



## CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 8 November 2016	Town Hall
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Members 9: Quorum 4

**COUNCILLORS:**

Gillian Ford (Chairman)  
Meg Davis (Vice-Chair)  
Nic Dodin

John Glanville  
Viddy Persaud  
Carol Smith

Keith Roberts  
Roger Westwood  
John Wood

**CO-OPTED MEMBERS:**

**Statutory Members  
representing the Churches**

Lynne Bennett, Church of  
England  
Jack How, Roman Catholic  
Church

**Statutory Members  
representing parent  
governors**

Julie Lamb, Special Schools  
Suzanne Summers, Parent  
governors (secondary)  
Steven McCarthy, Primary  
school governors

Non-voting members representing local teacher unions and professional associations:  
Keith Passingham (NASUWT), Ian Rusha (NUT) and Linda Beck (National Association of  
Headteachers)

**For information about the meeting please contact:  
Wendy Gough 01708 432441  
[wendy.gough@onesource.co.uk](mailto:wendy.gough@onesource.co.uk).**

## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

### **What is Overview & Scrutiny?**

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

## **Terms of Reference**

The areas scrutinised by the Committee are:

- Pupil and Student Services (including the Youth Service)
- Children's Social Services
- Safeguarding
- Adult Education
- Councillor Calls for Action
- Social Inclusion

## **AGENDA ITEMS**

### **1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

(if any) - receive.

### **2 DISCLOSURE OF INTERESTS**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

### **3 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

### **4 MINUTES** (Pages 1 - 10)

To approve as a correct record the Minutes of the meetings of the Committee held on 6 September 2016 and authorise the Chairman to sign them.

### **5 HEALTHWATCH ANNUAL REPORT 2015/16** (Pages 11 - 44)

The Sub-Committee are asked to note the Healthwatch Annual Report for 2015/16, as required by the *The Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013*.

### **6 CHILDREN AND YOUNG PEOPLE SERVICES COMPLAINT AND COMPLIMENTS ANNUAL REPORT** (Pages 45 - 64)

The Sub-Committee will receive the Complaints and Compliments Annual Report which deals specifically with enquiries within the Children and Young People Service.

### **7 LEARNING AND ACHIEVEMENT COMPLAINT AND COMPLIMENTS ANNUAL REPORT** (Pages 65 - 76)

The Sub-Committee will receive the Complaints and Compliments Annual Report which deals specifically with enquiries within the Learning and Achievement Service.

**8 SPECIAL EDUCATIONAL NEED TRANSPORT**

The Sub-Committee will receive a report outlining the Special Educational Need Transport together with travel training and an update on the current tender process. *(Report to follow)*

**9 PUPIL REFERRAL UNIT AND RECONFIGURATION**

Officers will provide the Sub-Committee with an update on the reconfiguration of the Pupil Referral Unit. *(Report to follow)*

**10 CORPORATE PERFORMANCE REPORT (QUARTER 2)**

The Sub-Committee are asked to note the Corporate Performance Report for Quarter 2 of 2016/17.

**11 FUTURE AGENDAS**

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

**12 URGENT BUSINESS**

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

**Andrew Beesley**  
**Committee Administration &**  
**Interim Member Support Manager**

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**MINUTES OF A MEETING OF THE  
CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE  
Town Hall  
6 September 2016 (7.00 - 9.40 pm)**

**Present:** Councillors Gillian Ford (Chairman), Nic Dodin, Viddy Persaud, Carol Smith, Keith Roberts and Roger Westwood

Co-opted Members: Julie Lamb and Suzanne Summers

Non-voting Member: Ian Rusha

The Chairman advised those present of action to be taken in the event of an emergency evacuation of the building becoming necessary

Apologies for absence were received from Councillor Meg Davis, Councillor John Glanville and Councillor John Wood, co-opted member Steven McCarthy and

**65 DISCLOSURE OF INTERESTS**

There were no disclosure of interests.

**66 MINUTES**

The minutes of the meeting of the Joint Children and Health Overview and Scrutiny Sub-Committee held on 20<sup>th</sup> April 2016 were authorised and signed by the Chairman.

The minutes of the meeting of the Sub-Committee held on 27<sup>th</sup> April 2016 were authorised and signed by the Chairman.

The minutes of the meeting of the Sub-Committee held on 10<sup>th</sup> May 2016 were amended and then agreed and signed by the Chairman.

**67 HEALTHWATCH ANNUAL REPORT 2015/16**

This report was deferred until the next meeting.

**68 CORPORATE PERFORMANCE REPORT (Q4 AND Q1)**

The Sub-Committee received the Corporate Performance Annual Report for 2015/16. It was noted that there were 13 Corporate Performance Indicators that fell within the remit of the Sub-Committee. Of the 13 indicators, 10 were rated Green and 3 were rated Red or Amber.

Eight of the indicators related to the SAFE goal, five of which were shown as having a green status, and three indicators were shown as having a red or amber status. The Sub-Committee noted the highlights of the year, including that the child protection plans lasting more than two years continued to perform well with none of Havering's children and young people falling into this category during 2015/16; and the percentage of children and families reporting that Early Help service made a positive and quantifiable difference to assessed needs is higher than targets, and also higher than the previous quarter. The pilot had ceased and was moving forward with the Outcome Star being recently commissioned.

It was noted that there was a change in the monitoring of the percentage of children who waited less than 14 months between entering care and moving in with their adoptive families. Stronger arrangements were being put in place however it was explained that delays may be beneficial for the child.

Five of the indicators related to the PROUD goal, all five were shown as having a green status. The Sub-Committee noted the highlights of the year, including that apprenticeships remained on the increase as an attractive post-16 option and that the Council had continued to perform well in relation to the proportion of 16 to 19 year olds not in education, employment or training (NEET).

The Performance dashboard was discussed and noted. Officers explained that the decrease seen in the number of Child Protections Plans was due to more collaborative working with partners, rather than statutory interventions. This was much better for the child.

The Sub-Committee noted that a consultation on customer satisfaction was being carried out across the Council. This would be different in each service area. Within Children's Services, using the Outcome Star, a cohort of 25 children and families would be tracked over a two year period, to understand their experiences and the difference that the service and any interventions had made to their lives and how this was sustained.

There were also plans to develop an "app" that children could use to give feedback on the care they received.

The Sub-Committee received the Corporate Performance Report for quarter 1 of 2016/17, in presentation form. Officers explained that the new reporting cycled for performance information would now come, in presentation form to the Sub-Committee, then onto the Overview and Scrutiny Board before onto Cabinet. This way the Sub-Committee would be able to scrutinise the



information in a timely manner and report on any work of the Sub-Committee in line with the performance information.

The Sub-Committee noted that of the 15 Performance Indicators, data was available for 12. The ratings for these indicators were, 7 had a rating of Green and 5 had a rating of Red. A new indicator had been added, which looked at the Percentage of care proceedings under 26 weeks. Data for this indicator would be available for Quarter 2.

The improvements that were required included establishing new in-house foster carers. The full year target was 20, therefore a campaign to recruit further foster carers and to up-skill existing foster carers, to be able to take a range of children was being put in place.

The Chairman informed the Sub-Committee that she had recently received a leaflet in the post that advertised fostering in Tower Hamlets, the leaflet gave a high level of information including the fees that could be received. Members asked if the figures were comparative with those in Havering. Officers explained that with the housing stock and the demography in Havering, it was suited to a number of foster carers. It was added that the support to foster carers was considered excellent in Havering. Officers agreed to feedback details of the fees for Havering at a later date.

The Sub-Committee noted that all the indicators (5) under the PROUD goal were rated Green, with one indicator on the number of apprentices (aged 16-18) recruited in the borough being a new indicator and therefore not having any data available. All other indicators were either maintaining or improving.

## **69 LOCAL SAFEGUARDING CHILDREN'S BOARD - UPDATE**

The Chairman of the Local Safeguarding Children's Board presented a report reviewing the role and functions of Local Safeguarding Children Boards to the Sub-Committee.

In December 2015, Alan Wood CBE was commissioned to undertake a fundamental review of the role and functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working. This included consideration of the child death review process, and how the intended centralisation of serious case review (SCRs) would work effectively at local level. This had led to the Children and Social Work Bill going through the House of Lords, there would be major implications for the work of looked after children, care leavers, school mentors for looked after children, social work training and other provisions.

A link to the Bill would be circulated to all members of the Sub-Committee.

The Wood Review found agreements that the current system needed to change in favour of a new model that would ensure collective accountability across the system. It was agreed that the following would be put in place:

- Ensure engagement of the key partners in a better coordinated, more consistent framework for protecting children;
- Ensure that arrangements are multi-agency in approach;
- Existing statutory frameworks around multi-agency working would be strengthened and simplified.
- Local Areas would have robust arrangements in place for how the key sectors would work together;

Where cases locally did not work effectively the Secretary of State had the power to intervene.

The Sub-Committee noted that the three key partners of the Board were the local authority, the police and the health service (CCG). It was noted that the restructuring of the Metropolitan Police could have an impact on safeguarding.

The Serious Case Review was part of a national review to look at a change in culture. Serious Care Reviews were of national importance in regard to safeguarding. Whilst the Local Authority would still have to undertake the reviews, through the current LSCB, it would be decided centrally how this would be funded.

It was discussed that in the future the Child Death Overview Panels may be situated within Health (CCG) which would aid the working with neighbouring borough through the hospital. It was not essential to go through the LSCB but the review would have to be undertaken and this was very successful in Havering.

Officers agreed that the board was very effective in Havering and investigations would have to be carried out to look at health devolution and the ties with neighbouring boroughs.

Members asked if the bill would propose better training for social workers. Officers explained that the standards of higher education would be assessed in practice with a central set of standards. An accreditation approach would be put in place and this was already being piloted by 31 boroughs. Over the next five years nominations would be sought for staff to be accredited.

The Sub-Committee noted that currently Adults and Children's social work was not linked. It was agreed that DoLs were important to both when working with Adults with disabilities, and that the transition was in place.

It was agreed that the link to the Bill be circulated to members and that the Chairman of the Local Safeguarding Board be invited back to the next meeting of the Sub-Committee to present the annual report.

**70 APPRENTICESHIPS 14-16 AND 16+**

The Sub-Committee received a presentation on apprenticeships available in Havering. Officers explained that apprenticeships combined practical training in a job with study. Apprenticeships can take from 1 to 4 years to complete, depending on their level.

It was noted that apprenticeships had equivalent education levels which had led to a shift in what qualifications were taken. The levels were:

<b>Name</b>	<b>Level</b>	<b>Equivalent educational level:</b>
Intermediate	2	5 GCSE passes at grade A* - C
Advanced	3	2 A Level passes
Higher	4,5,6 and 7	Foundation degree and above
Degree	6 and 7	Bachelor's or Master's degree

Officers stated that apprenticeships were available in all sectors and industries throughout England, and there were more than 170 different types of apprenticeships available offering over 1,500 job roles. The jobs available were from a range of industry sectors from engineering to boat building, veterinary nursing to accountancy.

The Sub-Committee noted that traineeships were also available which could last up to six months. Traineeships focussed on giving young people the skills and experience that employers were looking for with work preparation, English and Maths at its core for those who needed it, and a high quality work experience placement. In addition the learner and the training provider could add flexible additional content to meet the needs of the business and the local labour market.

Officers informed the Sub-Committee that the Apprenticeship Levy would affect employers in all sectors. The levy would only apply to organisations that paid an annual paybill in excess of £3 million. The apprenticeship levy would be a levy on UK employers to fund new apprenticeships. Legislation would be introduced in Finance Bill 2016 which would provide for a levy to be charged on employer's paybills at a rate of 0.5%. The levy would be payable through Pay As You Earn (PAYE) and would be payable alongside income tax and National Insurance. Each employer would receive an annual allowance of £15,000 to offset against their levy payment.

The levy would help to deliver new apprenticeships and would support quality training by putting employers at the centre of the system; the control of apprenticeship funding would be in the hands of employers through the Digital Apprenticeship Service. It was noted that employers who were committed to training would be able to get back more than they put in by training sufficient numbers of apprentices.

The Sub-Committee was provided with an overview of the provisions available within Havering. It was noted that the Apprenticeship Provider

Forum was working with its partners in promoting and supporting the development of Apprenticeship and Traineeship opportunities in Havering. The promotion was taking place across schools and colleges within the borough and was developing an awareness campaign that informed and supported employers who were thinking of employing an Apprentice or engaging with Traineeships. Work was also taking place with young people and adults developing them in preparation for these employment opportunities.

A list was tabled setting out the providers details for apprenticeships and traineeships within Havering. These were across a number of sectors and industries. Prospects worked with providers to ensure that advice was given on all aspects.

The Sub-Committee was given details of the process and campaigns that had taken place to promote apprenticeships and traineeships. It was noted that to celebrate National Apprenticeship Week 2016, an event was hosted at Coopers' Company and Coborn School giving parents/ carers and learners a chance to understand exactly what an Apprenticeship involved together with the qualifications. Economic Development was working closely with officers to promote employment of Apprentices as part of contract procurement and s106 agreements together with working closely with local employers.

Members asked how the apprenticeship scheme worked with Children who had a Special Educational Need or Disabilities. Officers stated that there were very successful opportunities for learners at Quarles to undertake training in Customer Service Qualification, this could be extended to an Apprenticeship/ Traineeship where the build up of English and Math was needed.

Information on the take up of Apprenticeships in Havering was discussed. It was noted that Havering had a higher than national average of young people participating in Apprenticeships. The next steps would include working with local employers to get 100 pledges to take on apprenticeships in 100 days.

The Sub-Committee thanked officers for an informative presentation.

## **71      ENGLISH BACCLAUREATE**

The Sub-Committee received a briefing paper on The English Baccalaureate (EBacc). It noted that prior to 2010, there was a decline in pupils studying academic subjects at key stage 4. The EBacc was introduced in 2010 however no adjustment was made until 2012 when schools accountability measures changed and so did the curriculum. The EBacc was to address the fall in participation in these “facilitating” subjects which would allow pupils better access to further education. In June 2015, it

was announced that the DfE's intention was all pupils who started in year 7 in September 2015 take the EBacc subjects when they reach their GCSE's in 2020.

The EBacc was made up of the following subjects:

- English
- Mathematics
- History or Geography
- The Sciences
- A Language

The Sub-Committee was provided with the information of what pupils needed to do for each of the subject to be eligible to gain an EBacc.

Officers explained that in 2014/15 Havering schools were not aware that they were not on the EBacc list, this had now changed. The EBacc was to prepare Year 7 students for academic qualifications. This was to increase the uptake in A –level qualifications in the case of Mathematics, Computer Science as well as Humanities and Languages. The Sub-Committee noted that students would enter into the full EBacc upon starting in Year 7 and there was a pressure for all schools to carry out this process. It was noted that what was best for the child and the school would be different.

In October 2013, the government announced that a new secondary accountability system would be implemented from 2016. This included two new measures of school performance, Progress 8 showed progress from the end of primary school to the end of secondary school in eight qualifications; and Attainment 8 showed attainment in the same 8 subjects. The government had announced that Progress 8 would replace 5 A\*-C including English and Mathematics. Progress 8 rewards schools for the good reaching of all their pupils. The incentive to focus on particular groups of pupils are reduced, particularly those around the C/D grade boundary.

The Sub-Committee noted the progress of the EBacc against our statistical neighbours, London and the national figures.

