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LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Tuesday 9 October 2012	Town Hall, Main Road, Romford

Members 6: Quorum 3

COUNCILLORS:

Wendy Brice-Thompson (Chairman)
Jeffrey Brace
Pam Light
Keith Wells
June Alexander (Vice-Chair)
Linda Van den Hende

For information about the meeting please contact:
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AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

2 DISCLOSURE OF PECUNIARY INTERESTS

Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any pecuniary interest in an item at any time prior to the consideration of the matter.

3 CHAIRMAN'S ANNOUNCMENTS

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 - 18)

To approve as a correct record the Minutes of the meetings of the Committee held on 3 July 2012 and the Special Committees held on 2 August 2012 and 6 September 2012 and authorise the Chairman to sign them.

5 AGEING WELL THEMES (Pages 19 - 20)

The Committee are asked to note the attached brief setting out the items selected by Overview and Scrutiny Committees to scrutinise as part of their work programmes for the next municipal year.

6 ADULT SOCIAL CARE COMPLAINTS PROCEDURE AND ANNUAL REPORT (Pages 21 - 60)

The Committee will receive the Annual Complaints Report and an update on the Adult Social Care Complaints Procedure.

7 ACTIVATE HAVERING (Pages 61 - 68)

The Committee will received a report on the "Activate Havering" Campaign. This will set out other projects including the Loneliness Campaign, Help not Hospital and IT for the Elderly.

8 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.

9 URGENT BUSINESS

To consider any other items 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.

Ian Buckmaster
Committee Administration &
Member Support Manager

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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
3 July 2012 (7.20 - 8.50 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), Jeffrey Brace, Pam Light, Linda Van den Hende, Dennis Bull (In place of Keith Wells) and Gillian Ford (In place of June Alexander)

Apologies for absence were received from Councillor June Alexander and Councillor Keith Wells

There were no pecuniary interests declared.

1 **MINUTES**

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 11 April 2012 were agreed as a correct record and signed by the Chairman.

2 **COMMITTEES WORK PROGRAMME REPORT**

The Committee received a report setting out details of the work programme for the next municipal year. The Committee discussed the items proposed and agreed the work programme for the next municipal year.

3 **PROPOSED CHANGE TO COMMITTEE START TIME**

The Chairman of the Committee proposed that since there were a number of complex items that the committee would be scrutinising over the next municipal year that the start time of the committee was changed to 7:00pm.

The Committee agreed the change to the start time. This will take affect from the next meeting (9 October 2012)

4 **KEEPING PEOPLE WITH LONG TERM MENTAL HEALTH CONDITIONS OUT OF HOSPITAL**

The Committee received a presentation on Supporting People with Long Term Mental Health Conditions to Remain out of Hospital by the Assistant Operational Director, NELFT.

The main service emphasis was the "Right Care, in the Right Place, at the Right Time". This included the focus on good practice for recovery through community services and in the stages of care to keep people out of hospital. The Committee were informed that recovery is different for every individual, and therefore ensuring that the discharge plans are in place at the time of admission, ensures a swift process back into the community.

NELFT were in the process of portability of assessments, so that if a service user moves out of the area, the assessment would go with them to prevent duplication. As part of the Service Remodelling, Care Pathways had been set up which included General Practitioners, BHRUT and the London Ambulance Service. NELFT were working with the pathways to ensure that education and advice was given in the correct manner.

NELFT were working closely with GPs and the CCG, by holding regular network meetings to give advice and education about getting information to the patients. There is a pilot of link workers into surgeries to assist with assessments, providing clear advice and providing services to patients.

The Committee were informed that there is a real challenge for BHRUT in treating patients in A&E with mental health conditions. Not only does it cause concern to the A&E staff, but also is very distressing for the patient and others around them.

The Committee noted that there were flowcharts in place for the London Ambulance Service when dealing with people with mental health conditions. The flowchart gave a pathway of care available for the London Ambulance staff to make a decision as to where to take the patient. Contact details for the Mental Health Service were available for advice before taking patients to A&E. Pre-assessments could be made by the Home Treatment Team before patients attending the 136 Suite at Sunflower Court at Goodmayes Hospital.

The Committee was informed that within the Older Persons Services, there was a Collaborative Care Service which was based at Queens Hospital and dealt with the early diagnosis of Dementia.

Members raised concerns about links with the Police and the use of the Section 136 for People with Mental Health Conditions. The officer explained that the approach is to take the person to a place of safety and this would be the 136 Suite at Sunflower Court. They have regular liaison meetings with the police to look at these specific issues.

Members asked about training and support that NELFT provided as the lead partner in supporting people with mental health conditions. The officer stated that it is a cascade process from NELFT to management of each of the partners in the care pathway. They provide input and training to the Acute trust, training for Queens Hospital for dealing with adults and older people with mental health, together with providing advice, support and

training from the Collaborative Care Team for staff within A&E at Queens Hospital.

A member commented that the resources available to people with a mental health condition would vary across different boroughs. Officers explained that the model was based on the good practice ensuring that there is support in place to deal with the recovery process. LBH were doing well with their Approved Mental Health Professionals (AMHPs), however other boroughs did not have the same resources. It was explained that there was a flowchart which assisted partners, i.e. London Ambulance Service, in assessing the correct route to take when dealing with a patient with possible mental health conditions. It included details of who to contact so the correct treatment is provided.

The Committee noted that there was a Mental Health helpline available 24/7, which was available to everyone, including service users, other services as well as families and professionals.

A member asked how people with mental health conditions are provided with bereavement support. Officers explained that there were services for the bereaved but this needed to be timely as there were often no coping mechanisms in place. Psychological support was put in place approximately 3 months after the bereavement.

A member asked about people diagnoses with schizophrenia, as this is often controlled by medication, however when the patient start to feel better they forget to take the medication, and then the symptoms arise again. Officers stated that this was an enduring mental illness and with all patients choice of care was the main thing. Options available included depot medication in the form of a timed injection, with support in place if they decided to stop attending.

The Committee agreed that they would wish to have an update on the service in six months time.

5 **FUTURE AGENDAS**

The Committee discussed the outcomes of the Ageing Well Event and before agreeing on a topic group, felt it would be useful for a report to be presented on the themes that other Overview and Scrutiny Committee have agreed to scrutinise so there is no overlap.

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Chairman

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MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Committee Room 3A - Town Hall
2 August 2012 (7.05 - 9.30 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander (Vice-Chair), Keith Wells, Clarence Barrett (In place of Linda Van den Hende), Georgina Galpin (In place of Pam Light) and Frederick Thompson (In place of Jeffrey Brace)

Apologies for absence were received from Councillor Jeffrey Brace, Councillor Pam Light and Councillor Linda Van den Hende

Also present were Councillor Linda Van den Hende and Councillor Paul McGeary as Observers and Councillor Keith Darvill. There were 30 members of the public present.

There were no pecuniary interests declared.

6 **REQUISITION OF EXECUTIVE DECISION - REVIEW OF FAIRER CHARGING POLICY**

The Committee were informed that at its meeting on 11 July 2012, Cabinet had considered a consultation process on the following proposed changes to the Council's Fairer Charging policy in order to generate additional income/savings of £250k as per the MTFS savings process agreed at Cabinet in July 2011. There were 3 proposed changes to the policy.

1. Removal of current maximum charge cap in place for users of domiciliary care services
2. Review of Proportion of disposable income chargeable in financial assessments
3. Review of Disability related expenses allowance

The decision was requisitioned for the following reasons:

1. In removing the current maximum charge cap for users of domiciliary care services:

    a. What is the actual cost of services in excess of the cap?
    b. Would users be required to sell their assets to pay for it?
    c. How is the £138,000 saving made up?

2. In removing the 10% discretionary allowance for domiciliary care service:

    a. How many people does this affect?
    b. What are the levels of feed and
    c. What level is the "basic living allowance" set at?
    d. How is the saving £101,429 made up?

3. In reducing the cumulative weekly allowance for expenses linked to individuals' personal and medical circumstances from £77.45 to £40:

    a. How many users will this affect?
    b. How is this saving of £26,398.39 made up?

Officers explained that the actual cost of the services in excess of the cap was £138,000 per annum. This was made up of the care packages in place, across 21 users who had a cap of £23,500 which equated to the £138,000 per annum. The highest cost of care was £652 a week, which would be an additional £330 a week.

A member stated it would have been useful to have the information on how the 21 users who are above the cap would be affected. Also raised was how a user could go from £323 to £600 worth of care. Officers explained that double handed care four times a day would add up, however, if a persons assets dropped below a certain point, then the cost of their contribution would be less. This was only in the consultation process and no final recommendations had been made. Only those with the capital or sufficient income would be charged.

In relation to selling assets, users would not have to sell their homes, only if they had a second home would this however be seen as an asset, relating to home care? Officers added that often users do not declare their assets but just pay for the care they receive.

Officers stated that the consultation would be with all service users, but specifically would ask how it would affect the 21 with the cap.

Officers explained how the 10% discretionary allowance was worked out, they explained that by removing the 10% it would change the way in which financial assessments were carried out. If the 10% was removed there would be 1211 users with no charge and 483 users who would be charged, with only 183 users having to pay in excess of £5. The other alternative would be to look at an option of 5%, the most that any user would pay would be £33.29.

The Committee asked if there were robust checks in place to ensure that customers were receiving the benefits they stated on their application form. Officers explained that the forms were filled in at the time of an officer visit. It was a holistic service so also identifies any gaps in benefits. All evidence

was taken at the time of application so there was no verification necessary at a later date. Financial Assessments followed the Social Work assessment so that financial assistance was in place for users.

A member asked where the figure of £40 had come from in relation to the cumulative weekly allowance for expenses linked to individual personal and medical circumstances.

Officers stated that this had come from a benchmarking exercise that had been carried out. Some authorities had a figure of £12 a week; therefore it was decided to take a figure between this and the current figure of £77.45 this seemed reasonable.

Officers explained that the consultation, if agreed, would commence in September for 90 days, and would be implemented in April. There would be information posted out in September, together with face-to-face communications at Day Centres, Drop-in sessions at the Town Hall and visits to the Housebound. Letters would be specific to the users identifying how the change would affect them. An easy-read version would also be produced and both HAVCO and HAVCARE were on board.

A member asked if work had been done on how users would afford this in six months time, as their financial circumstance could change. Officers explained that this had been taken into account, and estimates of when clients savings would drop off had been put in place. Monthly reports were run in-house to identify cost/ capital of clients and financial assessments were done proactively. The client make-up was changing all the time, however over a number of years the people have changed but not necessarily the figures.

After further discussions, the matter was put to a vote.

The proposal that the requisition be upheld (and therefore that the matter be referred back to Cabinet for further consideration) was LOST (by 4 votes to 2), and it was therefore **RESOLVED:**

> **That the requisition of the Cabinet decision held on 11 July 2012 not be upheld.**

The voting was as follows:

Councillors Alexander and Barrett voted in favour of upholding the requisition
Councillors Brice-Thompson, Galpin, Thompson and Wells voted against upholding the requisition.

7 REQUISITION OF CABINET DECISION - APPROVAL FOR AWARD OF TENDER: REABLEMENT SERVICE

The Committee were informed that at its meeting on 11 July, approval was sought from Cabinet to approve the award of a five year contract, following a competitive tender process, for the provision of reablement services to adults, commencing 1 November 2012.

Tenders were received from two bidders referred to as Bidder A and Bidder B. However Bidder B withdrew from the tender process.

Cabinet agreed to award the contract to Bidder A for a period of five years. It would be for the delivery of a guaranteed block of 1000 hours per week, and up to an additional 250 hours per week as required.

All necessary action would be taken by the Council and by Bidder A, including all actions and communication in relation to the transfer of staff under TUPE, to enable the implementation of the contract from 1 November 2012.

The decision was requisitioned for the following reasons:

1. Insufficient consideration has been given to the options to retain an in-house service.
2. There has been no consultation with service users.
3. In view of the proposal to transfer under the Transfer of Undertakings Protection of Employment regulations (TUPE) to examine why similar savings could not be achieved with an in-house service.
4. To examine the "Tender" arrangements and processes used in identifying the preferred bidder.
5. To consider the outcomes arising from similar service externalisations in other Councils.

A member stated that the decision made by Cabinet affected both staff and the service. The Service had been initiated in 2007 and had been a benefit to all users and the Council, therefore it was important for the Committee to consider this requisition.

