



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 16 July 2019	Committee Room 2 - Town Hall
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Members 7: Quorum 3

COUNCILLORS:

Christine Smith (Chairman)
Michael White (Vice-Chair)
Ciaran White
Nic Dodin

Jan Sargent
Denis O'Flynn
Linda Van den Hende

For information about the meeting please contact:
Richard Cursons 01708 432430
richard.cursons@onesource.co.uk

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

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

Reporting means:-

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

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

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

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

What is Overview & Scrutiny?

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

The sub-committees have a number of key roles:

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

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

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

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

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

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

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

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 7 March 2019 and authorise the Chairman to sign them.

5 CORPORATE PERFORMANCE INFORMATION - QUARTER 3 (Pages 5 - 18)

Report attached

6 ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT 2018-19 (Pages 19 - 44)

7 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.

Andrew Beesley
Head of Democratic Services

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
7 March 2019 (7.00 - 8.15 pm)**

Present:

Councillors Ray Best (Chairman), Linda Hawthorn (Vice-Chair), Denis O'Flynn and Christine Smith

Apologies for absence were received from Councillor Nic Dodin, Councillor Jan Sargent and Councillor Ciaran White

20 MINUTES

The minutes of the meeting held on the 5 December 2018, were agreed and signed by the Chairman as a correct record.

21 CORPORATE PERFORMANCE INFORMATION - QUARTER 3

The Committee received the Quarter 3 Performance Report which provided an overview of the Council's performance against the two performance indicators selected for monitoring by the Sub-Committee:

- Percentage of service users receiving Direct Payments; and
- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+).

The percentage of service users receiving Direct Payments had a green rating. This was a target of 35%, with a Q3 performance level of 35.9%. It was explained that for some residents, direct payments were unsuitable as they did not have the capacity to manage the payments. There was however a process to guide service users and a Direct Payments Team was available to offer advice.

The rate of permanent admissions to residential and nursing care homes was at a green rating and well within target. The Q3 performance target was 480 with 2018/19 performance at 424.4, where lower performance was better. The current performance was slightly higher than the previous year, however remained low.

The individuals OSSC:

- **Noted** the contents of the report and the actions identified to improve services.
- Members also **noted** the positive feedback to services by way of compliments received and highlighted good practice.

22 DOMESTIC VIOLENCE - UPDATE

The Sub-Committee received a report which detailed the work of the Council to support victims and families affected by Domestic Abuse in Havering.

From the 1 January 2018 to the 31 December 2018, there were 4,601 domestic violence incidents reported to the police and 2,515 domestic violence offences recorded to the police. In 2018, the Multi Agency Safeguarding Hub (MASH) received 1,706 contacts in relation to domestic abuse.

In Havering, a Multi Agency Risk Assessment Conference (MARAC) was held every three weeks and chaired by a detective inspector from the East Area BCU Safeguarding Team. From the 1 January 2018 to the 31 December 2018, there were 339 cases referred to the MARAC.

The London Borough of Havering commissioned a number of services to support victims of domestic abuse, including Havering Women's Aid, the Men's Domestic Abuse Service (MENDAS), PAN London Independent Domestic Violence Advocate (IDVA) Service and Solace Women's Aid.

The Havering Women's Aid had recently been awarded the contract for refuge provision in the borough and offered 22 beds for women and children across the borough's sites. Where men were subject to domestic abuse, if they met the homelessness criteria, they were offered hostel accommodation.

All contacts regarding possible safeguarding or child protection concerns were referred to the Havering Multi Agency Safeguarding Hub (MASH) and the information was triaged by a Children Social Care MASH Team Manager to determine what action was required to respond to the concerns that had been referred.

Information on whether the Gingerbread Charity continued to operate in the borough was sought and it was requested that it would be investigated and information circulated to Members.

The Individuals OSSC:

Noted the contents of the report.

23 ADULT SOCIAL CARE AND THE VOLUNTARY SECTOR

The Sub-Committee received a report and presentation on the Adult Social Care funded voluntary offer, what services were provided and the benefits delivered.

In 2018, the Joint Commissioning Unit recommissioned the adult social care voluntary sector offer to achieve better outcomes, support more people and build a preventative offer that supported residents. Members received a presentation on how the services were recommissioned and what support was available and the benefits and outcomes of the services and how they fit with the wider offer.

The Individuals OSSC:

Noted the contents of the presentation.

24 RESPIRE CARE FOR CARERS

The Sub-Committee received a report on respite care for carers and the wider carers offer.

The Local Authority provided respite to carers based on an assessed need, on either a planned or an emergency basis. The Local Authority also provided informal respite to carers through programmes delivered by its commissioned services, through Direct Payments, and through carer engagement and involvement work being delivered by the Council itself. Members received a presentation, as detailed in the report, which provided an overview of all aspects of the carers respite offer.

The Individuals OSSC:

Noted the contents of the presentation.

Chairman

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 16th July 2019

Subject Heading:	Quarter 4 performance report
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 4 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report which is for information only. Adverse performance against some performance indicators may have financial implications for the Council.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 4 (January 2019 – March 2019) and **Appendix 2**, which sets out a list of indicators available for reporting in 2019/20, for the Sub-Committee's consideration.