## **72 CHILD SEXUAL EXPLOITATION COORDINATOR**

The new Child Sexual Exploitation Co-ordinator introduced herself to the Sub-Committee and explained that she had been working in the Tri-Borough before coming to Havering. The Sub-Committee was informed that the main functions of the CSE Co-ordinator were to maintain an overview of all cases open to social care where CSE and missing were a concern; provide consultation and advice for cases where CSE and missing was a concern; provide Quality assured decision making; maintain an operational overview of multi-agency partnership working and identify any gaps.

The CSE Co-ordinator would also be the Chairperson for the Operational CSE and Missing Panel.

The Sub-Committee was informed that there was prevalence across the borough with 34% of online CSE and 24% of boyfriend CSE. This linked in the gangs in the borough and would be a key focus for the CSE Co-ordinator. Common data sets would be established between the Police and social care and systems for recording, tracking and interventions with missing children would be reviewed.

It was noted that online CSE can change on an hourly basis and so it was essential that the service identified any possible perpetrators so that interventions could be put in place to disrupt that perpetrator and reduce the harm to the victim.

The Sub-Committee noted that all staff in Havering working with young people need to recognise CSE. Information on what action to take and where to seek advice would be provided as would how to intervene whilst respecting the roles and responsibilities of others.

The following Quality Assurance forms in the borough would be responsible for responding to CSE:

- Missing Children and CSE Working Group – own and monitor the CSE action plan.
- Havering Safeguarding Children's Board (HSCB) – Review the progress of the CSE action plan
- Health and Wellbeing Board – Receive updates on the CSE action plan.

Members asked how the relationship with schools would work and the plan they had in place. Officers explained that there was a small budget to ensure that there was a provision of CSE awareness in all schools by March 2017. It was noted that the MACE group had looked at how all sectors of the economy were linking and involved with CSE, including Taxi firms and hotels. Engagement was being made through the "Made Safe" Operation, where the actions of staff within these industries could be used to recognise patterns and intervention made.

Members enquired how the information would be provided to the young people, and whether this would be web-based, as this was where most young people search for information. Officers explained that they hoped to have a link on the website, but intervention in schools were being introduced and the CSE Co-ordinator informed the Sub-Committee that an information stall was held at the recent Havering Show. A "silent secret" app was being developed for the local area which would give young people a point of access.

It was noted that given the profile of Havering, the data was very quickly out of date and so live data needed to be analysed to provide a clearer picture

of the current issues. Officers stated that Havering was one of the highest reporting borough, although the quality of reporting was poor.

Officers informed the Sub-Committee that they may need to work with young adults to understand where they go after leaving care and any risks they may be subjected to. It was noted that young children who were victims could then go on to be perpetrators.

The Sub-Committee asked if the same assessments would be carried out for children with learning disabilities. Officers stated that assessments would be carried out and it was not on cognitive function but on consensual activity, so vulnerable adults could be included in this assessment.

The Chairman agreed that a briefing note on CSE and Missing children should be circulated to all members. It was also requested that information on CSE/ Missing be included in the Performance Indicator Information.

**73 WORK PROGRAMME REPORT - CHILDREN AND LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE**

The Sub-Committee agreed and approved its work programme for the municipal year.

**74 URGENT BUSINESS**

Officers informed the Sub-Committee that the CQC would be inspecting the Looked After Children service in August. This would be in conjunction with the CCG and NELFT as well as the Local Authority. Once initial feedback was received this would be provided to members.

Details of a recent restructure within Children's Services was explained. It was noted that there were a number of new officers appointed:

Jane Carol – Intervention and Support Manager  
Gary Jones - MASH and Assessment Manager  
Lisa Reid – Early Help Manager.

It was noted that the PRU was being reconfigured and the Olive Academy were taking responsibility. It was confirmed that an update on the reconfiguration would be given at the next meeting.

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**Chairman**

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# ANNUAL REPORT, 2015/16

**Making a difference...**

*Presented in accordance with  
“The Matters to be Addressed in Local Healthwatch  
Annual Reports Directions, 2013”*



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both health and social care professionals and people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get,  
but you make a life by what you give.’  
Winston Churchill***

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We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website, [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk).

This report contains hyperlinks (in italic type) to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.



## Foreword

*Anne-Marie Dean, Chairman, Healthwatch Havering*

Welcome to our third annual report. Again this year we have had tremendous commitment and support from our volunteers enabling us to achieve an even higher number of Enter and View visits on behalf of local residents.

In Havering we consider this a very important part of our role. We are very pleased to report that Barking Havering and Redbridge University hospital, the North East London Foundation Hospital, St Francis Hospice and all of the nursing and care homes which we have selected to visit have been very supportive and co-operative.

Following a visit, we always write a report and provide recommendations. All of our reports are published on our website and you can view lots of other information about our role within the borough at [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)

Seeking the views of local people is also very important to us and during this year we have launched the 'Tell Us What You Think' cards scheme. This is the beginning of an evolving process. The cards offer residents the opportunity to provide comments and feedback on any local care service they are using on a simple reply paid card. Within the report you can read the first feedback that we have received.

We are increasingly working with a wider number of voluntary organisations and groups and this helps us formulate views on our priorities and how local care services can be improved. Working in partnership with the Clinical Commissioning Groups (CCG), the hospital trusts and the local authority enables us to be at the forefront of the changes and challenges which need to be understood and met. Most importantly to understand what the impact might be for residents.

Currently we are working with the Council's Health Overview and Scrutiny Committee to investigate and understand how and why so many patients have not had access to timely hospital health care such as investigations, outpatient appointments and surgical treatment. You can read more about this in the report.

The closure of the Meals on Wheels service provided by the borough is also being monitored by our volunteers. This is to ensure that some of our most vulnerable residents are properly able to order and access a wide and nutritional range of foods.

Accident and Emergency services continue to come under enormous pressure. It is important to understand the reasons behind our residents needing to use the Accident and Emergency services and how our residents can get the most appropriate, timely and relevant services for their needs. As part of that, recently in partnership with the CCG and other local Healthwatch we participated in a survey of over 1,000 patients across Barking & Dagenham, Havering and Redbridge seeking their views on the urgent and emergency care services. *The key headlines for Havering are contained within the report.*

There are a number of other examples of our work within the report and I very much hope that you enjoy reading about them.

Finally, I would like to thank you for reading our report, and our volunteers, residents and colleagues for their support.

## The year at a glance

### ENTER AND VIEW VISITS



This year we have undertaken 26 Enter and View visits to hospitals, community services, GP surgeries, nursing and care homes.

For every visit, our volunteers prepare a series of questions and issues that we want to discuss with the staff, patients and residents. This is based on feedback that we get from CQC reports, from relatives and patients, articles in papers and national issues which impact on health and social care. You can read all our reports and recommendations on our website at <http://www.healthwatchhavering.co.uk/enter-and-view-visits>

As the year ended, we carried out our first Enter and View visit to a GP surgery.

*Read more about our Enter and View activities on page 11 and in Appendix 1*

*? - People asked – “How can we be sure that our loved ones are getting the best possible care?”*

*✓ - We have visited a large number of local health and social care establishments to ensure that they deliver good care and we have made recommendations for improvements where we felt it necessary to do so*

## URGENT AND EMERGENCY CARE - what have residents said about this service



This year we have undertaken a detailed consultation using a questionnaire. This questionnaire was completed by a wide range of people living and working in our borough. Over 1000 people completed the 8-page questionnaire which had been designed in partnership with the CCG and our Healthwatch colleagues in Barking & Dagenham and Redbridge. People who completed the questionnaire ranged from young professional people working in the borough to older residents who were actually waiting for treatment in A and E departments, Walk-in centres and GP practices. The information given by these people is already helping to shape the new care models for GP practices and helping Queen's Hospital think about how to re-design their services.

*Want to know what local people said? - read about it on page 14.*

*? - People asked – “why do we have to go to A&E at hospital rather than have an appointment at our GP?”*

*✓ - We have carried out a survey to find out what prompts people to go to A&E rather than their GP*

## INFLUENCING THE CHANGING SHAPE OF HEALTH AND SOCIAL CARE



It is very important that we all take part in helping to design the changes that are needed for health and social care. It is also very important that we think how best to use the services in a way that it is simple and easy for patients and carers. This year there have been two very significant national issues which will change how our care is delivered this is the **Accountable Care Organisation (ACO)** bid, which is about the three boroughs working together to design more integrated services. The **Sustainability and Transformation Plan (STP)** involves designing services across the whole of North East London. All health and social care organisations across England will be part of an STP. We are working with both the ACO and the STP to help ensure and assist with the consultation process which is vital to informing the new models of care.

More information about the plans can be found at:

*Accountable Care Organisation (ACO)*

<http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=374&MId=3178&Ver=4>

*Sustainability and Transform Plan (STP)*

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>

*? - People asked – “How do we make sense of the changes going on around us?”*

*✓ - We are actively participating in planning for the ACO and STP to ensure that the voice of the patient, resident and carer is heard and taken into account as the plans are developed*



## THE LAUNCH OF 'TELL US WHAT YOU THINK' REPLY PAID CARDS FOR RESIDENT FEEDBACK



This year we have launched our 'Tell Us What You Think' reply paid, feedback cards which enable residents to send us their thoughts and views, positive or negative, on any health or social care service that they are receiving within the borough. We have received a number of responses, which has enabled us to begin developing a database which will enable us to provide useful feedback for CQC inspections and Enter and View visits, and better inform consultation processes. We believe that positive feedback is a powerful tool and so we welcome feedback on services which are responding to residents and working well.



? - People asked – “How can we tell you about the things we like – or the things we don’t like – about health and social care facilities?”

✓ - We have added “Tell Us What You Think” cards to the ways in which people can contact us and let us know what they think – in addition to contacting us by telephone, email, through the website or by personal call at our office

## The governance of the organisation



Team work is what has made this year not only successful in respect of our achievements but also in our ability to be able to work in an open and transparent group in running our Healthwatch organisation.

### Involving members in the governance of the organisation

Last year we told you about the changes that we intended to develop this year which expanded the full role of our volunteer members to influence the management of Healthwatch.

Probably the most significant is the autonomy that we have created regarding the selection and decision-making by the volunteer members in determining one of the most important aspects of Healthwatch work that is the statutory responsibility set out in the Local Healthwatch Organisations Directions 2013 - Section 211 activities.

The Enter and View Panel meeting takes place monthly. The Panel is made up of volunteer members and is supported by Healthwatch staff. The Panel undertakes the following roles:

- ✓ Determining the organisations and premises that will be receiving a visit
- ✓ Reviewing the current timetable of visits and amending it if required
- ✓ Setting the dates for visits and identifying the team members who will carry them out
- ✓ Organising the dates for the preparation meeting prior to visiting and the de-briefing session
- ✓ Reviewing outstanding reports, including comments received from organisations that have been visited

- ✓ Considering all intelligence received regarding services in the borough
- ✓ Providing the draft information to prepare the final reports and provides final comments before publication

Our organisation is governed by a management board which comprises the company directors, staff and volunteer members. The board:

- ✓ Receives reports from the Enter and View Panel
- ✓ Considers monthly and projected financial reports
- ✓ Reviews reports from visits and meetings attended by directors, staff and volunteer members
- ✓ Approves changes to policy documents
- ✓ Receives presentations on strategic issues
- ✓ Provides opportunity for hearing the views of the public which have been shared with board members

Healthwatch Havering is in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit).

## Making a difference

### *The Enter and View programme - A TOTAL 26 VISITS*



With Havering having the largest number of care homes in London and a District General Hospital placed in “special measures” by the CQC and under close supervision by the former Trust Development Agency (TDA) (now NHS Improvement), we concluded that a major part of our work would have to be the Enter and View programme, since only by seeing facilities at first hand is it possible to judge how well they provide and care for those who use them, which is a key function of Healthwatch following the failures identified at Mid-Staffordshire Hospital, Winterbourne View and other health and social care facilities.

Towards the end of the year, we became aware of patients’ complaints and concerns about a particular GP surgery in the south of the borough. Following consultation with local Councillors and the CCG, we decided to carry out an Enter and View visit to the surgery in order to gauge whether the concerns reported to us were valid and, if so, what might be done to address them. Our team had opportunity for an extended conversation with the practice partners and was also able to interview a number of patients who were waiting for consultations.

One of the issues highlighted to us was the lack of common training for reception and other front-line staff in GP surgeries - while recognising that each practice is, in effect, an independent small enterprise, all practices are an integral part of the NHS and it is in no one’s interest for there to be huge variations in the standards and knowledge of these key staff. We have therefore formally recommended to the CCG that the possibility of their providing common training for surgery staff should be investigated and have indicated that, if asked, we would be happy to contribute to such a programme.

In the year, we carried out a number of visits to different wards and departments of Queen's Hospital, Romford, to NHS Community Services and to a number of care and nursing homes across the borough. The full details of our visits are set out in *Appendix 1*.

We have decided to introduce a system of re-visiting the facilities where we have carried out Enter and View visits a few months after publication of the relevant report so that we can gauge what progress proprietors and management have made in implementing our recommendations.

*Did any service providers or persons who had a duty to respond to Local Healthwatch not do so?*

We would like to take this opportunity to acknowledge the commitment and openness that all organisations across the borough have demonstrated. This approach evidences to us that all the organisations that we have worked with this year are committed to improving the care provided and will actively work to achieve improvements by using the recommendations provided by our volunteer members and it has not been necessary to recommend to Healthwatch England a special review.

*Making Enter and View effective*

It has always been our policy to ensure that our members - whatever their professional background, knowledge and expertise - are trained not only in Enter and View procedures but also in safeguarding and mental capacity and deprivation of liberty awareness. In addition, and in conjunction with Saint Francis Hospice (which is located in Havering and is a well-recognised training organisation for the Gold Standard Framework for End of Life Care), this year a number of our volunteers received End of Life Care training and Dementia Friendly awareness training.

We encourage our members to use these skills to be confident that the residential care and nursing homes that we visit are offering good care for people who have dementia or who are nearing the end of their lives.

## *Influencing official bodies and others*

Enabling our activities to have an impact on the commissioning, provision and management of the care services



### **Joint Review of delayed treatments (RTT)**

In the autumn of 2015, it emerged that a considerable backlog of referrals to treatment (RTTs) had been found at the two hospitals (Queen's, Romford and King George, Goodmayes) provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), a clear breach of NHS Constitution standards and potentially having serious consequences for the health of a large number of local people.

While responsibility for this failure rested with the previous rather than current management at BHRUT, tackling the consequential problems was clearly a matter for BHRUT and a plan was put in place to achieve that.

Initial estimates suggested that as many as 90,000 out-patient appointments and some 6,000 surgical procedures may have been missed, although the outpatients backlog was subsequently revised to around 50,000 - a significant reduction but still an obviously totally unacceptable number.

The concern at this prompted Healthwatch and Havering Council's Health Overview and Scrutiny Committee to launch a Joint Review.

