in the next few months.</p> <p>A new Carers Wellbeing Assessment went live in July 2024 which enables practitioners to evidence reviewing and reassessment activity more easily and makes the form more adaptable for different processes.</p> <p>Improving Lives programme - we have incorporated a practitioner checklist into paperwork to ensure that carers are included in the assessment process and that referrals are made for contingency planning and carers assessments. Meeting Carers Needs Training has also been provided to the Local Integrated Teams. We are noticing high carer related performance activity through the Local Integrated Teams.</p>
		Commence re-commissioning activity for delegated carers assessments.	A contract extension was awarded to Carers Trust Heart of England from April 2024, for the duration of the year. Further recommissioning activity is planned to incorporate the delegated activity of Carers Assessment. (See 2.11)
	3.2		Increase the number of carers assessments completed.
3.3			

			<p>the new Carers Wellbeing Form being able to be used more flexibly to capture reviews and reassessments.</p> <p>We continue to focus on improving the experience of carers receiving a “joint” carers assessment and will be completing an internal thematic review in Autumn to explore themes and trends.</p>
3.4		<p>Complete carers assessment refresher training for practitioners.</p>	<p>A number of refresher training sessions (Meeting Carers Needs) were held between February – May 2024 including team specific sessions and were undertaken by approximately 90 practitioners.</p> <p>Induction training is now held every 2 months and is a rolling programme.</p> <p>A session for Mental Health practitioners was held in September with 16 people in attendance.</p> <p>Regular peer support sessions are now in place for practitioners at the Carers Trust Heart of England who are completing assessments.</p>
3.5		<p>Promotion of carers assessments via Carers Bulletin, Carers Trust, partner organisations, Adult Social Care Open Days and in particular with underserved communities.</p>	<p>Promotion of Carers Assessments has been done through the Carers Bulletin and Adult Social Care Bulletin and various events and engagement meetings. ASC Engagement Events have been used to talk to people about the benefits of having carers assessments.</p> <p>We aim to develop a one-minute guide to Carers Assessments.</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 6 36</p>		<p>Carers Trust to have a visible presence, promoting carers support and assessments in areas of high carer population in the city (GP's, pharmacies, food banks, library's, community assets).</p>	<p>See 2.5.</p>
<p>3.7</p>		<p>Work with Integrated Care Board / health professionals and Adult Social Care practitioners to ensure carers are involved in decisions and kept informed through hospital admissions and discharge</p>	<p>We have provided training to OCIT based teams and developed a carer checklist which is now part of the pathway for people receiving services via a pathway.</p> <p>The Carers Trust Heart of England have worked with the hospital discharge team to understand the role of the hospital liaison carer worker.</p>
<p>3.8</p>		<p>Ensure practitioners are equipped and aware of support options for carers.</p>	<p>Please see 3.4 – Exploring Carers Needs Training which has been undertaken by approximately 90 practitioners between February-May 2024. Rolling induction sessions are scheduled for the rest of the year. The course establishes support options for carers.</p> <p>Practitioner bitesize sessions throughout the year will support practitioners to explore eligible needs in more detail and how this might align to community alternative provision, the first session has been held on Managing and maintaining nutrition.</p>

3.9		<p>Quarterly dip sampling of carers assessments for quality assurance purposes.</p>	<p>Dip sampling is on-going. We have used peer support groups to focus on particular areas, such as applying eligibility and writing good support plans. We continue to see an improvement in the quality of carers assessments.</p> <p>We have also shadowed a number of assessments taken out by the Carers Trust Heart of England.</p>
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Equality Impact Assessment

EIA-628217174 - Recommissioning of Carers Support Services

Details

Title	Recommissioning of Carers Support Services
Author	Gabrielle Borro (Joint Carers and Engagement Lead)
Head of service	Jon Reading (Head of Service)
Cabinet member	Councillor Linda Bingham (Adult Social Care)

Context and background

EIA carried out on	Review of service, Commissioning
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In Coventry we commission carers support services to deliver support for unpaid carers within the city. Primarily we commission one service the Carers Trust Heart of England. Services that are in scope for the recommissioning activity are:

Carers Wellbeing Service - Grant based arrangement. This includes specialist support, training, awareness raising, peer support, peer training, carer engagement, provision of direct payments, working carers support (including employer support), grief and loss support.

Carers Assessment - Contract

The undertaking of delegated carers assessments on behalf of the local authority.

Background

The contract / grant arrangements in place for carers support services are due to come to an end in March 2024. The services and support have been in place since April 2018 and have been extended on a number of occasions. A number of variations to the grants have taken place to extend the scope of projects particularly during the pandemic.

We intend to recommission Carers Support Services and use contracts as opposed to grants for future commissioning activity, this is to ensure there is more ability to contract manage. There is no anticipated major change to the services proposed, however we wish to use extensive engagement activity and feedback to remodel the support and ensure it is reflective of the needs of carers moving forwards.

Stakeholders

Internal
Adult Social Care Senior Management Team
Practitioners / Community Case Workers
Commissioning Head of Service / Director of Adult Social Care /
Cabinet Member for Adult Services
Stakeholder Reference Group
Unpaid carers working network

External
Carers Trust Heart of England
Unpaid Carers
Voluntary and third sector organisations in the city
Organisations supporting carers

Responsibility Gabrielle Borro - Joint Carers and Engagement Lead

Consideration of impact

Coventry is a growing city, between 2011 and 2021 the area saw an 8.9% population growth. The population in the last census in 2021 was 345,300. Despite population growth, the amount of people identifying as having caring responsibilities within the city decreased in the 2021 census. This was a national trend and perhaps influenced by the timing of the census which was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care and identified as carers and therefore may have affected how people chose to respond. 27,391 people identified themselves as providing unpaid care in the 2021 census, with 30% of those caring for over 50 hours a day.

Diversity, Inclusion and Equality

Coventry is an increasingly diverse community. ONS figures from the 2021 census indicate, that 65.5% of the population are "White", with 18.5% of the population identifying as Asian, Asian British / Welsh and 8.9% of people identifying as Black, Black British, Black Welsh, Caribbean or African (this was one of the largest growing communities in Coventry).

82.5% of Coventry residents speak English as their main language, with Polish, Panjabi, and Romanian being the three most spoken languages aside from English. Migration accounts for the larger portion of the city's expansion, with two large universities contributing significantly to population growth within the city.

There can be cultural expectations around caring which we do know impact upon identification and awareness of support. This is something that our services do strive to understand and work within communities, particularly where there are expectations of care.

Age Profile

The city is young with the average age of a Coventry resident being 35 however the city does have an aging population which accounts for the biggest area of population growth. Between 2011 and 2021, Coventry's 55-59 age group experienced the greatest growth of any age group, increasing by 27.5%. This is significant as this is the peak age where caring responsibilities appear. There are significant health inequalities within the city which has made this a strategic priority across all systems. Life expectancy changes significantly from one side of the city to the other.

Caring and Gender

More women provide care than males, The 2021 census determined that 10.3% of women provided unpaid care as opposed to 7.6% of the male population.

Caring and health and wider determinants

Caring in itself is viewed by Office for Health Improvement and Disparities and UKHSA as a social determinant of health, with carers experiencing poorer physical and emotional health than the non-caring population. This has been particularly exacerbated by the COVID-19 pandemic. Equally caring can significantly impact someone's financial situation, it can restrict access to education or employment, prohibit earning potential and can be costly in itself. Evidence suggests that most carers have had to use their savings to some degree to help their caring situation.

Engaging with Carers takes a whole system approach any awarded providers will be expected to work across the whole health care system.

Caring and Identification

National research and evidence suggests that over a third (36%) of carers take over 3 years to identify themselves as a carer. (State of Caring, 2022) Caring can happen suddenly (perhaps after the result of an accident or an acute illness) but for the vast majority of people, caring duties gradually increase over time making it often difficult to identify the need for support when needed. Some people commit their life to caring, others care whilst a loved ones

The word carer, itself can be prohibitive to seeking out support. In more recent years the word has been used to describe paid carers, people working in the NHS and social care. It's therefore important that any provider seeks to employ inclusive language around their services such as;

- Having caring responsibilities
- Looking after or out for a loved one

Taking a whole system approach to identifying carers

Engaging with Carers takes a whole system approach. Any awarded providers will be expected to work across the system within Coventry, we also work closely with our neighbouring local authority Warwickshire.

In Coventry there are:

- 91 pharmacies in Coventry
- 9 Primary Care Networks
- 60 GP Practices
- 2 Hospitals (UHCW / Caludon)
- 1 Hospice
- 1 Urgent Treatment Centre
- 244 Churches, 11 Gurdwaras, 28 Mosques, 6 Hindu Temples
- 96 Primary Schools, 36 Secondary Schools
- 17 Libraries
- 8 Family Hubs
- 2 Large Universities

Baseline data and information

the disruption to health services and long-term health problems affecting the day to-day activities for thousands of residents. COVID-19 lockdowns and restrictions have disrupted the daily lives of all residents in the city but we know that carers were disproportionately impacted by COVID-19.

