Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 28 June 2023
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership
Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Andy Jenns
Councillor Chris Mills
Councillor Ish Mistry
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith
Councillor Mandy Tromans

Items on the agenda: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Chair's Announcements

(4) Minutes of previous meetings
To receive the Minutes of the committee meetings held on 19 April and 16 May 2023.

2. Public Speaking

3. **Questions to Portfolio Holders**

Up to 30 minutes of the meeting is available for members of the Committee to put questions to the Portfolio Holder: Councillor Margaret Bell (Adult Social Care and Health) on any matters relevant to the remit of this Committee.

4. **Questions to the NHS**

Members of the Committee are invited to give notice of questions to NHS commissioners and service providers at least 10 working days before each meeting. A list of the questions and issues raised will be provided to members.

5. **Quarter 4 Integrated Performance Report**   15 - 40

The Committee is asked to consider and comment upon the tailored performance report for the period April 2022 - March 2023.

6. **OSC Customer Feedback Report 22/23**   41 - 56

For the Committee to consider and comment upon the Annual Feedback Report for Adult Social Care and Public Health covering the period 1 April 2022 to 31 March 2023.

7. **South Warwickshire Community Hospital Review**

A presentation and discussion item on the South Warwickshire Community Hospital Review.

8. **Work Programme**   57 - 64

For the Committee to review and update its work programme.

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Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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Warwickshire
County Council

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- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
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Public Speaking
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Warwickshire County Council

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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 19 April 2023

Minutes

Attendance

Committee Members
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape (Nuneaton and Bedworth Borough Council)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell (Stratford-upon-Avon District Council)
Councillor Pam Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Mandy Tromans

Officers
Shade Agboola, Becky Hale, Nigel Minns, Isabelle Moorhouse, Ian Redfern, Pete Sidgwick and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Chris Bain, Healthwatch Warwickshire (HWW)

1. **General**

   (1) Apologies

   Apologies for absence had been received from Councillor Sandra Smith (North Warwickshire Borough Council) and from Councillor Penny-Anne O'Donnell for her late arrival.

   (2) Disclosures of Pecuniary and Non-Pecuniary Interests

   None

(3) Chair's Announcements

None

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 15 February 2023 were approved as a true record and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

Councillor Colin Cape had submitted the following questions:

"What is being done to monitor the provision of care to veterans, in line with the Armed Forces Covenant legislation? Are the principles being followed and do ex-servicemen and women get the focus that they should?

As part of the covenant veterans are supposed to receive accelerated or enhanced provision, depending on need. How is this monitored? What percentage of the target populations are veterans?

On Social Care, how many veterans are on the books, what enhanced treatment do they receive? Access to mental health resources, how many veterans etc. If we don't have the figures, we cannot monitor. If we don't monitor, we don't know if the covenant is being met and it is purely words on a page".

A written reply to these questions would be provided after the meeting.

5. Council Plan 2022-2027 Integrated Performance Report Quarter 3 2022/23

Pete Sidgwick, Assistant Director, Adult Social Care introduced this item and gave a presentation to pull out the key messages. The report summarised the Council's performance at the end of the third quarter (April-December 2022) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 16 February. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance

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- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall, there had been an improvement in performance when compared with the Quarter 2 position. There were ten key business measures (KBMs) within the remit of the committee. Of these, nine were reportable in this quarter. A table set out the quarterly performance data, with eight of the KBMs assessed as being on track and one was not on track.

The report detailed key emerging themes. These included increasing service demand, capacity and workload issues impacting delivery across the organisation and difficulties in recruiting and retaining staff in a highly constrained national and local labour market.

There were notable aspects of positive performance, with the report highlighting that no care providers had exited the market due to business failure. Another area was the consistently reducing data for people with a learning disability or autism in an inpatient unit.

Performance challenges were reported, the main one being a steep decline in the number of carers in receipt of support during this quarter. However, this could be attributed to additional support being provided by the Carer's Trust.

The report set out services' projected performance trajectory. This was positive, in terms of delivery of the 29 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being on track and 3% complete. Seventeen percent of actions were classified as at risk and these actions were reported on in more detail.

One of the Councils strategic risks related to Adult Social Care and Health directly and currently had a 'red' status. Two other red rated strategic risks related to inflation and the cost of living, and the economy might impact on service provision and service demand. At the service level, two risks were rated 'red', being the risk of care market failure and the risk of an ongoing impact on public health resources of responding to Covid-19.

The presentation included slides on:
- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:
- A member asked which area was the biggest concern to officers. Pete Sidgwick spoke about the subsequent item on the work being undertaken to prepare for the recommencement of Care Quality Commission (CQC) inspections. This included the detailed review undertaken and key areas of focus. Specific reference was made to the annual reviews for people who received care and support, which was not detailed in the

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performance report currently. Demonstrating the support for carers would be a key focus with an improvement journey needed for some areas.

- The budget overspend for social care and support was 1.3%, equating to £2.4m. Context was provided on this demand led service, with reference to the £52m of income generated from client contributions against overall expenditure of £230-240m per year.
- It was confirmed that the data in this report did not include young carers. For adult carers there was a likelihood that this was underreported. Some carers had care and support needs themselves. It was a complicated area to report on effectively. Data was sought for young carers, which would be provided.
- A discussion on the positive performance in reducing numbers of patients with a learning disability or autism being located in inpatient units for long periods. Through transforming care this cohort of people were now being supported in community settings, with inpatient support for their complex needs, only when necessary. This service was led by the NHS and monitored by the Committee. The health and social care support was tailored to each person's needs, with packages of support.
- Healthwatch had hosted and attended a number of events for carers. Chris Bain reported on the findings locally. Some people didn't identify as being a carer, but still needed support. Others were not aware of the support available to them. Questions about the effectiveness of the support provided and whether it met the carer's needs. There were barriers to accessing support, especially where people were mentally and/or physically exhausted, so any simplification of processes would be welcomed.
- Pete Sidgwick responded that officers were aware of and looking at the areas raised above. He spoke of the statutory responsibilities for both the Council and the NHS. Pete acknowledged the need for clear information and advice with effective publicity. The role of the Carer's Trust was mentioned. There was a cohort of carers who themselves needed care and support. The CQC preparedness project had identified carers as a key area of focus.
- Becky Hale explained the joint work with NHS colleagues on the plan for delivery of the Integrated Care Strategy. There would be work with Coventry colleagues over the next two years, to provide support for carers as a priority. Joint work to co-produce an action plan and delivery plan in conjunction with carers would also take place, to pick up the known issues raised by Healthwatch.
- Chris Bain questioned how to address the stigma associated with seeking social care support. There was no such stigma when people needed healthcare because they were ill. The point was acknowledged, and the stigma was longstanding. With support being provided by an independent charity, the Carer's Trust it may help.
- A councillor spoke of the need for carers to have time for themselves, also mentioning the support provided to young carers in her locality. She asked if there was a bespoke leaflet for carers just containing the key information they needed. There were different ways people wanted to access focussed information, with digital services and perhaps advertising in communities. This would be researched and the information available would be shared with members. A current focus was improving the digital offer, recognising that some people preferred other media.
- A discussion about staff capacity and the capacity for care in the community to provide relief for carers. The report referred to staff capacity and workload issues which was being worked through. Feedback from the annual staff survey was that workloads had increased in many departments. In Social Care and Support there was work underway to respond to this. Whilst staff were very busy this didn't impact directly on support for carers. The Councillor was referring to respite for carers, shortfalls in the numbers of community carers

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and how this could be addressed. Becky Hale gave assurance that the local care market had capacity to provide services for respite and short breaks, alongside other services. There was continuing work to support the care market with recruitment and retention.

- The Portfolio Holder Councillor Bell referred to a recent carers' conference, where the key messages concerned communication and respite care. She touched on community respite services such as dementia cafes. She was meeting with officers to discuss the respite services commissioned and learning from feedback to improve services. There was an aim to stimulate sustainable community-led initiatives. Carers needed a break. Whilst the Council could not provide services for all it could support groups to deliver such services. The Chair agreed there was a need to move away from the perception of the Council as the only service provider as there were voluntary organisations which could assist, and new groups could be formed.

- The data on number of carers in receipt of support was discussed. There seemed a gap from the typical levels to the target and it was questioned if that was the support provided by the Carer's Trust. Pete Sidgwick confirmed the data shown was from the Carer's Trust. It was difficult to identify carers who needed support themselves. There had been an exponential growth in the work of the Carer's Trust.

- A question was submitted on the current performance for successful completion of treatments for drug and alcohol services. The position in the quarter three report had fallen when looking at the live data via the Power BI platform. Actions were planned in the fourth quarter to seek to improve performance. The Councillor sought more information on what was planned and how confident officers were that this would improve performance. Dr Shade Agboola would research this and provide a reply to members. Becky Hale reminded of previous reports on this area, the continuing multi-agency approach, and work with the commissioned service provider. This was a national issue and whilst action was being taken, it was not having the desired impact. This was an area of ongoing work and a briefing would be provided to members. The Chair touched on the wider implications of drug and alcohol misuse.

- A councillor referred to the financial risk chart within the report providing clarification on the budget variance, which was 2.5%.

- Reference was made to the 'warm hubs'. It had been observed that many people using the hubs may require care. As people became aware of the care services available and how to seek support it would place more demands on already stretched services. The member questioned how additional service needs would be met. Pete Sidgwick responded on the people who met the threshold for support under the Care Act. This was increasing steadily but was expected that the additional numbers from those presenting at the warm hubs would be relatively small, or that people needing support would have been identified through other means anyway. The member asked that his be monitored.

- The Chair referred to staff feedback on workloads. She asked about the proportion of people still working at home, feeling that this may impact, for example on the ability for discussion with colleagues. Pete Sidgwick explained that for this service area many people worked flexibly before the pandemic and continued to work in a hybrid way now. They may use office bases around the county or work from home. Nigel Minns gave a broader view. Some Council staff worked in the community on a regular basis, whilst others worked in a hybrid way, from both home and in the office. The offices were getting busier. Staff surveys were undertaken regularly, and the hybrid approach was supported by staff, who felt this helped them to do their job effectively, whilst also benefitting their health and wellbeing.

- Officers were asked to define 'what is a carer'? A response was provided around differing levels of caring responsibility. For this committee it concerned people who had care and

support needs under the Care Act. In Warwickshire this was about 7,000 people. If carers were not providing the required support this would fall to the local authority. An offer to provide a definition when identifying carers from a commissioning perspective.

- The Chair welcomed the endeavours to identify more carers and provide targeted information. She asked that the language used be kept very simple and easy to understand.

Resolved

That the Committee notes the Quarter 3 organisational performance and progress against the Integrated Delivery Plan, management of finances and risk and comments as set out above.

6. Care Quality Commission (CQC) Inspections

Pete Sidgwick and Ian Redfern gave a presentation to outline the work being undertaken to prepare for the recommencement of CQC inspections.

The presentation included slides on:

- Who are the CQC?
- Why are CQC assessing local authorities?
- The assessment framework for local authorities
- The key aspects of CQC local authority assurance
- The key components of the approach
- Theme 1: How local authorities work with people
- Theme 2: How local authorities provide support
- Theme 3: Ensuring safety within the system
- Theme 4: Leadership
- The CQC six evidence categories
- How we have approached CQC assurance
- What we have done to prepare
- Our CQC assurance opportunities
- Our CQC assurance challenges
- What improvement work we are doing
- Next steps

Pete Sidgwick provided a summary of the CQC approach over the next two years to undertake baselining activity of performance across the country. This would include a significant new area for client level data for every person supported, by every local authority in the country. It would be challenging as each organisation had different ways of recording the data. It was viewed as a sensible way forward and would give assurance to the public. He talked about the CQC approach for one-word judgements ranging from 'Outstanding' to 'Inadequate'. Pete provided assurance, exploring the areas where Warwickshire needed to focus around waiting lists and reviews. He explained the requirement for an annual review or assessment for clients in receipt of long-term support as a particular focus. From meeting with the CQC it was expected their focus would be on safety. There would be a need to demonstrate that services were safe and that clients' care and support needs were being met. Ian Redfern added there was a CQC expectation that there would be areas for improvement in each local authority. It was expected that local authorities should be

aware of the improvement areas and have realistic plans in place to achieve them. Pete added that this would be a different oversight regime to that of the Ofsted approach.