In a recent Department of Health publication entitled "Internal versus External (services) toolkit" it stated that officers should carry out analysis to ensure the service provided is efficient, and if it could be retained in-house. Concerns were raised that the original report did not demonstrate or give evidence that this had been considered.

A member asked if the current service could be reorganised to prevent the amount of down-time and therefore bring down the cost. Again concerns were raised that there was no evidence in the report of this being investigated. Within the report there was mention of the employment of a Contract Monitoring Manager, however there were no costing of this new

post, where they would be located and the cost of overheads for this new post.

Officers stated that a number of options were explored, and the option to retain and remodel the in-house service was considered in some detail, drawing on expert advice and national research in this area. However, this concluded that remodelling the service in-house would not achieve the MTFS savings required of the service.

A member asked about how the externalisation of the service would affect the outcomes of users and if they would they receive the same service, from the same staff at the same level they were used to. He also enquired whether existing staff would be asked to work within other boroughs if Bidder A had tenders elsewhere.

Officers stated that a lot of effort and consultation had been made to ensure the service was efficient. There had been a reduction in management through in-house staff and the analysis was done in conjunction with colleagues from the Department of Health, and this concluded that the in-house service was performing well but at a high cost. The intention was to continue to provide a Reablement service. He added that Havering provided approximately 900 contracted hours per week, however this needed to rise to between 1200 and 1500 per week to achieve customer needs and outcomes. The average age of service users was 80+ with the majority of them becoming independent following support from the service. The intention was to expand the service to more customers, however this was challenging in the current national financial context and the efficiency needed also to be linked to the Council's MTFS for medium and long term efficiency.

A member asked if staff had been approached regarding increasing their hours and therefore reducing the amount of down-time. Officers stated that this proposal was about reducing the costs of the business overall, not about reducing hours of support to individual customers. The proposal had been extensively market tested.

A member asked about the process for consultation and why a decision was taken not to consult the service users, since national guidelines state that service users should be consulted. Officers stated that since services users are only in the services for up to 6 weeks, they would have received a consultation on a change which they would not be engaged in. There would also be no change to the care packages received. The Council would be the commissioners of the service not the providers, much like the current Homecare service which is provided by the independent sector.

Officers stated that feedback and consultation is gathered from a variety of sources on an ongoing basis. This includes annual surveys of care customers, from the compliments and complaints the service receives and from people leaving the reablement service. The common theme from all this consultation is that the majority of users wish to become independent.

The average user was only in the service for an average of 4.1 weeks, where all of their needs are considered. By expanding the service the needs of more users could be met, with the increase of 900 contract hours to 1250 contract hours. It was important that the needs and wishes of customers who currently would benefit from the service but could not access it were taken into account as well as those who have previously accessed it.

A member asked why there was only one Bidder for the tender at the end of the process, and why the others had withdrawn. Officers stated that the early feedback of interested parties had raised concerns about the on-costs of Council staff. There was a full analysis done of two bidders, however Bidder B withdrew at the later stage, due to their own reasons. Therefore Bidder A was awarded the contract. They had been through the analysis and came out as the best in the end. Part of the analysis was looking at the experience they had in other places, which they met. The evaluation panel was robust and included a GP from the CCG.

The Committee asked how officers knew that the right company had been selected. Officers stated that although this was a developing market the evaluation process was a robust one. Bidder A were a well established company providing care and support to a large number of customers in a range of services from registered homes to floating care and support. Bidder A was also running a pilot in reablement elsewhere. Members raised concerns that the service was important to the users and therefore a good track record in TUPE and service outcomes was essential. Officers stated that reablement was a fairly new concept and therefore no one had 20 years experience. The interview and evaluation process showed that Bidder A had a good customer focus and were outcome focussed.

A member asked about the make up of the evaluation panel and why members of staff were not included on the panel. Officers stated that the panel operated within the standard evaluation framework for such panels, and included care management, commissioners, a health professional and other relevant staff. It is not Council's practice to include front line staff who may be the subject of a TUPE process arising from such an evaluation, to be included in the evaluation panel. The trade unions had participated in meetings within the short listed tenderers at an earlier stage in the process and would be involved in the formal TUPE consultation process.

The Committee asked about a "get-out" clause in the contract should anything go wrong. Officers were confident that the evaluation process was a rigorous one, but that of course all contracts had a degree of risk. They were confident that the Bidder had demonstrated they could move the service forward in order to expand the contract hours. Obviously if there were any issues then the organisation would have to look at alternatives. Monitoring would start from the time the contract starts, and monitoring of performance would be reported to the Individuals Overview and Scrutiny Committee.

A member raised concerns about Bidder A given that there had been incidents in the past where staff had been "TUPE'D" across and then their contracts were changed. This had resulted in Employment Tribunals. Officers stated that it was difficult to comment on these issues without further evidence. However, they would explore these matters further with Bidder A. The legal position however was that companies could not just simply change the terms and conditions of staff who were TUPE'D over without undertaking a formal consultation process with them. This would involve consultation with the relevant staff trade unions. The contract was for a five year term.

The Chairman allowed a spokesperson from the public present at the meeting to speak. The member of public stated that she, together with others present, was a member of staff in the service, she added that all service users are encouraged to fill in a survey about the service provided at the end of their reablement care. These compliment the service received. The staff did not want to take this change lightly hence the large turnout at this meeting. Staff build up a good relationship with clients, and have concerns about how the changes will affect them as well as the users of the service. Given the large cross-section of staff within the service there may come a time when they would need to use the services and would wish to see this kept in-house.

A member stated that they felt the decision to award the contract should be postponed until this can be looked at again given that the Government had indicated that Health money for reablement would be given to Social Services and so that any concerns raised by staff, or from this meeting could be investigated.

After further discussions, the matter was put to a vote.

The proposal that the requisition be upheld (and therefore the matter be referred back to Cabinet for further consideration) was LOST (by 3 votes to 2), and it was therefore **RESOLVED:**

> **That the requisition of the Cabinet decision held on 11 July 2012 not be upheld.**

The voting was as follows:

Councillors Alexander and Barrett voted in favour of upholding the requisition
Councillors Brice-Thompson, Galpin and Thompson voted against upholding the requisition
Councillor Wells abstained

Chairman

MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Committee Room 3B - Town Hall
6 September 2012 (7.00 -8.15 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander (Vice-Chair), Jeffrey Brace, Pam Light, Linda Van den Hende and Dennis Bull

8 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Keith Wells, Councillor Dennis Bull was substituting.

Also present were Councillors Keith Darvill and Paul McGeary.

The Chair, Vice-Chair and Coordinator of Havering Local Involvement Network (LINk) were also present. One member of the public was also present.

9 **DISCLOSURE OF PECUNIARY INTERESTS**

No pecuniary interests were declared.

10 **CHAIRMAN'S ANNOUNCEMENTS**

Details were given of the arrangements in case of fire or other event that may require the evacuation of the meeting room.

11 **REQUISITION OF CABINET DECISION - COMMISSIONING OF A LOCAL HEALTHWATCH SERVICE**

The Committee were informed that, at its meeting on 15 August, Cabinet had considered a report on commissioning of a Local Healthwatch service. The Cabinet decision was as follows:

1. To note the consultation on models for the commissioning of a local Healthwatch service.

2. To confirm the inclusion of the Independent Complaints' Advisory Service in the function to be carried out by Healthwatch.

3. To delegate the consideration of consultation responses, the LINk's legacy analysis, consultation with the host organisation and current chair/vice chair of LINk and selection of the appropriate commissioning route to the Cabinet Member for Individuals and Deputy Leader.

4. To note that further work would be undertaken to draw up the specification and proposed operating model for Healthwatch in Havering once the procurement route has been established.

The decision had been requisitioned for the following reasons:

1) to address the concerns of the Local Involvement Network (Havering LINk)
about the recommendations within the Cabinet Report;

2) to ensure that the consideration of consultation responses, the LINk's legacy analysis, consultation with the host organisation and current chair/vice chair of LINk and selection of the appropriate commissioning route is not delegated the Lead Member for Individuals and Deputy Leader;

3) to give more detailed consideration of the advantages and disadvantages of a shared Healthwatch 'Hub & Spoke' model with joint commissioning led by LB Barking & Dagenham.

The Assistant Director – Transformation (Commissioning) for Adult Social Care explained that the Health and Social Care Act required Havering to have a fully functioning Local Healthwatch by 1 April 2013. A consultation on the options had been launched in August 2012 and it was accepted that it had not been possible on this occasion to give a 90 day consultation period as recommended in guidance. The Assistant Director acknowledged that the consultation questionnaire was slightly misleading and unhelpful and apologised for this.

It was accepted that the consultation had caused concerns but a positive point was that a lot of responses had been generated and this had shown the strength of feelings around the outcomes achieved by Havering LINk. The Assistant Director was happy to have direct meetings with any interested parties and would feed in all feedback received before the end of September.

The Assistant Director was aware of the good work carried out by Havering LINk in the last 3-4 years and felt that Havering LINk had outperformed LINks in neighbouring boroughs. It was accepted that this was not reflected in the written consultation document. The Assistant Director and his team had met with the LINk Chair and Vice-Chair as well as the LINk host organisation – Shaw Trust. Meetings were also being arranged with the Patient Advice and Liaison Service and with the Independent Complaints Advisory Service. The Assistant Director wished to build on the legacy of Havering LINk going forward into Healthwatch.

Local Healthwatch would have 4-5 times more funding than LINk as it would cover several additional work strands and the Assistant Director wished to recognise and build upon the work of the LINk. He added that several consultation responses had mentioned a wish to avoid the mistakes made when the former Patient and Public Involvement Forums changed to Local Involvement Networks.

Officers accepted that the consultation document listed more positives for option C (the shared model with Barking & Dagenham) than for the other options and agreed that it looked like the document was trying to prejudice the outcome. Officers emphasised that this was not the case and that no decisions had been made at this point. Most consultation responses received thus far had favoured a Havering-specific model. A paper would be produced by officers in October 2012 which would look in a balanced way at the advantages and disadvantages of each of the different Local Healthwatch models.

The Assistant Director agreed that the coordination of volunteers needed to be a key part of the new model. He had met with Havering LINk and stated this aim. It was accepted that the consultation had had a negative impact so far but efforts were being made to recover from this. The Assistant Director wished to build the LINk work plan into Local Healthwatch and had offered to meet with the LINk steering group.

The Assistant Director offered to circulate the responses and main themes of the consultation once these had been received after the end of September. These would be attributed to their sources where the individuals and organisations concerned had agreed to this. The decision on the Local Healthwatch model would be taken by the Lead Member.

It was confirmed that the consultation assumed the full budget would be available to Local Healthwatch although final figures would not be known from the Government until December 2012. It was hoped that the full anticipated funding would be received.

The Assistant Director confirmed he had met with officers from Shaw Trust earlier that week and a positive meeting had taken place. He felt that Shaw Trust had done a good job supporting the LINK. Shaw Trust had been very supportive and had lots of ideas re the transition to Healthwatch.

The funding for Healthwatch was expected to consist of approximately £60,000 existing LINk funding, £47,000 additional Healthwatch funding, £105,000 for PALS functions and £58,000 for ICAS functions.

Councillor Darvill, a requisitioner of the decision, addressed the Committee and felt that pre-decision scrutiny and debate on the proposals should have taken place some months ago. Perhaps a debate should have taken place at full Council as this was an essential aspect of local government policy. He wished to record strong criticism of the Administration for the delay in

bringing the Local Healthwatch proposals forward. Councillor Darvill also felt that the decision on Healthwatch should be taken either by Cabinet as a whole or via a report to full Council and not left to the individual Cabinet Member. Scrutiny of the consultation process should also be allowed.

The Assistant Director agreed that it would have been positive to have this debate earlier but this had not been possible due to delays in the Health and Social Care Act being passed and in the publication of the Healthwatch Regulations which were now expected towards the end of September.

It was explained that both Local Healthwatch and the Health Overview and Scrutiny Committee would call the Clinical Commissioning Group (CCG) to account if necessary.

The Assistant Director was unaware of any meetings in June 2012 concerning a potential four-borough Healthwatch for Outer North East London but would make enquiries regarding these discussions.