As the year under review closed, planning for the Review was well-advanced but it had yet formally to begin. A full report of the Review will be included in next year's annual report but, at this stage, it seems likely that the key themes to be explored will include:

- ✓ The robustness of the IT systems used by BHRUT to deal with RTTs, outpatient and inpatient appointments and the exercise of “Patients’ Choice”
- ✓ The effect of the delayed treatments on other patients’ RTTs
- ✓ The robustness of alternative arrangements for treatment (for example, rather than surgery being undertaken by BHRUT, it might be undertaken by GPs who have the requisite skills and facilities, non-NHS providers or other NHS hospitals)
- ✓ The relationship between BHRUT and GPs and the extent to which GPs follow up referrals that do not appear to have been actioned
- ✓ The extent to which commissioners were aware of, and sought to remedy, the failure to action RTTs

The objective of the Joint Review is to understand how and why the failure of process occurred, to ensure that the measures in hand to deal with it are sufficiently robust to ensure that all patients who have experienced delay are not further placed at risk and that the knock-on effects for others are minimised, and to seek assurance that all due “lessons” have been learned in order to avoid a recurrence of the problem.



## *Public consultation and participation*



The opportunity to embrace working across a wide range of local people was achieved in partnership with the CCG and our colleagues in Healthwatch Redbridge and Barking & Dagenham, embracing over 1000 residents in face to face discussion.

In March 2016, the Barking & Dagenham, Havering and Redbridge (BHR) CCGs jointly commissioned the Barking & Dagenham, Havering and Redbridge Healthwatches to carry out a survey of patients about their understanding of urgent and emergency care.

This survey was part of research by the CCGs into the changes needed in urgent and emergency care provision to address the over-use of hospital accident and emergency services. A&E attendances at Queen's Hospital, Romford are the highest in Greater London and proportionately near the highest nationally, with ambulance attendances also excessive.

The purpose of the survey was to explore patients' understanding of the alternatives to attendance at A&E and how (or indeed whether) they would access advice before seeking treatment there.

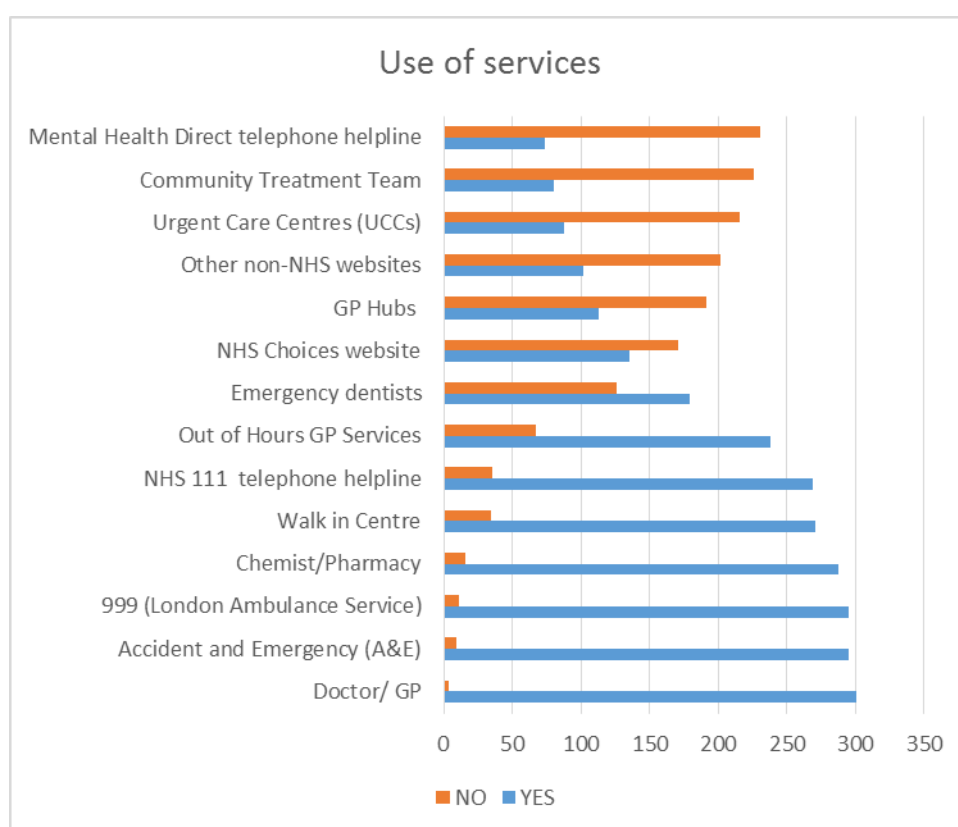
Each Healthwatch interviewed, or saw in focus group/workshop settings, some 300 local residents. Venues used by Healthwatch Havering included a meeting of the Council's Health Overview and Scrutiny Committee, several GP surgeries, the urgent care centre at Queen's Hospital, Harold Wood Polyclinic, a training centre for young people with disabilities and the Havering Over Fifties Forum.



The survey revealed similarities and distinct differences between the three boroughs.

For example, Havering residents reported that they were less likely than the residents of the other two boroughs to seek advice before attending A&E - this is believed to be because Havering has a far more settled population than the other boroughs, so that people are more likely in Havering than elsewhere to decide for themselves where best to go and how to get there.

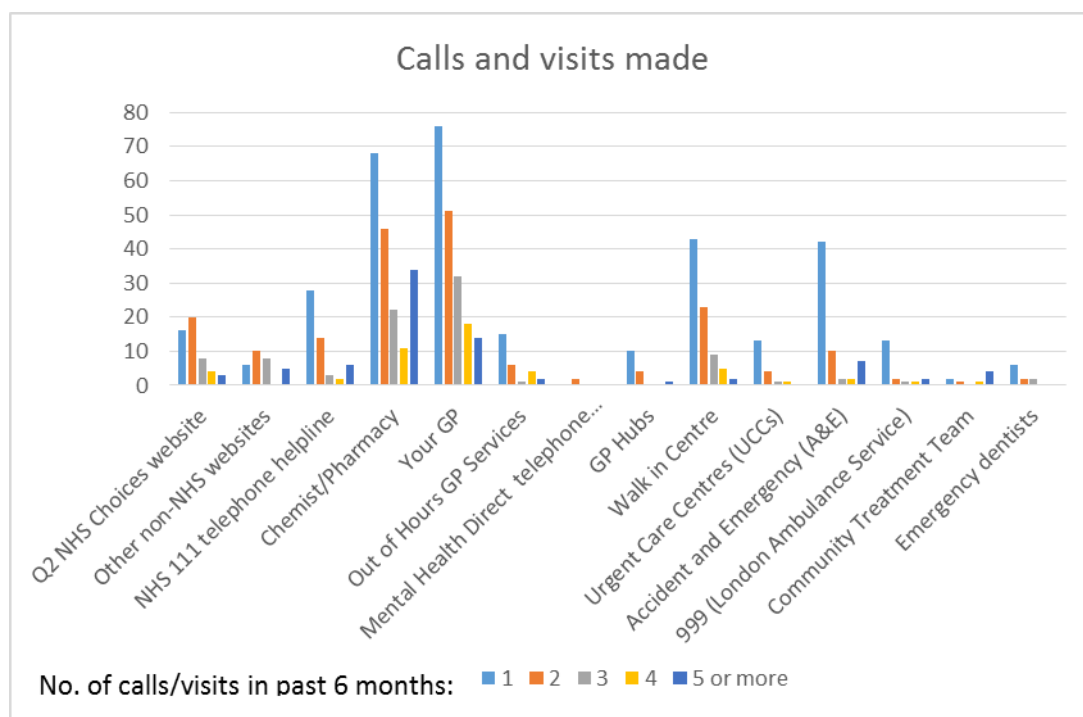
When asked what use they made of urgent and emergency healthcare facilities, the Havering residents surveyed responded as indicated in the following chart:



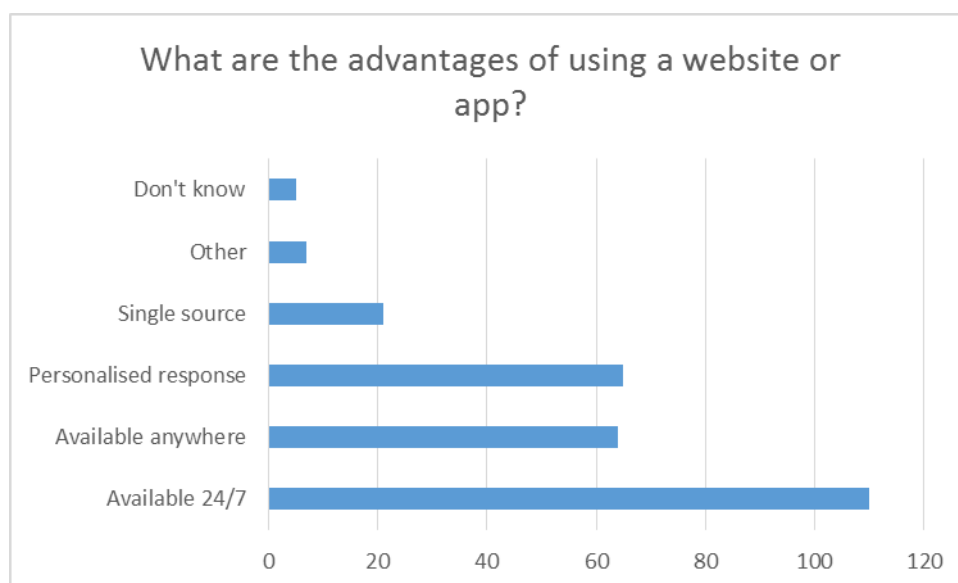
This clearly indicated that, for most of them, “traditional” sources of care and advice remained the places of choice from which to seek assistance. Unsurprisingly, by far the majority would seek assistance from their GP or from A&E in preference to other forms.

Likewise, when asked how often they had contacted the various sources of assistance, the GP was the most frequently used, though the pharmacy

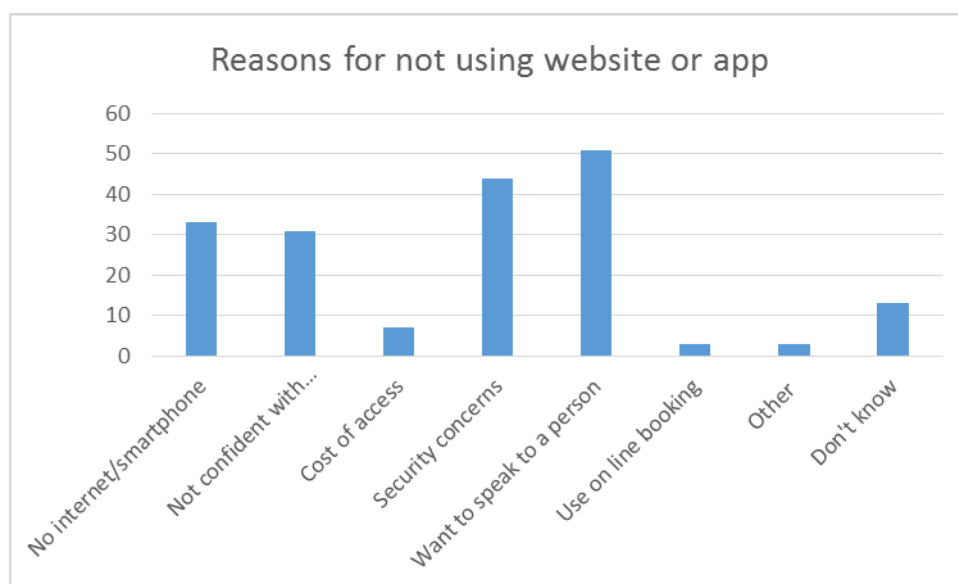
was also visited quite often - A&E and the Polyclinic (Walk In centre) were the third most frequently visited.



Participants were also asked to indicate whether they would use online facilities to seek healthcare assistance: a small majority (150 out of 272) indicated that they would. When asked what they saw as the advantages of using a website or app, respondents said:



Those who said they would not use a website or app gave the following as their reasons for declining to do so:



The clear message was that, for a significant minority of respondents, using a website or app was not considered an option because they wished to speak to a person, or lacked confidence in its security or in their ability to use it.

This survey is a rich data source for designing urgent and emergency care and these results will support the Vanguard pilot for urgent and emergency care of which Healthwatch will be a partner.

*Seeking the views of our local residents:  
the pilot “Tell Us What You Think” cards*



In autumn 2015 we began piloting a new means of gathering service users' and others' views - “Tell Us What You Think” cards. These are reply-paid cards that are being distributed across the borough, which people can complete and return to us with comments about health and social care facilities. We made it clear that these cards were not “complaints forms” and would be used primarily to help inform and guide our activities, for example by drawing our attention to health or social care facilities where there was cause for concern - or for that matter, where an excellent service was experienced.

Our intention is to use the comments on the cards as intelligence to help us decide what facilities to visit using Enter and View powers or, where appropriate, to raise an issue with the relevant provider and to pursue it as necessary.

As of the end of March 2016, we had distributed several thousand cards through our meetings with local voluntary organisations and official bodies.

To our disappointment, only 46 cards had been returned by then; however, we are aware that many people are keeping them to use at an appropriate time for them. Despite the apparently low level of response, those that were returned contained much useful intelligence and so we have decided to continue their use. The experience gained in this initial first phase of the scheme will enable us to redesign the cards in order to increase their usefulness. In addition, we have bought a supply of dispensers that we can place in suitable locations to enable people to help themselves to cards.

Importantly, this data can be put on Healthwatch England's Customer Relationship Management (CRM) programme which enables us locally to support the national confidential data base, which looks at national trends.

## *Health and Wellbeing*



Healthwatch is a statutory member of the Health and Wellbeing Board, which has the responsibility of championing the local vision for health improvement and specifically looking at issues such as prevention and early interventions. The Board has to consider how best to tackle health inequalities and uses documents such as the Joint Strategic Needs Assessment (JSNA), which is produced by the Director of Public Health's team to provide the evidence to help support and determine local priorities.

The Board also has the responsibility of ensuring that patients, service users and the public are engaged in improving health and wellbeing and monitoring the impact of the boards work on the local community by considering annual reports and performance information.

This year the board has discussed and approved a range of issues that include:

- ✓ Drug and Alcohol reduction strategy
- ✓ Obesity Strategy
- ✓ Better Care Fund Plan
- ✓ Sexual Health Reconfiguration consultation
- ✓ Adult Social Care issues which has included, adapted housing for people with physical or sensory disabilities, key issues around the provision of home care.

Adult Social Care is a key issue for the borough as Havering is a high importer of older people and has one of the highest numbers of older people in the country.

The Board also looks at wider structural issues affecting the delivery of health and social care, including the development of the Accountable Care Organisation (ACO) bid. We have been involved in current consultation exercises seeking the view of the voluntary sector and the local people they represent.

## *Learning disabilities*



We continue to champion initiatives to make the day-to-day lives of people with learning disabilities easier. Also committed to helping parents and carers receiving the support they need. We regularly attend and support BHRUT's Learning Disability Working Group, which includes hospital staff, Community Learning Disability Team staff, people with learning disabilities and carers. At its meetings, concerns about the needs of people with learning disabilities using the hospital services are discussed, trying to ensure that all the needs of people with a learning disability are considered in all hospital policies and ensuring that reasonable adjustments are made to the treatments provided to people with a learning disability.

Our work in this area has been centred around parents and carers in the community. We continue to chair (as a neutral participant) the quarterly meetings that bring together NELFT, the CCG, BHRUT, CAMHS, the local authority and Positive Parents, a representative group of parents of children who have learning disabilities. These meetings have gone from strength to strength in re-establishing a good working relationship between the parents and the service providers, who are all represented at a senior level. The meetings address long standing concerns and confident moves are being made towards designing services which reflect the needs of the children, their families and carers. Each meeting results in an action plan addressing the important issues for parents and carers of children with learning disabilities.