Engagement & Carers Voice

In 2023 to inform our commissioning intentions we undertook extensive engagement with carers, undertaking surveys, attending groups and speaking to our caring workforce. In total 166 carers took part in the engagement activity. People told us:

- Most people did not realise they were a carer
- The pandemic exacerbated caring roles
- There remained some apprehension in accessing respite or alternative care provision due to infection risk, quality and misunderstanding regarding its costs
- The cost of living is of significant worry for many carers
- Working from home helped caring role
- There is a general lack of understanding regarding carers assessments, support options available and associated costs (by carers)
- Most carer seek support from their GP
- Increased provision and access to respite and short breaks is needed
- Carers did not feel their voices were heard or valued
- The pandemic exacerbated caring roles
- The label 'carer' acted as a barrier to accessing support
- Use of direct payments was low
- Carers did not always find carers assessments helpful

Our Carers Assessments tell us that carers are increasingly experiencing poorer physical and mental health and complexity around their caring role and situations, for example caring for young children whilst caring for a parent.

Cost of Living Crisis

More recently we are seeing the ever increasing pressure of the cost of living crisis on carers.

A national report Heading for Crisis: caught between caring and rising costs, based on a survey of over 13,000 unpaid carers explored the impact of the cost of living crisis on carers. The report found that:

- 1 in 6 (16%) unpaid carers are in debt as a result of their caring role and their financial situation, increasing to 2 in 5 (40%) for unpaid carers in receipt of Carer's Allowance.
- The proportion of carers unable to afford their utility bills has more than doubled since last year – from 6% in 2021 to 14% in 2022.
- Those in receipt of Carer's Allowance are also more likely to be

cutting back on food and heating (35%) compared to all carers (25%). Nearly 8% of unpaid carers in receipt of Carer's Allowance are using food banks to cope with the cost of living crisis, compared to 5% of all unpaid carers.

- Carers who care for longer and provide more hours of care per week are more likely to be struggling financially. The proportion of people caring for over 5 years are almost twice as likely to be struggling to afford the cost of food (20%) and be in debt (19%) compared to people caring for less than 5 years (11% and 9% respectively). Any awarded provider will play a key role in supporting carers navigating the cost of living crisis for carers, ensuring that their income is maximised, that they are aware of local schemes and initiatives to help alleviate budgetary costs.

Self-funders in Coventry

ONS data from 2022 suggests that an estimated 18% of the population in Coventry are self-funding their own care. This is less than the national average however we know that people providing care to self-funders often experience their own set of challenges and barriers and can often feel alone in their caring journey. We also know that there is evidence that people often care to offset the cost of additional care and may be led to do so to prevent costs from arising rather than an ability or desire to do so. It can be very difficult for carers to plan for the future, not knowing how long a caring responsibility may last and this can have a huge impact on the pressure to care and alleviate financial stresses. This is why receiving support at the right time in a caring journey is essential.

Robust information and advice to carers looking after self-funders is essential.

Protected groups

Positive impact - As many as 1 in 5 children and young people may be a young carer. Census data 2021 indicates there are around 166,000 young carers in England and Wales; it is estimated there are an additional 600,000 hidden young carers who are not receiving support. Alongside worries, stress and isolation (one in three young carers advising they are stressed in their caring role) being a young carer can negatively impact their experience in education and have can prevent them from making friends or having a social life.

Age 0-18 Whilst services will be targeted at all age carers, this will include general services and support to improve carer awareness, support and uptake (and outcomes of) carers assessments and some specific actions in respect of young carers.

This group should therefore benefit positively due to increased awareness and support, however specific support for young carers is commissioned separately through the Young Carers Assessment and Support contract already in place. Recommissioned services will have a focus on ensuring there is a robust transition pathway between services.

Positive impact - This age group will be positively impacted. We know the peak age for caring is 50-64 and the majority of unpaid carers are working age.

Work is therefore required to ensure support delivered matches the demographics of those in unpaid caring roles. Services will include specific targets to improve support in the following areas linked to this age group:

Age 19-64 Increase awareness of carers identification and rights
Increase uptake of carers assessments (a process which assesses the needs of carers in their caring role and ensure that they have access to necessary information and support for both them in their caring role and their own health and wellbeing, and respite or short breaks)

Improved access to information, advice, training and support groups
Increased knowledge of and access to respite and short break provision, allowing carers to have a break from their caring responsibilities.

Positive impact - This group will benefit positively, both in respect of individuals receiving care and the carer themselves. 20% of carers who responded to the survey advised they supported an individual due to 'older adult / frailty' and 22% of carers themselves advised they were aged 65 and over.

Age 65+

Age 65+

This age group will therefore benefit positively from increased information and advice (information on carers support will be available in both digital and paper formats to ensure accessibility) training, mental health and physical support for the carer. In turn, the individual being cared for may experience increased quality of care and a reduced risk of carer breakdown due to carer burnout.

Positive impact - Positive impact - This group will benefit positively, both in respect of individuals receiving care and the carer themselves.

60% of carers who responded to the survey advised they had a form of disability themselves; 36% of individuals who required Disability support had a physical disability, and 16% had a learning disability.

Disability

A specific element of the planned commissioned service includes work to improve the accessibility and quality of training for carers to better equip them to deliver care, for example support from an Occupational Therapist to both obtain and understand how to use specialist equipment to support the individual they care for.

Gender reassignment

No impact -

Marriage and civil partnership

No impact -

Pregnancy and maternity

No impact -

Positive impact - Positive impact - This group will be impacted positively.

As noted by Carers UK, many carers from Black, Asian and ethnically diverse backgrounds do not often recognise themselves as carers, with many languages lacking a specific word for the term 'carer'. Likewise, cultural expectations of the roles of family members may mean they do not identify as being a carer and are simply fulfilling expected roles. Cultural differences such as this may be a barrier to individuals accepting support for either themselves or the person they care for. Research from Carers UK noted that Black, Asian and minority ethnic carers were:

More anxious about their current financial situation

More likely to be impacted by the closure of local services

More likely to state that the services in their area did not meet their needs

We are also aware that rates of mental health problems can be higher within some Black Asian and ethnic minority groups as a result of racism, discrimination and social and economic inequalities. There may also be some practical language barriers in accessing and understand information and support.

To ensure our commissioned services best supports individuals from underserved communities, we will be setting specific targets and standards for the Provider to:

work with a range of voluntary and third sector organisations supporting such communities to better tailor our offer and Race breakdown barriers in accessing support provide culturally sensitive services, information and advice, and targeted promotion within underserved communities.

We will also ensure:

Information is in simple, jargon free language and is translated into a range of languages

Race

Translators are available for in person promotional events or assessments wherever possible or needed

Staff delivering services or assessments have awareness of and are sensitive to different cultures

Are using diverse imagery, language and terminology on our websites and publications to promote inclusion

Utilising community contacts and organisations, for example faith and third sector organisations (specifically those delivering targeted support to those from an ethnic minority background) to communicate and promote messaging and services. This will also include holding events and services at trusted or accessible locations to boost attendance and engagement e.g. mosques, temples

Our current services show a under presentation of carers from Black, Black British, Black Welsh, Caribbean and African demographics (engagement is around 3% as opposed to 69% of

current population) which would correlate with existing national data that carers from these ethnic backgrounds find it more difficult to access services and identify as a carer. There is also a under representation of people from a Asian background with our engagement being 13.9% and national data around 18.5%. There is also an issue with reporting of ethnicity with a large cohort of people being recorded as "preferred not to say" which perhaps distorts the data validity. We know there is a need for work in this area to raise awareness, understand more about communities and barriers to accessing support. As part of the service specification a "Diversity and Inclusion - Wellbeing Advisor" will be in situ to work with diverse communities and seldom heard voices. Carers Assessment Demography is broadly similar in nature, we have built in a dashboard to monitor representation and to ensure we are working with a reflective community.

We plan to work with organisations who have expertise in working with diverse groups to develop our specification and service design, as well as working to understand directly from individuals what they need.

Positive impact - This group will benefit positively.

Religion and belief

As above with addressing disparities of access associated with race, we will be linking with local faith groups to better understand the needs and barriers of individuals and communities and faiths to better tailor our support and advice offer to develop our specification and requirements of services.

Sex

Positive impact - Census 2021 data indicates females were statistically significantly more likely to provide unpaid care than males in every age group up to 70 to 74 years. There were no significant differences for those aged 75 to 79 years. However, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.

Positive impact - This group will benefit positively.

Although information in respect of this demographic is not routinely collected, data from Carers UK analysis of NHS England GP survey found that 7 in 10 lesbian, gay and bisexual carers reported a long-term health condition or disability compared to 60% of heterosexual carers. Research also found that lesbian, gay and bisexual carers were more anxious regarding their financial situation, more likely to say they were struggling financially more likely to feel lonely or isolated with poorer mental health than heterosexual individuals.