RECOMMENDATION

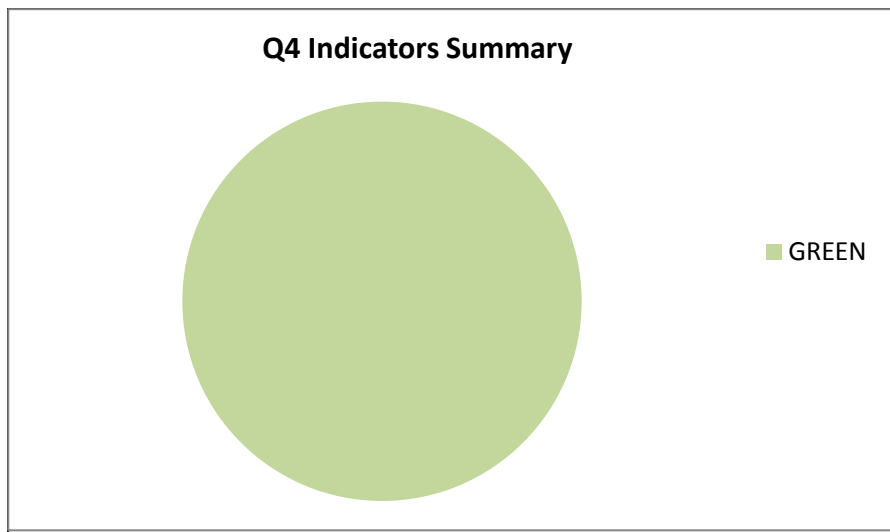
- That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.
- That the Individuals Overview and Scrutiny Sub-Committee considers the list of indicators provided at Appendix 2 and selects a suite of indicators for monitoring during 2019/20.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the 2 performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:
 - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
 - **Amber** = outside of the quarterly target, but within the agreed target tolerance
 - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.
4. Also included in the report are Direction of Travel (DoT) columns, which compare:
 - Short-term performance – with the previous quarter (Quarter 3 2018/19)
 - Long-term performance – with the same time the previous year (Quarter 4 2017/18)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
6. Both the performance indicators selected by the sub-committee have been included in the Quarter 4 2018/19 report and presentation. Both indicators have been assigned a RAG status.

Quarter 4 Rating Summary



Of the two indicators:

2 (100%) has a status of **Green** (on track)

There has been sustained performance when compared with Quarter 3 of 2018/19 and has improved when compared to the same stage last year, where one indicator was Green and the other was Red.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report which is for information only. However it should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and

managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

Human Resources implications and risks:

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

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

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

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

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

Appendix 1: Quarter 4 Individuals Performance Presentation 2018/19

Appendix 2: Pool of Indicators



Havering
LONDON BOROUGH

Quarter 4 Performance Report 2018/19

Individuals O&S Sub-Committee

16th July 2019

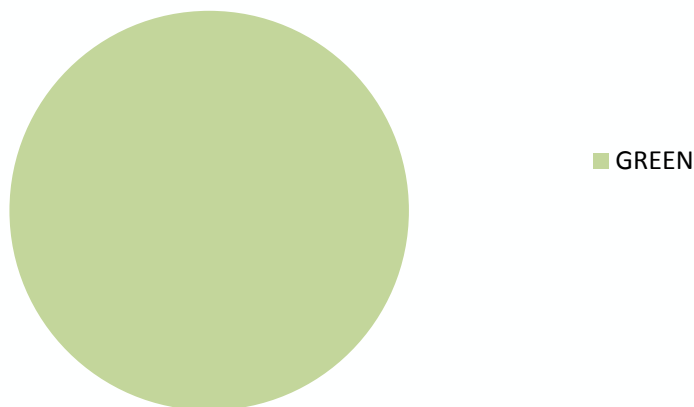
About the Individuals O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the RAG rating is '**Red**', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q4 Performance figures are available for both indicators.

Q4 Indicators Summary



Of the 2 indicators:
2 (100%) has a status of **Green**.

Quarter 4 Performance

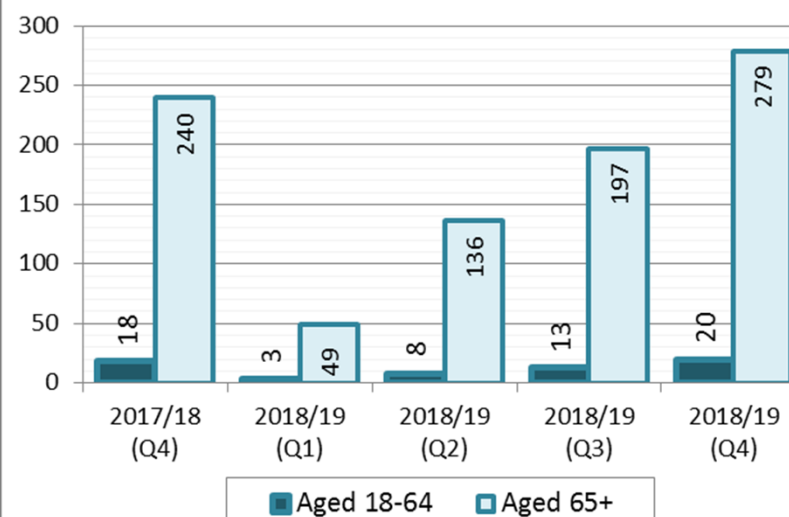
Sub-committee	Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q4 Target	2018/19 Q4 Performance	Short Term DOT against Q3 2018/19		Long Term DOT against Q4 2017/18	
Individuals	% of service users receiving direct payments	Bigger is better	5%	35%	35%	GREEN 36.2%	↑	35.9%	↑	34.1%
	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	5%	660	660	GREEN 601.1	↑	424.4	↓	519

Positive Performance

- Better than target (where lower is better) for the rate of permanent admissions for service users aged 65+ into nursing or residential care.
- Better than target (where higher is better) for Direct Payments and an improvement in outturn.