Questions and comments were invited with responses provided as indicated:

- A member welcomed this approach, whilst posing questions around the integration of health and social care IT systems to provide the single assessment. She asked about the arrangements for dementia services, using an example to show the challenges faced. She looked forward to the new framework. Pete Sidgwick spoke of the narrative for the documents which needed to be concise and could not detail every service. It did explain how people in different cohorts/groups were supported, including those with dementia and their carers, also the services provided direct and those commissioned from other providers. This process could be uplifting and should be enabling rather than punitive. It was considered that there was a positive account to give of Warwickshire's services, whilst wanting to learn and improve.
- A councillor considered inspection to be essential, particularly for public sector services in identifying strengths, reinforcing good behaviour, reassuring staff and to give examples of good practice that could be replicated, whilst also addressing identified weaknesses. For councillors it would be helpful to have similar inspection frameworks and reports across all the agencies. He agreed that a service could not be assessed by a single-word assessment. That said, it helped to prioritise endeavour and budgets to secure improvement where it was needed. The Councillor noted the value of securing client feedback via Healthwatch, adding that surveying councillors may similarly be useful. He gave an example to demonstrate this involving an unannounced visit to a care home following concerns being raised by an elected member to staff.
- Pete Sidgwick reminded members of the Council's statutory responsibilities not only for services that it commissioned, but also around market shaping and management. The example given could be good evidence of intervention and the outcomes achieved. This process would bring a transparency that would not be there without a regulator or assurance framework. It would include reports to scrutiny giving a level of openness which hadn't been seen before. It was a positive process which would inform decision making and budget setting based on performance.
- An area discussed was the potential outcomes from inspections and the measures that could be imposed, including reinspection, or ministerial intervention. The CQC may have a view already of the areas likely to need intervention and the associated support. This would be part of the baselining processes. Authorities rated 'Good' or 'Requires Improvement' would likely have a list of areas of focus which would then be reinspected at a future date. It was emphasised that this was a new process and there were likely to be changes over the next two years.
- A lot of clients were supported by the NHS and social care. A key concern was effective communication between the organisations, otherwise this may impact negatively on the assessment of services. Pete Sidgwick confirmed that under Part 1 of the Care Act, there was a clear understanding of the duties for social care. For joint areas such as continuing healthcare, the local authority would be clear where its statutory duties ended. It would need to demonstrate that, including in the customer focused conversations and where the NHS funding started. Mr Sidgwick added that the CQC would undertake assurance work of integrated care systems. The conversations with customers would explain where statutory duties lay. However, from the patients 'lived experience' the arrangements would seem complicated, for example around funding and financial contributions for social care support.

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This process would uncover the historic differences which the Government may need consider.

- Ian Redfern added that the CQC would look to triangulate the information it received which would include conversations with officers around any challenges identified in the local system. Conversations were happening with partners as part of the preparations to identify any such areas and to date the feedback received had been positive.

- Chris Bain explained that all 'enter and view' visits from HWW were unannounced. He broadly welcomed this regime as it may be slightly better, leading to a common language and common understanding. However, experience of CQC inspection findings and patient experience were not always the same. The CQC gave advance notice of inspections, which put staff under further pressure to prepare for the inspection. Healthwatch would examine the impact on welfare for residents, which should be the ultimate measure of success. If not, he questioned why the regime was being introduced. Pete Sidgwick responded that this was an assurance regime. Face to face contact was part of the regime, but not all of it. Staff would build an evidence log of how they worked, areas that needed to be improved and how to improve services. This would be a continuous journey not just when inspections took place periodically and it would inevitably cause some additional pressures. The quarterly submission of client level data would be interesting, showing trends and potentially the need for interim discussions.

- Chris Bain added that some NHS organisations had a tendency to focus on satisfying CQC requirements rather than patient need. Pete Sidgwick assured that the Council would not take such an approach of seeking to improve individual metrics. It wanted this process to be meaningful. It was a great opportunity to do the right things, celebrate the good and to improve where this was required. It was not and could not be just about satisfying the CQC, given the way this regime would work.

- The Chair considered this to be positive. Anything requiring improvement would be a learning exercise too. She commented on the amount of data that would be required but considered that Warwickshire did quite well, and staff should take pride in what they did.

Resolved

That the Committee notes the presentation.

7. Work Programme

The Committee discussed its work programme. The Chair noted that some items had been deferred due to the pre-election period. It was agreed to discuss the future agenda content at the next meeting of the Chair and party spokespeople. The Chair closed this meeting, the last of the municipal year thanking members and officers for their contributions. Chris Bain similarly thanked the Chair.

Resolved

That the Committee notes the work programme as submitted.

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Councillor Clare Golby, Chair

The meeting closed at 12:15pm

Adult Social Care and Health Overview and Scrutiny Committee

Tuesday 16 May 2023

Minutes

Attendance

Committee Members
Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Andy Jenns
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Mandy Tromans

1. **General**

   (1) Apologies
   None

   (2) Disclosures of Pecuniary and Non-Pecuniary Interests
   None

2. **Election of Chair**

Resolved
That Councillor Jo Barker be appointed Chair of the Adult Social Care and Health Overview and Scrutiny Committee for the ensuing municipal year.

3. **Election of Vice-Chair**

Resolved
That Councillor John Holland be appointed Vice-Chair of the Adult Social Care and Health Overview and Scrutiny Committee for the ensuing municipal year.

The meeting rose at 11.48 am

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Chair

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Adult Social Care Overview & Scrutiny Committee

28th June 2023

**Council Plan 2022-2027
Integrated Performance Report Year End 2022/23**

Period under review: April 2022 to March 2023

Recommendations

That the Committee considers and comments on Year End organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

1.   Executive Summary

1.1   This report is a retrospective summary of the Council's performance at Year End (April 2022 – March 2023) against the strategic priorities and Areas of Focus set out in the Council Plan 2022-2027. All information contained within this report has been taken from the Year End Integrated Performance and Finance reports Cabinet considered on the 15th June. Performance is assessed against the Key Business Measures (KBMs) contained within the agreed Performance Management Framework. This is summarised in Section 2 and more fully presented within Appendix 1a. Summary performance for the Warwickshire Outcome Measures is contained within Appendix 1b and changes to the PMF are outlined in the Appendix 1c.

1.2   Progress against the Integrated Delivery Plan is summarised in Section 3 and more fully presented within Appendix 2.

1.3   Management of Finance is summarised in Section 4 and the summary table is presented in Appendix 3.

1.4   Management of Risk is summarised in Section 5 and more detailed information is presented in Appendix 4.

1.5   The paper sets out a combined picture of the Council's delivery, performance, and risk. Officers continue to embed the new approach and performance framework. The format and content of these integrated performance reports has continued to evolve within the current financial year. Both the Performance Management Framework and the Integrated Delivery Plan have recently been reviewed in preparation for the 2023/24 reporting period.

1.6   This summary report and the detailed performance appendices provide the complete picture of the Council's performance enabling scrutiny and transparency for the organisation, partners and the public. It enables

Overview and Scrutiny Committees the opportunity to consider performance within their own remits. All Members also have continual access to the Performance Management Framework using the Performance Portal in Power Bi to further monitor performance on an ongoing basis.

1.7   Overall, for the Council's performance at Year End, with 10 more annual measures being reported, there has been a consistently strong performance delivered against the PMF. This is an encouraging position considering the continuing volatile, uncertain, and high-risk external environment which is impacting on resources and the wider economic environment, capacity, and uncertainty about a number of key national policy areas.

1.8   There are 10 KBMs within the remit of this Committee, and all 10 KBMs are available for reporting this Quarter. The following table indicates an assessment of performance, comparing Quarters 1, 2, 3 and 4:

Quarter	On Track	Not on Track
1	78% (7)	22% (2)
2	75% (6)	25% (2)
3	89% (8)	11% (1)
Year End	70% (7)	30% (3)

1.9   Appendix 1 details performance for all measures within the Performance Management Framework. Detailed measure-by-measure performance reporting is accessible through the Performance Portal accessible through this link.

1.10   There are some key emerging themes highlighted by this report, including:
- Previously capacity and workload issues are impacting delivery across the organisation. Staff feedback has highlighted the issue, which is a high priority. Difficulties in recruiting and retaining staff in a highly constrained national and local labour market have been highlighted previously and although overall there has been some improvement at Year End there remain issues within specific service teams for example, for Children's & Families. Other services have specific challenges such as, absence in Social Care. The Our People Strategy year 3 priorities have identified 5 key priority areas for action, recruitment and retention, pay and reward, strategic workforce planning, equality diversity and inclusion and engagement, which will be progressed through the year.

1.11   Notable aspects of positive performance for specific measures include:
- The % of people open to Adult Social Care with eligible needs living in the community with support under the age of 65, which has remained in line with the target figure and means more people are supported to live in community settings and avoiding residential care.

1.12 The main performance challenge relates to:

- No. of carers in receipt of support on the final day of the reporting period, which has remained below target, however this can be attributed to additional support being provided by the Carer's Trust.

1.13 The report sets out services' projected performance trajectory, which takes into account the more volatile than usual environment as a result of external factors.

1.14 The position is also positive in terms of delivery of the 30 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being On Track and 20% Complete.

1.15 One of the Councils 18 strategic risks relates to Adult Social Care and Health directly and currently has a red status (widening of social, health, and economic inequalities post pandemic), and two other red rated strategic risks relating to inflation and the cost of living, and the economy may impact on service provision and service demand. At service level two risks are rated red and have been higher than target for 3 quarters, those being the risk of care market failure and the risk of an ongoing impact on public health resources of responding to Covid-19.

1.16 The wider national context remains a critical frame within which to view the Council's performance. The UK continues to experience the consequences of both significant political, global and macro-economic turbulence, including industrial action across many sectors, the legacy impact of the pandemic, and the war in Ukraine. High inflation, rising interest rates and the resulting fiscal challenges are impacting the cost of living, increasing pressure on an already tight labour market, demand for public services and public finances.

1.17 Such an unprecedented combination of events at a global and national level leaves the country facing a period of significant uncertainty and a very challenging financial outlook in the short- to medium-term. This volatility is impacting on the Council's resources, both financial and in terms of recruitment and retention, levels of demand, and uncertainty about a number of key national policy areas including Adult Social Care reform, devolution, levelling up, cost of living and climate change Net Zero ambitions.

1.18 Inevitably these factors, which were not anticipated at the time the Integrated Delivery Plan and the Performance Management Framework were developed, are impacting on our priorities, focus, capacity and project delivery timescales. Our reporting will track and highlight these impacts on delivery and performance. Our analysis has informed prioritisation of activity and resource allocation during the refresh of the Integrated Delivery Plan, which was approved at the May Cabinet, and the Performance Management Framework.

2.   Performance against the Performance Management Framework

2.1   The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. The full performance summary is contained in Appendix 1.

2.2   Comprehensive performance reporting is enabled through the Power BI link Performance Portal as part of the revised and adopted Performance Management Framework. Where applicable, some performance figures may now have been updated on the reporting system. For the latest situation, please refer to the Performance Portal. The number of reportable measures will change each quarter as the framework considers the availability of new data.

2.3   Of the 10 KBMs which are being reported at Year End, 7 (70%) are On Track and 3 (30%) are Not on Track.

2.4   Overall Direction of Travel for the KBMs, where there is sufficient data, shows that performance to date has been mixed. 40% of measures have showed stable and static performance, 20% have been improving but 30% have been declining.

2.5   All 10 measures have a forecast projection from the responsible service for the forthcoming quarter. The same 7 measures that are On Track at Year End are forecasting to be On Track at Quarter 1, of which 1 is forecast to improve, and 6 to remain static. 3 KBMs are forecast to remain as Not on Track at the next reporting period but with performance improving.

2.6   9 KBMs were reported on at Quarter 3. It was forecast that 8 would be On Track at Year End, with 1 Not on Track. Two measures that were forecast to be On Track at Year End have been reported as Not on Track:
  - The % of people open to Adult Social Care with eligible needs living in the community with support over the age of 65 was projected to be On Track Performance Improving, but has seen figures remaining just below the target this Quarter. The reasons behind this are being reviewed, with commissioning activity continuing to support community options.
  - The % of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol, and Alcohol and Opiates) was forecast to remain On Track Performance Remaining Static, but has dipped this Quarter by 1.6%. Despite the overall dip, all treatment areas except Opiates have improved this Quarter, and for the 2023/24 performance year these four measures will be reported on separately for better accuracy. A new communication and marketing strategy for treatment is due to be launched and grant funding is being used to bolster workforces.

2.7   A set of high-level, cross-cutting, long-term Warwickshire Outcome Measures, which the Council can influence but are not solely responsible for, are also contained in the Performance Management Framework. These are being reported as a summary for the first time within Appendix 1b with further reporting within a dashboard informing our ongoing State of Warwickshire reporting and includes Levelling Up and the Cost of Living metrics.

2.8   Of the 39 Warwickshire Outcome Measures that are currently reportable, Warwickshire performs better than the national average in 22 of them. The areas where Warwickshire outperforms the national average to the greatest degree include the employment rate, levels of pay, unemployment, homelessness and child poverty. Areas where Warwickshire's performance falls notably behind the national average include school attainment levels for disadvantaged children and greenhouse gas emissions per capita.

2.9   As an agile approach is being taken to the new Performance Management Framework changes for the 2023/24 reporting period are being requested and are outlined in Appendix 1c. The review of the Service Business Plans and the Integrated Delivery Plan have identified the changes being requested to ensure that the Performance Management Framework supports delivery of the agreed priorities.

3.   Progress against the Integrated Delivery Plan

3.1   The Integrated Delivery Plan aligns priority activity from across all service areas against all Areas of Focus within the Council Plan 2022-27. The plan shows how activity across services collectively contributes to delivering these priorities.

3.2   Detailed information on the performance summary of the Integrated Delivery Plan is included at Appendix 2. A new Power BI reporting dashboard is now available and will enable Members to track progress by Service, status, Council Plan Area of Focus, Overview and Scrutiny Committee and Portfolio Holder.