Sexual orientation

This may be due to carers feeling an overall loss of aspects of their LGBTQ+ identity (due to a lack of time to explore their identity, meet new people or attend events or explore opportunities for self-expression), experience prejudice, discrimination or harassment, feeling responsible for taking on the caring role over other members of the family due to being unmarried or not having children amongst others.

To support individuals of this demographic we will work to better understand the needs and preferences of this population, aim to ensure language and services are as inclusive as possible, and involve individuals, representatives and groups from the LGBTQ+ community to shape services to better reflect requirements.

Health inequalities (HI)

Caring is recognised to be a social determinant of health outcomes and it is starting to become more widely understood that caring can exacerbate health inequalities.

Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress and social isolation. (NHS Long Term Plan 2019).

Caring in itself can create financial burdens which can significantly alter someone's economic wealth. Caring can prevent access to employment, education and voluntary opportunities. Carers are more likely to be living with more than one long term health condition than the non-caring population. Where people are caring intensely there is a clear correlation with isolation and loneliness. We also know that many people who take on caring responsibilities do not see themselves as being a "carer", which can in-turn be prohibitive to accessing the right support.

In terms of the Marmot Principles:

1. giving every child the best start in life

The proposed model does not specifically target children, but the provision of support to people with caring responsibilities will support some people with parental responsibilities alongside a caring role. There is also a focus on improving pathways between adults and children, when young carers turn 18 to have a specific pathway of support that focuses on some of the nuances of turning 18 and providing care, such as going to university / college, apprenticeships etc.

2. enabling all children, young people and adults to maximize their capabilities and have control over their lives

The aim of this contract to ensure that there is wraparound wellbeing support for adult carers so that they can live a life alongside caring. Carers can often feel an absence of control over their day to day lives. This is an outcome we monitor and seek engagement around on a bi-annual basis. We aim to support carers to have more access to break opportunities

How HI will be reduced

Supporting carers with their caring responsibilities also enables the person they care for to live the life they want. We know that most people prefer to live a less intrusive lifestyle, be supported in their own home by the people they love, providing support to carers enables this to happen and helps sustain the caring role for longer.

3. creating fair employment and good work for all

Employment support for carers is a focus of the grant. The peak age for caring is between 40-60 when we know a lot of people in employment take on a caring role for a parent or potentially a spouse. This also coincides with peak of many people's own careers but managing work and care can be hugely stressful, can lead to people reducing their hours of work and often leaving work altogether. It can then be hard for someone to return to work after a period of caring. This is also a gendered issue as we know that caring responsibilities disproportionality fall on the shoulders of women which can impact career progression or feasibility of work. 1 in 7 people in the workforce are likely to have some form of caring responsibility so the recommissioning has a focus on ensuring that carers have access to support in the workplace and that employers have access to training around carer related issues in the workplace.

4. ensuring a healthy standard of living for all

Carers are the invisible army when it comes to ill health prevention

carers are the invisible army when it comes to ill health prevention, ensuring that the person they care for is receiving the support that they require, supporting access to health interventions and accessing the right support. The recommissioning activity focuses on supporting carers with their own health and wellbeing.

6. strengthening the role and impact of ill-health prevention.

As above outlined above carers are key to ill health prevention, or allowing needs to escalate further. A recent study conducted by the Centre for Care (University of Sheffield) estimated the value of care provided by unpaid carers is approximately £162billion pounds annum which exceeds funding to the NHS. This figure alone in Coventry is £917m. In austerity and service cutbacks it is often carers who pick up the pieces. Supporting people with caring responsibilities is vital to ill health prevention.

Evidence showing how HI will be reduced

The proposed recommissioning of carers services will be in place to support carers overall wellbeing and health. We have ensured that the model of support is connected to addressing health inequalities and aligned with public health principles and those of Integrated Care System.

Groups of people who face HI

Most people are likely to take on a caring role in their lifetime regardless of class, economic status or education. However we do see health inequalities mirror the same health inequalities that exist within wider society, that is we see those living in more deprived areas experiencing poorer outcomes, likely to have their own health concerns themselves and often less likely to proactively seek out support and make use of their legislative rights. The recommissioning activity will have universal elements, but will focus on targeting health inequalities, we will use data and local intelligence to help explore these areas and take a proactive approach to working with those facing multiple disadvantages.

Work that specifically targets a wider range of carers, includes working in GP surgeries (having some form of presence / information in all 60 Coventry surgeries) and work completed with the Diversity and Inclusion project.

How to improve HI for groups identified

We believe that working in a targeted way that is more based on evidence and research will aid addressing health inequities across identified the city.

Impact to DI

Any recommissioned service would be expected to address digital inequalities as part of their core activity. Any recommissioned provider will be expected to have a range of ways in which to interface with the carers support services, including face to face, drop in, telephone advice, digital options and home visits. Alongside this we expect the provider to work in conjunction with partners including the council to address any area where carers are digitally excluded, including signposting to promote carers in using technology and access to equipment and data if these are the barriers. This work has been successful in present commissioning arrangements and we would wish for this to be continued.

Opportunities to reduce DI

The service will work with partners to support carers to improve digital skills and to ensure that barriers that may exist such as access to equipment and data are resolved. The current commissioned service has worked in partnership with Cov Connects which has enabled access to remodelled laptops and data allocation, this has been very effective in breaking down barriers and we have numerous examples where this access has really opened up people's lives particularly those who are experiencing isolation.

Next steps

Inequality	Action	Owner	Timescale

Monitor and evaluation

We currently have a Carers Action Plan in place, with a steering group which will monitor and evaluate any activity.

We have recently updated our internal dashboard view to demographic information and to understand this in comparison with local statistics.

We have started to capture more demographic information of protected characteristics to help us understand the barriers to accessing support.

Will there be an impact? No

Completion statement

Potential equality impact Positive impact has been identified for one or more protected groups

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Public Report

Cabinet Member

Cabinet Member for Adult Services

Date : 20/11/2024

Name of Cabinet Member:

Cabinet Member for Adult Services – Cllr L Bigham

Director approving submission of the report:

Director of Adults and Housing

Ward(s) affected:

All

Title:

Adult Social Care Complaints and Representations Annual Report 2023/24

Is this a key decision?

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

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 service 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 2023/24. 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:

- 1) Approve publication of the Council's Annual Report in relation to complaints and representations in Adult Social Care for 2023/24.

List of appendices included:

Appendix I – Adult Social Care complaints and representations annual report 2023/24

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/

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 2022/23

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 service users. The system provides a means for listening to the views of those who use or are affected by adult services and for resolving issues arising. Where things have gone wrong it enables the Council to put things right, learn from the experience and make the necessary improvements.

2 Complaints and Learning

2.1 There were 59 statutory complaints made within the year 2023/24, compared to 66 in 2022/23. 29 (49%) of these complaints were fully or partially upheld, compared to 30 (45%) in 2022/23.

2.2 In addition to formal complaints a number of concerns are raised informally. Most informal complaints are received by social care providers directly who act upon feedback received but occasionally complaints received by the Council are dealt with on an informal basis where appropriate. In 2023/24 8 informal complaints were received compared to 14 in 2022/23. These are complaints resolved/handled at the point of delivery. In line with our complaints policy and 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.

2.3 In 2023/24, the Local Government and Social Care Ombudsman (LGSO) considered 10 complaints or enquiries regarding Adult Social Care, of which 2 were investigated and upheld. This compared to 7 complaints or enquiries with 3 upheld in 2022/23.

2.4 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:

- Adult Social Care is as keen to learn from what works well as we do from what goes wrong. We continue to 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 as well as with individuals on a one-to-one basis.
- In addition to this, an internal centralized database has been developed to capture our practice learning and areas of improvement and we hold quarterly meetings to review all our learning from quality and experience.
- Management oversight of complaints into the service is now embedded, with regular meetings with the Adults Principal Social Worker and 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 developed protocols and processes for the quality management of contracted services.

- All concerns in relation to communication, especially where this can improve, 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.
- Prior to a full quality assurance visit being carried out Contracts Officers and Clinical Support Nurses review the previous six months concerns and complaints to identify any trends in order to focus their quality visit and focus our support around the trend identified.

2.5 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 2023/24, 27% of complaints (27 of 59) were resolved within 20 working days, compared to 2022/23, 65% (43 of 66) a year ago.

2.6 Appendix I sets out the trends in complaints and representations across Coventry's adult services in 2023/24. It highlights the service improvements and learning from feedback and includes information on future developments in complaint handling and reporting. Key issues for 2023/24 include: communication between adult services and service users, decisions, delays/waiting time for assessment decisions and, managing service users' expectations.

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

3 Results of consultation undertaken

3.1 None identified or undertaken.

4 Timetable for implementing this decision

4.1 Areas for development and improvement have been included within the divisional and relevant team plans for 2024/25.

5 Comments from the Director of Finance and Strategic Resources (Section 151 Officer) and the Director of Law and Governance

Financial and Legal implications

5.1 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 2023/24, two complaints to the Local Government and Social Care Ombudsman were investigated and upheld. These cases resulted in a total amount of £750.00 being paid as Remedy actions. However, there was a refund of £12,170.69 which stemmed from a case during the 2022/23 financial year but for which the payment was completed in 2023/24. All complaints relating to financial issues were investigated and rectified accordingly.