ADULT SOCIAL CARE

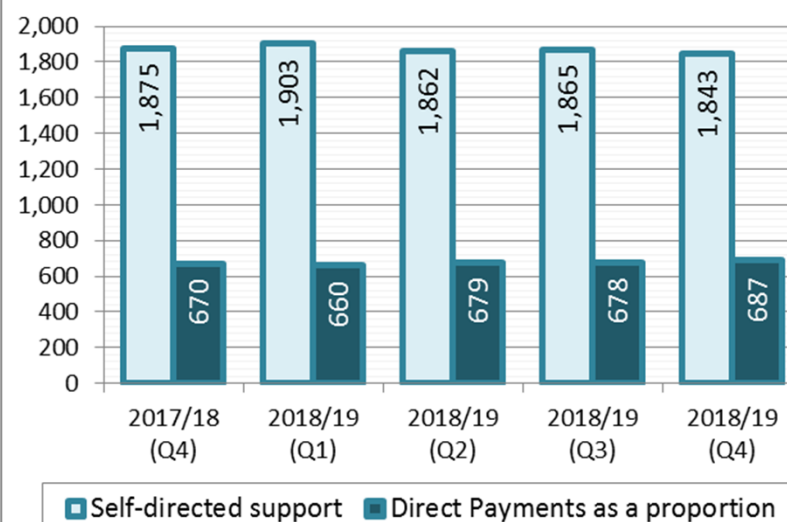
DP 09: Permanent admissions to residential and nursing care homes



By the end of Q4, there had been 20 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is an increase of 2 when compared to Q4 in 2017/18. There have been 279 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2017/18 there had been 240.

ADULT SOCIAL CARE

DP 10: Self Directed Support and Direct Payments as a Proportion



At the end of Q4, there were 1,843 service users receiving self directed support, compared to 1,875 at the same stage last year. There was a slight increase in the take-up of direct payments from March 2018 compared to March 2019 (687 in March 2019 compared to 670 in March 2018).

Any questions?



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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE – 16 July 2019

Subject Heading:	Adult Social Care Complaints Annual Report 2018-19
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Veronica Webb, 01708 432589 Veronica.webb@havering.gov.uk
Policy context:	An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.
Financial summary:	There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[x]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Adult Social Care Annual Complaints Report 2018-19 attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2018 – March 2019.

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

RECOMMENDATIONS

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

REPORT DETAIL

4. Adult Social Care complaints have decreased slightly in 2018-19 (91) by 16% from 2017-18 (108). The number of enquiries have also decreased in 2018-19 (24) from 2017-18 (34).
5. Ombudsman enquiries have stayed at the same level in 2018-19 (9) in 2018-19. Of these, two were found to be maladministration injustice with penalty one maladministration no penalty regarding charges applied to deprivation of assets, property disregard and change in service provision.. The remaining enquiries were either closed after initial enquiries with no further action, out of jurisdiction or premature.
6. The highest number of complaints received was for external home care. The total commissioned hours for Adult Social Care for 2018-19 was 699,911 with 16,578.50 of those hours representing 2% of complaints involving external home care.

7. The main reason for complaints 'standard of service' still remains linked to 'financial issues' and disputes on charges. There was also an increase in 'attitude/behaviour of staff' where family members were not happy with the social worker's decision which would reflect the wishes of the service user.
8. The number of complaints in 2018-19 upheld was 13 with 16 partially upheld, 38 not being upheld and 12 being withdrawn.
9. Areas identified for improvement during the year were around completeness of assessments, information to providers on the treatment of direct payments used for respite and financial information still highlighted as an area for improvement. Some of these may be picked up through the new Adult Social Care system Liquid Logic when implemented.
10. Overall response times still need to improve, although have improved slightly in 2018-19 with 61% (48 of 79) being responded to within the 20 working day timescale.
11. The collation of monitoring information is reflecting the main equalities characteristics requirement and includes, gender, religion, marital status and sexual orientation. For marital status and sexual orientation, there are a high number not recorded as these categories may not have been routinely recorded.
12. For those aged 85+ there has been an increase (39 in 17/18 to 43 in 18/19). The breakdown of gender is included within this category and shows that there are a higher number of females within the age range 85+ and slightly higher across 25-34; 35-44, 65-74 and 75-84. 'Personal care support' and 'memory and cognition' are the highest recorded disabilities. As reflected in the borough 'White British' is the highest with next highest representations from 'Black/Black British African', although significantly lower. Religion has a representation across different religions, however marital status and sexual orientation does have a high number 'not recorded'
13. Complainants preferred method of contact is via email and telephone. With the new social care system, this may move more towards online with the introduction of the social care portal.
14. Expenditure incurred was £1,831.25 which includes a remedy payment and complaints leaflets, which are included in packs used by social workers.
15. Compliments have increased from 49 in 2017-18 to 52 in 2018-19 and staff are to be encouraged to send compliments to log. Adult Social Care also produces an annual Adult Social Care Outcomes Framework Survey which monitors how satisfied service users are with its services.
16. Member enquiries have increased to 114 in 2018-19 from 68 in 2017-18 with 75% being responded to within timescale.