It was anticipated that borough Healthwatches (if this type of model was chosen for Havering) would need to work together on a regular basis in order to deal with cross-border issues. The Assistant Director confirmed that the role of Local Healthwatch with Children's Services was less extensive and this would be clarified in the Regulations.

It was **agreed** that a further special meeting of both Committees would be held after the end of the consultation period. This would allow the Assistant Director to present the outcomes and main themes of the consultation to the Committees. Any views expressed by Members could be fed back by the Assistant Director to the Lead Member. No formal recommendations would however be made at this meeting. Councillor Brace objected to this meeting and requested that his objection be recorded.

The Chair of Havering LINk thanked Members for calling this special meeting and confirmed that he did not have any questions at this time.

The matter was then put to a vote.

The proposal that the requisition be upheld (and therefore that the matter be referred back to Cabinet for further consideration) was LOST (by 4 votes to 0) and it was therefore **RESOLVED**:

> **That the requisition of the Cabinet decision taken on 15 August not be upheld.**

The voting was as follows:

Councillors Brace, Brice-Thompson, Bull and Light voted against upholding the requisition.
Councillors Alexander and Van den Hende abstained.

Chairman

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Ageing Well Event : Themes by OSC

Environment OSC:

- Highway Claims/ Insurance
- Subway Access to Romford Market
- Blue Badge Scheme (assessment)

Individuals OSC:

- IT for the Elderly
- Dial a Ride
- Update on Safeguarding
  - Banking Protocol
  - Safety of Individuals
  - Rogue Traders
- Impact on housing for Elderly

Health OSC:

- Hospital Reconfiguration and Integrated Care
- A&E (BHRUT)
- NELFT – mental health and community services

Value OSC:

No specific reviews, but happy to joint work with other OSC if relevant.

Towns and Communities OSC:

- Collier Row Town Centre Regeneration
- Hornchurch Town Centre Regeneration
- Romford Leisure Centre

Children and Learning OSC:

NONE

Crime and Disorder

No specific issue which they wished to look at, although they will monitor the fear of crime amongst older people.

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Havering
LONDON BOROUGH

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Adult Social Care Complaints Procedure and Annual Report
CMT Lead:	Lorna Payne
Report Author and contact details:	Veronica Webb Mercury House, Mercury Gardens Romford RM1 3SL 01708 432589
Policy context:	Adult Social Care Statutory Complaints Policy & Procedure

SUMMARY

There are two documents attached as appendices for consideration. The Adult Social Care Complaints Policy & Procedures (Appendix 1), has been revised and updated in light of the changes internally and government agencies and is for Members to note.

The Adult Social Care Complaints Annual Report 2011-2012 (Appendix 2) provides details of complaints and Member enquiries received within Adult Social Care during the period April 2011 to March 2012.

RECOMMENDATIONS

1. That Members note the contents of the annual report and the efforts made in resolving these at an early stage with the increased challenges faced by the service.

2. That Members note that lessons learnt are being evidenced in service improvements and that continued development of systems will lead to better outcomes as they will be linked to actions and recommendations.

REPORT DETAIL

3. Complaints have continued to decrease from last year (13% 2011/12 and 13% 2010/11), however many have been complex and challenging. This is reflected in the response times which have increased in those responded to over 20 days. However 78% of these involved other agencies/procedures. Complaints involving regulated services i.e. domiciliary care agencies or residential/nursing homes have continued to decrease by 23% and 31% respectively.

4. Ombudsman enquiries have increased from last year, due to the changes of approach by the Ombudsman for local resolution by making informal enquiries of which there were four. Of those formal enquiries received, one was found to be no maladministration by the Council after investigation and two were discontinued. One is still ongoing.

5. The changes in Adult Social Care structure has meant that comparisons could not be provided for all teams. Commissioning and Reablement complaints increased during 2011/12.

6. 'Quality of service' and 'behaviour of staff' continue to be the main reasons for complaint. As highlighted in the report, 'quality of service' was around late calls and tasks not being done in an appropriate manner. However behaviour of staff has also been linked to quality of service, eligibility and financial issues.

7. 'Explanation given' was the main outcome which involved defining roles of carers, explanation of eligibility/financial processes. ' Apology given' and 'change in practice' were the next highest outcomes.

8. Monitoring information has been provided for service users only. It is noted that there has been an increase involving those of 85+ and those with physical disabilities. Also there has been a small representation from across a number of ethnic minorities.

9. There were 56 compliments received for 2011-12. The development of the Customer Relations Management (CRM) system should link compliments to relevant teams next year.

10. Responses to Member enquiries have improved from last year with 80% being responded to within timescale.

11. Complaints need to continue to inform service improvements, for example the provison of consistent information with the establishment of Care Point and Quickheart, (a website providing information on adult social care), and with the continued challenges and changes within Adult Social Care, staff will

need to be equipped and feel confident in dealing with complaints at an early stage.

IMPLICATIONS AND RISKS

Financial implications and risks:
There are no specific financial implications to these reports, which are for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets.

Legal implications and risks:
There are no apparent direct legal implications arising from noting of these reports.

Human Resources implications and risks:
Adult Social Care are supporting a personalised approach to customer needs in the Havering community, targeted training around the required skills to effectively undertake this new focus will be important in ensuring that existing customers and potential customers receive the highest quality of service delivery possible.

As monitoring data from the complaints process will be used as an indicator of how well Adult Social Care is delivering its services to the community, continued upskilling of frontline and support staff in the new teams will be a key requirement to maintaining, and improving on, service standards. This will be an area included in the new workforce development plan for Adult Social Care staff and will be delivered with support from HR professionals from Internal Shared Services (ISS).

Equalities implications and risks:
We are regularly monitoring the equalities profile of our customers. The most recent monitoring information has evidenced that a small number of ethnic minorities are accessing the complaints process. We will therefore continue working towards raising awareness of and improving the access to our Complaints, Comments and Compliments Policy and Procedure.

BACKGROUND PAPERS

None.

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APPENDIX 1

Havering
LONDON BOROUGH

ADULT SOCIAL CARE STATUTORY COMPLAINTS POLICY & PROCEDURE

APPENDIX 1

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APPENDIX 1

Introduction

It is a statutory requirement for Local Authority Social Services Departments (NHS and Community Care Act 1990 and Children Act 2004) to have a system for receiving representations by, or on behalf of, users of those services.

Adult Social Care complaints, as well as Children's Social Services complaints, went through changes following the introduction of new government regulations in September 2006.

Further changes were to be made with the introduction of new regulations for a single Health and Adult Social Care complaints procedure that come into effect from 1 April 2009. This followed the Department of Health's consultation paper 'Making Experiences Count', published in June 2007 and the Department's response to that consultation published in February 2008.

The government's White Paper 'Our Health, Our Care, Our Say' made a commitment to develop a comprehensive single complaints system across health and social care. With that came a number of changes: the establishment of the Parliamentary and Health Ombudsman to carry out joint investigations and the establishment of Local Involvement Networks which gives a duty on local authorities and health to involve and consult those that use their services. In addition to this, on 1 April 2009 the Care Quality Commission become operational, joining together the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Commission.

From October 2010, the Local Government Ombudsman was given additional powers to investigate self-funder complaints relating to regulated services i.e. domiciliary care agencies and residential/nursing homes. With the increased move towards self-directed support this should provide an additional resource for information on complaints, which may not have been previously captured.

1 Complaints Policy

1.1 Background

Local Authorities have developed and improved their Social Care Complaints Procedure in response to the growing body of evidence about the importance of an accessible and easy to use system, and models of good practice. However, this did not go far enough and through discussions the Department of Health had with those using the services for both social care and health, it became apparent that there was a need to have a common approach to dealing with complaints across both Adult Social Care and health which put the focus on the needs of the complainant.

Common findings were that complaints were not always being dealt with promptly and sympathetically, and the focus was mainly on the process and was not person-centred. Many people found it confusing having to deal with separate procedures and wanted to have a simple, consistent and unified system. As a result new regulations come into force on 1 April 2009 for both adult social care and health complaints. 'The Local Authority Social Services and National Health Service Complaints (England) Regulations' will introduce a revised procedure for the handling of complaints by local authorities, in respect of adult social care, NHS bodies, Primary Care Trusts' providers and independent providers of NHS care provision. This will have a single process of local resolution putting the complainant at the centre, providing the flexibility to make local arrangements with the expectation of agreed joint working between all agencies.

Where a complaint extends beyond the local authority's services, i.e. home care provider or residential/nursing homes (regulated services), these have sometimes caused confusion, as regulated services have their own complaints procedure. With the introduction of the Care Quality Commission from 1 April 2009, and the local authorities will be expected to bring in line the handling of complaints, through joint agreements. Staff should be aware that the Care Quality Commission will not be taking up individual complaints. However from October 2012, the Local Government Ombudsman was able to investigate complaints from self-funders about regulated services and will

liaise closely with the Care Quality Commission and local authorities where it is found that a regulated service is causing concern.

Local authorities are required to learn from complaints to help service improvements, therefore it is important to evidence these throughout the process.

Complaints which are made against a local authority, are the responsibility of the Local Government Ombudsman who have the necessary remit to cover local government issues. The Parliamentary and Health Service Ombudsman has the authority to carry out joint investigations of health and social care complaints.

1.2 What makes a good complaints procedure?

A complaints procedure needs to be easily accessible to service users and efficient and effective for staff to manage. A good complaints procedure and process will ensure that complaints will be dealt with impartially, objectively and professionally. Service users need have no fear that there might be adverse treatment of themselves, their advocates and/or families as a result of making a complaint. Service users need to feel that they are listened to and provided with the necessary support to help them with the process.

The complaints manager is committed to following up complaints each year to check:

- the service user/complainant was contacted to discuss his/her complaint and their outcomes
- the complainant/service user was satisfied with or understood the response to their complaint
- the complainant/service user was kept informed
- the current service meets the specified standard.
- the service area took the necessary actions identified from the complaint
- the service area has evidenced their learning from complaints
- providers of services have taken the appropriate steps in handling complaints and used complaints to help inform and improve their services
- the arrangements for accessing the complaints process and review as appropriate.

Staff involved in a complaint will be advised of this and be offered support if required. Feedback to staff involved in a complaint within a service area is essential. This is to be undertaken by the relevant supervisor/team manager. Final actions decided as a result of the complaint outcomes will inform improvement to overall services.

It will ensure that complaints are:

- dealt with in a sympathetic and understanding manner
- handled in an individual person-centred way
- dealt with in a fair manner and proportionate to the circumstances
- dealt with quickly and effectively and within appropriate timescales as far as possible, being flexible to the complainant's needs.
- Coordinated where possible
- not lost in the system
- Logged and processed appropriately
- Used as a tool for learning within the organisation

1.3 What is a complaint?

A complaint is when a service user or their representative expresses dissatisfaction with:

- access to information
- change/closure of service
- assessment criteria
- dispute of a decision
- delivery and quality of services

- delays in the implementation of services
- attitude and/or behaviour of staff
- financial issues
- working practices which are contrary to Havering's policies on:
  - Health and Safety
  - Equal Opportunities
  - Racial and Harassment or Bullying

and when a service user or their representative says it is.

The complaints procedure cannot be used to state dissatisfaction with:
- the general level of available resources
- a court decision.

1.4 Who can complain?

- Anyone for whom Havering has the power, or a duty to provide, or to secure the provision of, a service for their needs.

- A service user who is in receipt of payments from Havering under the Community Care (Direct Payments) Act 1996, where the complaint is in reference to the assessment of direct payments or how this was administered.

- Any person who is a representative acting on behalf of someone who has requested such a person to act on their behalf, if the person has died, is unable to complain themselves because of physical incapacity or lack of capacity, or is a child.

- A complaint can be made by a representative of someone who has died as long as that person is deemed to have had sufficient interest in the welfare of the deceased person.

Where a representative makes a complaint on behalf of a child or a person who lacks capacity, it will need to be determined that the representative is acting in the best interests of the person. If it is determined that the representative is not acting in the best interests of the person, the complaint must not be considered.

1.5 Anonymous Complaints

All such complaints will be referred to the Complaints Team for recording and investigation within the complaints system. An anonymous complaint will not be ignored but will be investigated by the Complaints Manager and/or relevant service area manager.

1.6 London Borough of Havering Adult Social Care

Havering Adult Social Care, have a leaflet called*, Comments, Compliments, Complaints,* which provides the opportunity for service users to provide feedback on the services they receive. The complaints process indicated in this leaflet meets the statutory requirements for complaint management.