5.2 Legal implications

In accordance with the Local Authority Social Services and NHS Service Complaints (England) Regulations 2009, the Council must make arrangements for dealing with complaints and is ultimately required to prepare an annual report for each year (being a

period of 12 months, ending on 31st 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.

The Local Authority is further required to ensure that its annual report is available to any person on request.

The preparation and publication of the Annual Report is therefore completed to ensure compliance with the Council's statutory responsibility in this regard.

6 Other implications

6.1 How will this contribute to achievement of the One Coventry 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.

6.2 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.

6.3 What is the impact on the organisation?

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.

6.4 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.

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

None

6.6 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.

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Enquiries should be directed to the above person.

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Councillor L Bigham	Cabinet Member for Adult Services		06/11/2024	08/11/2024

This report is published on the Council's website: www.coventry.gov.uk/councilmeetings/

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Adult Services Complaints and Representations Annual Report 2023-24



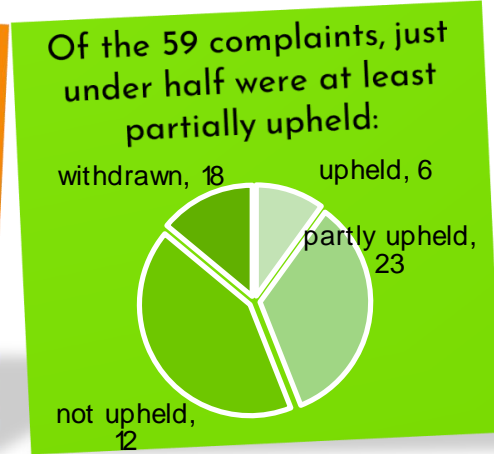
Adult Social Care 2023/24 Complaints & Representations key facts & figures



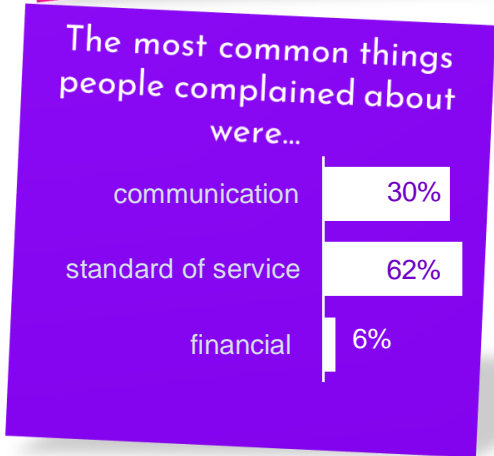
There were 3650 adults in long-term support as of 31 March 2024



In 2023/24, the Council received **59** complaints about Adult Social Care, compared to 66 in 2022/23




The Council aims to resolve complaints within 20 working days. In 2023/24, **46%** were resolved within 20 working days, 65 % in 2022/23 and 64% in 2021/22




In 2023/24, we received **173** compliments; down by 80 compared to 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 2023/24, the LGSCO received **10** 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 2023/24 include: Ensuring regular meetings are held to learn from complaints, centralised database to capture practice learning, quality assurance visits to be carried out,.

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/ or by email to AdultSocialCareCustomerRelations@coventry.gov.uk.



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Welcome

Welcome to the 2023/24 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 2023 to 31 March 2024.

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 (England) Regulations 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.

Within this report 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 2023/24 the service received a total of 73 complaints and of these 59 were **statutory complaints**, compared to 66 in 2022/23. 33% of these complaints were fully or partially upheld, compared to 45% in 2022/23. Whilst there has been an overall increase in complaints received there was a reduction in Statutory complaints.

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

- Method/Quality of communication
- Standard of Service
- Standard of work

In addition to the statutory complaints above, the service received 8 informal complaints during 2023/24, a reduction from 14 Informal complaints in 2022/23 along with 6 Stage 1 Corporate complaints. These are complaints resolved/handled at the point of delivery. In line with our complaints policy and 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 handles compliments, comments and complaints. A complaint can be made to an employee either by telephone, social media, e-mail or in writing.

Informal

Where possible, complaints should be resolved informally and for a number of complaints this is what we try to do in the first instance. 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 (England) 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 welcomes feedback, whether this is positive or negative and there are a number of ways in which people can make their views known and these include:

- During the assessment process we will engage with individuals and their carers about what is important to them and incorporate this into their support plans
- At the conclusion of the assessment and/or review we will invite individuals and their families to use our 'real time survey' so that we have immediate feedback on their experience
- We use surveys for individuals and for carers to obtain wider feedback.
- We listen to experts by experience and our Stakeholder Group in respect of strategic or service changes.

Providing feedback

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.

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/.

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 2023/24, the majority of complainants chose to make a complaint via email or through the Council's contact centre.

Complaints

The number of statutory complaints has decreased to 59 in 2023/24 from 66 in 2022/23.

The number of complaints and their outcomes are detailed below.

Complaints 2023/24 vs 2022/23

Outcome	2023/24		2022/23	
Upheld	6	10%	10	15%
Partly Upheld	23	39%	20	30%
Not upheld	12	20%	15	23%
Complaint withdrawn	18	31%	19	29%
Open	0	0%	2	3%
Total	59	100	66	100

How people complained

Method	2023/24	2022/23
Email	41	42
Contact Center/Form	18	22
Letter	0	2
Phone	0	0
Total	59	66

Complaints by service area

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

Service Area	2023/24	2022/23
All Age Disability (Assessment & Case Management)	13	14
Adult Commissioning	3	8
Assessment & Case Management OP	14	20
Adult Safeguarding	1	3
ASC Enablement & Therapy Services	4	5
Mental Health	7	3
Community Discharge Team	1	2
Finance	1	3
Hospital Team	3	2
Telecare Service	3	1
Internal Provider Services	2	0
Promoting Independence/intake	7	5
Total	59	66

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 are expected to make immediate improvements and/or to produce action plans to deliver service improvements with delivery monitored through contractual mechanisms.

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 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:

Complaint Stage	Timescales	2023/24	2022/23
Stage 1	Within 20 working days	27 (46%)	43 (65%)
	Over 20 working days	32 (54%)	23 (35%)
	Still Open	0 (0%)	0 (0%)
Total		59	66

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 and is relevant to Mental Health complaints. The responses received from other organisations are at times outside of the 20-working daytime-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 complaints being resolved within the 20 Working Day timescale has shown a marginal improvement given the increased number of complaints but more have been processed within the 20 days). The improvements could be a result of Team Managers being more involved in the case management and with potential complaints at an earlier stage, allowing them to discuss with the complainants to provide explanation and support. This enables them to provide the formal responses more easily and within timeframe.

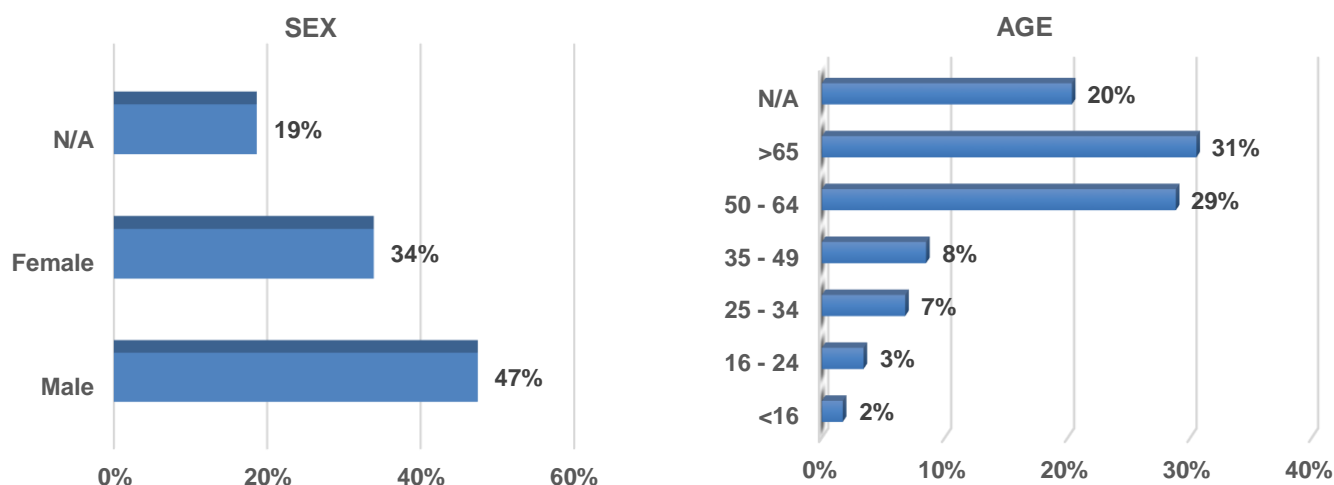
Services do not operate in isolation and the provision of support requires coordination across a range of areas,

This, along with the complexity of situations means that complaints inevitably cut across a number of service areas impacting on the timeliness within which the complaint can be investigated. For example: All Age Disability and Commissioning may well have had input to a specific situation. Although 65% of complaints received have been responded to within 20 working days, 35% (23 complaints) have gone over timescale. Monitoring of the reasons for the delay is something that is now being developed.