3.3   Of the remaining 192 actions within the Integrated Delivery Plan, 30 are attributable to the Adult Social Care OSC. Eighty percent of deliverables are On Track with the remaining 20% closed this Quarter. Detail can be found in Appendix 2.

4.   Management of Finance

4.1   The key metrics of financial management are summarised below with further information available in Appendix 3 and in the Cabinet Outturn Report presented to Cabinet on 15th June 2023.

Metric	Target	Performance at Outturn 2022/23
Performance against the latest approved revenue budget as measured by forecast under/overspend	On budget or no more than 2% underspent	6.1% overspend
Performance against the approved savings target as measured by forecast under/overachievement	100%	No Variance
Performance against the approved capital programme as measured by forecast delays in delivery	No more than 5% delay	No Variance

4.2   The revenue overspend reported at Outturn is partially funded by earmarked reserve for the home-base therapy discharge service and partially from Covid grant income. Once these factors are considered the forecast position alters to £1.258m (0.50%) overspend.

5.   Management of Risk

5.1   Risks are monitored in risk registers at a strategic/corporate level and at service level. At a corporate level the following strategic risks more directly related to adult and health services are currently rated as red (high risk):

•   Widening of social, health, and economic inequalities post pandemic.

5.2   Mitigating actions are in place in respect of this risk via recovery plans, investment funds, additional mental health resources, and People Strategy and Commissioning Plans. It is noted that whilst pandemic risk drivers of inequalities may be reducing, the worsening economic situation has the potential to drive inequalities.

5.3   Other strategic risks rated red will also impact on adult social care and health services, in particular inflation and the cost of living, and the economy slowing

or stalling which may impact on service provision and service demand.

5.4   At a Service level there are 15 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target, a table illustrating this is provided at Appendix 4. The risks that are both red and above target are the most significant risks which are:

- Market Failure and lack of sustainability of the care market; and,
- If ongoing Covid-19 related response and recovery priorities for Public Health continue to absorb team resources, then other statutory and priority services can't be consistently fulfilled.

5.5   Mitigating actions are in place in relation to these risks, for example the use of a market viability framework, the use of market intelligence, market shaping, developing dashboards to highlight providers at risk, collaborative working across the Council and with partner organisations, reviews of public health priorities against available resources, enabling community and Voluntary and Community Sector (VCS) driven solutions, and involvement in the engagement with the Integrated Care Systems.

6.   Environmental Implications

6.1   There are none specific to this report.

Appendices

Appendix 1 – Quarterly Performance Report
Appendix 2 – Progress on the Integrated Delivery Plan
Appendix 3 – Management of Financial Risk
Appendix 4 – Management of Risk

Background Papers

Cabinet Report 15th June 2023

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1. Adult Social Care OSC Quarterly Performance Report Year End

1.1 Detailed measure-by-measure performance reporting is accessible through the **Performance Portal**.

1.2 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. These are detailed in the table below alongside the number of KBMs that will be used to assess delivery, and the number being reported at Year End.

Area of Focus	No. of KBMs	No. of KBMs available for reporting at Year End
Create vibrant places with safe and inclusive communities	8	8
Deliver major infrastructure, digital connectivity and major transport options	7	5
Promote inclusive, sustainable economic growth, successful business, good quality jobs and future skills	9	8
Tackle climate change, promote biodiversity and deliver on our commitment to Net Zero	7	5
Deliver our Child Friendly Warwickshire strategy - Happy, healthy, safe children	10	10
Through education, improve life opportunities for children, young people and those with special educational needs and disabilities	16	15
Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities	12	11
A Great Council and Partner	No. of KBMs	No. of KBMs available for reporting at Year End
Harnessing community power	3	3
Our people and the way we work	8	7
Using our data and digital solutions to improve service delivery	4	4

1.3   **Key Insights for Year End 2022/23**

There are 10 KBMs in total that are in the remit of this Committee. Chart 1 details the reported status of the 10 KBMs which are being reported at Year End.
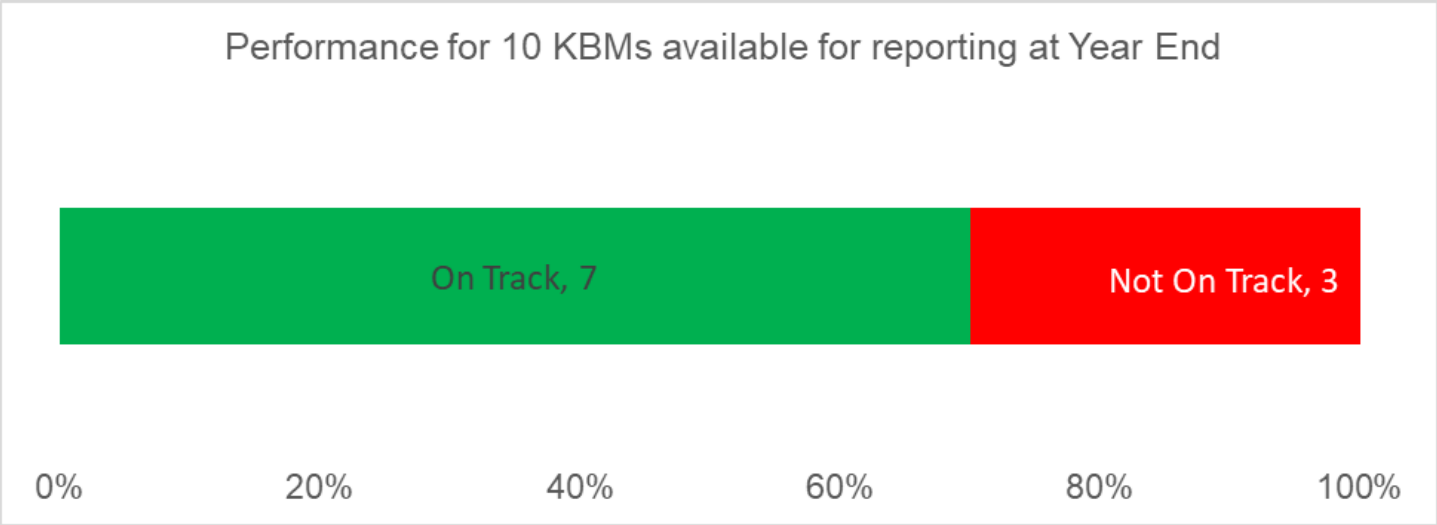
Performance for 10 KBMs available for reporting at Year End

On Track, 7   Not On Track, 3

0%   20%   40%   60%   80%   100%

Chart 1

Chart 2 details the overall Direction of Travel for the KBMs being reported at Year End. There are 9 KBMs where there is sufficient data at this time to determine a Direction of Travel.
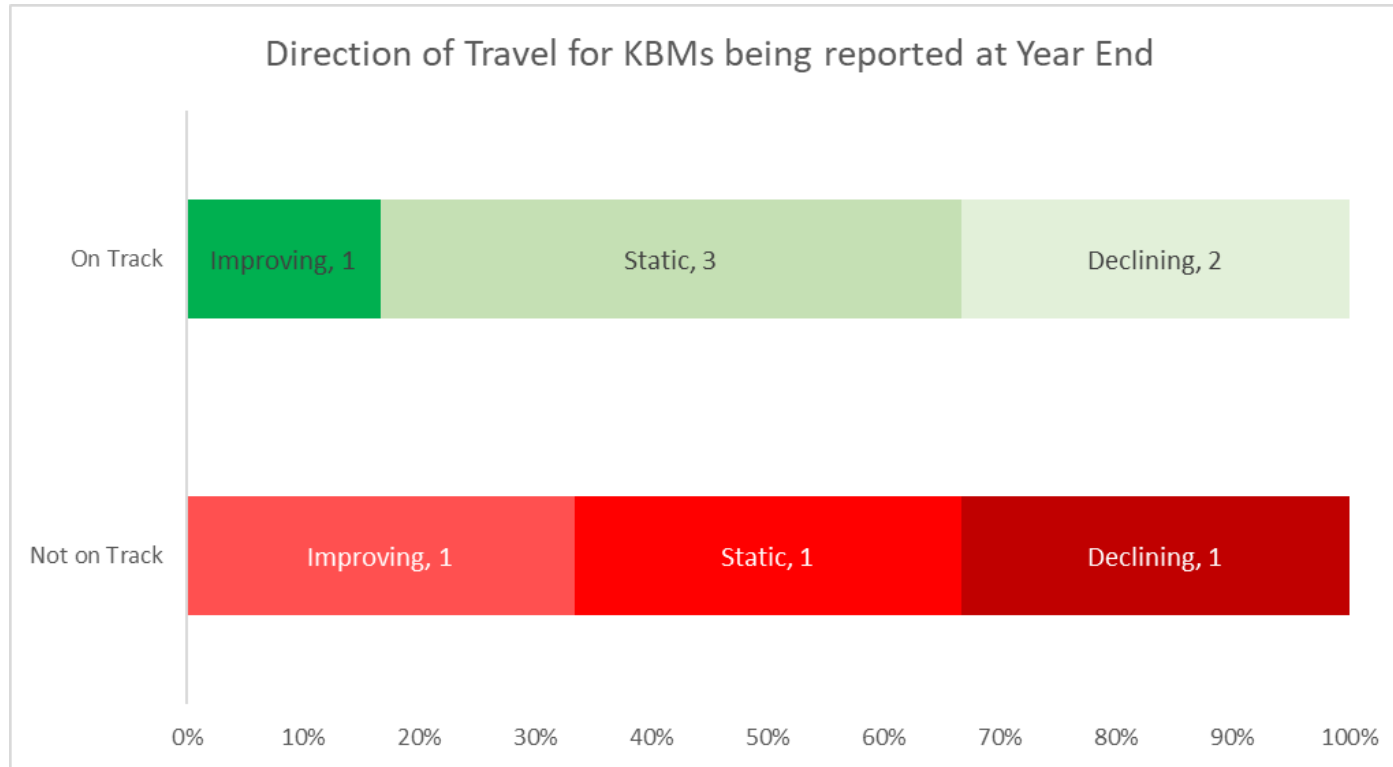
Direction of Travel for KBMs being reported at Year End

On Track	Improving, 1	Static, 3	Declining, 2
Not on Track	Improving, 1	Static, 1	Declining, 1

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Chart 2

Chart 3 details the projected performance based on the Service forecast of the 10 reportable KBMs at the next quarter.
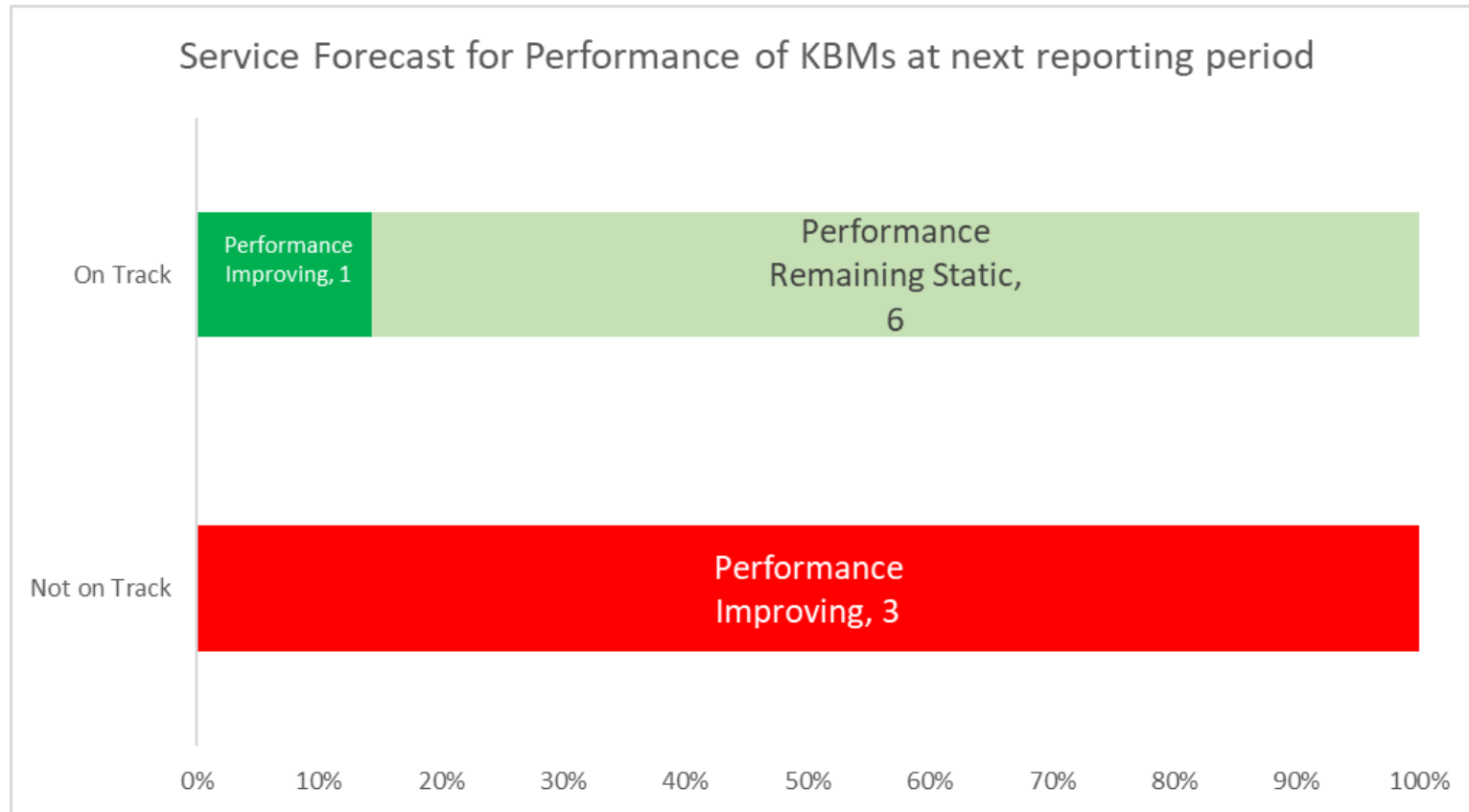
Chart 3