The Corporate Complaints Procedure is for all departments which do not have a statutory complaints procedure. It provides a uniform and systematic approach to handling complaints across the Council. It also enables individuals who want to complain about Social Services but are not able to use the statutory process. For example a contractor of Social Services may wish to complain about the length of time taken to pay invoices; The Corporate Complaints Procedure would provide access to make this type of complaint.

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1.7 Fair and equal access

Where there are communication, language or comprehension difficulties, the Complaints Manager will seek to provide practical support. Documents will also be provided in appropriate formats to access the complaints process.

Visits will also be undertaken by the Complaints, Information & Communication Team when required to explain the process and the support which can be offered.

Monitoring will be ongoing to review access to the complaints process, identify where possible difficulties or issues for particular groups may exist, and address these as appropriate.

1.8 Withdrawal of a complaint

If a complainant decides not to pursue a complaint, The Complaints Manager in liaison with the appropriate Service Area Manager will consider whether the matter has been concluded, or will require further investigation and advise the complainant accordingly.

1.9 Representations from Members of Parliament (MP) and Councillors

Complainants may take their concerns to their MP, Councillor or legal representative, however it would be usual practice to refer them to the statutory complaints process where this is appropriate.

Representations are likely to be received by the Group Director or Head of Service. If representations are made directly to service areas then the relevant manager must check whether the subject matter constitutes a complaint under the criteria listed above in 1.4. Managers should be mindful of data protection issues and that there is agreement for disclosure of information by the client, or the person legally acting on their behalf. All MP/Councillor enquiries must be copied and forwarded to the Complaints, Information & Communication Team to be logged and monitored.

PLEASE NOTE - service users/constituents may refer their representations to MPs or Councillors in order to obtain services more quickly etc this will have implications for fair and equal access for all service users.

1.10 Representations from Solicitors

If a letter is received from solicitors acting on behalf of a client or their representative, the relevant manager will check that the subject matter constitutes a complaint under the criteria listed above in 1.4; and where a solicitor becomes involved in an ongoing complaint the Complaints Manager must be advised and relevant documentation forwarded.

The Complaints Manager will liaise with the Legal Department to agree how the matter will be progressed.

1.11 Complaints involving Provider Agencies

Where a complaint is received which involves a domiciliary care agency or residential/nursing home, the complainant must be asked if they consent to the details of their complaint being sent to the relevant agency. The relevant provider agency will be notified in addition to the Complaints, Information & Communication Team. The provider agency will be required to deal with the complaint through their own complaints procedure; however complainants may approach Complaints, Information & Communication Team directly or if they are dissatisfied with the way in which their complaint was handled. The Complaints, Information & Communication Team will record this as an informal complaint. Additionally, complainants who are self-funders can approach the Local Government Ombudsman if they are dissatisfied with the way their complaint was handled.

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A complaint covering both the provider agency and the local authority, a coordinated response should be provided as far as is reasonably practicable.

1.12 Complaints involving health

Complaints involving the health service are managed within the same legal framework as Adult Social Care. The protocol already in place between London Borough of Havering, Havering PCT and Barking, Havering & Redbridge Hospitals Trust, however this will need to be reviewed in light of the changes within the health authority.

1.13 What these complaints arrangements cannot be used for

- Local authorities, NHS body, primary care providers or independent providers against other,local authorities, NHS body, primary care providers or independent providers.
- Staff working within these organisations about employment, contractual or pension issues.
- Complaints that have already been investigated under complaints regulations, by the local authority, NHS body, primary care provider or independent provider
- Complaints that are being or have been investigated by the Local Government Ombudsman or Health Service Commissioner.
- Alleged failure to comply with a data subject request under the Data Protection Act 1998.
- Alleged failure to comply with a request for information under the Freedom of Information Act 2000.
- Those who are self-funders or finance their own care directly via direct payments. The Complaints Manager should be advised in these cases and will discuss with the complainant how their complaint will be handled.

Where the local authority, NHS body, primary care provider or independent provider decides that a complaint is a complaint as specified above, then

- It is not required to consider the complaint, and
- As soon as is reasonably practicable notify the complainant in writing of its decision and the reasons.

1.14 Time limit for complaints

There is a 12 month limit in which a complaint can be made from the time that the matter occurred or from the time it came to the attention of the complainant. The Complaints Manager may consider accepting the complaint if there are extenuating circumstances which led to the delay of the complaint being made and if it is still possible to investigate the complaint effectively and fairly.

N.B. If a complaint is not re-directed to the complaints procedure it could disempower the process and create additional complications should the service user remain dissatisfied with the outcome. Please inform the Complaints Manager on 433506 if you find any errors, or contradictions and inaccuracies in any part of this procedure.

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2. PROCEDURE

The Department of Health's 'A Guide to Better Customer Care' and the Parliamentary and Health Service Ombudsman's 'Principles of Good Complaint Handling' provide guidance on effective complaints handling that has informed these procedures.

There are no longer three stages to the complaints procedure. The new procedure has now two stages, local resolution and either the Health or Local Government Ombudsman.

2.1 Receiving a complaint

- You can accept a complaint by telephone, fax, letter, e-mail or in person.
- Discuss the complaint with the complainant to ensure that you understand the issues
- Clarify the complaint(s)
- Ask the complainant what they would like to happen to help resolve their complaint. However this should be realistic, fair and proportionate.
- Listen carefully to the complainant and deal with them in an appropriate manner, taking into account their individual circumstances
- Ask the complainant if they need any support in making their complaint, i.e. for poor sight or hearing impairment, interpreter, translation or advocacy support.
- If advocacy support is required, please advise the Complaints Manager who will contact the appropriate organisation on their behalf, or refer them directly to the appropriate organisation. (see Appendix 6.1)
- If someone is making the complaint on behalf of a service user, check whether they have their consent, are acting in their best interests and whether the complaint is appropriate for this procedure (see 1.4 and 1.13)
- If the complaint contains possible safeguarding issues you should refer to the Safeguarding Team. A draft protocol is to be finalised and once agreed will be included as an appendix to the policy and procedure.
- Confirm with the complainant the appropriate procedure the complaint will be handled under i.e. statutory, corporate, provider agency
- Explain the process and outline what will happen next

It is advisable, where possible and practical, to discuss the complaint with the complainant face to face at the beginning of the process. This provides the opportunity for the complainant to be heard and may help to resolve the complaint quickly.

2.1.1 Councillor/MP enquiries – when you receive these you must:

- Determine if the enquiry constitutes a complaint? (see 1.3) If not sure, discuss with the Complaints Manager, as there may be an ongoing complaint in relation to their enquiry.
- Copy MP/Councillor enquiries to the Complaints, Information & Communication Team for logging/recording and monitoring purposes
  - The Complaints, Information & Communication Team will establish whether the MP/Councillor has the agreement of the service user/relative/carer to act on their behalf and that they are happy for the response to be sent directly to the MP/Councillor.
  - If you are required to respond to an MP/Councillor enquiry, you must be careful of the information you provide i.e. Data Protection Act

2.2 Staff involved in complaints

- Where a complaint is received about a named member of staff, this will be forwarded to the appropriate manager to discuss with them.

- The manager and the member of staff should discuss what went wrong, (if anything) the circumstances and the difficulties surrounding the complaint and look at what can be done to improve the situation.
- Where it is appropriate, the complaint may be considered under the disciplinary procedure or the poor work performance procedure. The Complaints Manager, appropriate Manager and a representative from Human Resources will determine how this will be investigated or progressed.
- If the disciplinary procedure is considered the appropriate route the staff member will be advised and should refer to the council's disciplinary procedures and arrange appropriate representation. If the poor work performance procedure is considered the appropriate route the staff member will be advised accordingly.

2.3 Local resolution

2.3.1 When a complaint is received you should clarify what the complaint is and what the complainant would like to see happen to help resolve their complaint. The complaint will need to be assessed as follows: (see Appendix 6.2)

2.3.2 Low risk (informal) complaint

- if it is a minor concern which is unlikely to occur again, it is not complex and can be dealt with immediately or within 5 days, this should be treated as a low risk (informal) complaint.

- Ask the person raising the concern if they would like to meet with you or are happy to discuss the concern over the telephone.

- agree the timescale in which the matter will be resolved, advise them of the named officer and contact details of the person dealing with the matter and when they will get back to them. This should be dealt with as quickly as possible and within 5 working days.

- Ask how they would like to be contacted to provide feedback on their concern. and the most convenient times for them if they wish to be contacted by telephone.

- Ensure that you note the date the concern was received, the agreed timescale and actions taken to resolve the concern, the date the concern was resolved and whether the person raising the concern was happy with the outcome. (see informal concern sheet)

- Pass on details of informal complaint as above to the Complaints, Information & Communication Team for logging/recording purposes. This does form part of the statutory process.

2.3.3 Low-Medium risk (formal) complaint

- If it is a concern that is serious enough to warrant as a complaint and may have occurred previously or there is a likelihood that it could happen again then this should be treated as a low-medium risk (formal) complaint.

- The relevant Team/Service Manager and Complaints Manager must be advised of the complaint, who will discuss the most appropriate way to handle the complaint.

- The Team/Service Manager, if appropriate, may identify a nominated person to deal with the complaint. The nominated person must liaise with the Complaints, Information & Communication Team who will assist with the process.

- The process as outlined below in 2.3.7 must be followed.

- Staff should aim to respond within 10 working days.
- The final response will be signed off of by the designated Responsible Officer.

2.3.4 Medium Risk

- a complaint that requires investigation at Team/Service Manager level, which may have happened previously or is likely to occur in the future and could result in harm.
- the Team Manager/Service Manager will liaise with the Complaints Manager to discuss the most appropriate way to investigate the complaint.
- The process as outlined below in 2.3.7 should be followed
- Managers should aim to respond within 10-20 working days.
- The designated Responsible Officer is to have the final sign off of the response.

2.3.5 Medium-High Risk

- a serious complaint which is likely or almost certain to occur again, which could or has resulted in harm and requires investigation at Service Manager level.
- the Service Manager will liaise with the Complaints Manager to discuss the most appropriate way to investigate the complaint.
- The process as outlined below in 2.3.7 should be followed
- The Assistant Director/Head of Service should be notified.
- Managers should aim to respond within 10-20 working days.
- The designated Responsible Officer is to have final sign off of the response.

2.3.6 High Risk

- A serious and complex complaint that requires a thorough independent investigation and is almost certain to reoccur and has resulted or may result in serious harm or death, or have major implications for the service.
- the Complaints Manager will liaise with the Assistant Director/Head of Service to appoint an independent investigator to investigate the complaint and an independent person as necessary. Attempts should be made to match gender and ethnicity as appropriate.
- The Complaints Manager will advise the complainant of the name of the investigating officer and will obtain signed agreement from the service user/complainant for the investigator to access records for the purpose of the investigation
- The independent investigator will meet with the complainant to clarify the issues and agree a statement of complaint which should reflect the process outlined below in 2.3.7 for acknowledging a complaint.
- The Complaints Manager will liaise with the independent investigator and assist with the coordination of the investigation as appropriate.

- An initial draft report will be sent to the Complaints Manager, who will discuss with the Director/Assistant Director/Head of Service and share with the complainant for any initial comments and feed these back to the investigator

- The final report will be submitted to the Complaints Manager who will forward to the Director/Assistant Director/Head of Service to include with their final response to the complainant

- The investigation report and response should be signed off by the designated Responsible Officer within 25-65 working days

2.3.7 The Process for formal complaints:

- The Complaints Team will contact the complainant to acknowledge the complaint either verbally or in writing within 3 working days and establish if the complainant would like to meet, or are happy to discuss the complaint over the telephone. They will also establish if the complainant requires any assistance with their complaint i.e. advocacy, language assistance, vision or hearing assistance

- Whether the complainant agrees to a face to face meeting or a telephone conversation the following should be discussed:
  - how the complaint will be handled;
  - the outcomes to resolve the complaint, which should be realistic, fair and proportionate;
  - who will be dealing with their complaint and their contact details;
  - agreed timescales with the complainant for responding to the complaint
  - how the complainant would prefer to receive their response to the complaint e.g. letter, e-mail, telephone. If by telephone, ensure a written record is made.