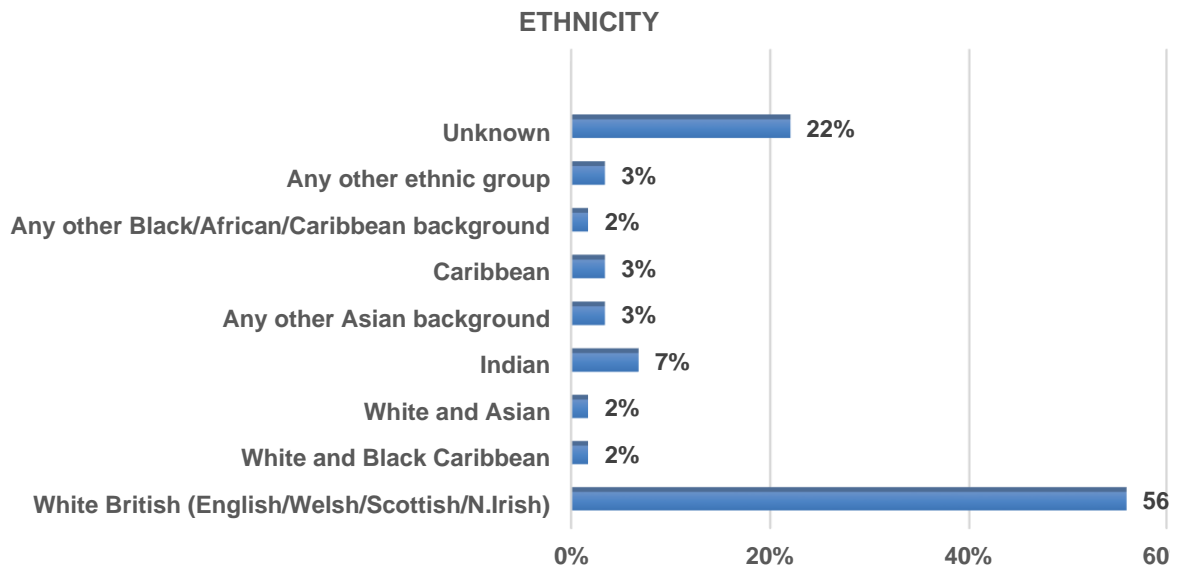
Equality

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).

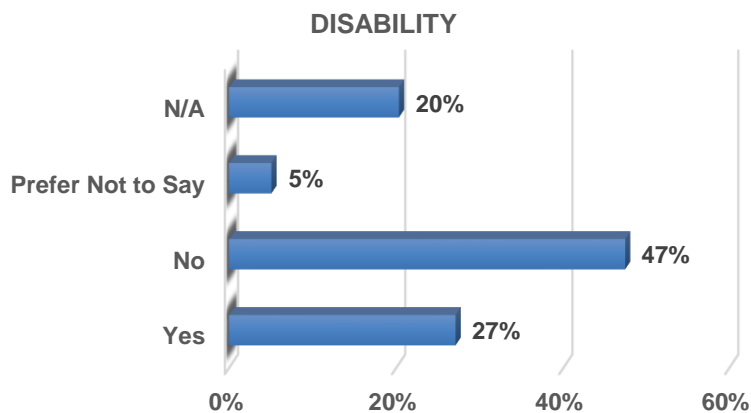
The below graph shows out of the 59 complaints received in 2023-24 (excluding Ombudsman), 28 complaints (47%) were from male complainants/service users, 20 complaints (34%) were from female complainants/service users and 11 (19%) were not available (N/A).



The above graph also shows the age range of the complainant or service user. 2 complaints (3%) of the complaints received during 2023- 24 (excluding Ombudsman) were from or submitted on behalf of service users aged 16-24. 4 complaint (7%) was also received or submitted on behalf of service users aged 25-34. 5 complaints (8%) were received/submitted from service users aged 35-49. 17 complaints (29%) were received/submitted from service users aged 50-64. 18 complaints (31%) 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 12 (20%).



The majority of complainant's/service users in 2023-24 (excluding Ombudsman) were White British with a total of 33 (56%), followed by 4 (7%) with Indian background. 2 (3%) with any other Asian background, Caribbean background and any other ethnic group each. 1 (2%) with a White & Black Caribbean background, White and Asian background and any other Black/African/Caribbean background each. 13 (22%) of the complaints received were N/A.



Out of the 59 complaints received, 16 (27%) had a disability and 28 (47%) did not, with 12 (20%) logged as (N/A).

Ombudsman

In 2023/24 Adult Social Care received 10 new cases, while 9 cases were decided, the outcomes of which were as follows:

- 2 Cases Upheld
- 1 Case Incomplete/Invalid
- 3 Cases closed after initial enquiry.
- 3 Case was decided as premature and referred for local resolution
- 1 Case is currently still open

This compared to 2022/23 which had 8 new cases, while 9 cases were decided, the outcome of which were

- 4 Cases Upheld,
- 1 Case was Not Upheld.
- 2 Cases were Closed after initial enquiry,
- 1 Case advise was given, and
- 1 Case was decided as premature and referred for local resolution.

Out of the 9 cases decided in 2023/24, 1 Upheld case, received financial remedy or reimbursement.

A summary of the 9 cases decided by the Ombudsman in 2023/24 are as follows -

Case 1 -

Mr. B says the Council ignores their concerns and does not care. That the Council had abused Mr. B and his mother, Mrs. C, who lives in a Council run extra care and housing accommodation. The family are constantly worried and have tried all avenues to try and improve Mrs. C's care support. Mr. B wants a public apology and substantial compensation. The LGO concluded that they will not investigate the complaint since they were satisfied the Council thoroughly investigated and responded to Mr. Bs complain. The Council had accepted any failure in service, apologised, and taken action to improve service and communication thus no further action was needed.

Case 2 -

Ms. B was represented by a law centre advocate. She complained that the Council: failed to arrange for her care, did not ensure that the care provided met her needs and did not investigate her complaints about poor care including that the carer took a video call while she was undressed. In addition, the Council failed to complete a financial assessment and wrongly invoiced her for over £1,000. Ms. B says that the Council's shortcomings left her distressed and her care needs unmet. The LGO found fault because the Council took too long to assess Ms. B's care needs and arrange care. The LGO recommended a £750 remedial action for loss of service and for distress and frustration caused to Ms. B.

Case 3 -

Mr. X complained that a Care Provider (commissioned by the Council), wrongly gave antipsychotic medication to his aunt, Ms. Y, to make her compliant. He says that the care provider also falsified records to obtain the prescription. Mr. X says this led to Ms. Y being confined to a chair and losing her mobility. He says these matters contributed to Ms. Y's death. He says the matter also caused him distress. He wanted answers and explanations. The LGO did not investigate this complaint, as the medication was prescribed by a GP. They found no fault with the Council, as they could not conclude that any fault by the care provider caused the injustice Mr. X claimed.

Case 4 -

Ms. C complained about the Council's failure to provide suitable accommodation, care and support to her late father, Mr. B. Ms. C says she discovered Mr. B unkempt and in extreme filthy living conditions. Ms. C called an ambulance and Mr. B was taken to hospital where he died a few days later. Ms. C says the hospital doctor said Mr. B died of neglect. Mr. B's death certificate confirmed he died of sepsis, pneumonia, pressure sore and cirrhosis of the liver. Ms. C blamed the Council to for failure to provide Mr. B with care. The LGO did not

investigate Ms. C's complaint because there was no good reason to investigate.

Case 5 -

Mr X complained the Council has unfairly prevented him from seeing his mother, Ms Y. He said this situation has caused him significant upset. The LGO did not investigate Mr X's complaint about the Council's decision to restrict contact between Mr X and his mother. This is because the LGO considered that it would be unlikely to find fault with the Council's decision.

Case 6 -

Ms. X complained about neglect for over 18mths since April 2022. She said the Council described her condition as depression when it was a case of a rare brain disease. Ms. X wanted the Council to provide her with care and treat her with some dignity. The LGO explained it will not pursue the complaint because it appears the Council had not been given a reasonable opportunity to investigate and reply.

Cases received in 2022/23, but remedy completed in 2023/24

There was one case which was decided in 2022/23, but which remedy was reported in the Ombudsman 2023/24 annual report.

Case 1:

The Council was at fault for not providing Mrs. X with information about the care process and explaining how the care assessment would work when she asked for care for her mother. As a result, her mother paid for private care and did not realise she could have received help towards the costs of care. The Council agreed to apologise, make a payment, (backdated amount of Mrs. Y's Direct Payments from 1 November 2021 to 27 May 2022.) and ensure it has procedures in place to give people information about the care system when they initially approach the Council for assistance.