Explanatory Notes on Summary Tables
The following sections provide an overview of current performance by Area of Focus. The measure summary tables are a representation of the tables in the full Committee report on Power BI and are interactive. Please note:

- data is being added into the system as it becomes available so new information may be in the reports since the writing of this Quarterly position report;

- measure names in the summary tables and where highlighted are all links to take the reader directly to the measure report page in Power BI which provides full detail on the measure including charted data, performance narrative, improvement activity, trends and targets if applicable;

- a measure status is included based on performance either against the target and polarity of measure or where there is no target on improving/ declining performance;

- Services provide a forecast of where performance is heading over the next reporting period, this is informed by local knowledge, improvement activity and trend information;

- where the measure status or projection is Not Applicable, this is due to exceptional circumstances regarding the measure such as it is setting a baseline this year, the Power BI report will provide the reason by measure;

- the Latest Figure column represents the most current data available including last quarter, previous year or longer if data is lagged, full details are on Power BI report;

- Direction of Travel is an indication of whether performance is improving based on trend data where available;

- not all measures have targets and the approach now is to have improving performance and targets where appropriate, where there is no target the table is populated with N/A; and,

- as the framework is more responsive there are annual or termly measures included on the tables with no reported data, this will be added as the relevant data becomes available e.g. attainment data from November.

1.4   All measures in the remit of this Committee support the Area of Focus: **Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities**

Measure Name	Year End Actual	Year End Target	Measure Status	Direction of Travel	Service Forecast for next period
% of people open to Adult Social Care with eligible needs living in the community with support under the age of 65	82	82	On Track	Static	On Track Performance Remaining Static
% of people open to Adult Social Care with eligible needs living in the community with support over the age of 65	59	60	Not on Track	Declining	Not on Track Performance Improving
No. of people supported to live independently through the provision of social care equipment	1,638	1,500	On Track	Static	On Track Performance Remaining Static
No. of carers in receipt of support on the final day of the reporting period	71	128	Not on Track	Improving	Not on Track Performance Improving
No. of providers that exit the care home, domiciliary care or supported living markets, in Warwickshire, through business failure	0	0	On Track	Static	On Track Performance Remaining Static
No. of people supported in residential or nursing care: under 65	386	390	On Track	Declining	On Track Performance Remaining Static
No. of people supported in residential or nursing care: over 65	1,609	1,600	On Track	Declining	On Track Performance Remaining Static
No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG)	9	10	On Track	Improving	On Track Performance Remaining Static
% of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates)	16.73	20.1	Not on Track	Static	Not on Track Performance Improving
% Smoking prevalence in adults	13.9	n/a	On Track	N/A insufficient trend data	On Track Performance Improving

At Year End performance within this Area of Focus is within expected levels and most measures (7 out of 10) are On Track and forecast to remain On Track at the next reporting period. For the three measures that are Not on Track at Year End, improvements in performance are forecast for the next reporting period, despite mixed previous performance trends as indicated by the Direction of Travel. Performance

has materialised as forecast by Services at Quarter 3 for most measures, except for the % of successful completions as a proportion of all in treatment and % of people open to Adult Social Care with eligible needs living in the community with support over the age of 65, which were forecast to be On Track but are Not on Track this Quarter.

Area of good progress due to consistent figures, meaning people can live in community settings and avoid going into residential care:
- % of people open to Adult Social Care with eligible needs living in the community with support under the age of 65

Improvement activity due to a reduction in figures, which is attributed to additional support being provided by the Carer's Trust:
- No. of carers in receipt of support on the final day of the reporting period

1b   Warwickshire Outcome Measures

For 2022/23, an additional layer of 'outcome' measures was added to the Performance Framework. These sit above the KBMs and are indicators that WCC is interested in and can influence, but cannot fully control. They are also influenced by other drivers, such as partner activity and national drivers. Examples include the unemployment rate or crime rate. The table below presents the latest reported figures for the 2022/23 suite of Warwickshire Outcome Measures. It is important to note that these indicators are typically published by central government departments and can often have a lag period of a year or more. The table identifies when each measure was last published and, where possible, provides regional and national benchmarks for comparative purposes, the State of Warwickshire Dashboard contains information in graphical form.

Indicator	Latest Date	Warwickshire	West Midlands Region	National
Gross Valued Added (GVA) per hour worked	2020	£38.40	£33.10	£37.70
Average personal wellbeing estimates - Anxiety (% Very Good)	2021/22	33%	33%	33%
Average personal wellbeing estimates - Happiness (% Very Good)	2021/22	30%	29%	30%
Average personal wellbeing estimates - Life Satisfaction (% Very Good)	2021/22	25%	24%	24%
Average personal wellbeing estimates - Worthwhile (% Very Good)	2021/22	34%	31%	31%
Newly born enterprise 5-year survival rate	2021	43.5%	34.6%	38.4%
Business start-up rate (new businesses as % of all businesses)	2021	12.0%	14.2%	12.4%
Percentage of people that live in the local area who are in managerial or professional occupations	2021	48.9%	41.7%	46.5%
Business density per 10,000 population	2022	525	434	480
Gross Valued Added (GVA) per job filled	2020	£58,661	£50,463	£58,054
Employment rate for 16 to 64 year olds	2021/22	79.8%	73.5%	75.4%
Gross median weekly pay	2022	£578.20	£516.20	£532.50
Median housing affordability ratio (ratio of house price to income)	2021	8.55	7.55	9.05
Unemployment (claimant count aged 18-64)	Jan-23	2.6%	4.8%	3.6%
Healthy life expectancy at birth – Males (years)	2018-2020	62.1	61.9	63.1
Healthy life expectancy at birth – Females (years)	2018-2020	64.1	62.6	63.9
Indicator	Latest Date	Warwickshire	West Midlands	National

Indicator	Latest Date	Warwickshire	West Midlands (Region)	National
Infant mortality rate (per 1,000 live births)	2019-2021	4.03	5.63	3.93
Percentage of premises with Gigabit capable broadband	May-22	66%	n/a	67%
Percentage of people using public transport to travel to work	2021	2.2%	5.4%	8.2%
Proportion of adults (aged 18+) classified as overweight or obese	2020/21	65.6%	66.8%	63.5%
Proportion of Year 6 children classified as overweight or obese	2021/22	35.9%	40.8%	37.8%
Households owed a duty under the Homelessness Reduction Act (per 1,000 households)	Q3 2022	2.43	2.80	3.03
Early years - percentage of all children achieving a good level of development	2022	66.0%	63.7%	65.2%
Early years - percentage of disadvantaged (Free School Meal eligible and claiming) children achieving a good level of development (GLD)	2022	45.6%	50.5%	49.1%
KS2 - proportion of all children achieving the expected standard in Reading, Writing and Maths	2022	60.5%	57.5%	58.9%
KS2 - proportion of disadvantaged children achieving the expected standard in Reading, Writing and Maths	2022	40.1%	43.9%	42.7%
KS4 - proportion of all children achieving 9-5 (strong pass) in English and Maths	2022	52.6%	47.2%	50.0%
KS4 - proportion of disadvantaged children achieving 9-5 (strong pass) in English and Maths	2022	23.8%	30.8%	29.7%
Proportion of pupils attending an Ofsted judged 'good' or 'outstanding' school	Jan-23	88.0%	85.4%	87.8%
Proportion of 16/17-year-olds recorded in education or training (EET)	2022	94.89%	93.23%	92.92%
Vacancies - number of job postings per 10,000 population aged 16-64	Feb-23	520	n/a	n/a
Percentage of 19-year-olds qualified to Level 3 (two or more A-levels or equivalent vocational qualification)	2020/21	61.7%	57.4%	62.2%
Recorded rate of neighbourhood crime (per 1,000 population per year)	Sept-22	11.0	15.2	12.9
Children in relative low-income families (child poverty)	2021/22	14.2%	.27.0%	20.1%
Killed and Seriously Injured road casualties (per billion vehicle miles)	2021	44.29	41.38	56.60
Greenhouse Gas Emissions per capita - Nitrous Oxide (N_2O) and Carbon Dioxide (CO2) kilotonnes CO_2 equiv.	2020	7.86	4.64	4.87
Reduction in county-wide per capita CO2 emissions since 2005	2020	38.9%	46.7%	48.9%
Net carbon emissions in Warwickshire per capita (kilotonnes CO_2 equiv.)	2020	7.57	4.41	4.56

			Region	
Proportion of clients who use services who are satisfied with their care and support (aged 18-64)	2021/22	56.7%	65.7%	66.7%
Proportion of clients who use services who are satisfied with their care and support (aged 65+)	2021/22	59.9%	60.0%	61.8%
Access to Green Space (average number of parks, public gardens or playing fields within 1km)	2020	n/a	4.23	4.43

Note: National figures could be England, Great Britain or UK depending on the indicator.

1c   Performance Management Framework 2023/24

As an agile approach is being taken to the new Performance Management Framework changes for the 2023/24 reporting period are being requested and are outlined in this Sway presentation Performance Management Framework 2023/24. The review of the Service Business Plans and the IDP have identified the changes being requested to ensure that the PMF supports delivery of the agreed Priorities.

1. Adult Social Care OSC Progress on the Integrated Delivery Plan Year End

1.1 Key Insights for Year End 2022/23

Of the remaining 192 actions within the Integrated Delivery Plan, 30 are attributable to the Adult Social Care OSC. There is positive progress within this Quarter with 80% of activities being on track to achieve their objectives within the set timeframes. Twenty percent of activity closed this Quarter. As a result there are no exceptions to report at this time.

Activity by Status % AoF7

20

80

■ Completed   ■ On Target
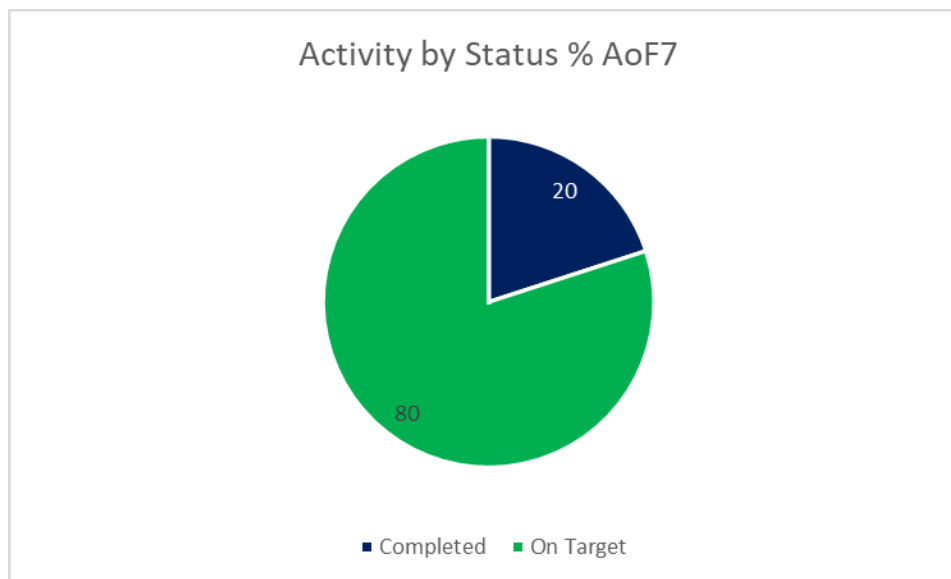
Completed activity:
The following activity has been completed this Quarter;

- **Undertake a review of service provision, housing support and embed a revised referral approach for Short Term Vulnerable Adults.**
  The referral approach has been reviewed and referrals can now be completed via the Customer Contact Centre and relevant operational team. The retender of this service will now align with the recommissioning of Housing Related Support Offer.
- **Maintain an effective local public health response to Covid19 in line with the Local Outbreak Management Plan.**
  The duty desk function has now reverted to a general health protection function which has the ability to respond to enquiries associated with Covid. Additional capacity to staff a Covid duty desk has now ended.
- **Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: Our Connecting Communities Support Officers**

working directly with community groups to improve health engagement, health communication and understanding the barriers to accessing health interventions.

Covid-19 funded Connecting Communties work has now concluded, and fixed term contracts around engagement have come to an end. Public Health will continue to work with Communities & Partnerships, Communications, Equip and other partners on any Covid-19 messaging required.