17. Learning from complaints is seen as an important management information tool and evidencing improvements in the Service is paramount to the learning. Actions have been reviewed and implemented and will be brought to the Director's Operational Management Group (OMG) meetings to monitor progress. Responding to complaints needs to be improved and is being addressed to move towards a more proactive and customer-focused approach and closer working with managers.

IMPLICATIONS AND RISKS

Financial implications and risks:

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

Legal implications and risks:

The Council is under a statutory duty to consider complaints and representations regarding relevant discharge of functions by virtue of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. However, there are no apparent direct legal implications arising from noting of this report

Human Resources implications and risks:

The number of complaints relating to standard of service is the highest in 2018/19. Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on these skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, have been captured within the new Workforce Development Strategy and Plan.

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

Equalities implications and risks:

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

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

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

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. To ensure that people whose first language may not be English that they can still access the service via use of the Language Shop.

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

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ANNUAL REPORT 2018/19

ADULT SOCIAL CARE

Complaints, Comments and Compliments

Prepared for: Barbara Nicholls, Director Adult Social Care & Health

**Prepared by: Veronica Webb
Complaints & Information Team Manager**

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1. Executive Summary

Adult Social Care complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which includes a requirement to publish an annual report. This report covers the period April 2018 to March 2019.

Complaints have continued to decrease over the last few years with the learning from complaints being embedded in the service and its provision. Adult Social Care continue to have a number of complaints involving finance disputes and steps will need to be taken to make sure that information and communication around financial implications are robust. This should improve with closer monitoring.

Adult Social Care are in the process of moving to a new social care system, Liquid Logic which should be implemented during 2019-20. This should improve recording practices across the service area.

Adult Social Care recognises that the service needs to continue to improve response times to enquiries and complaints, although it is noted that this has improved on the previous year. The main reason that some responses were over timescale is that the complaint/enquiry involved external agencies where information is required to reach decisions around charging disputes. Work is ongoing to continue to improve response times, and also how the Complaints & Information Team and Adult Social Care can work more effectively with external agencies, to ensure timescales are met.

Complaint response times have improved slightly from 2017-18 and continued efforts need to be made to ensure that complaints are responded to within a timely manner. From 2019/20, the Social Care Complaints & Information Team has additional resources to support managing the complaints process. Whilst the number of complaints is lower, complexity is greater, which meant that monitoring and responses throughout 2018-19 was impacted. It is expected that for 2019/20 the team will be more proactive and customer focussed as a result.

In February 2018 Adult Social Care began a period of transformational change, most notably making changes to how incoming work is managed by the Service 'Front Door' and then by the Service as a whole. The Service went live with 'Three Conversations', a model that focusses on building on residents' strengths and family and social networks, and ensuring every opportunity to maximise independence before setting up statutory services). Embedding this across the service was a key priority for 2018/19 and will continue to be for 2019/20.

Within this context, complaints continue to play an important role in highlighting areas of improvement. Learning from complaints is crucial, to ensure the service is able to make improvements to how vulnerable residents and their families are worked with, with the continued emphasis on learning and by evidencing this, improvements to the service can be made

2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, 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, 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:

Local resolution

Informal- Where a complaint involves a regulated service, is a minor concern, or where a complainant does not wish to take it through the formal process.

Formal - Where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium-high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we 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. Service Context

Adult Social Care in Havering provides a wide range of support, including information and advice, front line assessment and social work/occupational therapy services for adults who have an identified care and support need, and are eligible for assistance with meeting those needs. We provide support to older people (65+); individuals with a physical or sensory disability; individuals with a learning disability; and individuals with mental health needs. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities. The Service also includes Safeguarding Adults. The Service is further supported through brokerage of care, management of direct payments and client income and managing client finance arrangements, as well as quality and contract monitoring of provider services.

The total number of new contacts received in 2018/19 by Adult Social Care was 9,907 (which may or may not have resulted in services being provided), with around 50% being managed by the Service 'Front Door' and 50% received via the Joint Assessment and Discharge Service based in Queens and King Georges Hospital. Total activity within the service over the year (including for example assessments, reviews, and Deprivation of Liberty) was just under 15,700, in addition to this there were also 1053 safeguarding enquiries undertaken. The key area where the service has seen increased activity is in managing Safeguarding Adults referrals and Deprivation of Liberty Safeguards.

The total number of services implemented for residents in 2018/19 at some point in the year was approx 6,900, including people who received short term services (such as reablement), long term services (such as home care or residential/nursing care), or one off interventions (such as equipment).

4. Complaints Received

4.1 Ombudsman referrals

There were two enquiries resulting in 'maladministration injustice with penalty' relating to change in care provision from respite to permanent, and the treatment of deprivation of assets. The one 'maladministration injustice no penalty', was from 2017-18 with the decision received in 2018-19 relating to home care delivery. Further enquiries during 2018-19 resulted in four being closed after initial enquiries, one out of jurisdiction and one premature.