Cases received in 2023/24 but decided in 2024/25

The reporting of these cases will be in the Ombudsman 2024/25 annual report.

Case 1:

Ms. X, a representative, complained about Ms. Y that the Council failed to carry out a social care assessment in August 2022 or January 2023 when Ms. Y requested care and support as she was struggling to look after herself and her child T due to illness. Ms. X said the assessment completed by adult social care in January 2023 was a contact assessment (not a full needs assessment) and did not consider Ms. Y's caring responsibilities. The Ombudsman upheld this complaint stating that the Council's failure to act when Ms. X asked for assistance with childcare and other support when she was receiving cancer treatment. The Council agreed to apologize and pay £250 for avoidable distress caused.

Case 2:

Ms. X complained the Council failed to deal properly with safeguarding concerns about her adult son. The LGO concluded that the Council was not at fault over its handling of the safeguarding concerns.

Case 3: (Still Open)

Ms. B says she became increasingly concerned about the deterioration in Ms. C's health and the lack of care she was receiving in the months before her death. She says that she and other people, including the care agency, raised these concerns with the Council but the Council took no action. Ms. B says Ms. C also suffered financial abuse by a care worker but, when she raised a safeguarding enquiry to the Council about this concern, the Council failed to properly investigate the allegations and then treated Ms. B as if she were a possible threat to Ms. C. This complaint is still being investigated.

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

Cases escalated to the Ombudsman – Regional comparison

The table below shows the number of complaints that were escalated to the Ombudsman in the West Midlands region in 2023-2024. Coventry has a relatively low number of complaints escalated, given the size of the city. This data is newly added, and it is difficult to speculate on response satisfaction levels on this data alone. It would be useful to know how many of these complaints were upheld before escalating. We will continue to draw on this data where useful and look to expand the narrative on future reports.

Authority Name	Adult Social Care
Birmingham City Council	38
City of Wolverhampton Council	10
Coventry City Council	10
Dudley Metropolitan Borough Council	10
Herefordshire Council	6
Sandwell Metropolitan Borough Council	18
Shropshire Council	17
Solihull Metropolitan Borough Council	7
Staffordshire County Council	46
Stoke-on-Trent City Council	8
Telford & Wrekin Council	5
Walsall Metropolitan Borough Council	9
Warwickshire County Council	19
Worcestershire County Council	20
Totals	223

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. We have as much to learn from what works well as when it goes wrong, and the service actively considers compliments made. **173** compliments were received in **2023/24** compared to **253** in **2022/23**. 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, thank you cards, letters and emails.

The below tables show the % of compliments compared to Statutory Stage 1 complaints received during 2023-24

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
April	5	16	220%
May	4	10	150%
June	1	14	1300%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
July	9	02	-78%
August	5	15	200%
September	6	08	60%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
October	4	22	450%
November	5	22	340%
December	2	17	750%

Month	No. Complaints	No. Compliments	% Of Compliments compared to Complaints received
January	8	11	37.5%
February	6	20	233%
March	5	16	220%

Below are examples of compliments received during 2023-24.

*Excellent feedback (Name), many thanks for your ongoing hard work, support & commitment
Kind Regards”
(Name)*

(Name) came into the Opal to be assessed using the Stair lift. She said that she has been so worried and nervous about coming into the Opal, and that you provided her with lots of reassurance and support. She said that you have been so patient, and kind and she wasn't worried at all when she used the stair lift with you They both said that you worked at their pace and that you didn't make them feel rushed”.

*”
A very good afternoon, (Name)
I would just like to thank you in the part you've played in myself getting the wet room. Today is the last day of it being fitted and completed. This will seriously change my life.
Huge thanks and gratitude,”*

Name) called to say a huge thank you for the fast service and how quick her commode request was completed this afternoon.”

Thank you to you both for all the help and support you have given to (Name). I do believe that it all depends on the people that come into the life of a person who makes a difference, you guys have understood that Shafee is a very complex young man and you have always respected our family values at the same time. We really appreciate all the help and support.”

*Thank you (Name). I appreciate how you took your time to explain everything to my parents, they were very impressed by your kindness and consideration.
Thank you again for your help and support.”*

“He has reassured me. (Name) has been very professional and approachable.

Many thanks

(Name) “

The staff who attended last night to help my wife were caring and very helpful. We are glad that we have the system in place, and it is worth the money.

Thank you 😊

Kind Regards

(Name)

Hi, bathroom job finished just been inspected. Need seat installing. Thanks for all the work and help. Workmen were all good, on time and helpful. (Name)

The work carried out was first class, the chap who did the work could not be faulted in his attention to detail, the site was left clean and tidy. He should be getting a 'pat on the back' for his professionalism. I hope this will be conveyed to him.”

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 2023/24 compared to 2022/23 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	2023/24		2022/23	
Standard of Service	87	62%	60	52%
Communication	43	30%	48	42%
Protection	2	1%	2	2%
Environment/property	1	1%	1	1%
Financial issues	8	6%	4	3%

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

Communication

30% of complaints received in 2023/24 were related to communication. This is a reduction on 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.

Communication themes seen during 2023/24 were as follows: Information not being shared in its entirety, meaning that service users were making decisions without all of the information available, particularly in relation to direct payments and financial assessments; Social workers allegedly talking in an unprofessional manner during phone calls and face-to-face meetings; family members views not being recorded in assessments leading to them feeling undervalued and referrers not being made aware of allocation timescales when making a referral into the service.

The service takes this feedback seriously and in each case, individuals involved will have been made aware of the feedback in relation to their practice.

Learning from complaints is discussed at the regular Quality Meetings held by the service and cascaded via team briefings. The Service Recovery Team and the Ombudsman Liaison Officer attend to offer guidance and support the learning to be taken forward.

Standard of Service

62% of complaints received in 2023/24, compared to 52% in 2022/23, were related to standard of service. 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 2023/24 continue to be similar of that in 2022/2023. Concerns were raised regarding the delay in receiving assessment and services across all of Adult Social Care. The quality of care received by service users through contracted providers was also raised across multiple complaints.

It is inevitable that with the increasing number of people accessing our services, waits for the completion of assessments or review alongside practical support exist. Adult Social Care continue to recruit staff to support with the Intake/Contact assessment process to support the wait for assessment and to identify urgent needs.

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 2023/24 compliments have slightly decreased by 32% compared to the previous year. This still reflects positively on the service provided by Adults Services.

Compliments to date reflect well on Adult Services. In 2023/24 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 from complaints is regularly discussed on an on-going basis with management teams and social care staff. Compliments and Complaints, along with Ombudsman enquiries are discussed at the quarterly Quality and Experience review meeting which is chaired by the Principal Social Worker. This is an opportunity to identify practice alerts that arise from complaints. 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:

- Adult Social Care is as keen to learn from what works well as we do from what goes wrong. We continue to 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 as well as with individuals on a one-to-one basis.
- In addition to this, an internal centralized database has been developed to capture our practice learning and areas of improvement and we hold quarterly meetings to review all our learning from quality and experience.
- Management oversight of complaints into the service is now embedded, with regular meetings with the Adults Principal Social Worker and 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 developed protocols and processes for the quality management of contracted services.
- All concerns in relation to communication, especially where this can improve, 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.
- Prior to a full quality assurance visit being carried out Contracts Officers and Clinical Support Nurses review the previous six months concerns and complaints to identify any trends in order to focus their quality visit and focus our support around the trend identified.

Adult Services Complaint Literature

In 2024/25, the Communications Team, with support of Adult Services, are creating complaint leaflets which will be easy-to-read and available in multiple languages.

Service Recovery Team

The current complaints team has been re-launched as the Service Recovery team and has expanded and taken on a Service Recovery Manager, two additional Officers alongside additional Administration support. This will help ensure more timely responses to internal & external queries and to provide a more robust case management support to service areas.

Internal Complaints Investigation Form

This form is for investigating officers to capture additional learning and understanding of complaint concerns to ensure service areas and teams consistently improve their services and implement any learning necessary. This is achieved by sharing the internal investigation forms are shared with Heads of Service on a quarterly basis.

Complaints Training Module

Over 2024/25, training will be provided to all Managers/Officers in Adult Services on the complaints and Ombudsman process to ensure continuation of effective complaint handling.

Specific service area improvements/learning which have been identified

Adult Commissioning

Three complaints were investigated by the adult commissioning team during the year. One was resolved informally. Two complaints had elements that were upheld. One complaint centered around Personal Assistant payment rates and duration of calls delivered by a commissioned home support provider. The learning from this was **that a reminder to all practitioners would support greater understanding of the difference between personal assistant rates and those of commissioned home support due the latter having greater overhead costs.** This has been done. Call duration was being monitored going forward. A lesson was that basic expectations of home support providers may on occasion not be delivered. The commissioning team have worked with the provider to try and ensure future contractual compliance. The second upheld complaint was in relation to a home support provider not offering to support with regular showers and carers not attending at allocated times to enable the service users to meet medical and religious needs. The provider was required to address these matters. Learning was in relation to ensuring that agencies are staffing appropriately for time critical calls and respecting peoples wishes regarding maintaining good personal hygiene.