- The Complaints, Information & Communication Team will log the complaint on to Corporate Relations Management (CRM) (corporate complaints system) and scan to electronic file and to AIS (adult social care database) if appropriate and place involvement on AIS

- A confirmation letter will be sent by the Complaints, Information & Communication Team within 3-5 working days and will include the following:

  - the relevant legislation complaint refers to if appropriate, i.e. NHS & Community Care Act 1990
  - under which procedure the complaint is being dealt with e.g. statutory, corporate, provider agency
  - date the meeting/telephone discussion took place
  - the agreed points of the complaint,
  - the agreed outcomes to resolve the complaint
  - the named person who will be dealing with the complaint and their contact details
  - the agreed timescale to respond to the complaint.

- If you are aware that there will be a delay to the agreed timescale, contact the complainant and advise, giving the reasons why and negotiate a revised timescale. Notify the Complaints, Information & Communication Team who will record the change.

- If the circumstances change in relation to the original complaint, i.e. harm to individual, death in the family, etc. Notify the Complaints Manager, who will review in liaison with the appropriate manager and the complainant.

- An initial draft response will be produced and may include a report, identifying the method of investigation, the findings, the conclusions and the actions already taken or identified to achieve the agreed outcomes and the timescales by which the actions will be carried out.

- The initial draft response must be sent to the relevant Team/Service Manager and Complaints Manager

- The relevant Team/Service Manager will share the initial findings with the complainant for their comment.

- Final response to be signed off by appropriate manager as identified in 2.3.3- 2.3.6 above.

- If it has been identified that something has gone wrong – **APOLOGISE!**

3. Right of review by Members

3.1 If, having gone through the above process, a complainant remains dissatisfied, consideration may be given for the case to be reviewed by a Hearings Panel of the Council's Adjudication & Review Committee..

3.2 A Hearings Panel will comprise two Councillors and an Independent Person, who will chair the Panel. The Panel will review the complaint and the findings, and discuss them with the complainant and the service manager(s) involved in the issues.

3.3 The Hearings Panel will make recommendations to the Group Director as to what, if anything, further needs to be done about the complaint.

3.4 A Hearings Panel will be triggered by the Complaints Manager's referral for a review to Legal & Democratic Services, who will deal with the review.

4. Unreasonable Complainants

4.1 Where it is considered that a complainant is persistent and unreasonable, you must ensure:

- you have evidenced that the complainant is raising the same issues that have been investigated previously.
- That there is an agreed single point of contact for the complainant.
- Advise the complainant in writing of the steps to be taken regarding contact and that repeated complaints will not be registered and only acknowledged and the reasons why.
- Where contact is abusive, either verbally or in writing, explain to the complainant that this is not acceptable and will not be responded to.
- Where complainant continues to persist unreasonably, a letter from the Head of Service/Director may be required to advise of further appropriate action as and when required.

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5. Ombudsman Investigations

5.1 Where a complainant is not satisfied with the response to their complaint, they have the statutory right to ask the Ombudsman to investigate their complaint. The Ombudsman will consider whether the Council has had sufficient opportunity to consider the complaint.

5.2 The Ombudsman may refer the complaint back to the Council for further consideration or may decide to investigate the complaint to determine whether it has dealt with the complaint in an appropriate and thorough way. The Ombudsman is also likely to re-investigate the background to the original issues that gave rise to the complaint.

5.3 Where the Ombudsman decides to investigate, Democratic Services will forward the complaint to the Complaints Manager, the relevant Head of Service and the Director.

5.4 The Complaints Manager will determine the service areas that will be required to provide responses and coordinate the draft response on behalf of Adult Social Care.

5.5 If you are asked to provide a response to an Ombudsman enquiry/investigation you should ensure that you answer it fully and provide any relevant documentary evidence within the timescale given. **Bear in mind that it is illegal to fail to provide, or to conceal, anything in the Council's records that is relevant to the Ombudsman's enquiry. EVERYTHING MUST be disclosed.**

5.6 The draft response will be approved by the relevant Head of Service and the Director before being passed to Democratic Services for report to the Ombudsman.

6. Monitoring

6.1 Feedback on complaints and the method in which feedback is obtained will need to be reviewed regularly. Information will be used to help inform and review complaints handling and performance on complaints for managers.

6.2 The Complaints Manager will provide lessons learnt template, including actions identified for completion by Team/Service Managers. The actions will be monitored and reviewed at Operational Managers Group.

6.3 Service improvement plans will be produced by the Complaints Manager for service areas and reviewed by the Complaints Manager in liaison with Service Managers to ensure that they are appropriate and relevant.

6.4 Performance reports on complaints will be prepared for the management board on a quarterly basis and will be reviewed by the Complaints Manager in liaison with the Head of Service to ensure they are appropriate and relevant.

6.5 The annual report will be produced by the Complaints Manager and will be presented to the management board and the relevant committee(s).

6.6 The annual report will be published after it has been received by the relevant committee(s) on the Council's website.

6.8 Complaints involving providers will be monitored through the Quality & Suspension meetings.

6.9 The Complaints Manager will, from time to time request information from providers to ensure that complaints are being dealt with in an effective and customer-focused way and that their procedures reflect this.

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SECTION 7

7.1 VOLUNTARY GROUPS PROVIDING ADVOCACY SUPPORT

MENTAL HEALTH

HUBB
109 Rose Lane
Marks Gate
Romford
RM6 5NR
Tel - 02085902666
e-mail - info@hubb.eclipse.co.uk

OLDER PEOPLE

Age Concern
HOPWA House
Inskip Drive
Hornchurch
RM11 3UR
Tel – 01708 796600
e-mail - havering@ageconcern.org.uk

LEARNING DISABILITY

People First (Havering)
c/o 24 Weald Road
Brentwood
CM14 4SX
Tel – 07957 353910
e-mail – peoplefirst1@hotmail.co.uk

PHYSICAL & SENSORY DISABILITY

HAD
Whittacker Hall
1a Woodhall Crescent
Hornchurch
RM11 3NN
Tel – 01708 476554
e-mail - had@mistral.co.uk

DRUGS & ALCOHOL

Daybreak Drug Project (Support Service)
North Street Halls
24 North Street
Hornchurch
RM11 1QX
Tel – 01708 471361
e-mail – office@daybreakdrugproject.org.uk

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SECTION 7

7.2 RISK RATING FOR COMPLAINTS

	One off occurrence not likely to reoccur	Possibility of occurring again or has occurred previously	Possible risk or harm to individual involved or to organisation and may occur again	Risk or harm to individual or organisation and will almost certainly occur again
Concern that can be dealt with immediately or within a few days	Low	Low - Medium	Medium	Medium - High
Complaint that needs investigation	Low - Medium	Medium	Medium -High	High
Complex complaint that needs to be investigated, possibly independently of service area	Medium	Medium - High	High	High

Low Risk – front line member of staff/care manager able to deal with matter quickly to try and resolve concerns.

Low-Medium Risk – serious enough concern that would warrant a complaint. Team Manager/Service Manager can delegate to appropriate worker, but will have overview of complaint in liaison with Complaints Manager. Final sign off by designated Responsible Officer.

Medium Risk – complaint which could have happened previously or may occur again and could result in harm which requires investigation at Team/Service Manager level. This may involve review of case records and staff interviews. Final sign off by designated Responsible Officer

Medium-High Risk – a serious complaint which is likely or almost certainly to occur again, which could or has resulted in harm, which will need investigation either through interviews of staff and/or review of case files or both by Service Manager in liaison with Complaints Manager. Final sign off by designated Responsible Officer

High Risk – a serious and complex complaint that is almost certain to reoccur and has resulted or may result in serious harm or death that will need a thorough independent investigation. Complaints Manager with relevant Head of Service to coordinate. Final sign off by designated Responsible Officer

APPENDIX 1

SECTION 7

7.3 GUIDANCE SHEET FOR STAFF

If you are contacted directly by a service user or their relative/carer about a concern or complaint, consider:

- Is the concern/complaint about a general issue that is not an adult social care function? This may need to go through the corporate complaints procedure. Discuss with the Complaints, Information & Communication Team who will advise on this.

- Is it a concern/complaint about a provider agency/home? If so, this may need to go through the relevant agency/home. Discuss with the Complaints, Information & Communication Team

- Is it a MP/councillor enquiry? Advise the Complaints, Information & Communication Team who will coordinate with relevant manager.

- Is it a concern/complaint about an Adult Social Care function? If so, then you should: -

- Ensure you clarify what the concern/complaint is and whether any assistance is required i.e. advocacy, language assistance, vision or hearing assistance.

- If it is a minor concern that you can deal with quickly, do so.

- agree with the service user/relative/carer what actions are appropriate to resolve the concern and when and how you will get back to them. Ensure that you have the appropriate consent.

- Complete the low risk informal concern sheet and forward to the Complaints, Information & Communication Team

- Concerns/complaints containing possible safeguarding issues should be referred to the Safeguarding Team and copied to Complaints, Information & Communication Team. The protocol once finalised will be added as an appendix

- If you feel the concern may warrant a complaint, advise your relevant Team/Service Manager and the Complaints, Information & Communication Team.

- The Complaints Manager will discuss and assess how the complaint will be handled with the relevant manager.

- If an independent investigation is required, the Complaints Manager will make the necessary arrangements to appoint an investigator

- The Complaints, Information & Communication Team will discuss and agree the points of the complaint with the complainant; the outcomes; who will be dealing

with the complaint; how their complaint is to be handled; the timescale and how they would prefer to receive the response. This will be done either in a face-to-face meeting, or over the telephone.

- The Complaints, Information & Communication Team will acknowledge the complaint within 3 working days. A confirmation letter will be sent within 3-5 working days. This will form the complaint plan and will be forwarded to the identified person dealing with the complaint.

- As soon as you are aware there may be a delay to the agreed timescale, contact the person making the complaint and negotiate a revised timescale. Notify the Complaints, Information & Communication Team.

- An initial draft response should be prepared. It should identify the method of investigation, the findings, the conclusions and the actions already taken and/or those identified to achieve the agreed outcomes, and the timescales in which the actions will be carried out. A report may be deemed appropriate if it is a complex complaint.

- The initial draft response must be forwarded to the Team/Service Manager and Complaints Manager to clear. The initial response/ findings of the investigation will be shared with the complainant for their comments.

- the final response is signed off by the designated Responsible Officer.

- If the complainant is still unhappy that the complaint has not been completely resolved, then the offer of a Hearings Panel can be made.

- The Complaints Manager will refer to Democratic Services who will make the arrangements for the Hearings Panel. The Hearings Panel will review the points of the complaint still in dispute and make recommendations, if appropriate, to the Director.

- You should also advise the complainant that they have the right to approach the Local Government Ombudsman and provide them with the contact details if the complainant remains dissatisfied as follows:

  The Local Government Ombudsman (LGO),

  PO Box 4771, Coventry CV4 0EH.

  Telephone: LGO Advice Team on 0845 602 1983 (Mon-Fri 8.30am – 5.00pm)

  e-mail advice@lgo.org.uk

- Don't be afraid to **APOLOGISE** if it has been identified that something has gone wrong.

- If you have any queries or are not sure contact the **Complaints, Information & Communication Team** on 01708 433056/3589/3038

APPENDIX 1

7.4 CHECKLIST – DISCUSSION WITH COMPLAINANT

- Does the complainant wish to have a face to face meeting to discuss their complaint or are they happy to discuss this over the telephone?
- Always check whether the complainant requires any additional support, i.e. advocacy, hearing or vision aids, interpretation, wheelchair access, etc.
- Clarify the complaint – what are the key issues?
- What outcome does the complainant want to resolve complaint. Is it realistic, fair and proportionate?
- Identify those outcomes that are unrealistic and explain why.
- Explain how the complaint is to be handled and what procedure it will be investigated under.
- Agree timescales with the complainant
- Notify complainant who will be dealing with their complaint and provide contact details.
- Ask the complainant what their preferred method of contact is.
- Keep the complainant updated on progress of their complaint and notify them of any changes to what was agreed.
- Don't baffle with jargon, explain in simple language that can be generally understood.

IMPORTANT: Ensure if a person is making a complaint on behalf of someone else, they are doing so with –

- The client's consent (do they have capacity to consent?)
- If client cannot give consent, they are acting in the client's best interests; they have the relevant power of attorney e.g. for health and welfare/finances

Also be careful about the information you give for data protection purposes.