	Apr18 – Mar19	Apr17 – Mar18	Apr 16 – Mar17
Maladministration (no injustice)			
Maladministration Injustice with penalty	2	2	
Maladministration injustice no penalty	1		4
No maladministration after investigation		1	
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued			1

No evidence of maladministration/service failure			1
Closed after initial enquiries: no further action	4	3	
Closed after initial enquiries: out of jurisdiction	1	2	
Premature/Informal enquiries	1	1	2
Total	9	9	8

4.2 Total number of complaints

The total number of statutory complaints has continued to decrease over the last three years, with 91 being received in 2018-19, which is a 16% drop from 2017-18.

Total Number of Statutory Complaints		
2018/19	2017/18	2016/17
91	108	121

4.3 Stages

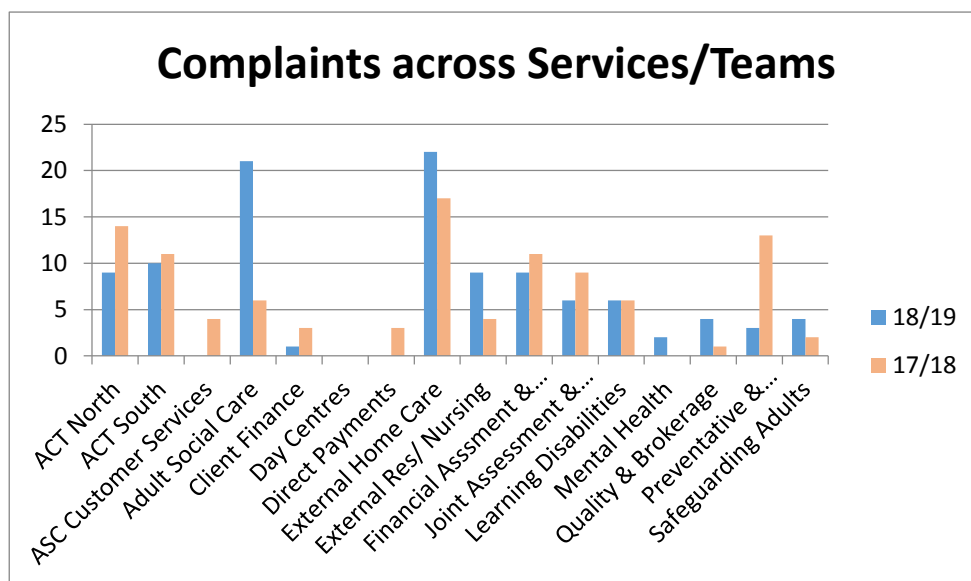
There were decreases during 2018-19, across all stages, with 24 enquiries, 66 formal and 25 informal complaints compared to 2017-18.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 18 – Mar 19	24	66	25	
Apr 17 – Mar 18	34	75	33	

4.4 Teams

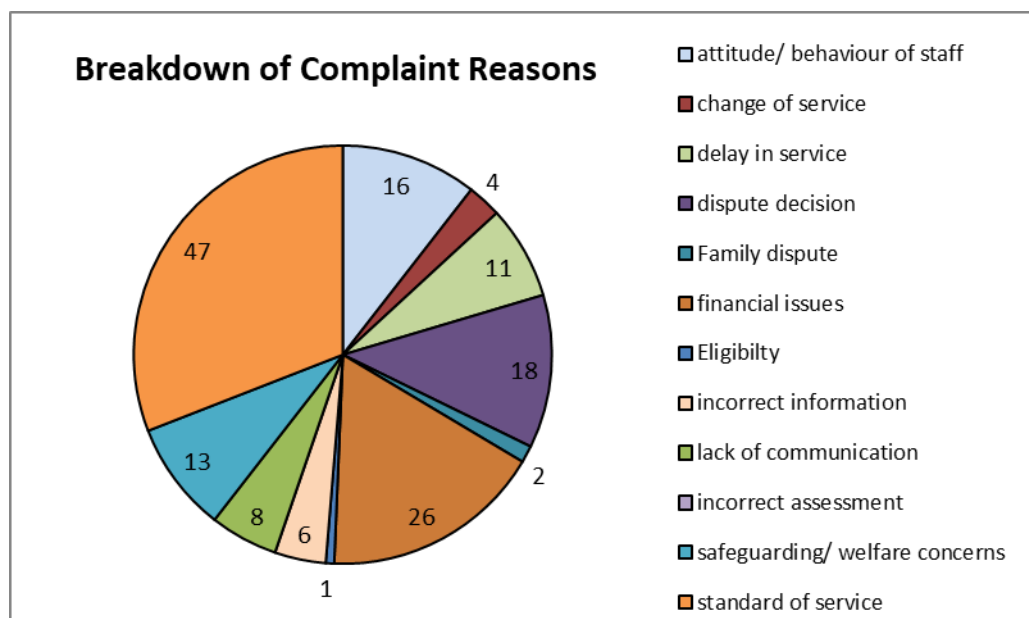
The highest number of complaints in 2018-19 was regarding 'external home care', which was a 23% increase from 2017-18. The total number of commissioned hours for 2018-19 was 699,911. Complaints involving external home care, commissioned hours totalled 16,578.50 and represents 2% of the total commissioned hours for home care.

The next highest were complaints with senior management involvement recorded under 'Adult Social Care'. These complaints required reviewing decisions, resulting in either a change of provision or waiver/ adjustment of fees. There were also increases across 'external residential/nursing homes', Mental Health, Quality and Brokerage (involving commissioning) and Safeguarding. All other teams had a decrease in the number of complaints received.