Community Social Care (65+) and All Age Disability

There have been a small number of complaints upheld with most issues relating to communication, charging for services and clarity regarding processes. Due to the complex nature of people's needs, there are occasions where multiple professionals are involved which although very positive for service users, **this** can sometimes lead to confusion and lack of clarity in relation to processes and roles and responsibility of different organisations. Adult Social Care continue to work in an integrated way with partners and ensure that

communication is as clear as possible. Where there has been a miscommunication with regards to charging, remedial actions have been taken.

We continue to identify areas for improvement and feedback supports improvements in service delivery.

Hospital, Therapy, and Intake Teams

There have been a small number of formal complaints which mainly relate to communication, expectations and charging for services. There have been occasions where communication hasn't been as clear as it could have been, and this also includes being explicit in our communication about service delivery.

All concerns in relation to communication, especially where this can improve, 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.

Where improvements have been identified, managers ensure immediate improvements and actions are taken. 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

Financial Assessment Team

As a result of our learning, from the complaint received, there was a delay between the initial contact from the financial assessment officer of 5 months following the FA referral. The Financial Assessments team will seek to undertake the Financial Assessment following the FA referral as quickly as resources allow.

Mental Health

Formal complaints in relation to Mental Health Services for ASC remain low receiving 4 in the last period. 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 again this year. Complaints reflect the complexity of situations individuals are experiencing and no particular themes are evident from the outcome of our investigations with 1 not upheld and 3 partially upheld.

Complaints are also influenced by differing perceptions of mental capacity and managing the need to consider people's personal and sensitive data. Investigating Officers continue to provide direct feedback into the service to enable greater consideration of the impact of our interventions.

Adult Social Care 2023/24

Complaints and representations key facts and figures

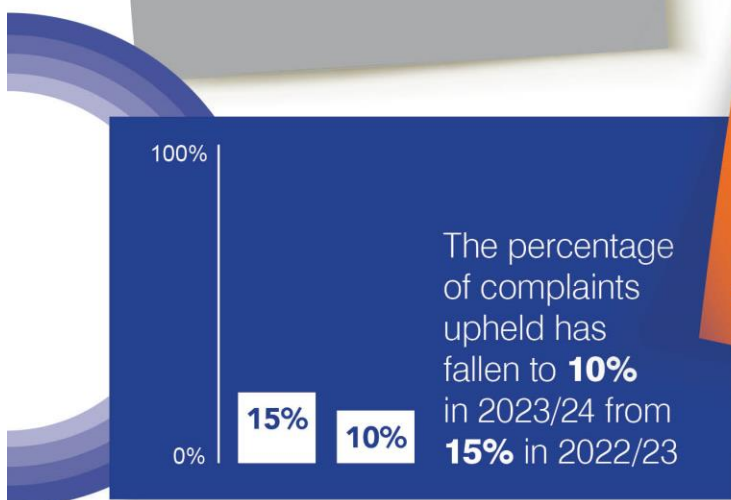


Adult Social Care (ASC) has always taken complaints very seriously and it is a priority that we learn from them, improving individual practices but also practice throughout the whole of the Adult Social Care Directorate

There has been a slight **increase of people** supported but Adult Services, from 3595 in 2022/23 compared to 3650 in 2023/24 however the number of Statutory complaints received in 2023/24 **has reduced** to 59 compared to 66 in 2022/23

Complaints themes such as Communication around standard of service has decreased from 72% in 2022/23 to 30% in 2022/24

The learning of complaints is regularly reported throughout the year to ASCMT by providing quarterly complaints and compliments reports and conducting regular learning meetings throughout the year. It is important that we all know the areas where we can improve, and this is supported by Senior Managers and learning in implements throughout the service



The Internal Investigation Form continues to provide service areas with more insight into service improvement and delivery

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/.

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Coventry City Council

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Complaints Handling Guidance

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



**COMMENTS
& COMPLIMENTS
& COMPLAINTS**



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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/. 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/. 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 Services** 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 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.

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
 Email: 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.

Resident experience team

When a resident asks to make a complaint, the advisor will select 'Resident experience team' as the function area. This team will then triage all complaints, before sending them to the relevant areas of the organisation. This team have been put in place to actively welcome and encourage resident feedback, and they will aim to resolve complaints informally. Depending on the nature of the complaint, the Resident experience team may just hand it straight off to the service recovery team who will handle it as a formal complaint.

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

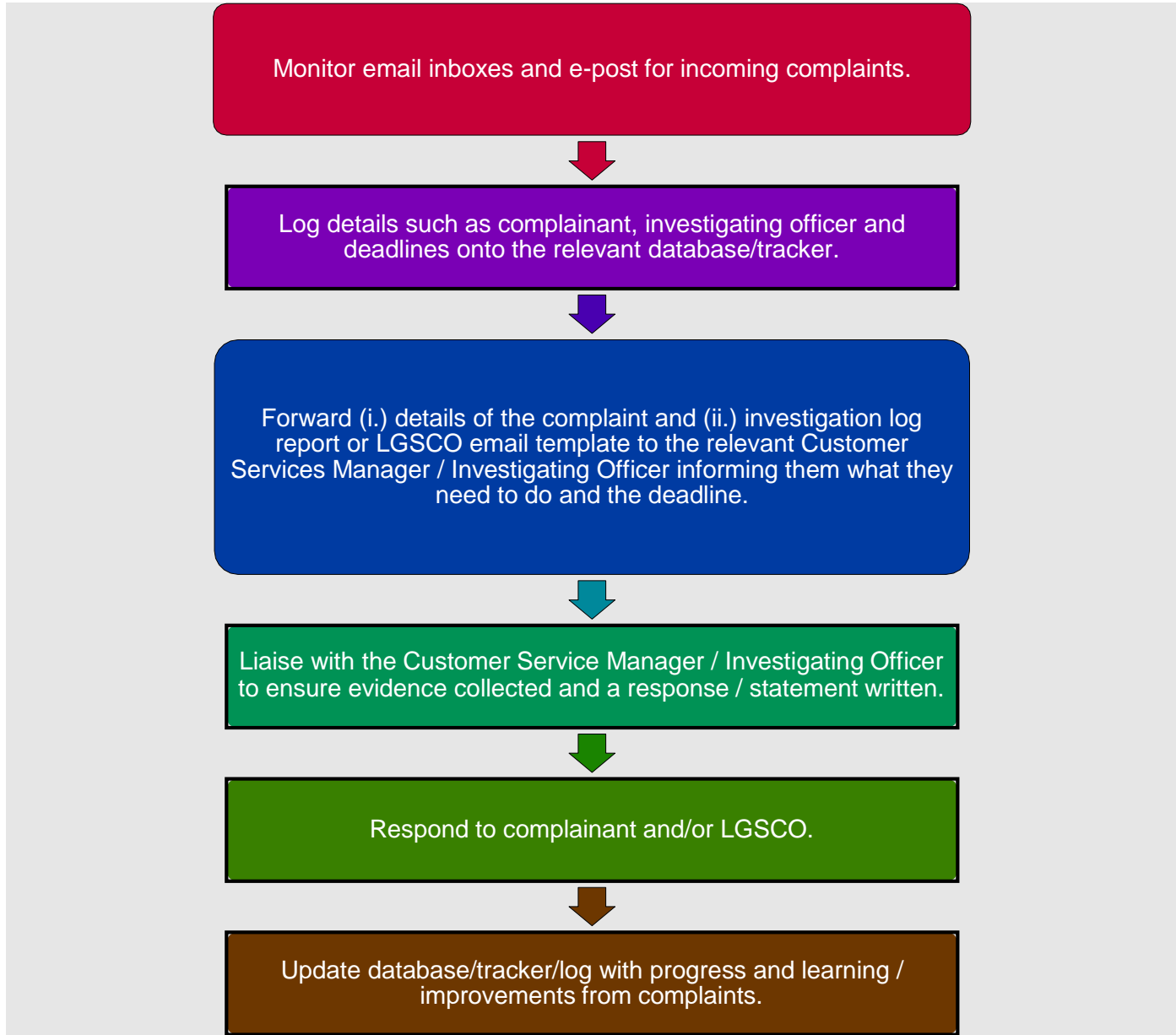
The Complaints Team provides a co-ordination function for social care, corporate and complaints escalated to Ombudsman. The complaints co-ordination function also:

- 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.

Complaint's 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
- Children's social care complaints: CLYPCustomerRelations@coventry.gov.uk

Corporate complaints

- Corporate complaints: Customer.Services@coventry.gov.uk

Ombudsman Link Officer

- Coventry City Council's Ombudsman Link Officer: 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
Stages	Resident experience team will work towards 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
Timescales (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 ¹) days Stage 2: 25 (to 65 ¹) 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
Services	All other services ²	Adult social care	Children's social care	All
Recording	On the corporate customer relationship management system, Dash .	On the corporate system, Dash plus the social care complaints database .	On the corporate system, Dash plus the social care complaints database .	On the Tracker on the Local Government and Social Care Ombudsman management portal.
Reporting	Quarterly summary trends and indicators on the 3Cs Info Hub ³ .	Weekly progress reports provided on the 3Cs Info Hub 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 3Cs Info Hub . 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.