APPENDIX 1

8.1 Low Risk Concern Sheet

To be completed and sent to Complaints, Information & Communication Team

Name of person raising concern:			
Address: **e-mail:**			
Telephone:		**Mobile:**	
Are they the service user?		**If no, name of service user**	
		Swift/AIS ID:	
What is their concern?			
Date concerned raised:		**Agreed timescale:**	
Actions taken:			
Date actions completed:			
Did actions resolve concern:		**If no, please comment:**	
If person raising concern feels that this has not been resolved, please refer to the Complaints, Information & Communication Team.			
To be completed by Complaints, Information & Communication Team			
CRM No:		**SR No:**	
Date logged:			
File reference:			

APPENDIX 1

8.2 Confirmation Letter (Complaint Plan)

Havering
LONDON BOROUGH

Name
Title:

Adult Social Care
London Borough of Havering
Scimitar House
23 Eastern Road
Romford
RM1 3NH
Telephone: **01708 439**
Fax: 01708 43
Email: @havering.gov.uk
Textphone: 01708 433175
Date:

Our ref:
Your ref:

Dear

Statutory Complaint against Adult Social Care – NHS & Community Care Act 1990 OR [Corporate Complaint against Adult Social Care] OR [Complaint against (named provider)]
Ref: CRM/SR *(this is the reference generated by the complaints database)*

Thank you for your complaint form/letter/e-mail/telephone call received on …… regarding …… As discussed with you on …. Your complaint is being dealt with under the *(statutory/corporate/provider agency)* procedure and I have outlined what was agreed with you as follows:

The main points of your complaint are:
(List each of the points of the complaint as agreed with the complainant)

You agreed the following will help to resolve your complaint:
(Outline what the complainant wants as an outcome, identifying the agreed realistic and fair outcomes and detailing any outcomes that were not and the reasons why)

(Name and title of investigating officer) will investigate your complaint and will respond to you by *(give agreed timescale).* You can contact *(Name of investigating officer)* on *(give contact number*). An initial response of the investigation will be shared with you for your comment by the Complaints Manager/relevant manager.

You have asked that contact is made with you by …… and that your preferred times are …. (if appropriate)

If you need any further assistance with your complaint, please do not hesitate to contact the Complaints, Information & Communication Team on 01708 432589/433038.

Yours sincerely

APPENDIX 1

SECTION 8

8.3 Response letter

Name
Title:

Adult Social Care
London Borough of Havering
Scimitar House
23 Eastern Road
Romford
RM1 3NH
Telephone: **01708 439**
Fax: 01708 43
Email: @havering.gov.uk
Textphone: 01708 433175
Date:

Our ref:
Your ref:

Dear

Statutory Complaint against Adult Social Care – NHS & Community Care Act 1990 OR [Corporate Complaint against Adult Social Care] OR [Complaint against (named provider)]
Ref: CRM/SR *(this is the reference generated by the complaints database)*

I have now completed my investigation into your complaint, (*give summary and outline findings of investigation and actions identified*). The full investigation report is enclosed *(if applicable)*.

I understand that the initial findings/response was discussed with you *(If appropriate)* and that you were satisfied/not satisfied with the actions taken/to be taken to resolve your complaint, (*outline the actions and timescales*)

(The following will only be relevant if the complainant is to be referred for a 'Review by Members') As agreed with you, your complaint will be reviewed by a Hearings Panel. The Complaints Manager will forward this to Legal and Democratic Services who will contact you about the arrangements.

I would like to take this opportunity to thank you for bringing these matters to our attention and to advise you that you have the right to ask the Ombudsman to investigate your complaint if you are not satisfied. Details are given below:

The Local Government Ombudsman (LGO),
PO Box 4771, Coventry CV4 0EH.
Telephone: LGO Advice Team on 0845 602 1983 (Mon-Fri 8.30am – 5.00pm)
e-mail advice@lgo.org.uk

Yours sincerely

APPENDIX 1

(N.B. Personalise your letter)

APPENDIX 1

SECTION 8

8.4 Complaint Investigation Report

Complainant:			
Address:			
Service user, if applicable:			**Swift ID:**
Ref: (reference given by complaints team)		**CRM No.:**	**SR No.:**
Agreed timescale for response to complaint:		**Revised timescale (if applicable):**	
Procedure: (statutory/corporate/provider)			

Method of investigation:

(Include interviews carried out, files reviewed, or policy/guidelines used etc)

Complaint Point 1

Finding:

(Detail key issues and the facts identified through the investigation. Refer to any policy/guidelines which may have had an impact on decision)

Conclusion:

(What have you concluded from the investigation – has something gone wrong, if so acknowledge this. If not, explain the reasons why you have come to the conclusion. **Remember do not use jargon and use simple language**

Actions identified:

(Outline any actions already taken as a result of the complaint and actions that will be taken. Give timescales by which the actions will be done and who will be responsible for the action)

Complaint Point 2

The above should be repeated for each agreed complaint point.

(Before sign off, the initial response should be shared with the complainant and relevant manager for comment.)

Investigating Officer: ……

Report date: ……

APPENDIX 1

This should be sent separately to the Complaints, Information & Communication Team

Investigating Officer: ……

Initial response date: ……..

Final response date: ……

Name: (Relevant Manager/Head of Service) **……**

Title: ……..

Is complainant satisfied with response? Yes/No

If no, does the complainant want this to be referred for 'Right of Review by Members? Yes/No

Is this to be referred to the Ombudsman? Yes/No

A copy of the final response and report (if applicable) to be sent to the Complaints, Information & Communication Team.

APPENDIX 1

SECTION 8

8.5 Adult Social Care Complaints Survey

(Please circle your answer where applicable)

Were you clear about the complaints process: YES / NO

If no, which part of the process were you unclear about:

Did you feel your concerns were taken seriously: YES / NO

Was your complaint acknowledged: YES / NO

Were you responded to within the agreed timescale: YES / NO
If no, were you updated on the progress of your complaint YES / NO

Were you happy with the outcome of the complaint: YES / NO
If no, did you feel sufficiently informed of reasons why YES / NO

Were you advised of your right - to a review by members YES / NO
- to refer to Ombudsman YES / NO

How did you make your complaint:
Telephone / Email / Fax / Visit / Letter / Complaints Leaflet

Did you feel the complaints leaflet was easy to use: YES / NO

If no, how do you feel the complaints leaflet could be improved:

General Comments Box:

Can you please indicate how the complaints process was for you:

VERY GOOD / GOOD / AVERAGE / POOR / VERY POOR

Thank you for taking the time to complete this survey. This will help to improve our service to you.

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SECTTION 8

8.6

LESSONS LEARNT TEMPLATE					
Brief description of complaint	**Outcome**	**Actions required to achieve outcome**	**Team/Service area to action**	**Actions completed and date**	**service improvements identified**

This will be sent as an excel document to the Operational Management Group (OMG) for completion and sign off by relevant managers.

Havering
LONDON BOROUGH

APPENDIX 2

ANNUAL REPORT 2011-2012

ADULT SOCIAL CARE

Complaints, Comments and Compliments

Prepared for: Director of Adults & Health
Lorna Payne

Assistant Director Transformation (Commissioning)
Joe Coogan

Head of Adult Social Care
David Cooper

Prepared by: Veronica Webb
Senior Complaints & Information Officer

Contents

1. Executive Summary

Complaints have decreased over the last four years, but have become more complex and challenging, particularly in light of the continued pressures to deliver services with limited resources. However, services are striving towards improvements by using the lessons learnt from complaints to help inform change. The development of the Customer Relations Management (CRM) system will link actions and recommendations to outcomes and this will assist in evidencing service improvements.

The decrease in the number of external provider complaints is encouraging and the advice/support provided through Complaints, Quality, Safeguarding and Commissioning have played an important role, ensuring that standards are improved and maintained.

Although a joint report with Children's was to be produced this year, it was felt that this should be deferred until the bringing together of Children's and Adults under one Director and to the respective Overview & Scrutiny Committee.

2. Introduction

Under the National Health Service and Community Care Act 1990 and Children Act 2004, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong with the service or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman and has encompassed this within its new procedures as follows:

Informal - where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process.

Formal - **Local resolution** – where the complaint is considered low-medium risk aim to respond within 10 working days where possible. Where a complaint is considered medium – high risk aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months

3. Complaints Received

3.1 Ombudsman referrals

There has been a number of informal/premature enquiries during 2011-12, which reflects the differing approach by the Ombudsman for local authorities to seek local resolution where possible, and in most of these cases these would be referred back to the local authority to take through their complaints procedure.

Of the three cases completed not premature, these refer to the two discontinued cases where the Ombudsman found that the local authority had acted appropriately, and the ongoing case.

	Apr 11-Mar12	Apr10-Mar11	Apr09 - Mar10	Apr08 - Mar09
Local settlement with penalty			3	
No maladministration after investigation	1		1	
Ombudsman discretion		1	1	2
-Cases under investigation/ongoing	1			2
-Investigation not started/discontinued	2			
Maladministration				1
Cases completed not premature	3	1		
Premature/Informal enquiries	4			
Total	8			

3.2 Total number of complaints

The total number of complaints received for Adult Social Care during April 2011 – March 2012 were 123. However complaints received may contain more than one complaint and when taking this into account totals 151.

Total Number of Complaints			
2011/12	2010/11	2009/10	2008/9
123	141	192	217

3.3 Stages

Informal complaints increased during April 2011-March 2012 with 97 informal, 23 formal and 3 joint health and social care complaints. Compared to last year there were 82 informal, 49 formal and 2 joint health and social care complaints.

Enquiries are also logged that come through the Complaints Team which totalled 5 for April 2011-Mar2012 compared to 8 the previous year.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr11-Mar12	**5**	**23**	**97**	**3**
Apr10-Mar11	8	49	82	2

3.4 Teams

Due to the changes in the structure of Adult Social Care, the table below cannot show a true comparison to the previous year and therefore where possible team comparisons are shown.

There was a considerable increase in Commissioning complaints for the period contributed to incorrect invoices due to a system error within Shared Services. Processes were put in place to identify problems arising with the system to advise the Finance Team within Adult Social Care as soon as possible to stop the distribution of incorrect invoices.

Reablement complaints increased from last year, involving behaviour of staff and quality of service.

The total number of clients receiving home care in April 11-March 12 was 2952, with a total of 895,326 commissioned hours. The complaints involving clients on Individual Service Fund (ISF) totalled two. With this in mind, there has been a decrease in both external home care (23%) and external nursing/residential home (31%) complaints from last year. The close working with provider agencies involving Complaints, Quality, Commissioning and Safeguarding, using the Quality & Suspension meetings will ensure continued improvements.

	Apr11-Mar12	Apr10-Mar11
Adult Protection Team (Safeguarding Adults)		1
Access & Assessment	5	-
Adult Community Team North	4	-
Adult Community Team South	7	-
Appointee and Receivership	0	1
Commissioning	16	3
Day centres	0	2
Direct Payments	1	2
External Homecare	27	35
External Nurs/Res	20	29
Havering Direct (Front Door)	8	11
Hospital Discharge Team	9	16
LD Team	12	8
MH CMHT Romford	2	1
MH MHAIT Team	2	0
MH Mental Health Provider Team	0	4
Meal on Wheels	0	2
Non Social Services	3	4
OP Care Assessment & Review	-	17
OT Team	-	16
PD Team	-	2
PD Yew Tree Lodge DC	-	1
Preventative & Assessment	2	-
Preventative Team	7	-
Reablement	16	1
Royal Jubilee Court	6	0
Transport		3

3.5 Reasons

Quality of service was the main reason for complaint, totalling 32, a slight decrease from last year. The highest number being attributed to residential/nursing homes and domiciliary care agencies. These included carers not arriving within specified times, not doing tasks in appropriate manner e.g. not cleaning up, medication, hoisting. Concerns raised which indicated possible safeguarding issues, were referred to the Safeguarding Team. Complaints received regarding either a residential/nursing home or domiciliary care agency were referred to the Quality Team.

Behaviour of staff was the second highest, totalling 25 a slight increase from last year with the highest number attributed to domiciliary care agencies. The behaviour of staff is mostly linked with quality of service around lateness of carers and not interacting with clients. However, it should also be noted that behaviour of staff is also linked with clients and eligibility and finance.