4.5 Reasons

'Standard of service' is the highest reason for complaints received. It should be noted that categories were streamlined during 2018-19 with some categories being merged into one. Standard of service now includes reasons such as quality of service, level of service and need of service. Many of these complaints related to external home care regarding times of visits, some related to level or quality of care and were linked with charges. 'Financial issues' is the next highest reason and reflects the link between the standard of service following invoices received 'disputing decision'.



The comparison shows that attitude/behaviour of staff has increased in 2018-19 to 16 compared to 4 in 2017-18. Many of these were family members who were not happy with the social worker and decisions made. It has been noted that where a person does have

capacity and family members may not agree with the decision, the social workers will respect the wishes of the service user which is not always welcomed by family members.

There has been an increase in 2018-19 regarding 'financial issues', which as indicated above, refer to invoices/fees of care received which are in dispute, mainly through family members. 'Safeguarding issues' have also increased in 2018-19 these referred to concerns in relation to care received and discharge arrangements.

	attitude/ behaviour of staff	change of service	Data protection	delay in service	delay to implement a service	dispute decision	Eligibility	Family dispute	financial issues	incorrect assessment	incorrect information	incorrect invoicing	lack of communication	level of service	need of service	non-delivery of a service	quality of service	safeguarding issues	standard of service
2018/19	16	4		11		18	1		26		6		8					13	47
2017/18	4	1		6	7	19			11	3	8	1	14	36			23	2	

4.6 Outcomes & Learning

Of the 91 complaints received in 2018-19, 38 were not upheld, 15 were partially upheld and 12 were upheld. Complaints withdrawn were due to either information not being provided or consent not being given. There were a further 14 complaints that were referred to an alternative service/provision in which the outcome is not known.

	Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn
18/19	13	16	38	12
17/18	51		52	5

Categories for outcome description below has also been streamlined and therefore some categories below have changed during 2018-19 with 'information/explanation given' and 'apology standards not met' have replaced, 'explanation and apology'. The highest outcome for 2018-19 is 'information/explanation being given'. When exploring further, although information or explanations may have been given, retention of information is always dependent on when this was given as it may have been at a time of crisis for the family. However it is noted that recording practices for financial information being given to clients/families has dipped from 2017-18 when in March 2018, 81.7% finance charging case note were being recorded appropriately whereas in March 2019 this was reported as 64.3%. Staff will need to be reminded to ensure that where financial information is discussed that this is recorded appropriately.

	apology standards not met	change in practice/ policy	change of allocated worker	change of provision	Council's position remains unchanged	Complaint Withdrawn/ referred to different procedure	Explanation and Apology	financial adjustment	Information /Explanation given	No action/ further action required	Reassessment/ Review	records amended	referred to alternative service/provision	Reimbursement	Services re-instated	Training identified
18/19	12	5	2	0	15			4	22			2	14			1
17/18		14				5	36	16	11	3	6			6	2	8

4.6.1 Learning from Complaints

During 2018-19 Adult Social Care identified areas which require further improvement regarding assessments and how these are completed, ensuring that budget information is included, start and end dates of provision are accurately shown. Interim measures have been put in place to audit assessments by a senior manager requiring a decision on an individual's care needs. With the introduction of the new Adult Social Care system, this should also ensure that assessments are completed thoroughly and will still require authorisation by a senior manager.

The financial charging case note and checklist will still need to be monitored as recording has slipped slightly and is not at the level it was at the end of 2017-18. It has also been highlighted that care needs to be taken not to rely on financial information given previously when there is a change of need, to ensure clients and family are clear about the financial implications when a change of need is required.

Where direct payments are used for respite placements clear direction/guidance needs to be given to residential/nursing homes. Also contracts in place should be signed by individual or family member, particularly essential for third party top-ups.

There is still a need for staff to ensure clarity of information and communication throughout all service areas so that standards improve.

4.6.2 Learning from the Ombudsman

Change in provision and the financial implications associated with that change needs to be clearly communicated and budgetary information needs to be included within the assessment. Deprivation of assets and property disregard is being highlighted in many LGSCO reports and Adult Social Care will need to take particular care and attention when dealing with these complaints, but also to be mindful of the time taken in dealing with these type of complaints.

4.7 Response times

Of the 91 complaints received, it is noted that 13% (12) were not progressed due to for example either consent/information not being provided. The total number responded to therefore was 79. The number of complaints responded to within the 20 working day timescale in 2018-19 was 61% (48 of 79), 39% (31) responded to over the 20 day timescale.

Of the 91 complaints, 34 involved external agencies, three did not progress. Some complaints were referred directly to the agency to respond, others would require input from the agency to determine whether a financial adjustment would be required.

From early 2019/20, additional resources are now in the Social Care Complaints & Information Team to ensure response times are managed and followed up as they should be. Through 2018/19, due to complexity of the complaints case work, the Team experienced some difficulties in supporting the Service to meet deadlines effectively. Processes are continually being reviewed to improve response times and with capacity increasing the team will be looking to work more closely with managers.