## *Our plan for 2016/17*



We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.

Our priorities for 2016/17 are:

### **1 Mental Health Services**

- (a) Examine initial access to Mental Health Services (in Q2/3)
- (b) Arrange training for Healthwatch members for Enter and View visits to Mental Health facilities
- (c) Include in the Enter and View Programme visits to mental health facilities across the borough

### **2 Learning Disability Services**

- (a) Examine GP involvement with supporting patients who have a learning disability (LD), including health checks; and what use is made of CCG funding for GPs for LD support
- (b) Continue working with Positive Parents
- (c) Commence working with The Learning Centre, Harold Hill
- (d) Carry out a further Enter and View visit to Lilliputs complex (in Q4)

- (e) Examine the Adult Social Care programme of annual assessments

### **3 Acute Hospital Services**

- (a) Continue Enter and View visits (including follow-up) to Queen's Hospital
- (b) Continue the Delayed Treatments Review jointly with Health OSC

### **4 Enter and View programme**

- (a) Continue Enter and View programme
- (b) Continue review of GP Hub system
- (c) Begin a programme of visits to pharmacies
- (d) Begin follow-up visits to premises visited

### **5 NHS/Local Authority Vanguard and Accountable Care Organisation programmes**

- (a) Strategic issues as programmes develop
- (b) UEC/UCC/A&E survey - follow up

### **6 Domiciliary Care Services**

- (a) Examine provision and commissioning of Domiciliary Care Services
- (b) Examine care for those living with dementia in their own homes
- (c) Examine provision of alternatives to Meals on Wheels



## *Funding, staff and organisation*

### **Funding**

Havering Council provided grant in 2015/16 to fund our activities at the same level as pertained for the financial years 2013/14 and 2014/15, £117,359.

The survey carried out with our neighbouring Healthwatch organisations on behalf of the CCGs produced income of £7,240. Part of that was defrayed to meet the costs of our participation in that exercise; the rest was used to defray general expenses or added to reserves carried forward.

*A summary of the annual accounts is set out in Appendix 2.*

Allowing for Corporation Tax adjustments (and subject to audit), the amount carried forward at the end of 2015/16 was £2,325.

### **Staff**

Staff remained unchanged during 2015/16 from those in post at the end of March 2015. There are three directors - two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role - and two part-time employees, the Community Support Officer and the Office Administrator.

### **Organisational Structure**

There have been no organisational changes since the end of March 2015. The new structure we agreed then has proved worthwhile and we continue to use it.

## The “Healthwatch” logo and trademark



Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report
- Publications such as reports of public consultation events and Enter and View visits
- Reports to official bodies, such as the Health and Wellbeing Board and Overview and Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members’ identity cards
- Newspaper advertisements
- Flyers for events

## Appendix 1: Enter and View Visits



Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of Enter and View visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal Enter and View visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. That active programme continued during 2015/16, with a total of 26 visits being made, and a number of visits is in hand for 2016/17 too.

On the whole, our visiting teams were made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited a number of wards or units at Queen's Hospital and at Goodmayes Hospital; there too they were made welcome and their visits carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

All reports of our visits have been published on our website ([www.healthwatchhaverling.co.uk/enter-and-view-visits](http://www.healthwatchhaverling.co.uk/enter-and-view-visits)) and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies.

### Visits undertaken

In addition to these formal Enter and View visits, we have continued working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter and View powers at a dental practice, community pharmacy or ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation<sup>1</sup> and most visits were carried out in exercise of them. On four occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

Date of visit	Establishment visited Name	Type	Reasons for visit
2015			
20 April	Queen’s Hospital: Elderly Care - Sky A Ward	Acute Hospital	<ul style="list-style-type: none"><li>➤ Queen’s Hospital has been in special measures since 2013</li><li>➤ Reported problems with discharge of elderly patients</li></ul>
27 April	Hillside	Nursing Home	<ul style="list-style-type: none"><li>➤ CQC identified “care and welfare of people who use services” as requiring attention in October 2014 inspection report</li></ul>
1 June	Queen’s Hospital: Maternity Unit	Acute Hospital	<ul style="list-style-type: none"><li>➤ Queen’s Hospital has been in special measures since 2013</li><li>➤ Previous concerns about care provided in Unit</li><li>➤ To review progress following previous E&amp;V visits</li></ul>
2 June	Abbcross	Nursing Home	<ul style="list-style-type: none"><li>➤ CQC rated as “Requires Improvement” in October 2014 report</li></ul>
24 June	Romford Grange	Residential Care for the elderly	<ul style="list-style-type: none"><li>➤ CQC rated as “Requires Improvement” in March 2015 report</li><li>➤ Previously visited in April 2014</li></ul>
6 July (visit by invitation)	Whipps Cross Hospital	Acute Hospital	<ul style="list-style-type: none"><li>➤ Whipps Cross Hospital has been in special measures since May 2015</li><li>➤ Accompanying a Group of Councillors from Outer North East London Joint Health Overview &amp; Scrutiny Committee</li></ul>
6 July	Queen’s Hospital: Discharge Unit	Acute Hospital	<ul style="list-style-type: none"><li>➤ Queen’s Hospital has been in special measures since 2013</li><li>➤ Reported problems with discharge of elderly patients</li></ul>
6 July	Queen’s Hospital: Ambulance Arrival Lounge	Acute Hospital	<ul style="list-style-type: none"><li>➤ Queen’s Hospital has been in special measures since 2013</li><li>➤ Reported problems with discharge of elderly patients</li></ul>

<sup>1</sup> The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Date of visit	Establishment visited Name	Type	Reasons for visit
9 September	Upminster Nursing Home	Nursing Home	➤ CQC rated as “Requires Improvement” in February 2012 report
21 September	Lilliputs Care Home complex and Day Care centre (registered by CQC as four separate units)	Residential and Day Care for people with a Learning Disability	➤ CQC reports rated Units as “Requires Improvement” (at various times since 2013)
1 October	Queen’s Hospital: Outpatients’ Departments	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen’s Hospital has been in special measures since 2013</li> <li>➤ Patients’ reports of problems with appointments and other aspects of clinic administration</li> </ul>
1 October	Queen’s Hospital: Reception Areas (fire evacuation and security arrangements)	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013
1 October	Queen’s Hospital: Pharmacy	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen’s Hospital has been in special measures since 2013</li> <li>➤ Reported problems with discharge of elderly patients</li> </ul>
9 October (visit by invitation)	St Francis Hospice	Hospice for End of Life Care	<ul style="list-style-type: none"> <li>➤ CQC reported “met all requirements” in November 2013</li> <li>➤ Visit carried out as part of arranged tour of premises</li> </ul>
10 November	Derham House	Residential Care for the elderly	➤ CQC rated in December 2014 as overall “Good” but “effective service” rated “Requires improvement”
16 November	Hornchurch Nursing Centre	Nursing Home	➤ Reported concerns about care standards
24 November	Queen’s Hospital: Ophthalmology Department	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen’s Hospital has been in special measures since 2013</li> <li>➤ Reported problems with appointments and other aspects of clinic administration</li> </ul>
1 December	Lodge, The Lodge Lane, Collier Row	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ Rated by CQC in August 2015 as “Good” (but “Safe” Requires improvement)</li> <li>➤ Concern expressed about care standards</li> </ul>
18 December	Goodmayes Hospital: Sunflower Court in Turner Ward	Community Hospital (Mental Health)	➤ Concern expressed about care standards

Date of visit	Establishment visited Name	Type	Reason for visit
<b>2016</b>			
19 January	Queen's Hospital: Tropical Lagoon - (Paediatrics)	Acute Hospital	<ul style="list-style-type: none"> <li>➤ Queen's Hospital has been in special measures since 2013</li> <li>➤ Concern expressed about regarding delays and errors in dealing with patients</li> </ul>
25 January	Barleycroft	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in April and November 2015 as "Requires improvement"</li> <li>➤ Concern expressed about care standards</li> </ul>
11 February (visit by invitation)	Japonica Ward, King George Hospital	Community Hospital (Rehabilitation Services in Acute Hospital setting)	<ul style="list-style-type: none"> <li>➤ Visit by invitation to observe new care facility for elderly patients requiring rehabilitation before discharge</li> </ul>
18 February	Ebury Court	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in December 2013 as meeting all requirements and in February 2016 as "Outstanding"</li> <li>➤ To view Namasté approach to End of Life Care in practice</li> </ul>
16 March (visit by invitation)	Community rehabilitation: Gray's Court Dagenham (Community Treatment Team/K466 Joint NELFT-LAS Team/Intensive Rehabilitation Service)	Community Health Services	<ul style="list-style-type: none"> <li>➤ Visit by invitation to observe new care services</li> </ul>
17 March	The Willows	Residential Care for the elderly	<ul style="list-style-type: none"> <li>➤ CQC rated in January 2015 as "Requires Improvement"</li> <li>➤ Concerns about care standards</li> </ul>
31 March	Rosewood GP surgery	GP practice	<ul style="list-style-type: none"> <li>➤ Following patients' reported concerns about changes in practice procedures</li> </ul>

### Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2016/17, including GP practices and pharmacies in the programme.

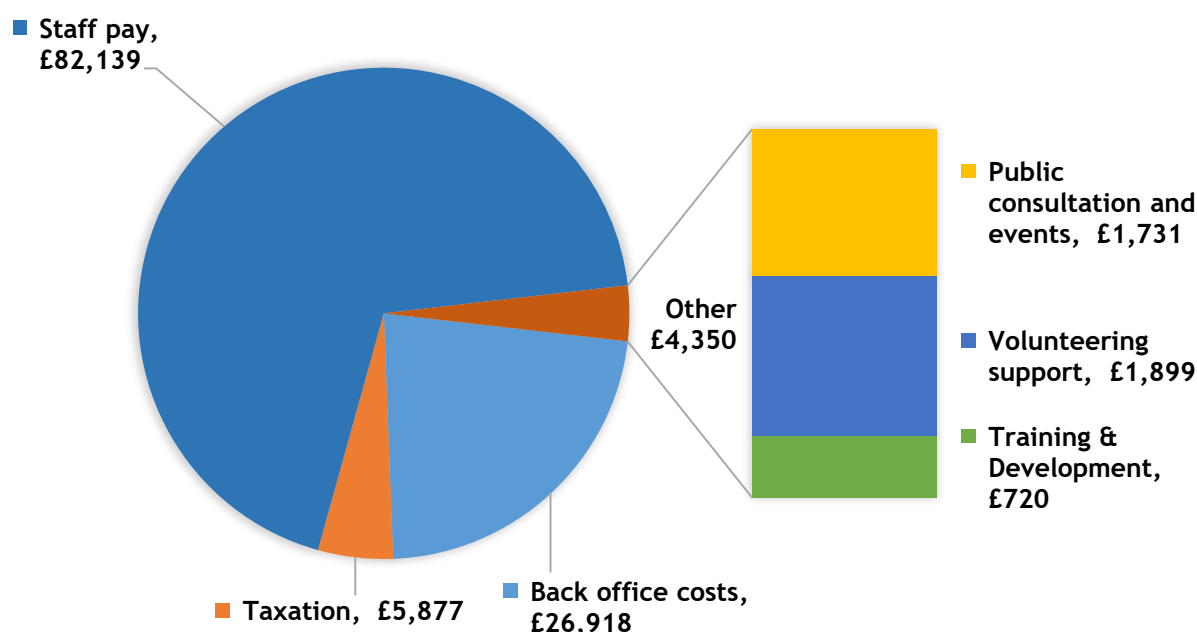
## Appendix 2: Annual income and expenditure

The full details of our Annual Accounts will be published on the Financial reports section of our website, <http://www.healthwatchhavering.co.uk/our-activities>. Set out below is a summary version.

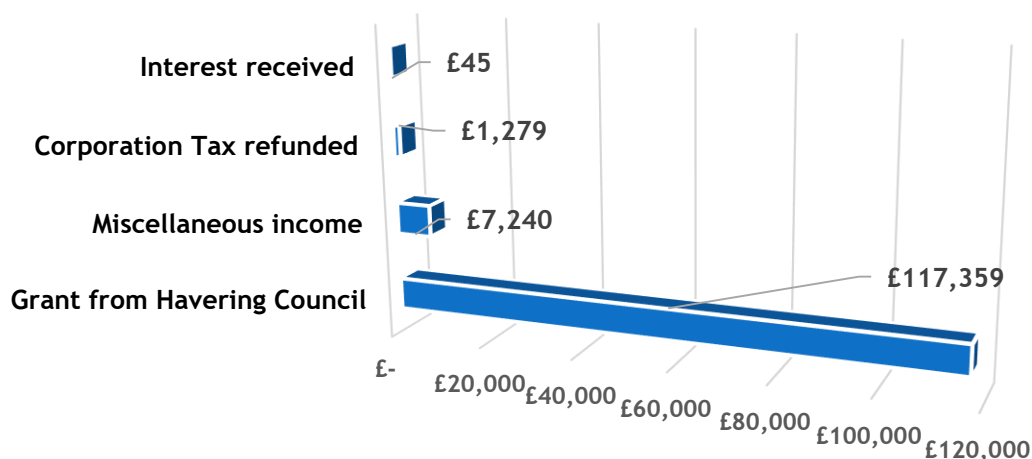
Please note that, at the time of preparing this Annual Report, the approved and audited Annual Accounts were not available. The summaries below are therefore based on the pre-audit accounts and are subject to correction. The Annual Accounts, once published, will be definitive.

The charts below summarise our Income and Expenditure for 2015/16. The surplus will be subject to Corporation Tax and the net surplus will be carried forward into 2016/17.

### EXPENDITURE SUMMARY



### INCOME SUMMARY



## **Participation in Healthwatch Havering**

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### **Members**

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

### **Supporters**

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## **Interested? Want to know more?**

Call us on **01708 303 300**; or email  
**[enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**





*Healthwatch Havering is the operating name of  
Havering Healthwatch Limited  
A company limited by guarantee  
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## CHILDREN & LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE

<b>Subject Heading:</b>	Children & Young People's Services Annual Complaints Report 2015/16
<b>CMT Lead:</b>	Tim Aldridge
<b>Report Author and contact details:</b>	Veronica Webb, 01708 433589 Veronica.webb@havering.gov.uk
<b>Policy context:</b>	Quality and high customer satisfaction

### SUMMARY

The Children & Young People's Services Complaints Annual report, attached as Appendix 1 provides information about the numbers and types of complaints handled by the Children and Young People's Service during 2015/16, as well as Members' correspondence. It is a requirement under the Children Act 1989 Representations Procedure (England) Regulations 2006 that the complaints annual report be published.

### RECOMMENDATIONS

1. That Members note the contents of the attached report and the continued efforts made by the service to learn from complaints with the increasing demands on the service with the number of children having some involvement with Children and Young People's Services.
2. That Members note the recommendations identified from complaints and continued monitoring of these to ensure that actions are implemented to evidence service improvements.

### REPORT DETAIL

3. There has been a slight increase in the number of complaints of 6% in 2015/16 (74) compared to 70 in 2014/15 and Ombudsman enquiries in

2015/16 (5) compared to 3 in 2014/15,). The majority of complaints were made by parents with 14% (10) being made by children directly or via an advocate. There has been a continuing trend with Stage 1 complaints increasing, however Stage 2 complaints are reducing with the positive outcomes achieved through meeting with complainants. Although some requests for Stage 2 could not be progressed due to Court proceedings.

