



INDIVIDUALS OVERVIEW AND SCRUTINY SUB - COMMITTEE – 4 September 2018

Subject Heading:

Adult Social Care Complaints Annual
Report 17/18

SLT Lead:

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Policy context:

An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.

SUMMARY

The Adult Social Care Annual Complaints Report 2017-18 attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2017 – March 2018.

Adult Social Care Annual Complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' with a requirement to publish the annual report.

RECOMMENDATIONS

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with increasing demands.
2. That Members note the actions identified to improve services and the continued monitoring by the Service and the Complaints & Information Team to ensure these are implemented evidencing service improvements and with a view to reduce similar complaints.
3. That Members note the positive feedback to services by way of compliments received and highlighting good practice.

REPORT DETAIL

4. Adult Social Care complaints have decreased slightly in 2017/18 (108) by 11% from 2016/17 (121) with a 13% decrease in formal (75 in 17/18 from 86 in 16/17) and 6% in informal complaints (33 in 17/18 from 35 in 16/17) The number of enquiries however have increased in 2017/18 (34) by 47% from 2016/17 (18).
5. Ombudsman enquiries have increased slightly from 8 in 2016/17 to 9 in 2017/18. Of these, two were found to be maladministration injustice with penalty regarding financial implications on change of service, one no maladministration after investigation. The remaining enquiries were either closed after initial enquiries, out of jurisdiction or premature.
6. The highest number of complaints received was for external home care. The total commissioned hours for Adult Social Care for 2017/18 was 707,593 with 15,884 of those hours representing 2% of complaints involving external home care.
7. The main reason for complaints 'level of service' still remain around disputes on charges, linked to level and quality of service. There were also issues regarding delays in equipment and services and financial assessments/funding. During 2017/18 there were changes in Adult Social Care teams involving a realignment of cases which had an impact and also the Financial Assessment & Benefits Team developed a backlog of assessments to be completed (now resolved)
8. The number of complaints upheld in 2017/18 was 51 with 52 not being upheld and five being withdrawn. With the introduction of the new social care system in February 2019 the Complaints & Information Team will be able to improve management information, including better categorisation of outcomes to indicate where a complaint is fully upheld, partially upheld or not upheld.
9. It is noted that there were still complaints involving financial information as a result of a change in provision and also in relation to frustrated visit charges. This highlighted the need for completeness of assessments to include budget information and consistency where there is a change of provision. The introduction of the new social care system should help ensure consistency across the Service. The Non-Residential Charging Policy has been revised and made available February 2018 on Havering's website https://www.havering.gov.uk/downloads/20118/policies_and_strategies which now covers charges for frustrated visits.
10. Overall response times still need to improve, however those that have been responded to within 10 working days improved with 25 being responded, 11-20 working days was at the same level of 32 as 2016/17 and those

responded to over 20 working days reduced to 50 in 2017/18 as opposed to 76 in 2016/17.

11. The collation of monitoring information is reflecting the main equalities characteristics requirement and includes, gender, religion, marital status and sexual orientation. For marital status and sexual orientation, there are a high number not recorded as these categories may not have been routinely recorded.
12. For those aged 85+ there has been a decrease by 28% (39 in 17/18 from 54 in 16/17). The breakdown of gender is included within this category and shows that there are a higher number of females within the age range 75-84 and 85+. 'Physical Disability' information is slightly lower in 2017/18 to 74 from 80 in 2016/17 and includes 'physical support – personal care' and physical support – access and mobility'. As reflected in the borough 'White British' is the highest with next highest representations from 'Black/Black British African'.
13. Complainants preferred method of contact is via email, letter and telephone. With the new social care system, this may move more towards online with the introduction of the social care portal.
14. Expenditure incurred was £581.25 for publicity of complaints leaflets, which are included in packs used by social workers.
15. Compliments have decreased by 21% from 62 in 16/17 to 49 in 2017/18. Satisfaction surveys may be re-introduced and teams are reminded to send in compliments to log, which should bring compliments back up in the following year.
16. Member enquiries have declined from 91 in 2016/17 to 68 in 17/18 with 88% being responded to within timescale.
17. Learning from complaints is seen as an important management information tool and evidencing improvements in the Service is paramount to the learning. Actions have been reviewed and implemented and will be brought to the Director's Operational Management Group (OMG) meetings to monitor progress. Further areas of improvement regarding better integrated working on complaints with external provider agencies is being explored and with the new Single Complaints Statement issued recently by Healthwatch England and Local Government Social Care Ombudsman, this should assist these discussions.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no specific financial implications to this report, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets. However, despite the reduction in the number of complaints highlighted in the report, there is still a risk of consequential compensation payments, which is being managed in the service by ensuring lessons are learned and procedures reviewed to minimise the risk of compensation arising from future complaints.

Legal implications and risks:

There are no apparent direct legal implications arising from noting of this report

Human Resources implications and risks:

The number of complaints relating to lack of communication, level of service and quality of service have increased from 2016/17 to 2017/18. Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on these skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, have been captured within the new Workforce Development Strategy and Plan.

The Council uses monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants. We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

BACKGROUND PAPERS