- **Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: Facilitating a "Health Equity Group" with community residents and representatives to identify ways of closing the gap on health outcomes and address the health inequalities agenda.**

  The Health Equity Group pilot programme completed and was evaluated. Overall there was a low take-up and engagement in the group of people representing those communities which find public services hard to access. Future approaches to a group such as this would require a rethink to ensure they achieved meaningful engagement with those from whom we can learn the most.

- **Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: Reviewing the impact of the Extra Care Housing (ECH) and Specialised Supported Housing (SSH/SHAD) programme to date and plan/commence Phase 2.**

  This has been presented to Housing with Care Board.

2   The following activities are On Track

Activity
Implement the response to the Government's new "Fair Cost of Care", Care Cap and Care Quality Commission Inspection requirements
Develop a strategic plan for accommodation-based care services for adults, informed by a needs assessment, the Adult Social Care strategy, the national Cost of Care requirements and funding programmes.
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Propose and implement changes to the current Warwickshire health and social care discharge arrangements to reflect national hospital discharge policy and meet operational requirements.**
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Launch the joint "Living Well with Dementia" strategy and work with key partners and stakeholders to deliver the action plan.**
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Identify opportunities to enhance support for Stroke Survivors in the community by engaging in the system wide redesign of the approach to stroke care.**

Support vulnerable adults receiving the home care they need and meet increased demand by improving the brokerage activity carried out by the Domiciliary Care Referral Team; roll out the key principles to improve care Brokerage more widely across Adult Social Care.

Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Implementing and reviewing 2 pilots that can demonstrate the range of opportunities to support customers to regain and maintain their independence.**

Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Expanding the Assistive Technology offer in Warwickshire through procurement of a service to deliver a wide range of AT solutions, including life-line provision and self-assessment for customers wishing to purchase their own equipment.**

Refresh the Carers Strategy, working in partnership with Coventry City Council and other key partners to take an all-age approach, align with the Dementia strategy and include a place-based action plan.

Improve the integrated support offer for people with learning disabilities and/or autistic people: **Refresh and deliver an all-age joint strategic needs analysis and joint statement of intent for people with learning disabilities.**

Improve the integrated support offer for people with learning disabilities and/or autistic people: **Lead the integrated commissioning activity to deliver Coventry and Warwickshire Learning Disability and Autism 3 Year Plan.**

Support partners with the implementation of the Warwickshire Homelessness Strategy, including the continued commissioning of the Homeless Physical Health Nursing service and completing the Pathway Needs Assessments for all the local NHS trusts.

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Support the continued implementation of the national diabetes prevention programme working with partners and key stakeholders.**

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Mobilise the new Healthier Lifestyle services.**

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Implement the National Health Service England Prevention Programme, including the Tobacco Dependency and Digital Weight Management Programme.**

Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: **Coordinating a programme of grant funding to community organisations to enable local ownership of pandemic health recovery**.

Improve the mental health and well-being of adults living in Warwickshire: **Support the refresh and delivery of the multi-agency suicide prevention strategy for Coventry and Warwickshire.**

Improve the mental health and well-being of adults living in Warwickshire: **Deliver a health programme to create connections between physical and mental health and to improve population wellbeing.**

Improve the mental health and well-being of adults living in Warwickshire: **Complete delivery of the Covid 19 Mental Wellbeing recovery and resilience programme and review the impact, sharing the findings with key stakeholders.**

Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: **Developing a 5-10 year plan for Council commissioning of Extra Care Housing and Residential/Nursing Homes that address issues of balance of services; projections of future demand; adequate capacity in key localities; affordability; innovative design e.g. to include ' Care Villages' & use of Council Capital/Land.**

Deliver the significant service provision changes that will be needed to meet the new Mental Capacity (Amendment) Act 2019, and its new Liberty Protection Safeguards (LPS) scheme that will supersede current consent arrangements for vulnerable people.

Coordinate and lead the implementation of the Joint Health and Wellbeing Strategy with partners and embed a 'Health in all Policies' approach within Warwickshire County Council and across the wider health and care system.

Appendix 3 Adult Social Care OSC Management of Financial Risk

Management of Financial Risk

1. The table below details performance against the latest approved revenue budget as measured against the outturn position.

Service Area	Approved Budget	Actual Spend	(Under) /Overspend	% Change from Budget	Represented by:			
					Investment Funds	Impact on Earmarked Reserves	Covid Impact	Remaining Service Variance (RSV)
	£m	£m	£m	%	£m	£m	£m	£m
Social Care and Support	184.791	190.624	5.833	3.2%	(0.064)	3.250	0.000	2.647
Strategic Commissioner for People	36.777	37.848	1.071	2.9%	(0.175)	(0.088)	2.723	(1.389)
Total	221.568	228.472	6.904	6.1%	(0.239)	3.162	2.723	1.258

2. Performance against the approved savings target as measured against outturn delivery under/overachievement.

    At Outturn, Social Care and Support is forecasting 100% delivery against the 7 saving targets (£3.519m) for the 2022/23 financial year and Strategic Commissioning for People reporting 100% delivery against 3 saving targets (£0.313m).

3. The table below details performance against the approved capital programme as measured by forecast delays in delivery.

Service Area	Approved 2022-23 capital programme	New projects in year	Net over / underspend	Total capital programme	Budget Reprofile	Delays	Forecast In year capital spend	% Delays
	£m	£m	£m	£m	£m	£m	£m	
Social Care and Support	0	2.749	0	2.749	0	0	2.749	0.0%
Strategic Commissioning & Public Health	5.149	0	0	5.149	0	(0.024)	5.125	-0.5%
Total	5.149	2.749	0	7.898	0	(0.024)	7.874	0.5%

Public Health and People Strategy & Commissioning - £0.024m

- Adult Social Care Modernisation & Capacity 2012/13 - £0.021m. This funding is allocated to the changing places project. These projects are demand led based on applications to the fund. Some planned installations have been delayed or paused and other opportunities have been identified. It is anticipated spend will happen in 2023-24.

Appendix 4 Adult Social Care OSC Management of Risk

Key Service Risks Summary

Adult Social Care and Health

At a Service level there are 15 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target.

Key Service Risks	Net risk is currently green or amber	Net risk is currently red
Risk level has not exceeded the target for 3 quarters in a row	• 10 other risks	• **(Adult Social Care)** Demand for services and current market forces • **(Strategic Commissioning)** Workforce shortages
Risk level has exceeded target for 3 quarters in a row and is currently more than 3 points above target	• **(Adult Social Care)** Inability to deliver in house services due to increase in demand	• **(Adult Social Care)** Market Failure and lack of sustainability of the care market • **(Public Health)** If ongoing Covid related response and recovery priorities for Public Health continue to absorb team resources then other statutory and priority services can't be consistently fulfilled

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**Adult Social Care and Health
Overview and Scrutiny Committee
28th June 2023**

**Customer Feedback Annual Report
1 April 2022 to 31 March 2023**

Recommendation

That the Adult Social Care and Health Overview and Scrutiny Committee considers and comments on the content of the report

1.   Executive Summary

1.1   This is the Annual Feedback Report for Adult Social Care (ASC) and Public Health covering the period 1 April 2022 to 31 March 2023.

1.2 The report summarises the compliments, complaints, questions and comments received by the two services including lessons learned. The data, trends and themes have been collated over the last 3 years.

2.   Complaints Process

2.1 Every Local Authority with a responsibility for Social Care Services is required to provide an annual report, outlining the workings of both their Adults and Children's complaints and representations procedures.

2.2 The procedure for dealing with adult's statutory complaints (those that meet the criteria within legislation and are raised by or on behalf of adults) relating to our Social Care Services is determined by the following legislation;
·   The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations), and;
·   The accompanying guidance 'Listening, Responding, Improving: A guide to better customer care' (Department of Health February 200)9 (the Guidance).

2.3 The Regulations cover complaints made in relation to NHS and Adult Social Care Services and/or any of its commissioned services and/or independent services. The Regulations state that:
   i.   Every organisation has a single stage system to deal with complaints
   ii.   Complaints should be dealt with within a maximum of 6 months and that this can only be extended with the complainant's agreement
   iii.   Following investigation of the complaint by the Council, if the complainant is still unhappy, the next stage is to approach the Local Government & Social Care Ombudsman (LGSCO)
   iv.   Every organisation should make the complainant aware of the response period that they work to and the way the response will be handled

  v. Where complaints involve several organisations, these organisations should discuss and agree who will take the lead

  vi. The LGSCO will consider complaints from those people who fund their own social care and will liaise directly with the relevant organisation

  vii. Complainants must approach the Council to highlight their complaint within twelve months of the incident happening, or within twelve months* of discovering the problem

*Complaints outside of this timescale will be considered individually by the Council's Customer Relations Team (CRT) and an assessment made regarding whether a fair and transparent investigation can still be carried out.

2.4 The Council may also I receive complaints that connect to adults but that do not fall within the boundaries of the statutory Social Care Complaints Process. These will usually fall within the remit of the Council's Corporate Complaint Process.

2.5 Full details of the statutory Complaints Procedure is set out in Appendix 1.

3. Analysis of the Customer Feedback Received During 2022 and 2023

3.1 Feedback from members of the public is recorded on a customer relations software referred to as 'Contact Us.' Feedback can be shared through either an online portal, via telephone or email, and is recorded as a Complaint, Compliment, Comment or Question at the time it is loaded onto Contact Us. It is important to note that it is quite common for customers to confuse 'Compliment' and 'Complaint' when completing the online form and record a complaint as a compliment and vice versa. Depending on the type of contact, feedback will be processed through different internal procedures.

3.2 The County Council takes every submitted case seriously, especially complaints, as it wants to make sure its complainants are dealt with fairly, consistently and within timelines. It is essential that WCC is dealing effectively with all feedback to provide efficient services, learning and improvements, and procedures relating to how it deals with and responds to complaints is detailed in WCC's complaints policy[1]. This policy has been developed in line with best practice recommendations and legislation that covers complaints about local authority services. This policy is also being reviewed and updated to ensure it covers all up to date legislations. In the policy, a complaint is defined as:

> …any expression of dissatisfaction with a service that the Council (or one of its partners or contractors) has provided, and that requires a response.

3.3 This report provides a summary of all cases that were submitted to Contact Us during the financial year 2022/2023 and sets this in relation to cases received over the previous two years. This report focuses on cases allocated to the Adult Social Care and Public Health Services whilst Customer Feedback reports about the Communities Service, Resources and Fire Services and Children and Families and Education Services will be reported to the relevant Overview & Scrutiny Committees.

Methods of how the report has been collated

3.4 Data presented in this report was obtained directly from WCC's customer relations software referred to as 'Contact Us.' Some service areas also receive communications

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[1] The Complaints Policy can be found here: https://api.warwickshire.gov.uk/documents/WCCC-550390340-762

from customers directly which are not always logged on our Contact Us system, such as emails or postal letters, and therefore these communications cannot be formally reported on in the context of this report.

3.5 Data was extracted for the past three years, i.e., 2020/2021, 2021/2022 and 2022/2023. Where appropriate, data was summed over different time intervals, and percentage changes over time were calculated. In all sections, data is presented as percentage, with the number of cases this refers to in parentheses (n= number of cases).

3.6 The lessons learned that were presented at the end of this report were thematically coded into categories prior to their inclusion in this report. This means, that lessons learned that addressed similar topics were grouped together to enable the report to make statements about the frequency of how often specific recommendations were made.

Trends in received cases over time

3.7 In 2022/2023, Contact Us received 4,335 cases across all directorates of the council, a 13.6% decrease from the previous year (n= 5,017). 2021/2022 had more cases than 2020/2021, with 4,737 total cases.

3.8 There has been an overall decrease in cases from 2020/2021 to 2022/2023. However, when comparing the type of cases received, in 2021/2022 compared to 2022/2023, the volume of questions and compliments decreased. Comparing the years 2020/2021 and 2021/2022, the number of questions and compliments stayed similar. During 2022/2023, the number of questions and compliments decreased by 13.3% and by 32.4% compared to the previous year (Figure 1).

3.9 Changes in processes, within WCC and the 5 District and Borough Councils, often result in a spike in questions or complaints. It is also worth noting that WCC receive many complaints and questions per year from customers where the service that is being referenced is not a WCC service, for example household waste collections and replacement bins, dumped cars, and illegal parking.
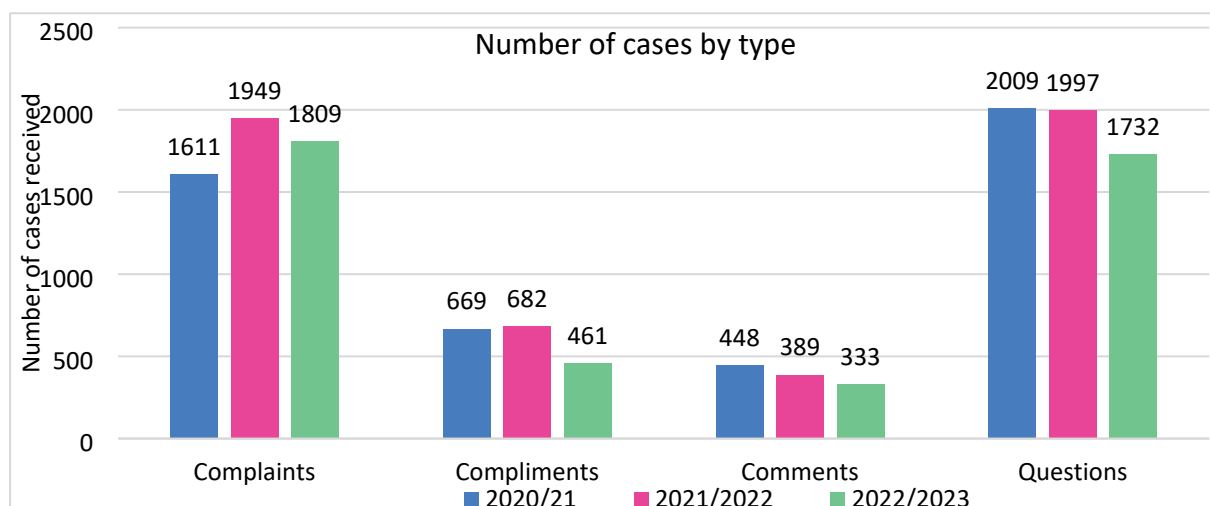

Figure 1: Number of cases received during the years 2020/2021, 2021/2022 and 2022/2023 across all directorates within the Council by type of case.