4. There have been increases in complaints across Fostering, Over 12's, 'Triage/MASH & Assessment' and 'Safeguarding & Service Standards Unit'(SSSU). These are reflective of the increased number of fostering enquiries during 2015/16 (four times that of the previous year), those children on Child Protection Plans, 25% increase, and the increased activity experienced by Children & Young People's Services.
5. With the changes in Children & Young People's Services, this may have impacted on the level of service provided, as the number of complaints relating to the 'level of service' increased from 11 in 2014/15 to 28 in 2015/16.. Although there was a decrease in the number of children coming into care, there was an increase in activity across the Service which may have also impacted on this.
6. During 2015/16 the Children with Disabilities Team moved to Learning & Achievement becoming Children & Adults Disabilities (CAD) Team, therefore recording of these complaints are reported within the Learning & Achievement Annual Complaints report.
7. The increase of 25% in complaints regarding 'attitude/behaviour of staff', were mainly in relation to the decisions made, although there were also issues around 'lack of communication'.
8. There are still some difficulties experienced with the recording and reporting of outcomes for social care complaints, however 'explanation/information provided' has the highest number and may also be a result of the changes within the Service and turnover of staff.
9. Response times have been impacted due to the complexity of complaints, with a drop of 11% in those responded to within 10 working days and those responded to over 20 working days have doubled. It should be noted that within the statutory framework it allows for an extension to 20 working days. Where this is required holding letters are provided. Steps have been taken to see how this can be addressed by the Complaints Team through improved monitoring.
10. There were no Stage 2 or Stage 3 Review Panels for 2015/16, which could be reflective of the face-to-face meetings undertaken to de-escalate complaints.
11. Although there was expenditure incurred for 2015/16 for independent investigators, this was related to a Stage 2 investigation from the previous year 2014/15.

12. Complainants continue to prefer the use of email and letter to make their complaints, along with telephone contact. Online complaints were made for 2015/16.
13. There have been increases of complaints across age ranges 6-9 and 10-14 and this could be reflective of the activity and the number of children on Child Protection Plans within these age ranges. Children with a learning disability have remained at the same level in 2015/16 as 2014/15. The highest increase has been among children that are 'Mixed White and Black African' in 2015/16 (88%), with a reduction in those that come from 'White British' backgrounds (14%).
14. Members correspondence remains at the same level (24) in 2015/16 as 2014/15 with 58% being responded to within timescale, which has dropped from the previous year where there was a 78% response rate.
15. Compliments have increased by 94% (35) in 2015/16 compared to 2014/15 (18), which is mainly contributable to feedback evaluation forms from the Family Intervention Team. Teams are encouraged to continue to send compliments to the Complaints Team to be logged.
16. With the changes in the Service, it is important to ensure that complaints continue to play a role in providing a good source of information to help identify areas for improvement. The Service are taking steps towards the retention of staff through their 'Face to Face' vision. Also have introduced an app for children to express their wishes/views and concerns called MOMO (Mind of My Own), which the Complaints Team have linked into and will be monitoring through 2016/17 in relation to concerns/complaints raised by children.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

There is a Complaints & Information team within the Directorate. This team addresses complaints received and manages associated resource implications, which are funded from within overall service budgets.

There are no new financial implications or risks arising from this report, which is for information purposes.

**Legal implications and risks:**

There are no apparent legal implications from noting this Report. The complaints process is governed by the Children Act 1989 Representations Procedure (England) Regulations 2006.

**Human Resources implications and risks:**

The Children's Services department have identified actions to be followed through with the qualified workforce to ensure that the learning from the complaints received is firmly embedded into the training and supervision of social work staff and also addressed through the Council's Performance Development Review (PDR) process

**Equalities implications and risks:**

The report demonstrates that there is a transparent and structured (both informal and formal) route for concerns or complaints, including those relating specifically to bullying, harassment, unfair treatment and/or discrimination against young people, guardians, parents or carers, to be registered for review and action where required.

The Council monitors the diversity profile of complainants and service users against relevant protected characteristics such as age, disability, ethnicity, etc. This data is captured on the CRM system and forms part of the Complaints Annual Report.

In line with the Council's corporate policy on translation and interpreting services, this service also offers information in other languages and alternative formats on request.

We will continue working towards raising awareness on equality and diversity related issues and improving the access to our Complaints, Comments and Compliments policy and procedure.

<b>BACKGROUND PAPERS</b>
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None



## APPENDIX 1

# Children, Adults & Housing: Children and Young People's Services

## Annual Report 2015 – 2016 Complaints and Compliments

**Prepared for:**

**Tim Aldridge, Director Children and Young People's Services**

**Prepared by: Veronica Webb,  
Senior Complaints & Information Officer**

## CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

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# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 1. Executive Summary

This report provides information about complaints made in the twelve months between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016.

Havering Children's Services takes all complaints seriously and employs a thorough tracking system to ensure responses are timely and robust. Whilst complaints can be framed negatively, Havering strives to learn from every encounter with its users. Complaints are used to improve and progress the service, whilst providing a direct response to the user by trying to resolve the issue in the first instance. In 2015/16, Havering Children's Services received 94 complaints (including enquiries). Each complaint is scrutinised individually but also forms a thematic annual report to help the organisation learn, develop, and improve services.

Children's Social Care noted a significant increase in the number of complaints received throughout 2014/15, however complaints in the reporting year covered by this report have remained steady, at about the same level. The service has also noted that complaints have become increasingly complex. The sustained increase in the number of children on Child Protection Plans that started in 2014/15 has contributed to the type and complexity of complaints, and is reflective of some of the complaints in relation to attitude/behaviour of staff - which were mainly around decision making.

It is clear with Children Social Care complaints that there are sensitivities around most children's cases and with the decisions regarding whether a child is taken into care or made subject to a Child Protection Plan and it is necessary for social workers to provide families with the information to understand these processes.

In 2015/16 Children's Social Care began making major changes to its structure to work more closely with families and to build up those relationships through its 'Face to Face' vision and it is anticipated this will lead to better outcomes for families and lead to continuous improvement in the level of service provided. As part of this vision, the MOMO (Mind of My Own) app has been introduced to obtain children's wishes and views and also their concerns. Enabling children to raise issues through the use of technology is key to ensuring they feel their voice is heard, and will support the service in delivering better outcomes for children.

## 2. Introduction

Children Social Care collects information about contacts where the nature of the communication does not meet the threshold to be a statutory complaint and where informal resolution resolves the enquiry. These are counted as 'Enquiries'.

### 2.1 Regulations

The Local Authority Social Services Complaints (England) Regulations 2006 govern complaints, representations and compliments received about children and young people's services.

There are three stages covered within the regulations as set out below, with Havering Complaints Team also collecting information about enquiries that come through to the complaints service.

## **CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16**

### **Stage 1 – Local Resolution**

This is the most important stage of the complaints process, with an expectation that the service (and its external contractors) works to resolve as many complaints as possible at this initial stage. Response times are 10 working days with a further 10 working days if required. If a young person requires an advocate this should be sought for them. If the complainant is not happy with the response at Stage 1 they can request to progress to Stage 2 within 20 working days of receiving the response.

### **Stage 2 – Formal Investigation**

Response times are 25 – 65 working days. An Independent Investigator and Independent Person are appointed at this stage. The Independent Person must be external to the organisation. Following the independent investigation, the investigation report will be sent to the complainant, along with the adjudication letter giving the decision of the Head of Service. If the complainant is not happy with the response at Stage 2, they can request their complaint to be heard by a Review Panel within 20 working days of receiving the response.

### **Stage 3 – Review Panel**

The Review Panel is managed independently of the Complaints, Information & Communication Team via Democratic Services. The Panel must consist of three independent people, one of whom is the Chair. The Panel must be held within 30 working days from request. Following the Panel Hearing, the recommendations will be issued to the complainant, independent people, advocate and Director within 5 working days. The Director must issue their decision within 15 working days of receiving the recommendations.

### **Local Government Ombudsman**

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the LGO normally refers the complaint back to the Council if it has not been considered in full under the Council's statutory procedure first.

# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 3. Complaints Received

### 3.1 Ombudsman referrals

Ombudsman enquiries have increased in 2015/16 with one maladministration with injustice and four premature/informal enquiries.

	Apr15- Mar16	Apr14- Mar15	Apr 13- Mar14
Maladministration (no injustice)			
Maladministration & Injustice.	1		
No maladministration after investigation			
Ombudsman discretion			
Investigation with Local settlement			
Outside Jurisdiction			1
Investigation Discontinued			1
Premature/Informal enquiries	4	3	1
<b>Total</b>	<b>5</b>	<b>3</b>	<b>3</b>

### 3.2 Total number of complaints

The total number of stage 1 complaints remained at about the same level as 2014/15 (a slight increase of 6%), as compared to the significant increase experienced from 2013/14 to 2014/15 (26% increase). Of the total number of complaints received, 10 (14%) were made by children directly or via an advocate.

	Enquiries	Stage 1	Stage 1 escalated to Stage 2
2015/16	20	74	
2014/15	27	70	1
2013/14	36	42	5

Enquiries do not form part of the statutory process, therefore these figures are not included elsewhere in this report. Children Services collects information about Enquiries, as it is important as a learning tool, to understand how to prevent complaints escalating, and resolve at an early stage.

### 3.3 Stages

There has been a slight increase of nearly 6% in Stage 1 complaints in 2015/16 compared to 2014/15 seeing an increase to 74 from 70 for the respective counting years. There were no Stage 2 investigations, although there were 6 requests for Stage 2 that were not granted, for example, because the case was within Court proceedings, the complainant was not acting in the best interest of the child, or did not progress following meetings with complainants. When a complainant requests Stage 2, they are offered a meeting with the Senior Complaints Officer and other relevant officers in an attempt to seek early resolution. This approach has been successful in getting resolution (in 3 of the 6 cases) to the satisfaction of the complainant, and with a good outcome for the child.

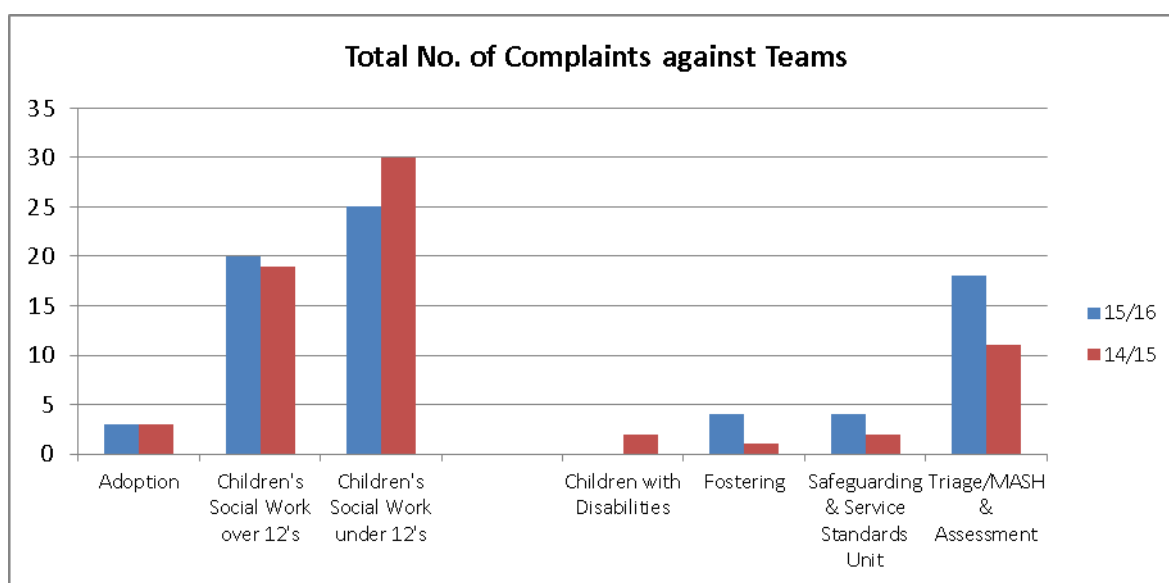
# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 3.4 Teams

Stage 1 Complaints have increased in 2015/16 across 'Over 12s'; 'Fostering'; 'Triage/MASH & Assessment' and the 'Safeguarding & Service Standards Unit' (SSSU). Fostering had the largest percentage increase - four times that of the previous year, although the actual number of complaints is low. SSSU has doubled (although the actual number remains low), with Triage/MASH & Assessment experiencing a 64% increase. 'Under 12s' service received the highest number of complaints, although the number received had reduced from the previous year.

During 2015/16, Children's Services began a process of transformation, starting with a review and pilot of changes in the MASH (and now implemented) in the last quarter of 2015/16. Over this period, there was no apparent impact on the number of complaints received (with 5 of the 18 complaints received in this period).

The service noted throughout 2015/16 an increased number of children on Child Protection (CP) Plans of 25% from the beginning of April 2015 to the end of March 2016. Given these higher activity levels within the service in terms of CP plans, complaints as a *proportion* of these, is showing a downward trend.



Year	Adoption	Children's Social Work over 12's	Children's Social Work under 12's	Children with Disabilities	Fostering	Preventative Team	Safeguarding & Service Standards Unit	Triage/MASH & Assessment
15/16	3	20	25		4		4	18
14/15	3	19	30	2	1	2	2	11

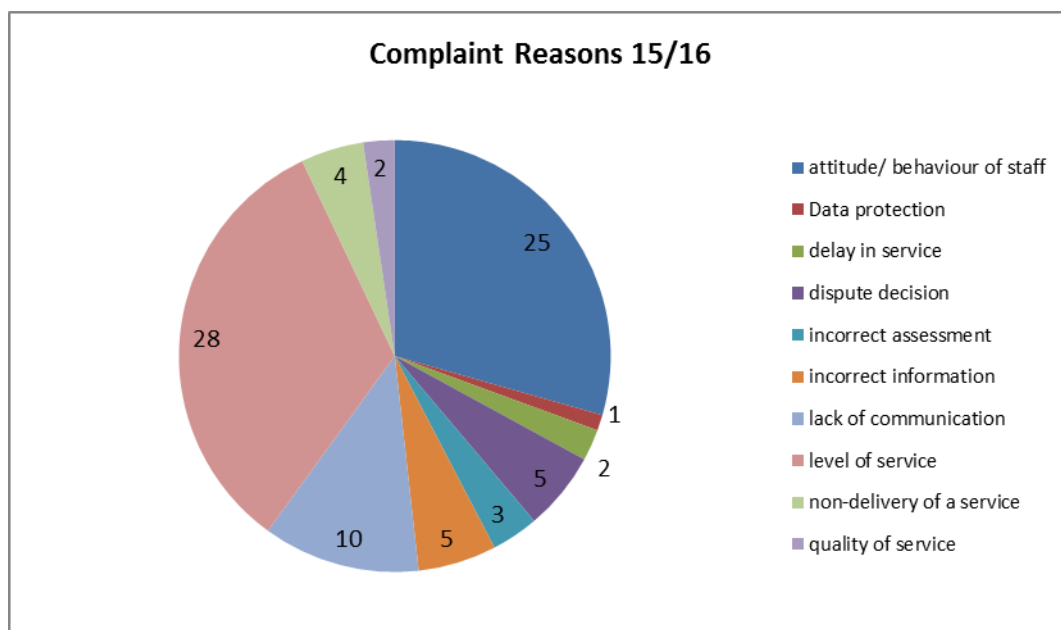
The Children with Disabilities Team moved to Learning & Achievement in September 2014, becoming the Children & Adults Disabilities (CAD) Team. The new CAD Team brought together children with disabilities social workers and education staff (including specialist staff such as educational psychology) to improve the experience of children and young people with disabilities in mainstream and specialist education provision up to the age of 25. The two services are not 'like for like', therefore comparison of complaints

# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

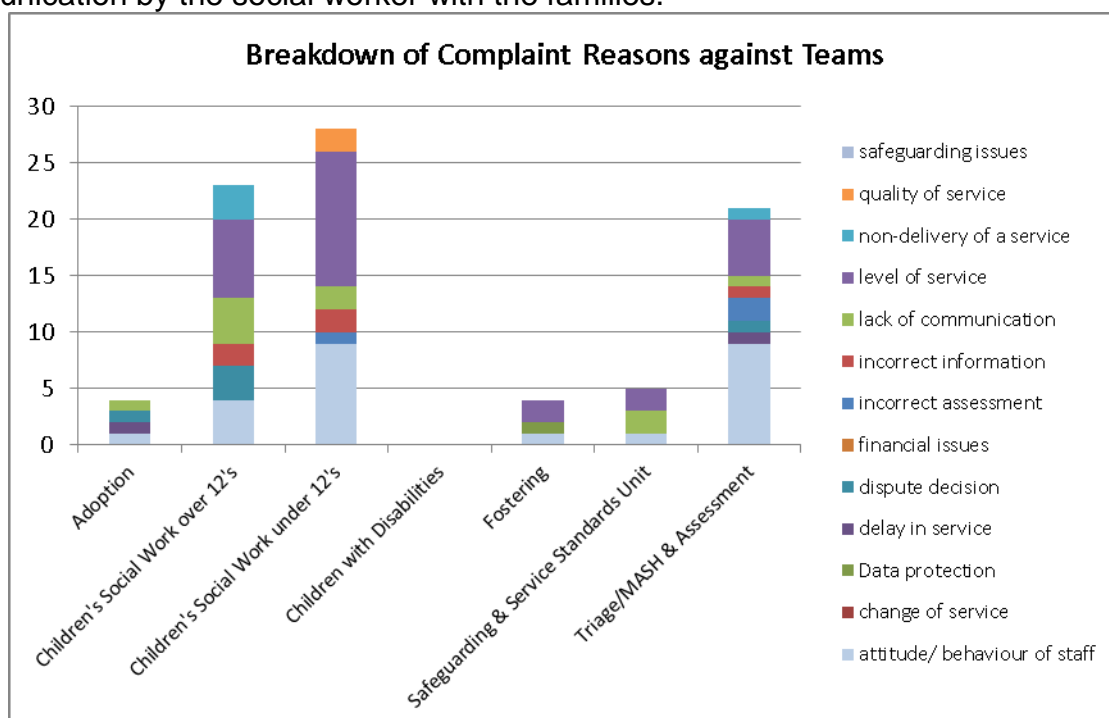
reporting is problematic. Complaints for this service in 2014/15 were recorded under Children's Services, however the recording was moved to Learning & Achievement in 2015/16. The number of complaints received in 2015/16 for the Children & Adults Disabilities Team was 13.

## 3.5 Reasons

Below is the breakdown of complaint reasons in 2015/16. It should be noted that a number of complaints had more than one reason. 'Level of Service' and 'Attitude/Behaviour of staff' are the main reasons for complaint.



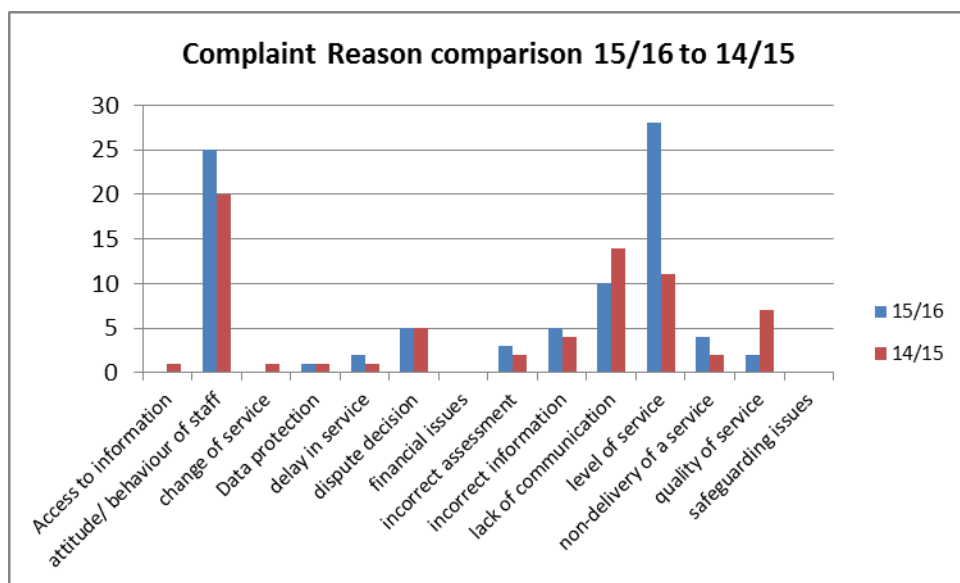
The Service has noted the number of complaints that are in relation to 'attitude/behaviour of staff' which is across all teams. Although the majority of these types of complaints were more about the decisions that families were unhappy about, some were also linked to lack of communication by the social worker with the families.



## CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

Column1	attitude/ behaviour of staff	change of service	Data protection	delay in service	dispute decision	financial issues	incorrect assessment	incorrect information	lack of communication	level of service	non- delivery of a service	quality of service	safeguarding issues
Adoption	1			1	1				1				
Children's Social Work over 12's	4				3			2	4	7	3		
Children's Social Work under 12's	9						1	2	2	12		2	
Children with Disabilities													
Fostering	1		1							2			
Safeguarding & Service Standards Unit	1								2	2			
Triage/MASH & Assessment	9			1	1		2	1	1	5	1		

The comparison below shows the significant increase (increasing from 11 to 28) in 2015/16 regarding 'level of service' compared to 2014/15. 'Attitude/Behaviour of Staff' also showed a 25% increase in 2015/16 compared to 2014/15. As highlighted above, the majority were in relation to the decision as opposed to the actual behaviour of staff.



### 3.6 Outcomes and Learning

As per 'complaint reason', for some complaints, there are multiple outcomes. A breakdown has been shown as below.

Of the complaints received, 38 were upheld, 26 not upheld, 8 withdrew and 2 resulted in no further action. This also would include those categories below, for example, upheld with an explanation/apology given.

Apology	Complaint withdrawn	Explanation/ Apology given	Explanation/ Information provided	No further action required	Reassessment/ Reallocation	Report provided
3	7	22	56	3	2	1

## **CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16**

### **3.6.1 Looked After Children Complaints 2015/16**

Whilst all complaints are thoroughly considered, particular attention is provided to complaints for Looked after Children (LAC) as they are the most dependant on the good delivery of our services. In 2015/16 there were 33 complaints made and the common themes that emerged within these complaints are about communication with staff members (42%) and the decisions made about their case (39%). The senior management team of Children's Services has reflected on these complaints, and other feed-back that has been received from Children in Care. A key element of the transformation of Children's services is an effort to improve the levels of communication between social workers and Children in Care through the Face-to-Face Programme. This programme also includes the adoption of innovative ways to allow the child's voice to be heard. An example of this is supporting staff and LAC to use Mind of My Own (MOMO) which allows children to communicate with wishes and feelings when they want to via a medium that most of them are comfortable with. Havering has also developed a recruitment and retention strategy in order to decrease the percentage of agency workers within the service. Reducing the number of agency social workers will enable more stability and provide greater consistency, with the aim of Children in Care experiencing fewer changes of social worker. An independent advocacy service is available to Children in Care who may wish to complain about the service that they have received.

### **3.6.2 Leaving Care Complaints 2015/16**

Within the Leaving Care team there were 7 complaints in 2015/16, 85% of these related to the delivery of the service. In order to provide a better service, Havering has submitted a bid to the DfE Innovation Fund to support successful transitions to adulthood. There is recognition that these complaints suggest that the level of service provided to this group could be improved. Havering has decided to create a pathway for care leavers in order to provide them with wrap around support as they progress to adulthood. In the event that the Innovation bid is unsuccessful, there is a contingency to work with partners to adopt the principles of the bid.

### **3.6.3 General Themes and Trends 2015/16**

Overall in Children's Services the highest number of complaints was about the level and quality of the service provided (40%). This is a wide-reaching category which covers many different areas of complaint such as the standard of assessment, the care provided to children that are looked after by the local authority and the decisions made by social workers with regards to case direction. We acknowledge that as a service it is vital to always deliver the best possible outcomes, at the same time we must accept that there will always be issues raised and unpopular decisions made, especially given the nature of our work.

32% of complaints received were with regards to the behaviour of staff and communication whilst data protection and incorrect information accounted for 10%. The relatively low level of complaints relating to incorrect information demonstrates that our social work staff are working conscientiously and diligently. In terms of communication, new tools such as MOMO have also been introduced to encourage children and young people to share their views in a secure and confidential environment. The remaining 18% of responses were miscellaneous comments.

50% of all the complaints made were not upheld but learning was noted and attributed against them. No complaints for this period progressed past stage one. This suggests that the level and type of response from the management team is effective in resolving complaints swiftly.

# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 3.6.4 Summary

- Each complaint that we receive is taken seriously, analysed and responded to appropriately at source.
- Many of the changes proposed through the Face-to-Face programme aim to address the issues raised by complaints in the last 12 months – specifically in relation to communication.
- Havering CYPS is currently undertaking a wide-ranging programme of transformation, which will change the way we practice and enable social workers to tailor their intervention on a case by case basis.

## 3.7 Response times

Complaints have become more complex and response times reflect this as shown below. The number of responses within 10 days and 11-20 days has declined by 11% and 4% respectively, and those responded to over 20 days has doubled. As previously noted, the complexity of complaints has increased and this has impacted on response times. However it should be noted that within the statutory framework it allows for extension of up to 20 days and where this is required holding letters are sent to the complainants. Improved monitoring is now in place to address response times.

	Within 10 days		11-20 days		Over 20 days		Withdrawn	
	Apr 15 Mar16	Apr14 Mar15	Apr 15 Mar 16	Apr14- Mar15	Apr 15 Mar 16	Apr14- Mar15	Apr 15- Mar 16	Apr14- Mar15
Stage 1	25	28	25	26	23	11	2	3
%	34		34		32			

## 3.8 Stage 2 Complaints

There were no Stage 2 investigations during 2015/16, although there were requests for Stage 2 that did not progress.

## 3.9 Stage 3 Review Panels

There were no Stage 3 Review Panels during 2015/16 compared to two in 2014/15.

	2015/16	2014/15
Stage 2 request for a Stage 3 with no Review Panel		
Stage 3 Review Panel		2

## 4 Corporate Complaints

Corporate complaints do not form part of the statutory process, but are shown to have dropped considerably from 20 in 2014/15 to 7 in 2015/16. For those received, 67% were responded to within the target timescale. Corporate complaints are reported on separately.

## 5. Expenditure

Expenditure was incurred for 2015/16, which related to a Stage 2 investigation from 2014/15 and one Stage 2 in 2015/16 which did not escalate to investigation and has reduced from 2014/15.



## CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

	Publicity/ leaflets	Independent investigators	Total
Apr 2015 – Mar 2016		£2,614.20	£2,614.20
April 2014 – March 2015	£796.25	£2,210.72	£3,006.97

### 6. How Complaints were received

There has been an increasing trend that complainants' preference is either email or letter.

	Letter or Complaint Form	E-mail	Telephone	In Person	Online
2015/16	21	35	11	2	4
2014/15	20	24	26	0	-

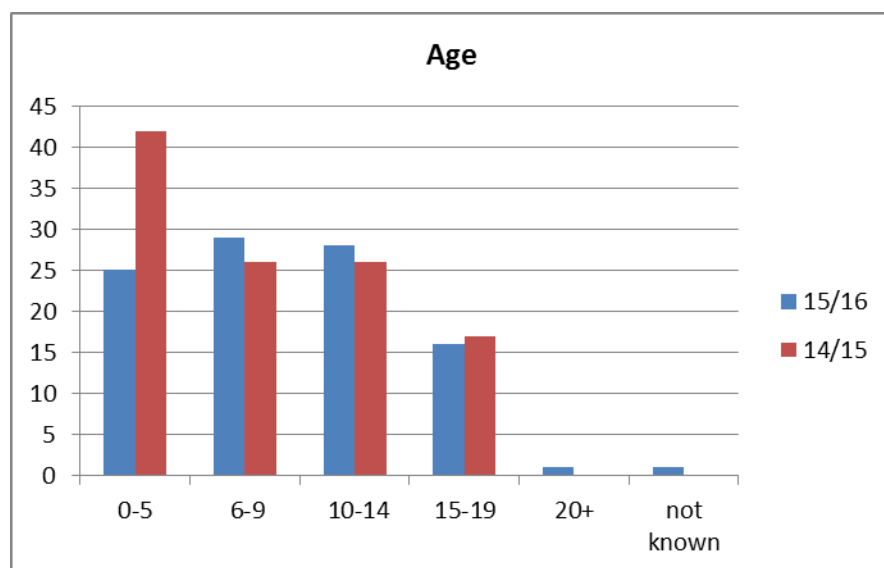
### 7. Monitoring Information

#### 7.1 Age

Children's complaints sometimes involve a number of children within the family unit and therefore the breakdown of ages shown includes all children, which will show a larger number than the number of complaints received.

There has been an increase in the number of children on a Child in Need Plan between the ages of 5-9 where there was an average of 51 for 2015/16 as opposed to an average of 25 in 2014/15. It is noted that statistics are not reflective of the complaints data categories and discussions will be needed on how best to capture monitoring information data so that it is consistent to meet legislative requirements.

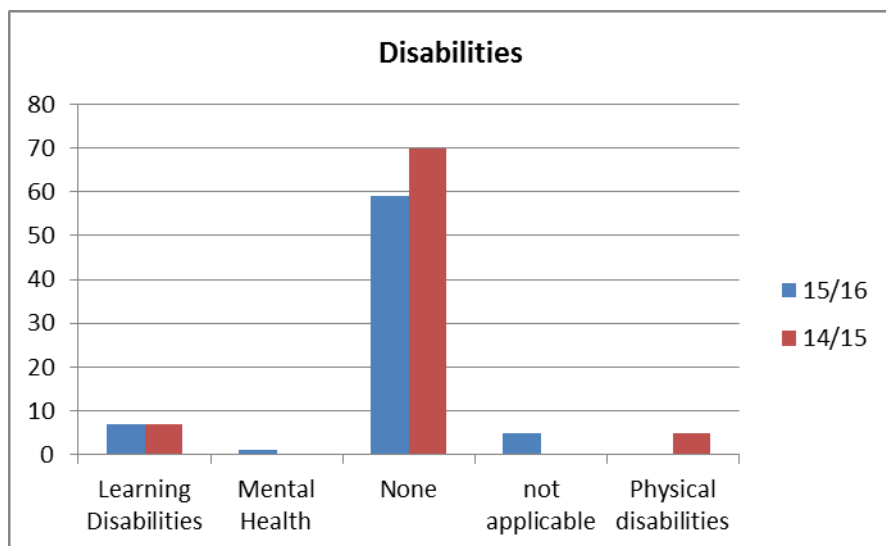
Within Havering there has been an increase in the number of children in the borough to the end of 2015/16 as compared to 2014/15. The change in population was 3% for ages 0-5 and 6-9 with a 1% increase in ages 10-14. Ages 15-19 has shown a reduction of 1%.



# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

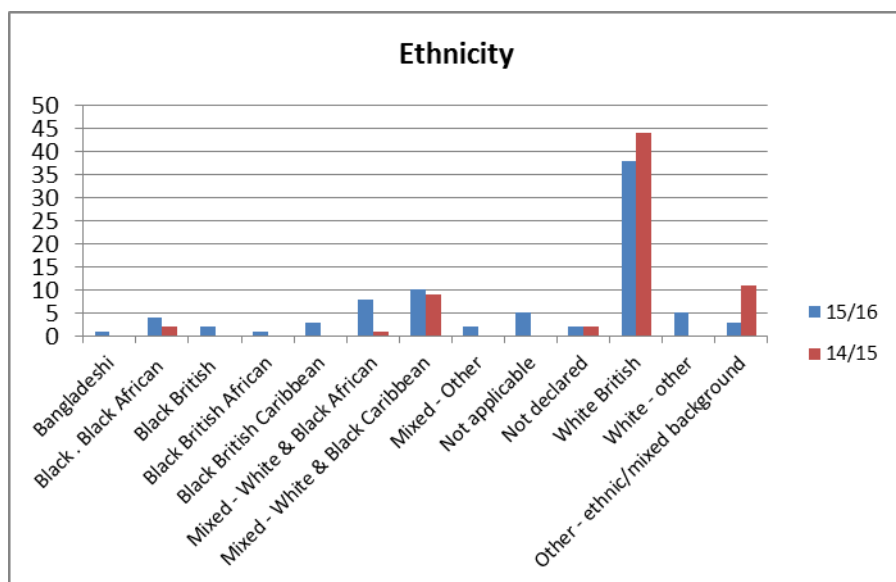
## 7.2 Disability

Complaints relating to those with learning disabilities have remained at the same level in 2015/16 as 2014/15 and there has been a reduction in complaints involving children with physical disabilities compared to 2014/15 (there were none in 2015/16).



## 7.3 Ethnicity

The highest increase of 88% has been in children of 'Mixed White and Black African' ethnicity in 2015/16 compared to 2014/15, with other slight increases across the other ethnic backgrounds. 'White British' has fallen by 14%



## 8. Members Correspondence

Members' correspondence has remained at the same level in 2015/16 as 2014/15, with 58% being responded to within timescale. The first two quarters of 2015/16, there were only 4 members enquiries into the service, with 8 in quarter 3 and 12 in quarter 4. This increase in volume in the latter part of the year affected response times, with 25% responded to on time in quarter 3, although this had increased to 67% in quarter 4. The

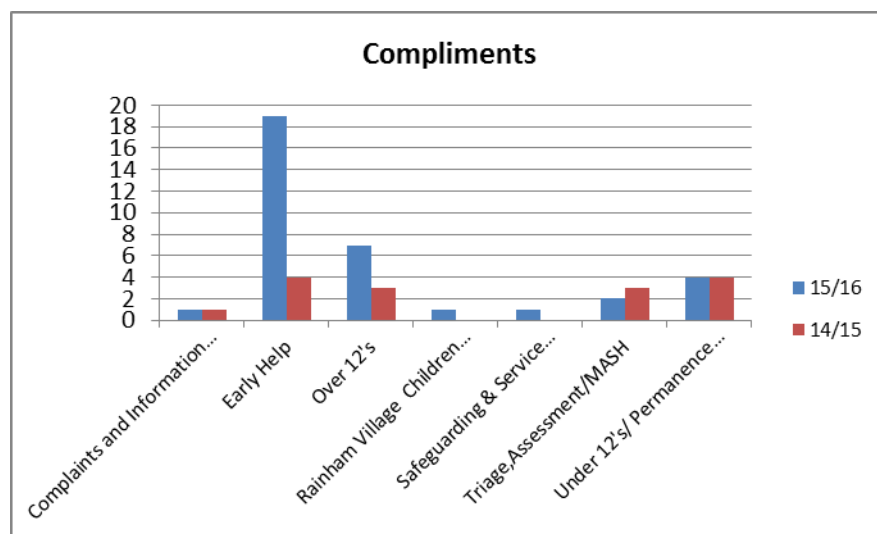
## CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

Service recognises the need to improve response times and more practice monitoring systems have been introduced. Members' correspondence is reported on separately

	2015/16	2014/15	2013/14
Members Correspondence	24	24	27

### 9. Compliments

Compliments increased by 94% in 2015/16 (35) compared to 2014/15 (18). The increase is mainly attributable to the Family Intervention feedback evaluation forms received during this period for Early Help. This is shown in the breakdown of compliments received by teams below.



Some examples of compliments received are shown below:

A family write in about the support from a worker and the change in their child's life – 'he is becoming more sociable towards family members and my family have noticed this, especially nan and grandad .... I get so much support and understanding...' – **Early Help**

A Mum feels that the social worker 'has always listened to me, and the kids like the social worker'

'Things are starting to turn around, social worker will go into college and she will speak to young person and the girls, other social workers didn't do that'

'The kids feel like they have a voice now' – **12+/Leaving Care**

A family grateful for help said 'it made such a difference to have their concerns listened to'. – **Rainham Children's Centre**

Parents write in regarding the support for their son by the worker 'your professionalism was quite apparent and your support for us.... to find a mutually acceptable solution actually went beyond the call of duty.' – **Triage/MASH & Assessment**

A mother gives her feedback – 'I've had more than enough support - she has been amazing - she tells me I'm doing a great job - she's spoken to my family and answered their questions every time I need her she is there- and she always lets me know what is going on.' – **Under 12s**

# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 10. Conclusion

Complaints have continued to play an important part in providing a good source of information to the Service. The increasing number of complex complaints across Children's Services has had an impact on the response times, however continued efforts in face to face meetings have again resulted in a reduction in Stage 2 investigations.

Due to the changing demography and increasing demand for services, Children's services have experienced a number of different pressures and challenges throughout this period. In addition, a number of structural and organisational changes have taken place. This is likely to be reflected in the number of complaints that are attributable to the level of service received.

It has also been noted throughout 2015/16 that the majority of complaints were made by parents and not by children. Children's Services have taken this on board and has introduced the Mind of My Own (MOMO) app to allow children to make their views and wishes known, and raise concerns. The Complaints Team is linked into MOMO and will be monitoring this throughout 2016/17.

In Havering we aspire to continually improve the quality of our service. Going forward, the Face-to-Face programme strives to provide the tools to work in an analytical and reflective way which will in turn produce purposeful and evidence-based intervention through systemic practice.

The systemic family therapy training will equip social workers with the confidence to reflect on their decisions as well as explore alternative ways of meeting need. By encouraging this diversity in practice we will enable our social workers to tailor their intervention to each family, resulting in a more personalised service.

As a result of these changes and improvement to our practice we would expect to see a fall in the number of complaints regarding the level and quality of the service that is delivered as well as the behaviour and communication from staff. Complaints will continue to be monitored stringently and the complaints tracker will be reviewed fortnightly by the senior leadership team.

All learning will continue to be fed back into the service to enhance and develop our service delivery.

# CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

## 11. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Communication between social workers and parents/families relating to decisions made	<ul style="list-style-type: none"> <li>Improve the way decisions about children are communicated.</li> <li>Better communication around contact arrangements and case progression</li> <li>Ensure when there is a change in social worker (e.g. following staff departure), this is communicated effectively.</li> </ul>	Introduction of the 'Face to Face' programme	All	31 <sup>st</sup> March 2017 and ongoing	'Face to Face' programme started Summer 2016
Children are not able to make their voice heard through the complaints process	<ul style="list-style-type: none"> <li>Increase understanding of outcomes sought by children in relation to their CP plans</li> </ul>	Introduction of 'Mind Of My Own' (MOMO), allowing children to communicate their wishes and feelings.	All	Ongoing	MOMO introduced Summer 2016
Children Leaving Care not feeling supported into adulthood	<ul style="list-style-type: none"> <li>Improve service offer for children who are care leavers, to better support them making successful transition to adulthood.</li> </ul>	<p>Review of pathway for care leavers, including developing a holistic programme in collaboration with Adult and Mental Health Services.</p> <p>One of the BHR ACO pilots for Havering will be focussed on children services.</p>	<p>Leaving Care</p> <p>Adult Services</p> <p>Mental Health Services</p>	31 <sup>st</sup> March 2017 and ongoing	Bid submitted to DfE Innovation Fund August 2016 to support development of approach.
Standard of delivery and level of service to be reviewed to ensure children and their families understand decisions made.	<ul style="list-style-type: none"> <li>S20 – parents not clear about process and implications – clear explanation and information needs to be at an early stage</li> <li>S47 – parents not given sufficient information about process – consistent</li> </ul>	<p>Social workers to give clear and concise information about process.</p> <p>Managers to ensure that communication is addressed through the PDR process.</p> <p>Process already in place that two senior managers sign off S47s.</p>	Triage/MASH & Assessment	Ongoing	Work ongoing. Leaflets about processes in final stages of design.

## CHILDREN'S SOCIAL CARE ANNUAL COMPLAINTS REPORT 15-16

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
	determination needed and clear information about process				
Important information is not always recorded appropriately	<ul style="list-style-type: none"> <li>Information leading to an action/decision should be recorded in detail.</li> <li>Information needs to be recorded accurately</li> </ul>	<p>Work is already being undertaken to look at improved recording across the service.</p> <p>Assessments to identify clearly fact from opinion and identify the source of the information.</p>	All	On-going	<p>Managers continue to carry out case file audits to ensure recording is appropriate. Practice weeks, led by Director and Principal Social Worker, ongoing throughout the year.</p> <p>Admin Team developed and embedded as part of the recent service restructure in order to improve the quality and completeness of case recording. Regular data quality reports are sent out by the Policy and Performance service to Children and Young People's Services, identifying where case records are incomplete and / or inconsistent.</p>

## CHILDREN & LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE

<b>Subject Heading:</b>	Learning & Achievement Complaints Annual Report
<b>CMT Lead:</b>	Mary Phillips
<b>Report Author and contact details:</b>	Veronica Webb, 01708 433589 Veronica.webb@havering.gov.uk
<b>Policy context:</b>	Quality and high customer satisfaction

### SUMMARY

1. The Learning & Achievement report attached as Appendix 1 provides information on the complaints received during 2015/16. It should be noted that Maintained Schools and Academies have their own complaints procedure which are dealt with through their Governing Bodies and are not included within this report. Schools admissions and exclusions are dealt with through a statutory appeals process and also not included in this report.

### RECOMMENDATIONS

2. That members note the content of the attached report for information.

### REPORT DETAIL

3. The number of Ombudsman enquiries decreased slightly in 2015/16 with two of these being premature/informal enquiries and one where no investigation was warranted. The number of complaints overall increased by 58% however, with the majority of these resulting from school expansions and the introduction of the new Children and Families Act. This was reflected in those teams dealing with these areas, i.e. Education Provision & Commissioning Service and Children & Adults with Disabilities Team (CAD). Enquiries, which are complaints about school related matters that were referred to the school/academy or college dropped by 27%.

4. The main reasons for complaint were 'suitability of the service' and 'quality an reliability' relating to the school expansion programme and also to SEN transport and Special Educational Needs.
5. For those enquiries that were referred back to either the school/academy or college the main reason for complaint was 'level of service' relating to bullying and how the relevant school/academy or college dealt with this. Some of these type complaints also linked to safeguarding, however it should be noted that following robust investigations, were identified as perceived risks to either an individual child or children's safety within a school/academy or college rather than actual risks. Complaint reason 'behaviour of staff' was in relation to childminders' behaviour within education premises.
6. The majority of complaints were 'not upheld', and for those partially upheld involved new provision being agreed, increased or changes to practice and provision.
7. Response times continue to be at a very high rate within Learning & Achievement with 97% corporate complaints being responded to within timescale. Learning & Achievement have also responded well to Members enquiries with 93% being responded to within timescale.
8. Complainants continue to prefer making complaints via email or letter which has shown an increase in 2015/16 of 79% and 59% respectively.
9. Compliments have decreased by 58% in 2015/16, although there were increases across Admissions, CAD and Governing Body Support relating to help and support provided. Learning & Achievement will need to ensure that compliments continue to be forwarded to the Complaints Team to be logged.
10. During 2015/16 there has been structural changes within Learning & Achievement as a result of SEND and also within schools, in particular the schools expansion programme which impacted on the number of complaints received. However, Learning & Achievement continue to have a high response rate to complaints and member enquiries.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

There are no financial implications or risks arising from this report, as it only notes details of previous complaints..



**Legal implications and risks:**

There are no apparent legal implications from noting this Report.

**Human Resources implications and risks:**

There are no direct HR implications or risks to the Council, or its workforce, that can be identified from the recommendation or contents of this report.

**Equalities implications and risks:**

The report demonstrates that there is a transparent and structured (both informal and formal) route for concerns or complaints, to be registered for review and action where required.

The Council is working towards improving the monitoring of the diversity profile of complainants and service users against relevant protected characteristics such as age, disability, ethnicity, etc, The Governing Body Support Unit is providing complaints training within schools and can explore how information can be obtained. In line with the Council's corporate policy on translation and interpreting services, this service also offers information in other languages and alternative formats on request.

The Service will continue to look at ways in which information can be obtained from schools in order to identify areas for improvement through the Governing Body Support Unit, as well as exploring other options.

The Service will be looking to possible inclusion of an overview or analysis for any equality and diversity complaints in future reports

<b>BACKGROUND PAPERS</b>
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None.

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## APPENDIX 1

# Children, Adults & Housing: Learning & Achievement

## Annual Report 2015 – 2016 Complaints and Compliments

**Prepared for:**

**Mary Phillips, Assistant Director, Learning & Achievement**

**Prepared by: Veronica Webb, Senior Complaints & Information Officer**

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## Executive Summary

Learning & Achievement have faced challenges during 2015/16 with the embedding of the Children & Families Act and the new SEND process, along with the increased school place pressures, resulting in a number of schools having to expand to accommodate the increased numbers. This has shown how these areas have been impacted in relation to the increase in complaints received, which has more than doubled in 2015/16.

### 1. Ombudsman referrals

There was three Ombudsman enquiries, with two being premature/informal, and one where no investigation was warranted.