	Within 10 days			11-20 days			Over 20 days		
	Apr18-Mar19 %	Total no.		Apr18-Mar19 %	Total no.		Apr18-Mar19 %	Total no.	
Informal/Formal	35	28		25	20		39	31	
Total no. 2017/18		25			32			50	
<i>Of the 2018/19 total, response times for all complaints involving external providers:</i>									
External providers	15	14		7	6		12	11	

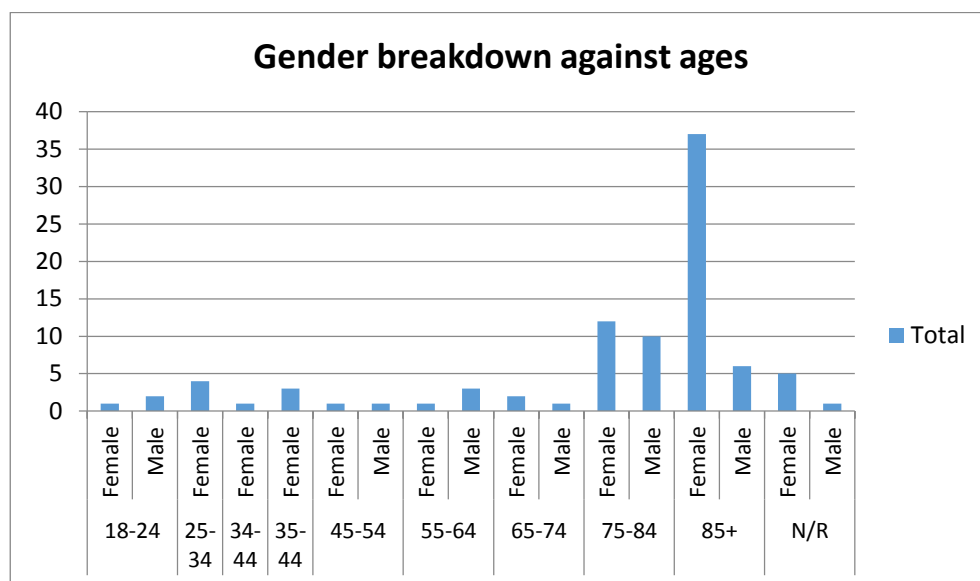
4.8 Monitoring information

4.8.1 Age

There has been a slight increase in those aged 85+ in 2018-19 compared to 2017-18 with significant decreases of 79% and 64% in ages 65-74 and 55-64 respectively with slight decreases in the middle age ranges and those aged 75-84.

	under 18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
18/19		3	4	4	2	4	3	22	43	6
17/18		7	5	5	8	11	14	24	39	2

The gender breakdown below shows that of those aged 85+ there is a particularly high number of females and slightly higher across ages 25-34, 35-44, 65-74 and 75-84.



4.8.2 Disability

As reflected in the number of those aged 85+ many have a personal care support need, as well as difficulties with 'memory and cognition'. The number not recorded has increased slightly and care will need to be taken that information is obtained.

	Access & Mobility	Hearing impairment	Frailty or temporary illness	Learning Disability	Known disability	Personal care support	Physical Disability	Memory and Cognition	Mental Health	Other Vulnerable People	Social Support	Visual impairment	Not recorded
18/19	9			4		44		22	1		1	1	9
17/18			1	9	1		74	20	3	1	3		3

4.8.3 Ethnicity

As with the population of Havering, 'White British' is the highest with 77 in 2018-19, although dropped slightly from 2017-18, with a wider spread of those from Black/Black British backgrounds.

	Asian / Asian British - Bangladeshi	Asian / Asian British - Indian	Black / Black British - African	Black British/Any other black background	Black / Black British - Caribbean	Mixed - White & Black Caribbean	White Any other White background	White - British	White - English	White - Irish	Not declared
18/19			4	1	1	1		77			7
17/18	1	1	4		1		3	100	1	1	3

4.8.4 Religion

There is a wide cross section of religions that have been recorded during 2018-19, with those from Jehovah's Witness, Jewish and Muslim religions being represented.

	Buddhist	Catholic	Christian	Church of England	Jehovah's Witness	Jewish	Muslim	No Religion	Not recorded	Not stated	Other religion
18/19		4	6	26	2	2	2	3	30	15	1
17/18	1	11	13	42				2	23	23	

4.8.5 Marital Status

It is encouraging to note that those not recorded has improved in 2018-19 compared to 2017-18 and efforts will need to be continually made to ensure information is obtained. Of the complaints made, 19 were 'married' and 16 were 'widowed'.

	Divorced	Married	Not recorded	Other	Separated	Single	Unknown	Widowed
18/19		19	38	1	1	5	11	16
17/18	1	30	43	1	2	14	6	18

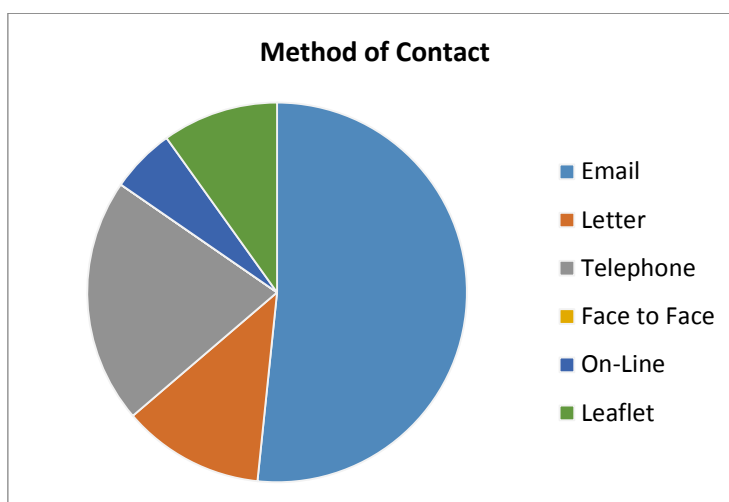
4.8.6 Sexual Orientation

This information may still be perceived by residents as being very sensitive information and therefore the number not recorded is still high at 72 in 2018-19, although lower than in 2017-18 with 13 being 'heterosexual' and 6 'preferring not to say'.