3.10 During 2022/2023, 1915 (44.2%) of cases were assigned to the CRT, which is an increase of 9.1% compared to the previous year. Compared to the year 2020/2021, cases assigned to the CRT have nearly doubled. It is important to note in terms of numbers assigned to CRT this reflects an escalation of the complaint in some way with

majority of the cases requiring the CRT to oversee the complaint on behalf of another operational service. This includes cases which have been assigned to a service team and assigned back to CRT. Of the remaining 2420 cases received during 2022/2023, 433 were assigned to Adult Social Care, and 3 to Public Health (Table 1).

Table 1: Number of cases assigned to Adult Social Care and Public Health by type over the last three years.

Service	Adult Social Care			Public Health		
Year	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Complaints	133	189	138	12	16	0
Compliments	242	289	174	2	0	0
Comments	18	18	11	8	2	2
Questions	171	144	110	39	7	1
Total	564	640	433	61	25	3

3.11 In Adult Social Care, the number of cases received in 2022/2023 decreased by 32.3% compared to 2021/2022, and by 23.2% compared to 2020/2021. In 2022/2023, the type of cases was divided as 31.9% complaints, 40.2% compliments, 25.4% questions, and 2.5% comments. Since 2020/2021, the proportion of complaint cases increased from 23.6% to 31.9% in 2022/2023, while compliments decreased slightly from 42.9% to 40.1%. The proportion of comments has decreased from 3.2% in 2020/2021 to 2.5% in 2022/2023, while the proportion of questions decreased from 30.3% to 25.4% in 2022/2023.

3.12 For Public Health, the number of cases in 2022/2023 received was 88% lower compared to 2021/2022, and 95.1% lower compared to 2020/2021. During 2022/2023, Public Health received 0% complaints and compliments. However, the proportion of complaints had previously increased from 13.1% in 2020/2021 to 64% in 2021/2023, while questions decreased from 63.9% to 28% in 2022/2023.

Complaints received

3.13 When comparing the number of complaints received by Adult Social Care per month over the past three years, similarities between the years 2020/2021 and 2022/2023 are apparent. During 2022/2023 the highest number of complaints was received during April 2022 and March 2023 with 18 and 21 cases (Figure 2).
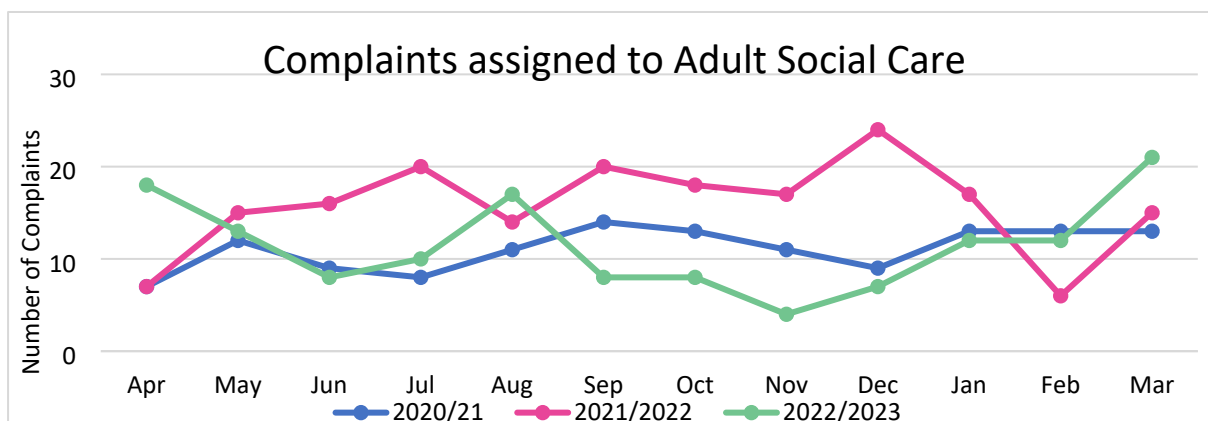

Figure 2: Number of complaints assigned to Adult Social Care over time.

3.14 The volumes of complaints received by Public Health per month over the last three years varied. The highest number of complaints was received in January each year, however for 2022/2023 there were no complaints raised on Contact Us throughout the entire year (Figure 3).
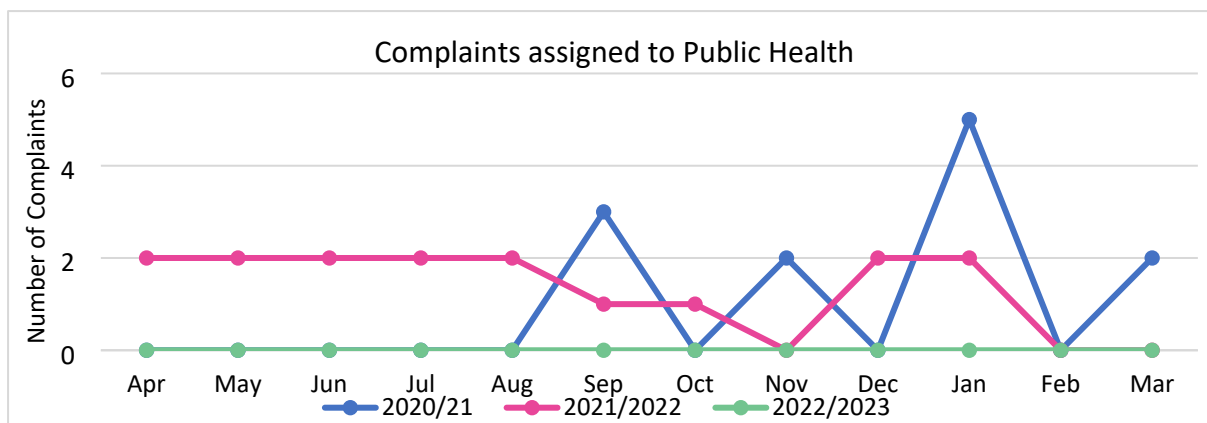
Complaints assigned to Public Health

Figure 3: Number of complaints assigned to Public Health over time.

3.15 Within Adult Social Care, case volumes were influenced by several teams, of which Commissioning has made up the highest proportion since 2020/2021, with 25.4% (n=35) of complaints assigned to this team during 2022/2023. This was followed by the Adult Older People Northeast team with 14.5% (n=20) of cases and Adult Disabilities Physical with 9.4% (n=13). There is no team breakdown available for Public Health.

3.16 The Commissioning Team which is managed by the Commissioning Service Unit (CSU) get the cases where the issues relate to a commissioned provider of Adult Social Care. This explains the reason for most complaints being triaged under that heading. It is also worth noting that the North Older People Team covers a much larger area of Warwickshire than the other two Older People Teams, Stratford and Warwick. Relating to the stages of complaints over the last three years, for both Adult Social Care and Public Health, complaints are single stage process. There were no stages recorded for Public Health in 2022/2023, as there were no complaints received.

3.17 During 2022/2023, subject categories of complaints assigned to Adult Social Care most often related to Financial Issues and Protection of User, whereas there were no complaints assigned to Public Health (Table 2)

Table 2: Subject Categories of complaints assigned to Adult Social Care during 2022/2023.

Subject Categories	Adult Social Care	
	Number of cases	%
Protection of user	42	30.4%
Communication	29	21.0%
Staff conduct	6	4.3%
WCC Service standards	10	7.2%
Financial Issues	34	24.6%
Physical environment issues	1	0.7%
Discrimination	0	0.0%
Policy	0	0.0%
Commissioned Service Provision	13	9.4%
Outside contact us process	3	2.2%

3.18 While during 2020/2021 the proportion of complaints assigned to Adult Social Care that addressed financial issues was 9.8% (n=13), this escalated to 18.0% (n=34) during 2021/2022 and again to 24.6% (n=34) during 2022/2023. Complaints relating to the protection of users in 2020/2021 was 11.3% (n=15), this category proportion increased to 28.6% (n=54) during 2021/2022 and up to 30.4% (n=42) during 2022/2023.

3.19 Across the last three years, subject categories assigned to Public Health were split by issues in communication, with 83.3% (n=10) of complaints during 2020/2021, 62.5% (n=10) during 2021/2022, and 0% (n=0) during 2022/2023.

- Examples of Financial issues include problems with Direct Payment, issues with invoices, financial assessments, disputes over care charges.
- Examples of Protection of User usually relates to where a vulnerable adult is at risk of deterioration in their physical health or mental health because of a lack of care or poor service.
- Commissioned Service relates to any domestic care service, community service or residential care which has been provided by a third party, commissioned by WCC.

Complaints Closed

3.20 The number of complaints closed by Adult Social Care has fluctuated throughout the last three years. In 2020/2021, a total of 141 complaints received were closed, which increased to 191 complaints in the following year, 2021/2022. In the last year 2022/2023, the number of closed complaints decreased to 125 which was a 34.6% decrease.

3.21 Over the past three years, Public Health have experienced fluctuation in the number of complaints closed. In 2020/2021, 13 complaints were closed, which increased to 16 complaints in 2021/2022. In 2022/2023, the number of complaints closed was 0, given that there were no complaints received in respect of Public Health for 2022/2023.
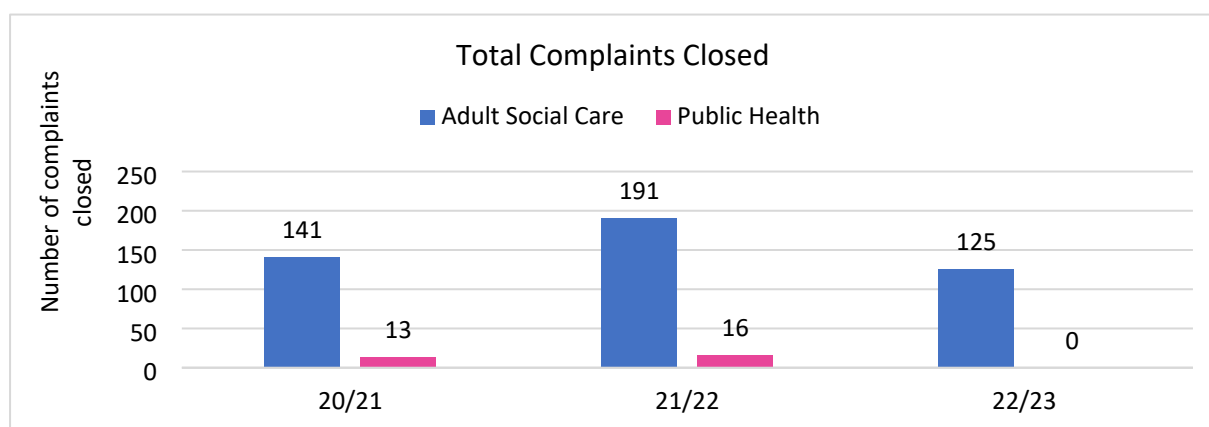

Figure 4: Total Complaints Closed for Adult Social Care & Public Health over time.