	Apr 15 Mar16	Apr14- Mar15	Apr13- Mar14
Maladministration		1	
No investigation	1		
No maladministration after investigation			
Ombudsman discretion			
Investigation with Local settlement			1
Outside Jurisdiction		1	
Investigation Discontinued			
Premature/Informal enquiries	2	2	
<b>Total</b>	<b>3</b>	<b>4</b>	<b>1</b>

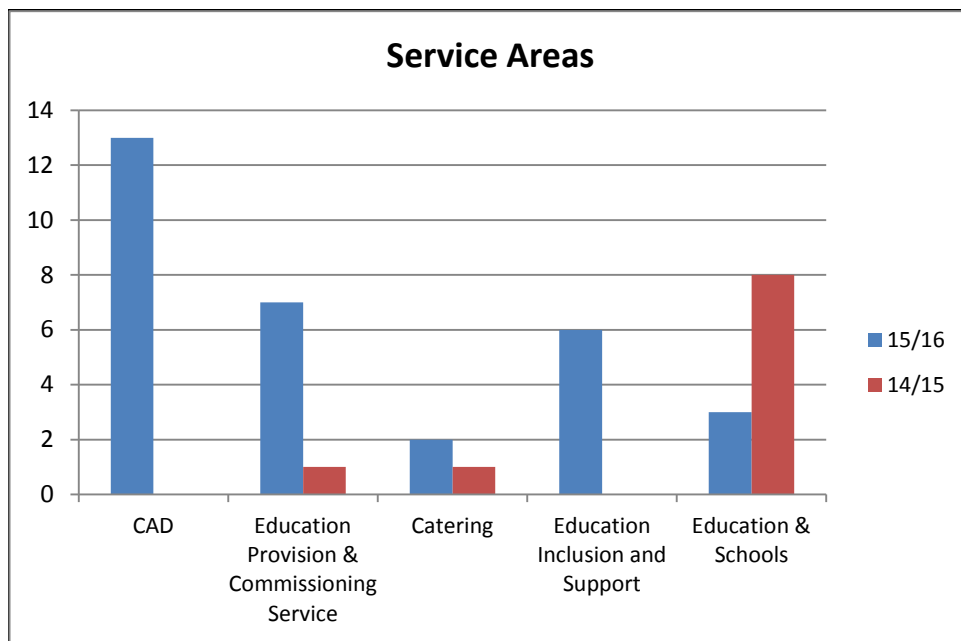
### 2. Total number of complaints

The number of complaints has increased by 58% in 2015/16 compared to 2014/15, although the number of enquiries have dropped by 27%. Enquiries are those complaints that are in relation to school matters that are referred to the relevant school/college to be taken through their own complaints procedure.

	Corporate Complaint	Enquiry	Total
<b>2015/16</b>	<b>31</b>	<b>35</b>	<b>69</b>
<b>2014/15</b>	<b>13</b>	<b>48</b>	<b>61</b>
<b>2013/14</b>	<b>27</b>	<b>14</b>	<b>41</b>

#### 2.1 Service Areas

Service areas within Learning & Achievement changed during 2015/16 with the introduction of the Children and Families Act 2014 with the bringing together of Children and Adults with Disabilities (CAD) into one team to reflect the seamless service from birth to death and the introduction of the Special Educational Needs (SEND) process. Therefore a high number of complaints related to the implementation of the Children and Families Act. Also the 86% increase for Education Provision & Commissioning Service resulted from a number of complaints in relation to school expansions.

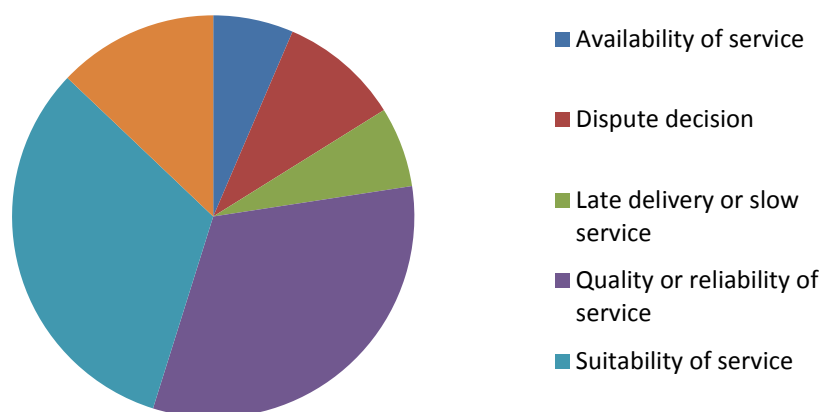


Column1	15/16	14/15
CAD	13	0
Education Provision & Commissioning Service	7	1
Catering	2	1
Education Inclusion and Support	6	0
Education & Schools	3	8

## 2.2 Reasons

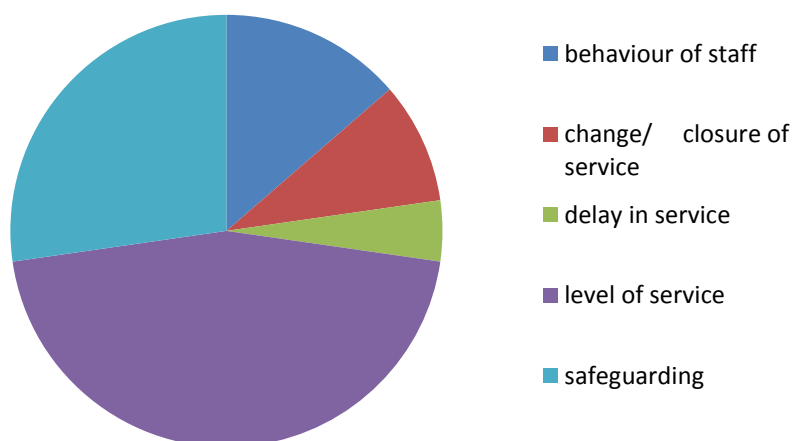
Due to the change in recording of Corporate complaints and the categories, it is not comparable to previous year's data and therefore can only show the breakdown of the complaint reasons for 2015/16. 'Quality and reliability' and 'Suitability of service' were the main reasons for complaint during 2015/16 and related to school expansion programme, provision regarding SEN transport and special educational needs.

### Learning & Achievement Corporate Complaints Reasons 2015/16



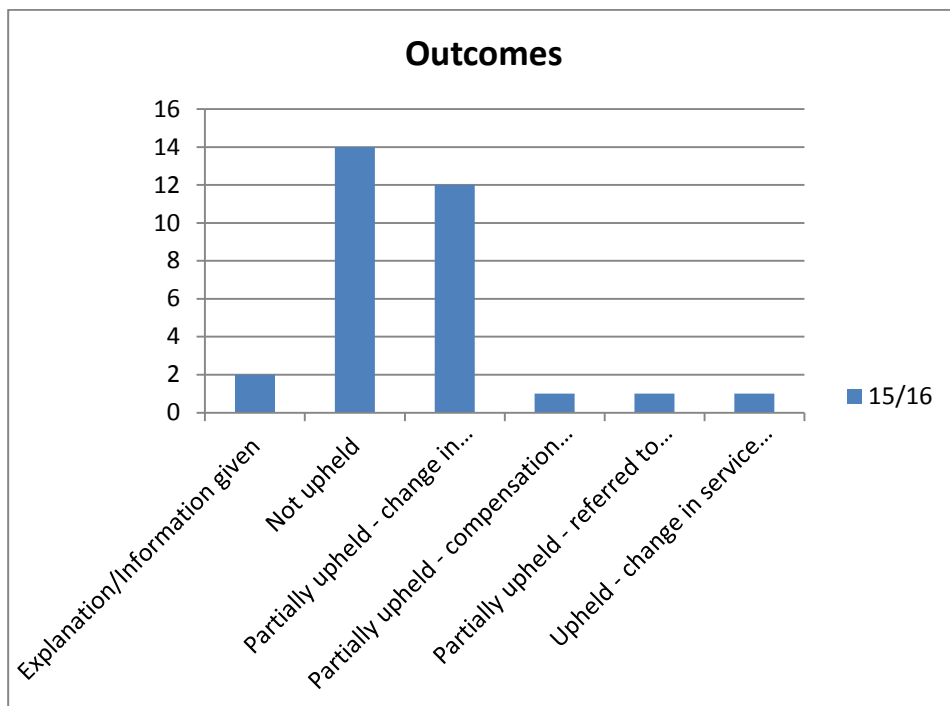
Below shows the breakdown of the reasons of those enquiries that were referred to either schools or colleges. The highest is in relation to 'level of service' and the majority of these were in relation to bullying and how the school/college dealt with it. Linked to this was 'safeguarding, the next highest. Again some of this was in relation to bullying incidents within the school where concerns were raised which, following robust investigations, were identified as perceived risks, rather than actual risk to an individual child or safety of children within the school/college. Those that were around 'behaviour of staff', the majority were in relation to perceived childminders' behaviour within education premises.

### Schools/Colleges - Reasons 2015/16



## 2.3 Outcome

Although reporting for outcomes has been done retrospectively, it will enable the Service to see comparable data in future years. Below shows that the majority of the complaints were 'not upheld', with the next highest outcome being 'partially upheld – change in service provision'. These may have included provision being agreed or increased, or changes to practice in relation to provision.



## 2.4 Response times

There were 31 Corporate complaints received during 2015/16 an increase of 58% compared to 2014/15, with 97% being responded to within timescale. This improved from 2014/15 where 77% were responded to within timescale. It should be noted that corporate timescales had changed in 2015/16 to 15 days as opposed to 10 days. Learning & Achievement continue to have a high response rate.

	Within 15 days		Outside of timescale	
	Apr15-Mar16	Apr14-Mar15	Apr15 – Mar16	Apr14-Mar15
Corporate Complaints	30	10	4	3

## 3. Members' Correspondence

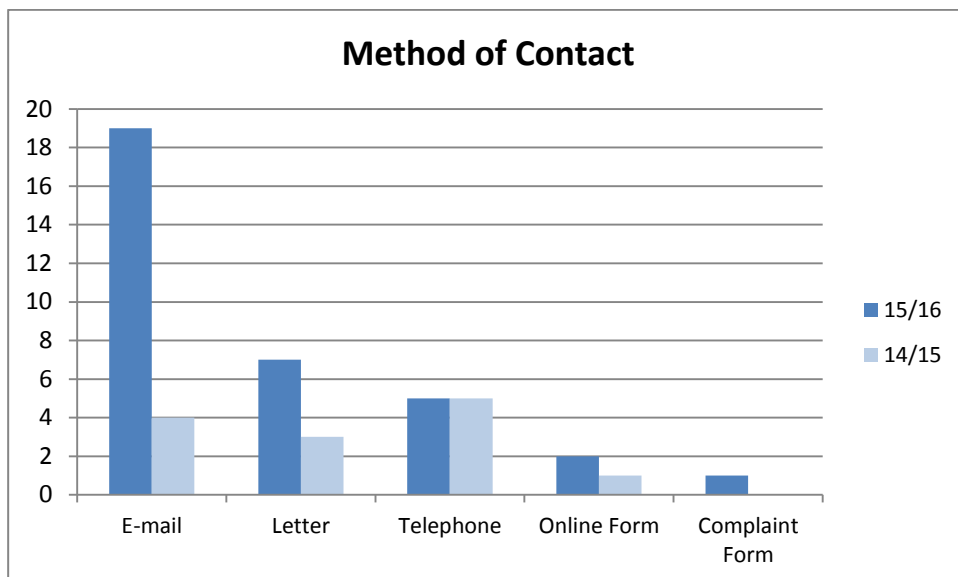
Members enquiries have increased by 13% in 2015/16 with 93% responded to within timescale. Learning & Achievement continue to have a high response rate.

	2015/16	2014/15	2013/14
Members Correspondence (from MP's & Cllrs)	54	47	62

## 4. How Complaints were received

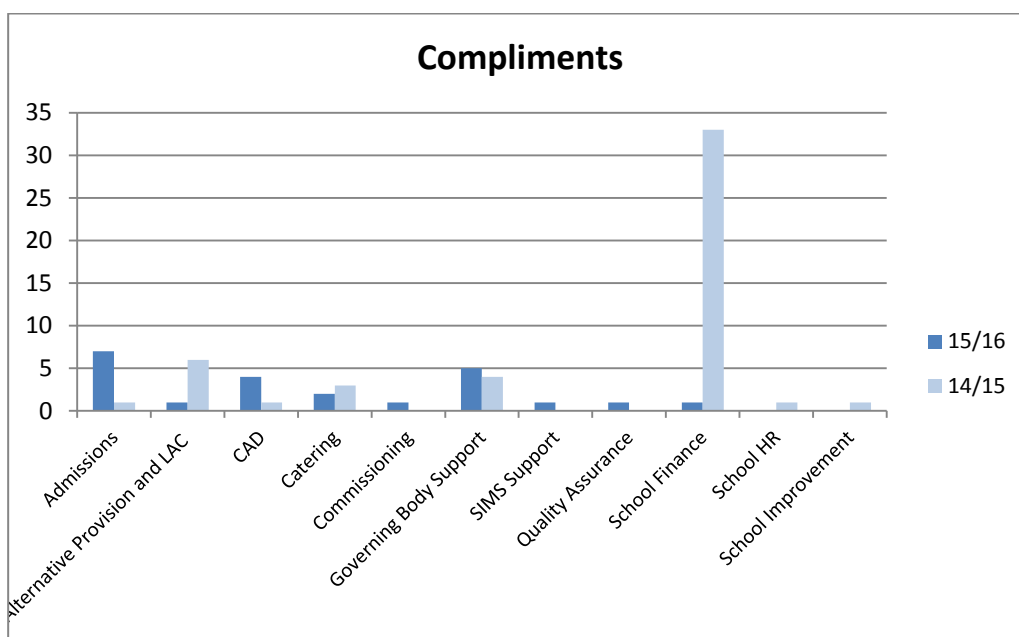
Complainants continue to prefer making their complaint either by email or letter which has shown an increase of 79% and 57% respectively in 2015/16 compared to 2014/15. Telephone contact remains at the same level, and there has been a slight increase in those using the online form.





## 5. Compliments

Compliments have decreased by 58% in 2015/16 from 2014/15, however in 2014/15 a survey resulted in the high number during this period. There have been increases across Admissions, CAD and Governing Body Support with Quality Assurance and SIMS Support receiving compliments during 2015/16. The majority of compliments were in relation to the help and support provided.



Some examples of compliments received are given below:

A mother feedbacks on a worker ' she is absolutely brilliant fabulous, I can't fault her. From the very beginning when she came to see the child she was very thorough in checking things out for him. She keeps you informed through phone calls back & forth always phones you back.' Totally different changed our lives so (she) should keep doing what she is doing.' – **Children & Adults with Disabilities (CAD)**

A headteacher writes 'I am writing to express my appreciation and thanks on behalf of the GoverningBody for the help and support you have given to the school since my appointment in 2012. You have always conducted our meetings in a very professional and approachable manner, for which we would like to thank you.' – **Governing Body Support**

A Director of an Academy's Trust writes about a worker 'Just a personal note to thank you and your department for all of your work, support and advice which has been of enormous help to us throughout the year. The improvements made since you have been in post have been considerable, and have enabled us to carry out our whole admissions process with greater knowledge, confidence and efficiency.' – **Admissions**

A headteacher writes 'I just want to say a huge personal thank you to all of you, for all the thought and support you put into helping me with the alteration of the Pastoral Structure. Please pass on my thanks to all the team, ..... who showed amazing patience and kept me sane...'. – **School Information Management System (SIMS)**

## **6. Conclusion**

Complaints data for Learning & Achievement in relation to Corporate complaints is limited, as the categories differ from that within Adults and Children's Social Care. Data in relation to enquiries is based on reports within Children's Social Care, and therefore is reflective of this.

There has been an increase in the number of complaints for Learning & Achievement, based on the changes, not only within the Service but also changes within Schools, in particular the schools expansion programme and the change with the bringing together of Children and Adults with Disabilities under Learning & Achievement.

Learning & Achievement continue to have a good response rate on complaints and may need look at schools and their bullying policies/practices. The service continues to challenge schools in relation to their practice around bullying.