The third highest was lack of communication, spread across the majority of service areas. This included non response to requests for information, communication between agencies and respective communication with clients and families. However it should be noted that this has decreased quite significantly from last year. Please see further breakdown below

	Access to Information	Behaviour of Staff	Change of Service	Closure of Service	Data protection	Delay in Decision Making	Delay to implement a Service	Dispute decision
Apr11-Mar12	**1**	**25**	**3**	**1**	**3**	**2**	**3**	**13**
Apr10-Mar11	4	22	4	2	1	2	11	16
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
Apr11-Mar12	**5**	**3**	**14**	**1**	**12**	**3**	**17**	**9**
Apr10-Mar11	5	4	14	4	1	5	24	27
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
Apr11-Mar12	**9**	**3**	**32**	**6**	**1**			
Apr10-Mar11	27	7	33	3	19			

3.6 Outcome

The main outcome was explanation given for both informal and formal complaints. This included explanations of eligibility/financial processes. When looking at the reasons above to the outcomes in relation to quality of service, the explanations were clarifying the roles of carers, the reasons for late calls, i.e. having to spend more time with previous client. Behaviour of staff led to reminders to staff about practices/policies or changes in practices and further training.

Issues around behaviour of staff, also would have included clarifying roles where the expectation of a client may not be the same as the actual delivery or change in practices.

The development of the corporate CRM system, will allow outcomes to be linked to recommendations and actions and this is due to go live in September 2012. This should help to provide more meaningful reports on outcomes.

	Apology given	Assessment to be carried out	Assistance to find alternative services	Change in Practices	Change in Procedures	Change of Provider	Change of Social Worker
Apr11-Mar12	**14**	**6**	**3**	**9**	**0**	**1**	**0**
Apr10-Mar11	29	13	4	5	1	1	2
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given
Apr11-Mar12	**2**	**1**	**47**	**0**	**1**	**0**	**1**
Apr10-Mar11	2	1	43	0	-	7	1
	No further action required	Progressed to Formal	Re-Imbursement	Services Reinstated	Training Identified	Other	
Apr11-Mar12	2	0	0	0	1	1	
Apr10-Mar11	5	0	0	1	1	12	

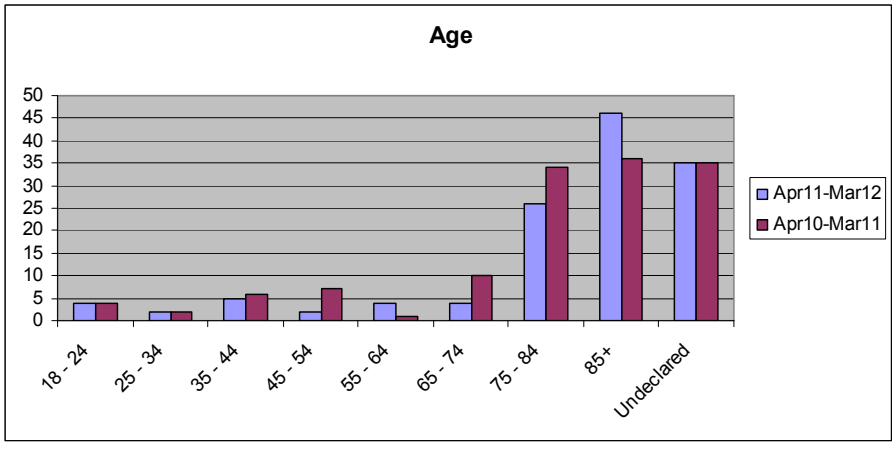
3.7 Response times

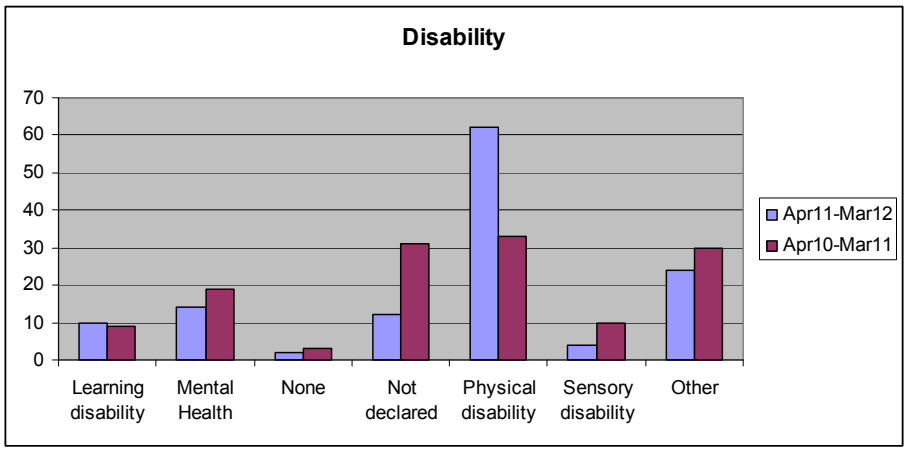
The number of complaints that have been responded to within 10 days and 10 to 20 has dropped from last year, with an increase in those responded to over 20 days. It should be noted that of those informal complaints responded to over 20 days, 79% of these involved different procedures and formal complaints 59% i.e. agencies/health/safeguarding.

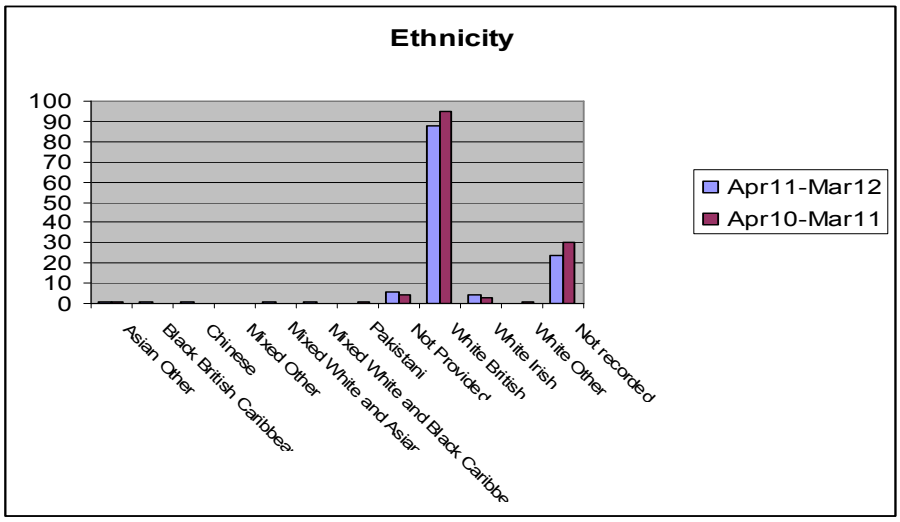
	Within 10 days		**10-20 days**		**Over 20 days**	
	Apr11-Mar12	Apr10-Mar11	**Apr11-Mar12**	Apr10-Mar11	**Apr11-Mar12**	Apr10-Mar11
Informal	**44%**	50.00%	**16%**	21.95%	**40%**	26.83%
Formal	**18%**	20.41%	**19%**	24.49%	**63%**	46.94%

3.8 Monitoring information

There has been a shift from last year where the number of complaints involving service users aged 85+ has increased and those between the ages of 65 – 84 have deceased, also those involving physical disabilities. There has been representation across differing ethnicities i.e. Asian other, Black British Caribbean, Mixed White and Asian and Mixed White and Black Caribbean during April 2011 – March 2012. There were no representations from these groups last year. White British remain the highest representation which reflects the make up of the borough.







4. How complainants contacted us

Letter was the preferred method of contact, which has increased by 32% . There has been a drop in the number of complaints being made by telephone and email from last year.

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
apr11-mar12	**10**	**29**		**53**	**1**		**37**
apr10-mar11	20	33	3	39		1	48

5. Expenditure

There was no expenditure during April 2011-March 2012. However complaints involving expenditure for independent investigations will be shown in next year's report

6. Compliments

Compliments received during April 2011 – March 2012 were 56. However due to the changes in the structure of Adult Social Care the report from Customer Relations Management (CRM) system had not been changed to reflect the new teams and compliments could not be linked to relevant teams.

Some examples of compliments received are as follows:

'Mum thrived in her new environment. She was content, well fed, clean and warm at all times. She was always treated as an individual…' – Cranham Nursing Home

'Occupational therapist gave excellent service in every way, we could not ask for more. Thank you so much for your help and kindness.' – Preventative Team

'..so helpful and patient and had such a cheerful sympathetic manner for any request that was made… You gave confidence and praise for all efforts that were made and you were much appreciated.' – Reablement – Royal Jubilee Court

'.. called to express her appreciation on the quick response of the team and most especially for efficient handling of her mother's situation.' – Adult Community Team North.

'Firstly to say a big thank you for everything you have done for my Nan. As it has had such an amazing effect and I truly feel that her life has been improved beyond what I dreamed possible.' Adult Community Team South

'We are writing to you to express our thanks and gratitude to social worker who has been a tower of strength to us all… she has been most positive and professional in all the help and advice she has offered…' – Learning Disability Team.

7. Members Enquiries

The total number of members' enquiries received for Adult Social Care during April 2011 – March 2012 was 97. Of these 78 (80%) were responded to within the 10 day timescale. This is an increase from last year where 70% of members' enquiries were responded to within the 10 day timescale.

8. Conclusion

Complaints have continued to highlight issues across Adult Social Care and provider agencies and have assisted in informing services on areas that need improving. Quality of service and behaviour of staff are still the highest areas of concern, and this will need to be examined closely over the next year.

As more services are externalised there will need to be continued support/advice to our provider agencies to ensure that they too learn from their complaints and improve their complaints handling. This is particularly important with the increase in clients who may choose to pay for their care through self-directed support, i.e. direct payments/personal budgets and the Ombudsman having powers to investigate complaints from self-funders.

Support and advice will need to continue for Adult Social Care staff through targeted training to improve confidence in dealing and responding to complaints at an early stage with the focus being on face to face contact.

Havering
LONDON BOROUGH

APPENDIX 2

9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information provided to service users inconsistent	Clarity of service provision to be given in a consistent manner at outset				Adult Social Care website, Quickheart, is now up and running. Care Point, a public information centre, has opened in Central Romford
Communication regarding discharge arrangements is poor	• Improvements for discharge arrangements • Closer working needed between social care and health.	• Social workers to be more proactive at early stage • District nurses to work alongside social workers to identify support for those who will require it on discharge.	• Hospital Discharge Team	Ongoing	
Incorrect invoices being issued	Process to identify system errors.	• Adult Social Care Finance to be notified of errors.	• Shared Services	Already in place	Some incorrect invoices were issued, due to a separate system error, however this was rectified quickly.
Information not being sent appropriately	• Documents to be sent securely • Information to be sent to appropriate contact	• All documents to be sent externally to be PDF • All confidential documents to be sent via Egress. • Temporary contact details to be recorded on AIS (adult social care database)	• All service areas	Immediate	Staff have been advised, although need to review to ensure embedded for all staff within Adult Social Care.
Disabled Freedom Pass procedure not clear	Disabled freedom passes to include assessment where applicant does not fall within benefits criteria.	• Assessments to be undertaken	• Preventative Team	Ongoing	
Gaps in care provided over holiday period	• Care should not be transferred or end over holiday period	• Team managers/senior practitioners to be advised of service users' last day of service.	• All service areas	Ongoing	

Havering
LONDON BOROUGH

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Individuals Overview and Scrutiny
CMT Lead:	Lorna Payne
Report Author and contact details:	Joe Coogan Assistant Director Commissioning Joe.Coogan@havering.gov.uk Telephone 01708431950
Policy context:	The Activate Havering Project aims to strengthen voluntary action in Havering, by maximising community assets and co-ordinating volunteering, as well as tackling social exclusion experienced by many older people

SUMMARY

1. In 2011, the Havering Strategic Partnership (HSP) allocated a one off amount of its Performance Reward Grant funding to develop a project called 'Unlocking the Potential of Local Support Networks and Volunteers in Havering'. The project was designed to maximise voluntary action in Havering through using the skills and experience of older people and to develop a new approach to combating social exclusion and isolation, commonly experienced by older people. This project is now known as Activate Havering.