¹ This is the maximum extension for complex cases as defined by the statutory guidance.

² 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.

³ 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.

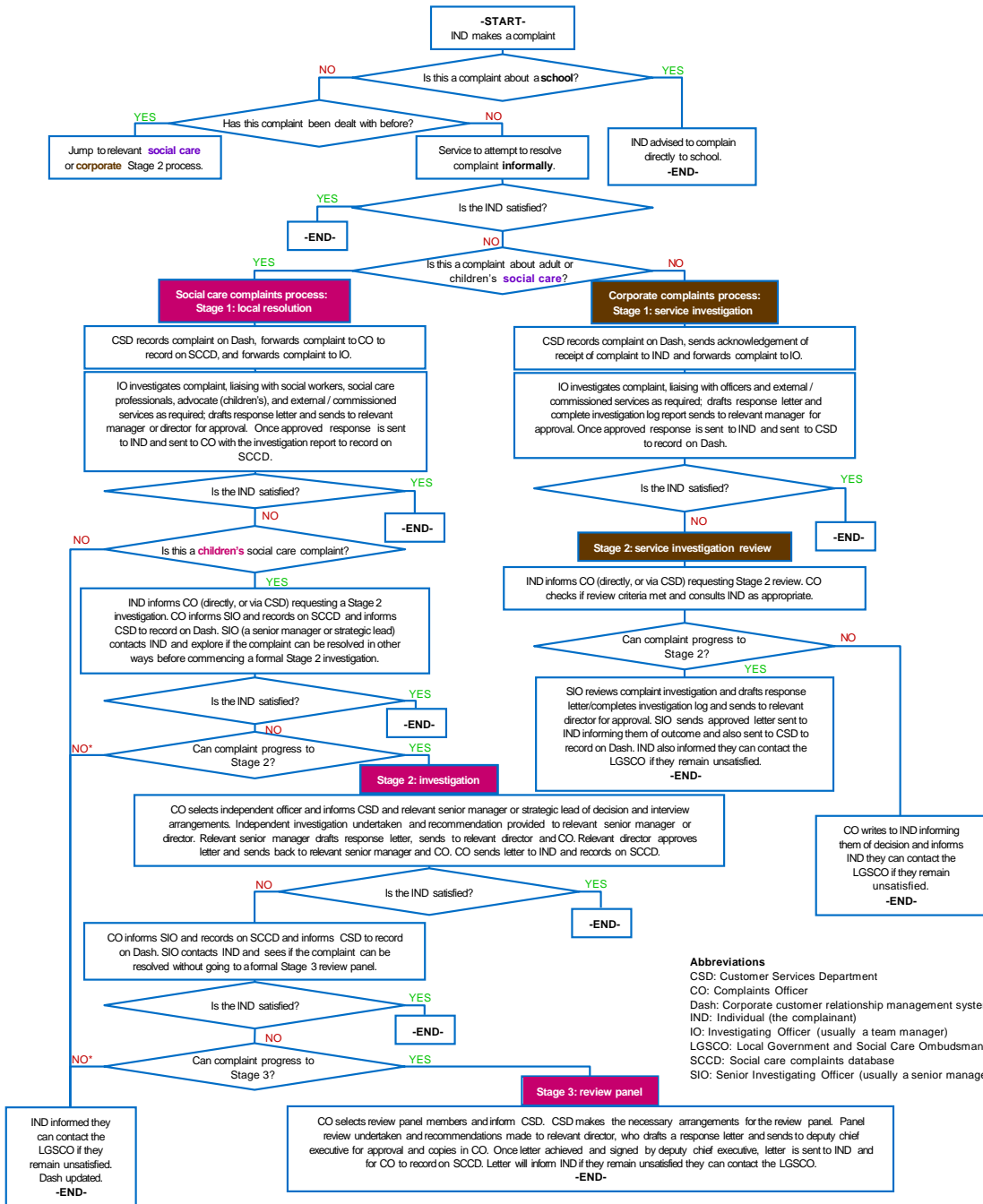
Our summary privacy notice states:

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/. 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/.

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 separate email**; and
- **double-check** people's names, contact details, email addresses, mailing addresses and telephone numbers!

Social care and corporate complaints process flowchart

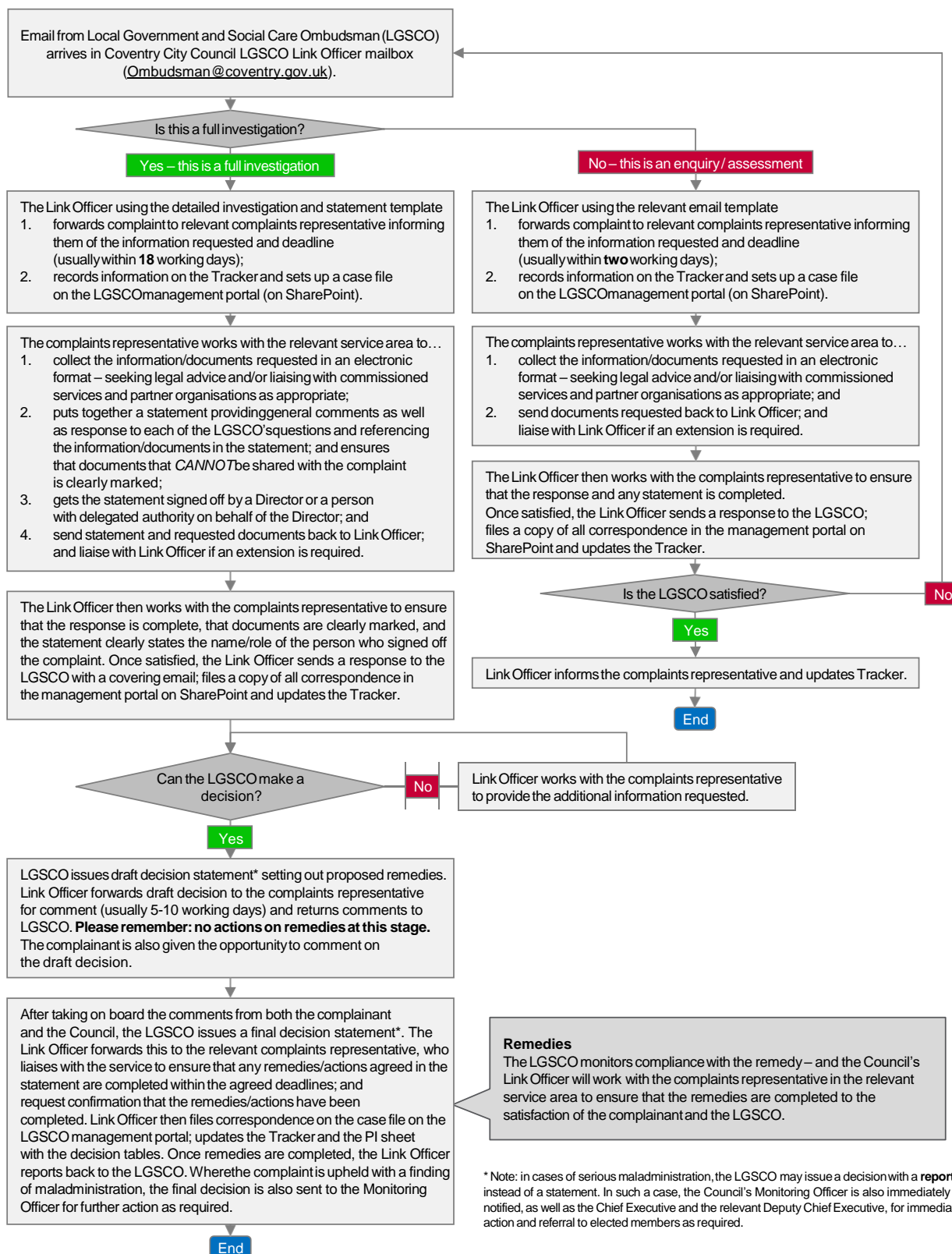


* on rare occasions a complaint may not progress to the next stage, (e.g. out of timescale)

Local Government and Social Care Ombudsman process complaints guidance

Stage	Notes
Enquiry / assessment	The request will have a short deadline of between 1 to 3 working days . 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 18 working days , so that the deadline (within 20 working days) can be met. The response must be provided as a statement , 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 signed off by the Director 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 statement . This will state whether the complaint was upheld 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 not be taken yet – remedies should only be completed after the final decision. We are usually requested to respond within 5-10 working days . <i>Note: the investigator may choose to issue a decision as a report (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 maladministration , 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 5-10 working days ; 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.
09/06/2022	Complaints Policy page 3 Social care changed to services
23/02/2024	Information relating to 'Resident experience team' has been added.



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