3.22 The number of closed complaints resolved within expected service standard has varied over the last three years for Adult Social Care. Within service standard, 62.4% (n=88) complaints were closed in 2020/2021, which increased to 78.0% (n=149) complaints in 2021/2022. Complaints resolved within service standard in 2022/2023 fell to 70.4% (n=88).
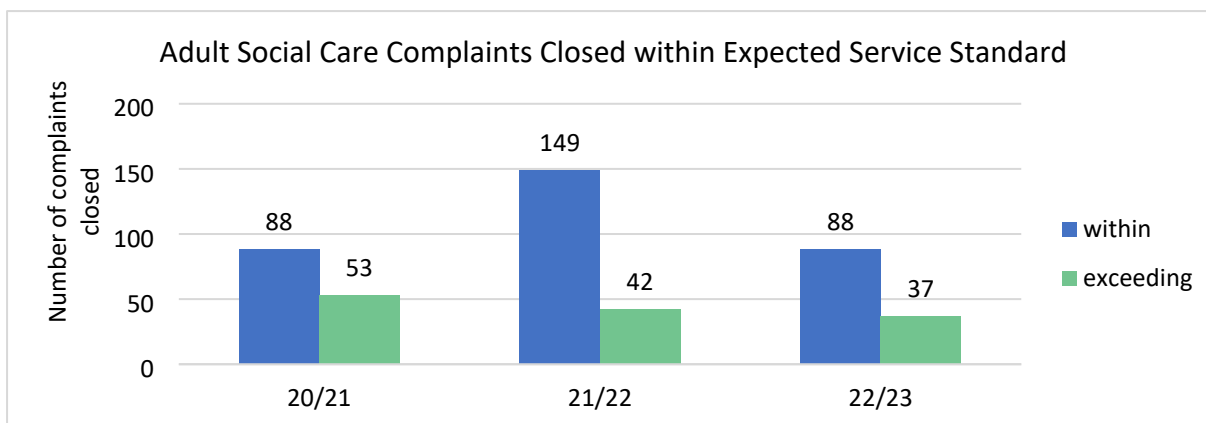
Figure 5: Total Complaints Closed for Adult Social Care within expected service standard over time

3.23 For Public Health, complaints closed within expected service standard has fluctuated over the last three years, with a slight increase from 92.3% (n=12) in 2020/2021 to 93.8% (n=15) in 2021/2022 (the number obviously reduced to 0.0% (n=0) in 2022/2023 as Public Health did not receive any complaints in that year). The number of closed complaints exceeding service standard has remained consistent over the past three years. In 2020/2021, a total of 7.7% (n=1) complaint exceeded service standard, which was 6.3% (n=1) complaint in the following year, 2021/2022. (In 2022/2023, the number of complaints exceeding service standard has decreased to 0.0% (n=0), in line with the number of complaints received for this year).
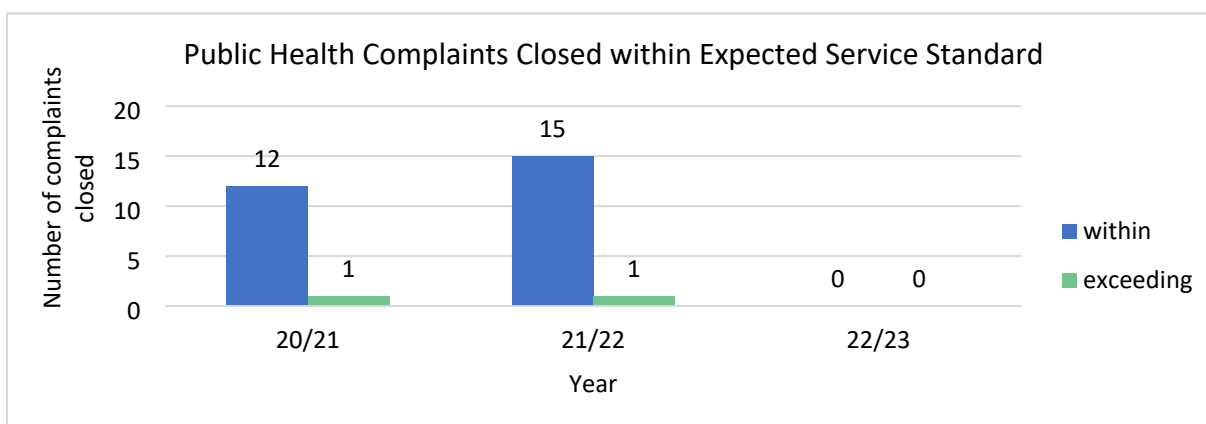

Figure 6: Total Complaints Closed for Public Health within expected service standard over time.

Remedy

3.24 When a member of staff closes a complaint, they complete additional data fields including information on how a case was resolved. This is referred to as remedy. More than one remedy can be selected for each case.

3.25 For Adult Social Care in 2020/2021, the most common method of complaint remedy was providing an 'Explanation', accounting for 75.2% (n=106) of all complaints resolved. 'Service Provided' and 'Apology' accounted for 22.7% (n=32) and 23.4% (n=33) respectively, with only a small number of complaints resulting in 'Changes in Process' 4.3% (n=6) or 'Financial remedies' 2.8% (n=4). In 2021/2022, the category 'Explanation Provided' decreased slightly to 68.6% (n=131) of all complaints resolved. 'Apology' increased to 30.4% (n=58) as well as service provided (24.6%; n=47), while 'Changes in Process' reduced to 1.1% (n=2), 'Financial Remedy' (2.1%; n=4) and 'Change of Policy'

(0.5%; n=1) remained relatively stable. In 2022/2023, 'Explanation Provided' remained the most common remedy at 68.8% (n=86). 'Apology' decreased to 20.8% (n=26) and 'Service Provided' increased to 26.4% (n=33). Less common remedies were 'Changes in Process' (1.6%; n=2) and 'Financial Remedies' (1.6%; n=2).

3.26 In 2020/2021, the most common complaint remedies for Public Health were 'service provided' and 'explanation provided', accounting for 76.9% (n=10) and 30.8% (n=4), respectively. 'Apology' accounted for 15.4% (n=2) of complaint remedies. In the following year, 2021/2022, 'Explanation Provided', and 'Service Provided' remained relatively stable, accounting for 75.0% (n=12) and 25% (n=4), respectively. 'Apology' decreased to 12.5% (n=2). In 2022/2023, due to no complaints being received by Public Health, there were no closed complaint remedies recorded.

Table 3: Closed Complaint Remedies for Adult Social Care and Public Health in 2022/23.

Complaint Remedies	Adult Social Care		Public Health	
	Number of cases	%	Number of cases	%
Explanation Provided	86	68.8%	0	0.0%
Service Provided	33	26.4%	0	0.0%
Apology	26	20.8%	0	0.0%
Change in Process	2	1.6%	0	0.0%
Financial Remedy	2	1.6%	0	0.0%

Outcome

3.27 Within Adult Social Care, complaint cases were closed with several outcomes, of which 'Question: Answered' has made up the highest proportion since 2020/2021, with 29.6% of complaints assigned to this outcome during 2022/2023. This was followed by 'Complaint: Partially Upheld' and cases where no outcome was recorded both with 16.0% in 2022/2023 (Figure 7).
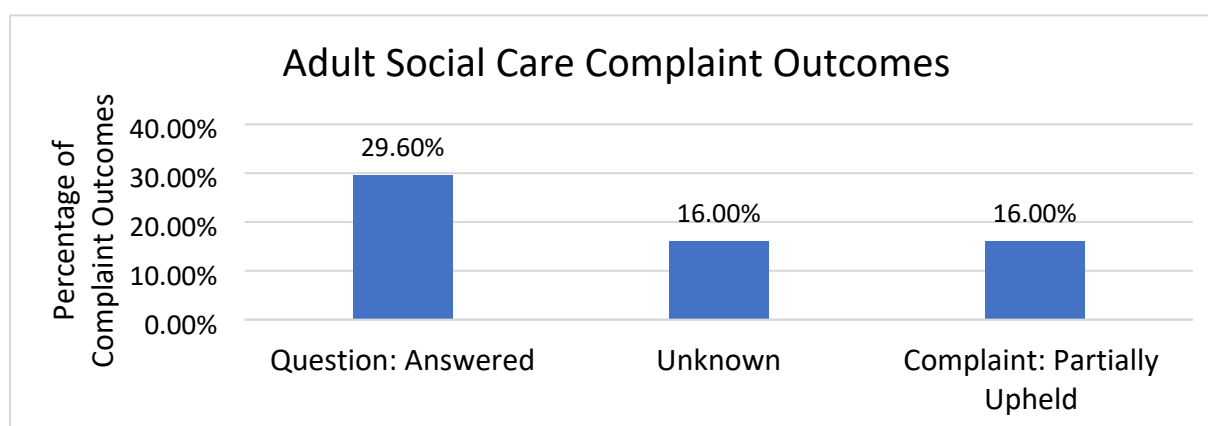

Figure 7: Complaint Outcomes for Adult Social Care in 2022/2023.

3.28 Within Public Health, complaint cases were closed with several outcomes, of which All: Transferred has made up the highest proportion in both 2020/2021 and 2021/2022, with 81.3% of complaints assigned to this outcome during 2021/2022. However due to no complaints received in 2022/2023, no outcomes were recorded for this year.

Lessons Learned

3.29 When a complaint, question, comment or compliment is completed and closed by a service, colleagues have some mandatory fields to complete. One of these fields is 'Lessons Learned.' This is an opportunity for staff to reflect on how that particular case could have been prevented or gone better (for complaints in particular) and where we, as a Council, can improve with future cases. This is then used for learning and training purposes for not only the team who have handled the case, but also for the wider Council. The Customer Relations team encourage colleagues to complete this section as in depth as they can, so that we can be more specific when reviewing how we can do better.

3.30 In 2022/2023, lessons learned were recorded for 43.2% (n=54) of closed complaints within Adult Social Care. Of those 54 lessons learned, 8.8% (n=11) related to organisation processes, 8.0% (n=10) were associated to additional training being delivered, and 4.8% (n=6) related to the theme of improving communication.

3.31 When a service sends a final response but does not close the case on Contact Us, this can mean the expected service standard is recorded as not achieved even though the customer may have received a response within the service standard. When CRT become aware that a case should have been closed by a service, CRT close it. However, the option to add learning and the complaint outcome is not available and is recorded as Unknown. Between December 2021 and February 2022, CRT undertook an exercise to work through each open case on Contact Us to try and close some of the older cases. It was found that numerous cases had had the final response sent by the service without the case being closed online so there was a short period of multiple closures by CRT. The onus is now on the services to close their own cases to ensure that the full closure details are captured.

3.32 In 2022/2023 CRT worked together with the Adult Social Care Services to offer training on Contact Us to any new staff who would be required to respond to complaints and also to more Business Support Officers to enable them to progress and to understand the system better.

3.33 For Public Health, none of the cases received were classed as complaints and therefore no lessons learned were recorded.

3.34 Examples of 'Lessons Learned' that we have had from past cases within ASC and Public Health include:

- To remind providers of the notice period they need to give when withdrawing services and that they service the full period. To remind social care to communicate with providers (withdrawing) and customer/family so customer is not left without care and support
- Personal Expense Allowance (PEA) decisions need to be recorded accurately within financial assessments
- Workers to maintain recording conversation and responding to queries as they come in
- Assessment could have been offered earlier in the pathway - feedback given to staff involved
- Reflective practice in Team Leader supervision on handling of complaints completed as it has been a long and drawn-out process

Compliments, Comments and Questions

3.35 For 2022/2023, compliments, comments and questions made up 59.0% (n=295) of the total cases assigned to Adult Social Care, this is a 34.6% decrease from 2021/2022. In 2022/2023, 59.0% (n=174) of the total compliments, comments and question cases received were compliments, 3.7% (n=11) were comments, and 37.3% (n=110) were related to questions.

3.36 For Public Health, 100% (n=3) of total cases were compliments, comments and questions, which was a 66.7% difference compared to 2021/2022. In 2022/2023, 33.3% (n=1) of the total compliments, comments and question cases received were questions. The remaining 66.7% (n=2) were comments (Figure 8).
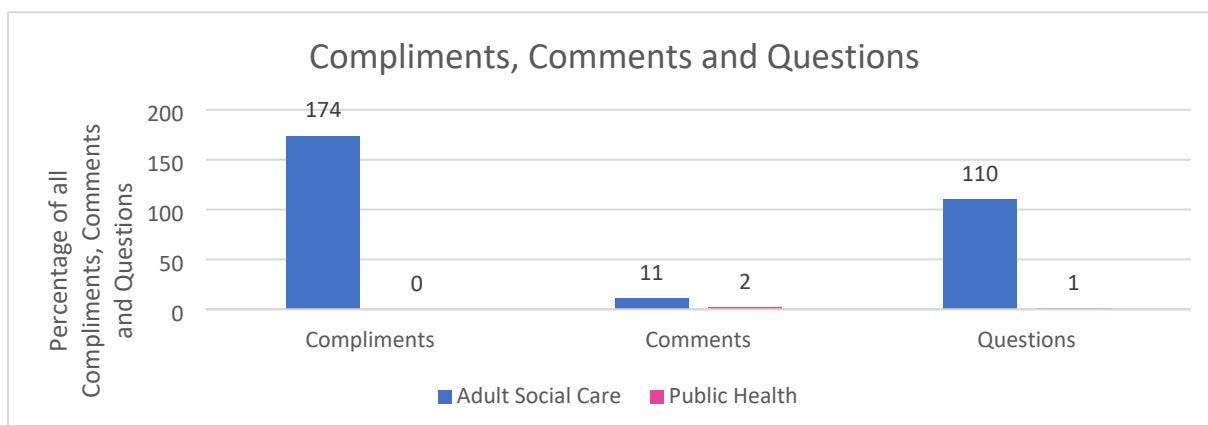

Figure 8: Compliments, Comments and Questions for Adult Social Care and Public Health in 2022/2023.

3.37 In 2020/2021, Adult Social Care received 431 comments, questions and compliments. Of that number, 90.3% (n=389) were closed within the expected service standard, while 9.7% (n=42) exceeded the service standard. In 2021/2022, the number of comments, questions and compliments increased to 451 and 93.6% (n=422) were closed within the expected service standard leaving 6.4% (n=29) exceeding. In 2022/2023, the total decreased to 295 comments, questions and compliments were received, with 87.8% (n=259) closed within the expected service standard, 11.2% (n=33) exceeded and 1.0% (n=3) were not closed.