2. The Overview and Scrutiny Committee requested an outline and update on the Activate Havering programme, the National Campaign to End Loneliness and the Help not Hospital Project. This report sets out the background to Activate Havering and outlines progress to date.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to consider the Activate Havering Project and to note its progress.

REPORT DETAIL

1 Background

1.1 In 2011, the Havering Strategic Partnership (HSP) allocated a portion of its Performance Reward Grant funding to develop a project called 'Unlocking the Potential of Local Support Networks and Volunteers in Havering'. The project was designed to maximise voluntary action in Havering by using the skills and experience of older people and to develop a new approach to combating social exclusion and isolation, commonly experienced by older people. The principle being that if we tackle issues early on, and prevent people from becoming lonely and isolated in old age, we will in turn reduce demand on public services in the future and promote independence in older age. The project was a response to the Over 65 Outreach Project which identified loneliness and isolation as a key concern of older people in Havering.

1.2 Since then the blueprint for a project called 'Activate Havering' has been developed. The project builds upon the vast array of local voluntary sector support networks that currently exist in Havering.

2 National Campaign to end loneliness

2.1 In March 2012 The Campaign to End Loneliness and Department of Health hosted a summit to tackle loneliness in older age. Representatives from local government, charity and business sectors were brought together to gain wider commitment to overcoming loneliness.

2.2 The Campaign is a coalition of organisations working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age.

2.3 Published research shows that loneliness has a similar impact on mortality as smoking, and is worse for people than obesity. It has significant links to hypertension, depression, and increases the risk of developing Alzheimer's disease by 50%. To tackle this problem the Campaign is working with local councils and health bodies to promote good practice.

2.4 With funding from the Department of Health, the Campaign to End Loneliness has developed a toolkit to put loneliness onto the local health agenda. During July 2012 the Minister of State for Care Services, launched the "Loneliness and Isolation: Toolkit for Health and Wellbeing Boards", a new resource to enable Health and Wellbeing Boards to better understand, identify and commission interventions for the issue of loneliness in older age. At the July 2012 conference DEMOS, a government think tank presented their research in which they noted the activities of Activate Havering as a good practice case study.

3 Activate Havering

3.1 Activate Havering as well as being a response to the "Over 65 Consultation Project" has been adjusted to respond to the National Campaign to End Loneliness. After carrying out research of other projects designed to maximise community capacity by generating voluntary action, our approach under Activate Havering will consist of:

- A 'social membership' scheme to improve older peoples social networks to prevent isolation
- A co-ordinated approach to volunteering to enhance volunteering opportunities and provide more opportunities for local people to get involved
- Delivery of a sustainable handyperson service to carry out minor household repairs to ensure older people can be safe at home, a key element of our 'Prevention' agenda
- A consortia solution to befriending, which involves providing trained and vetted volunteers to visit older, and other vulnerable, people
- Working with Havering's diverse faith sector to strengthen the support they are able to give to families and older people within their communities
- Maximising the use of council and borough facilities by linking and promoting services through the new and existing structures and building upon the work of Care Point

3.2 These objectives are central to the Council's corporate plan under the Goal for Individuals and will contribute directly to the wider aims of the Living Ambition.

4 Havering Circle: A "Social Membership" Scheme

4.1 This element of Activate Havering seeks to combat social exclusion by setting up a social membership scheme. 'Participle', a Community Interest Company, was commissioned to provide a Membership Scheme which promotes social activity and independence in later life. Participle calls this model a 'Circle'. The Circle concept is relatively new and has been operating in four local authorities (Southwark, Hammersmith & Fulham, Suffolk and Nottingham). It is a membership organisation open to anyone over the age of 50 in the geographical area in which it operates. Members telephone their Circle to request support, whether to do more around life's practical tasks or shared social interests; a chance to learn something new; to engage in member requested social activities; to receive low level care support; or just to be part of their local community.

4.2 There is a small membership charge of up to £30 per year which entitles members of the Circle to receive a monthly newsletter and to participate in Circle organised activities, link up with other Circle members or just receive support from Circle services.

4.3 Because of its links to the 'Big Society' agenda, Participle has been chosen by the Cabinet Office to pilot more Circles, with the emphasis on developing a London-wide Circle. They have been awarded £800,000 from the Social Action Fund to do this.

4.4 Havering Council now has the opportunity to access £150,000 of this funding by working with Participle to establish a Havering Circle. A proportion (£150,000) of the money allocated to Activate Havering from the Performance Reward grant funding is being used as match funding.

4.5 The contract to commission a Havering Circle has been finalised and subject to negotiations will be signed in September with a Circle being established in November 2012.

5 A co-ordinated approach to volunteering

5.1 It is proposed to develop alongside the Havering Circle a new pilot volunteering agreement with the Havering Volunteer Centre, housed at HAVCO, an organisation already commissioned by the Council to provide volunteers for volunteering opportunities. This additional component will deliver the capacity and capability to initiate, recruit, train and manage volunteering activities that directly support the Council's priorities, including community clean ups, inter-generational community activities, and other community engagement opportunities.

5.2 It is proposed to run this project as a one-year pilot. The pilot will be performance based and managed through the Community Engagement Team within the Corporate Policy and Community section. Subject to the first year pilot being a success there will be the possibility to extend the offer thereafter.

5.3 These opportunities might include initiatives such as: Cold Weather Befrienders, volunteers to help us identify people at risk of fuel poverty; opportunities for Olympic Ambassadors after the Games have ended; Community Clean ups; more community engagement exercises with older people; and providing volunteers for the Troubled Families programme and other key initiatives. A programme of projects has been agreed with HAVCO and the grant with conditions agreement has been agreed. Recruitment for a volunteer organiser has commenced and the first clean up campaign is scheduled for November 2012.

6 Help Not Hospital

6.1 Help Not Hospital is a twelve month health and social care funded project. It will provide support to people who do not currently meet "Fair Access to Care" criteria. This will be achieved through low level interventions to support people following hospital discharge or to prevent them being admitted to hospital. The targeting of people is important, but the key is to complement Integrated Case Management (ICM) and reablement by increasing the likelihood of people sustaining independence and being able to remain at home with a good quality of life.

6.2 Key aims of the project

- Reduction in unplanned hospital admissions
- Reduction in bed days
- Additional reductions in:
  - A&E attendances and excess bed days
  - Admissions to residential and nursing home care
- Reduction in visits to GP surgeries where no medical intervention is required
- Reduction in packages of Home Care
- Delay or eliminate need for residential care
- Increase independence skills of people within the community

6.3 A contract was awarded to The British Red Cross and the project will initiate on the 3rd September 2012. Following a 6 week 'start up' they will start taking referrals from social care, health and voluntary sector organisations from the 15th October 2012.

6.4 The project will have two co-ordinators based at Yew Tree Resource Centre who will recruit and train volunteers from the Community to deliver the service. This project will link with the volunteering project with senior volunteers being referred to the Red Cross.

6.5 Monitoring of the project will be via project boards, monthly reports and quality of life questionnaires which will be tracked via the health and social care database.

7 Havering Safer Homes

7.1 The provision of handyperson services is a key aspect of Activate Havering and preventative models. The existing handyperson service is in its final year of confirmed funding at current levels due to national reductions. The current service is delivered by Age UK in partnership with the Council's Community Safety and Supporting People teams.

7.2 Much of the work revolves around the installation of handrails and other tasks designed to reduce slips and falls. The current service is free of charge to users, and so is not financially sustainable in times of significantly reducing government funding.

7.3 A draft charging policy has been prepared and consultation with current handy person service users is underway to assess the appetite for a chargeable service. Age UK plans to introduce a pilot charging scheme in October 2012 to assess the sustainability of the service. The draft charging scheme is tiered to ensure that it reflects residents' ability to pay to ensure that charging does not cause hardship. The impact of the pilot will be closely monitored and evaluated.

8 Befriending/Faith Sector

8.1 It is anticipated that if Befriending services across the Borough work more closely together, potential efficiencies could be achieved through economies of scale. Meetings have been held with Havering befrienders and a composite job description has been drafted and a joint training commission has been prepared.

8.2 It is recognised that faith organisations have an important role in developing the community resilience. However, faith organisations, like other community groups, generally lack the capacity to participate in traditional local government structures or to run large scale volunteer programmes without funding, training and other professional support. They may not be aware of how to refer people to public services, or indeed what services are available for people in need. Activate Havering will work with befriending services to provide training for the faith communities in the opportunities available. In addition a faith outreach survey is underway to identify the current capacity of the faith community and to seek the faith sectors views on the support they might want in helping to tackle isolation and exclusion in older age.

9 Activate Havering Activities

9.1 In order to give a foundation for future initiatives a number of activities have been negotiated with existing partners. These include:

9.2 Havering Museum has developed an Active Havering Variety Club designed to meet the needs of Havering residents who are isolated and those aged 50 and over. The bespoke club will provide a creative and fun environment in Havering Museum where individuals can build their self-confidence and make friends while

participating in learning and social activities. The museum plans to provide refreshments and hold a Christmas party. Events will be held every two weeks from October 2012 until the end of March 2013. The Variety Club programme is designed to mentally stimulate and energise people whilst encouraging them to become more active within the club, and in other activities across Havering.

9.3 Negotiations with SLM, the Council's leisure centre operator, identified a commitment to support Havering's desire to improve community resilience and the local health and well being agenda. A consequence of these discussions, to optimise the usage of facilities and to maximise the health benefits, led to a locally brokered initiative to provide free swimming and other benefits at specified off peak times for those aged 50 years and over.

9.4 Age Concern Havering has agreed to help promote and launch Activate Havering. With support and funding from Activate Havering they are celebrating Older People's Day on 1st October 2012 using the national theme of the 'Big Skills Share' and the Activate Havering's focus on staying healthy. They plan to hold two different events on the same day:

- Queens Theatre – This will primarily be an information event where older people will be given information about the varied range of activities and learning opportunities across the borough. The venue will be used to host a number of stands that promote the themes of sharing skills and improving health. Invited stakeholders will include local colleges, representatives from the libraries, community safety and health promotion and stands from other invited stakeholders, such as mobile phone operators who will offer advice on new technology.
- The second event will be activities based where the plan is to host a celebration of older people with a variety of activities and taster sessions such as Tai Chi, Zumba and yoga.

9.5 Age Concern are organising three days of different health and well being activities in September. This will include reduced cost or free taster sessions including badminton and table tennis at the YMCA, indoor bowls and bowling at "Number 10" ten pin bowling alley. Age Concern will link with SLM to run healthy walk activities from Hornchurch Sports Centre and ensure that borough wide initiatives such as the free swimming and badminton are promoted.

9.6 In conjunction with the community chef Age Concern will organise and run four community cookery workshops targeted at people over the age of 50. Two sessions will be held in Rainham and two in Harold Hill.

10 Conclusion

10.1 Coordination of initiatives and projects will support the development of the vision and aims of Activate Havering which are:

- Being an older person in Havering means that you are part of a 'community' that supports each other.
- Older people, especially those without immediate family support, will not suffer from social exclusion caused by loneliness.
- Public sector, voluntary sector and community led services are co-ordinated to maximise their positive impact for local people.

10.2 The project will be adjusted to meet the needs of local residents and the good practice identified through the Campaign to End Loneliness.

IMPLICATIONS AND RISKS

Financial implications and risks:

Performance Reward Grant (PRG) was awarded in 2011 to fund the projects listed above. The current projected spend profile is still being confirmed as there are some decisions pending around allocating all of the PRG funding. Befriending and the handy person service currently receive Adult Social Care funding and are not currently expected to attract any additional PRG.

There was an Executive Decision (ED) published on 26 July 2012 that detailed the funding implications related to the Havering Circle. In summary, this took care of £150k of the PRG which was match funded by Cabinet Office funding. The scheme is expected to be self sustaining in the future. A membership charge of up to £30 per year is levied. £50k per year for two years PRG funding was also released via this ED to fund a volunteer scheme.

Legal implications and risks:

There are no apparent legal implications in noting this Report.

Human Resources implications and risks:

There are no HR implications arising directly as a result of the report

Equalities implications and risks:

The projects and activities detailed in the report address issues faced by a number of people categorised as protected groups, notably older people, women and people with disabilities. Activate Havering is intended to positively affect the lives of these (and other) groups. In line with the Council's Equality policies, any new or altered services will be subject to equality impact assessments insofar as they have the potential to affect (either negatively or positively) people's lives.

BACKGROUND PAPERS

None

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