3.38 For Public Health in 2020/2021, 49 comments, questions and compliments were received. Of that number, 89.8% (n=44) were closed within the expected service standard, while 10.2% (n=5) exceeded the service standard. In 2021/2022, the number of comments, questions and compliments decreased to 9 and 77.8% (n=7) were closed within the expected service standard leaving 22.2% (n=2) exceeding. In 2022/2023, further decreased with 3 comments, questions and compliments received. 66.7% (n=2) closed within the expected service standardc, 33.3% (n=1) exceeded.

3.39 Although we receive a similar number of complaints and compliments. Many compliments go directly to the service or individual's emails, therefore a lot of these do not get logged on to Contact Us. This is an area we are working on with the teams as we would like to celebrate these compliments wider.

3.40 A few examples of compliments which have been sent directly to the teams and/or staff include the following:

i) Compliment for XX Team, I would just like to show my appreciation, for all the excellent service and helpfulness, from your employee XX. They truly went over and above to help me

when I was poorly and without a home to reside in. I know they are only doing their job, but it's nice to know that people like XX, are so compassionate about their work. I truly am very grateful.

ii.) Following my XX's recent Alzheimer's diagnosis, I would like to say a huge thank you to the various staff at WCC who have been assisting XX (and myself) with accessing care. I'm sure there have been lots of people behind the scenes that I'm not aware of but I would like to highlight the following staff whose professionalism and compassion are making a huge difference. Adult Social Care, Domiciliary Care Referral Team, Finance – Adult Social Care. I would be grateful if you could pass on my thanks and also make their managers aware of my comments

iii.) Card received. To everyone who helped XX. A big thank you to all of the Reablers who looked after XX, we would not be doing so well without their help, efficient, knowledgeable, caring and cheerful. They are now getting dressed and washing without any help. Well taught. XX is getting about now, often with a stick and we have been out a few times in the car. So far so good, we would not be here without your help. All missing you including XX.

iv.) Compliment for XX (PDSS practitioner). From XX of customer XX. XX thank you for today. You were brilliant in my eyes. I feel a lot more confident now that things will improve. No doubt you will be in touch soon. Thanks XX

Customer Platform

3.41 In January 2023 Cabinet agreed the Microsoft Technology Platform (Dynamics) would be used to replace the existing customer relationship management system solution. This is a significant change which will help to address some of the weaknesses in data, recording and insight about customer feedback set out in this report.

3.42 A single customer platform for the Council, allows:

- direct 1-to-1 communication with customers so they can view and easily understand where they are in any process with us;
- a single view of the customer;
- consistent and quality data collection and analytics accessible to our reporting tools; and
- simple and repeatable digitisation for those able to use it.

3.43 The first release of the customer platform, currently planned for August 2023, includes the modules for dealing with customer feedback and complaints. This will provide a single customer platform enabling officers to view the full history of the Council's interaction with a customer including actions taken previously. This will allow officers to access a fuller record of contact so asto provide a more joined up response. Further releases of the Customer Platform to modernise our digital services are planned throughout the financial year.

3.44 It is important that the Council has an effective and efficient customer feedback system in place which ensures that:

- we will actively listen and respond empathetically and professionally to concerns, complaints or queries from members of the public
- to allow us to work with colleagues to provide the best response within the timescales determined by the appropriate complaints procedure.;;
- complaints and compliments are accurately recorded, leading to accurate performance data being produced to drive improvement;

- when things have gone wrong, they are put right as quickly as possible;
- both complainants and staff understand the relevant complaints procedure, how it relates to them and their rights and responsibilities within it;
- any learning from complaints is acknowledged and that the Customer Relations Team, work with the appropriate service area to ensure that the necessary changes are made to improve services provided; and
- high quality and timely performance reporting is provided to management teams, to ensure that they are aware of issues arising and can work with the Customer Relations Team to resolve these and maintain a high-quality service.

3.45 Over time, the customer platform will provide a foundation for the careful application of automation and other technologies to enhance customer experience. This will help meet increasing demand, provide greater consistency and assurance about process, and support the Council's challenging financial position.

4   Financial Implications

4.1 Where customer feedback resulted in a service provided, process change or training, this was managed within services existing resources. The Customer Platform funding was approved by Cabinet on 27th January 2023.

5   Environmental Implications

5.1 There are no direct environmental implications arising from this report.

Appendices

Appendix 1 – Complaints Procedure

Background Papers

	Name	Contact Information
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Portfolio Holder	Cllr Dahmash Portfolio Holder for Customer and Transformation	cllrdahmash@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Councillors Dahmash, Bell, Barker, Drew, Holland and Rolfe

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Appendix 1 - Adult Social Care Complaints Procedure

The Statutory Complaints Procedure, used for complaints raised by, or on behalf of adults receiving a service from Adult's Social Care Services, has one stage:

Stage One – Local Resolution. Stage 1 offers the relevant social care team, the first opportunity to consider the complaint and respond on behalf of the Directorate. In most cases and where possible, this involves the Team Manager/Assistant Team Manager at the closest point to the service delivery seeking to resolve the complaint as early as possible.

> Good practice would be for the service to liaise with the customer as soon as possible to agree the complaints to be investigated. This gives us the opportunity to either apologise for any mistakes made and correct any resulting disadvantage (upholding the complaint); or establish that the work undertaken was correct and enables us to explain this to the complainant (not upholding the complaint).

> Many complaints relating to Adult Social Care relate to commissioned services such as Care Homes or Domestic Carers. The commissioning team needs to obtain a statement in response to the complaint therefore time needs to be allowed for the response to be received enabling Warwickshire County Council (WCC) to respond to the customer.

> It is important that the response is informative, accurate, fair, timely and as helpful as it can be. WCC expected service standard allows an initial 10 working day timescale for responding to the complaint, with an extension to 30 working days with the agreement of the complainant, where complaints are complex or if time is needed to appoint an advocate. This is not a statutory timescale.

The Local Government & Social Care Ombudsman

If a complainant remains unhappy after exhausting all stages of a complaints process, the complainant can take their complaint to the LGSCO. A complainant can access the LGSCO at any point during the complaint process; however, the LGSCO normally allows the Local Authority the opportunity to process a complaint through every stage of the appropriate complaints procedure, before investigating it themselves. Complaints referred to a Local Authority by the LGSCO to process under the relevant complaints process are classed as 'premature' complaints- https://www.lgo.org.uk/
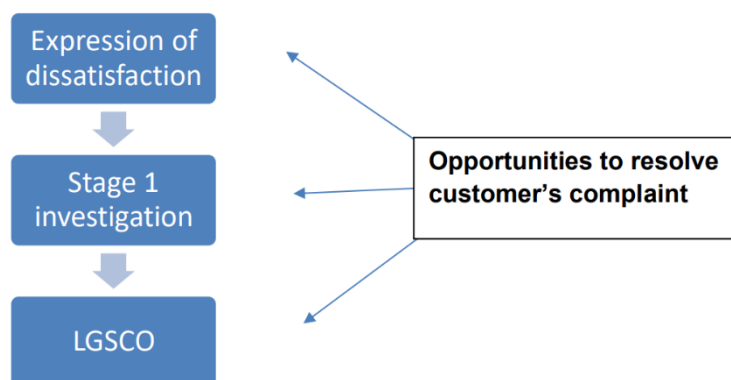

Figure 1: Stages of Complaints assigned to Adult Social Care.

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Adult Social Care and Health
Overview and Scrutiny Committee
28 June 2023

Work Programme

1.   Recommendation

1.1   That the Committee considers and approves its work programme.

2.   Work Programme

2.1   The committee's initial work programme of 2023-24 is attached at Appendix A to this report. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

3.   Forward Plan of the Cabinet

3.1   The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are provided for the committee to consider as potential areas for pre-decision scrutiny. Members are encouraged to seek updates on decisions too. The Portfolio Holder, Councillor Bell has been invited to the meeting to answer questions from the Committee.

Date	Report
13 July 2023	Better Care Fund - to approve the Warwickshire joint Better Care Fund Plan for 2023/25.
14 September 2023	Transfer of contracts from WCC to ICB (Cabinet) This concerns the transfer of the commissioning responsibility from WCC to ICB for the following contracts: Community Dietetics, Falls, Community TB Nursing Service.

4.   Forward Plan of Warwickshire District and Borough Councils

4.1   This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. The information available is listed below. Further updates will be sought, and co-opted members are invited to expand on these or other areas of planned activity.

North Warwickshire Borough Council (NWBC)	
	In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth). From the NWBC website, the Community and Environment Board met on 5 June 2023. Its agenda included no items linked to health.
Nuneaton and Bedworth Borough Council (NBBC)	
	The NBBC Housing, Environment and Health OS Panel met on 20th April 2023. The agenda included an item on addressing teenage conception. The future work programme lists an item for the autumn on neurodevelopmental service waiting lists for Autism assessments.
Rugby Borough Council – Overview and Scrutiny Committee (OSC)	
	The Borough Council (BC) has a single OSC with the use of task groups. The OSC met on 19 June. Its agenda included no items linked to health.
Stratford-upon-Avon District Council – Overview and Scrutiny Committee (OSC)	
	The District Council's OSC met on 2 June and a further meeting is scheduled for 30 June 2023. There were no items linked to health at the 2 June meeting. The work plan lists an item (date TBC) on the Integrated Care Board.
Warwick District Council – Overview and Scrutiny Committee (OSC)	
	The OSC met on 19 April and 17 May. There were no items linked to health discussed at these meetings. The OSC will meet again on 4 July.

5 Task and Finish Groups (TFGs)

5.1 The Menopause Services TFG has held two meetings. It has approved the scope for this review and the first evidence gathering meeting on 15 June received a presentation from the Integrated Care Board.

6   Briefing Notes

6.1   The work programme at Appendix A lists the briefing notes requested and circulated to the committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

7   Financial Implications
None arising directly from this report.

8   Environmental Implications
None arising directly from this report.

Appendices: Appendix A Work Programme

Background Papers: None

	Name	Contact Information
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
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Strategic Director	Rob Powell	Strategic Director for Resources
Portfolio Holder	n/a	

The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillor Jo Barker

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Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2023/24

Date of meeting	Item	Report detail
28 June 2023	Council Plan 2022-27 Integrated Performance Report – Quarter 4	This is the tailored report showing the Performance for the period April 2022 - March 2023.
28 June 2023	OSC Customer Feedback Report 2022/23	For the committee to receive the annual customer feedback report for 2022/23.
28 June 2023	South Warwickshire Community Hospital Review	A presentation and discussion item on the South Warwickshire Community Hospital Review.
27 September 2023	Draft Final Sustainable Futures Strategy	Deferred from April. This item is being submitted to all the Overview and Scrutiny Committees as part of the public and stakeholder engagement programme for the strategy.
27 September 2023	GP services and access to primary healthcare	Deferred from April. The Integrated Care Board (ICB) and the County Council will provide a joint update. This will include NHS estates and the use of developer contributions, the identification of areas where there are perceived challenges, an update on the key projects being progressed and an overview of each of these projects.
27 September 2023	Palliative and End of Life Care (PEoLC) Strategy 2023-2028	Deferred from April. The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for PEoLC. This is a joint five-year strategy. Members' feedback will be sought on the draft strategy, the identified priorities, and the proposed timeline.
Date TBC	Annual Health Checks	Added to the future work programme at the Chair and spokesperson meeting in March. This item concerns GPs undertaking an annual health check for patients with a long-term mental illness.

BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
TBC	Duties Under the Care Act	Suggested in June 2021, to provide a briefing for the committee on the Council's duties under the Care Act.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
19 April 2023	7 June 2023	The Committee asked for further information on drug and alcohol treatment outcomes, specifically in relation to opiates.	Rachel Jackson Lead Commissioner (Vulnerable People)
	1 March 2023	Coventry and Warwickshire ICB provided a briefing note to engage about the permanent relocation of Neurorehabilitation Level 2b Beds from Coventry to a specialist rehabilitation centre within Warwickshire.	Rose Uwins C&W Integrated Care Board
16 November 2022	5 December 2022	Follow up information on the Customer Feedback Report 2021/22, to provide more detail on complaints received by district/borough and local area.	
21 September 2022	15 November 2022	Addiction outcomes. A briefing to give more background on the 16.2% of successful completions of all treatments, including a breakdown of the data across each district and borough area and by addiction type.	Multi-agency, with the Director of Public Health being the lead for WCC
31 August 2022	12 October 2022	Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire (C&W)	Rose Uwins C&W Integrated Care Board
14 July 2022	4 August 2022	Community Hospital Review. Periodic updates will be provided by briefing note and this item will be reconsidered by the Committee in February 2023.	Katie Herbert, Integrated Lead Commissioner, People Directorate

TASK AND FINISH GROUPS

ITEM AND LEAD OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services	A follow up review with the key focus being the adequacy of future primary care facilities.	Completed	The review report was approved in February 2023. It has been submitted to Cabinet and the Health and Wellbeing Board.
Menopause Services	To understand the commissioned NHS services in Warwickshire and the support the Council provides to its staff.	TBC	The TFG has now held two meetings, approving the scope for this work and hearing from the ICB on the services provided in Warwickshire.

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