	Heterosexual	Not recorded	Prefer not to say
18/19	13	72	6
17/18	12	92	11

5 How we were contacted

Email has been the preferred method of contact during 2018-19 with telephone being the next preferred method. The new Adult Social Care system has not yet been implemented, however this may have an impact on how clients and their families will be contacting the service in future.



6 Expenditure

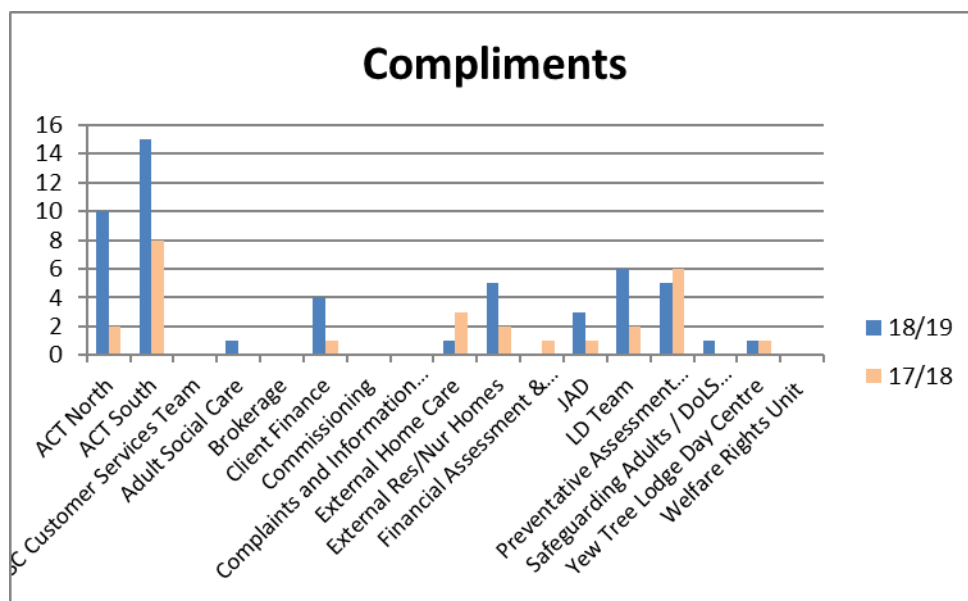
There was publicity expenditure incurred during 2018-19 of £531.25 and a remedy/time and trouble payment of £1,300.

	Publicity £	Payment £	Total £
Apr 2018- Mar 2019	531.25	1,300	1,851
Apr 2017- Mar 2018	581.25		

7. Compliments and resident satisfaction

Compliments have increased slightly in 2018-19 to 52 from 49 in 2017-8, which is encouraging and staff should continue to send their compliments to log for reporting purposes. There has been an increase across most teams with both the Area Community Teams and Client Finance showing significant increases, as well as increases across external residential/nursing homes, JAD and Learning Disabilities Team. Senior managers who are recorded under Adult Social Care have also received compliments.

7.1 Compliments



Some examples of compliments received are given below:

An appreciative client writes about his social worker 'How can I begin to tell you how much I appreciate all the hard work you've put into caring and guiding me throughout the past seven months..... I cannot express how happy I am and I have tears now because I cannot believe how lucky I am. Thank you, thank you and thank you again.' (ACT South)

A daughter sends a thank you card to her dad's social worker 'I just want you to know how I cannot express how much I appreciate all you have done for my dad and what a great

support you have been to me..... I want you to realise what a difference you made... you showed real emotion and a real passion for your job.’ (ACT North)

A friend writes in ‘I would like to thank you for the way in which you have managed the arrangements for xxx affairs. We would also like to say how professional and caring the funeral was carried out xxx was treated with great respect and dignity, the service was very personal and touching.’ (Client Finance)

A professor writes ‘Can I express my thanks to you and your colleagues at Havering....., the quality and responsiveness of Havering's management of this case has been excellent, and is a credit to public services.’ (Adult Social Care)

Parents write ‘Thank you for all that you have done to support xxxx, that he is progressing so well is I'm sure very much due to your perseverance in obtaining the best possible for him to continue with his development.’ (Learning Disabilities)

A husband shows his gratitude ‘I would just like to thank you for funding my wife in the care home I am very grateful.’ (Financial Assessment & Benefits)

A sister tells of her gratefulness for the support given to her brother ‘.....so easy to talk to, attentive, patient - explaining things in ways that both my brother and I could understand and so relaxing to be around even my brother spoke up and if you knew my brother you would know that is something that doesn't happen often. Thanks to xxxx my brother has agreed to three personal care visits a week and I feel happy with this and feel that this is going to make a big difference to us both.’ (Preventative & Assessment now Havering Access Team/Review Team)

A daughter writes in about the home care for her mother ‘I am writing to you to say what an excellent service the company provides to my Mother.... Mum has 4 carers a day and every single one of them is so kind and patient with her. Since last October Mum has had several serious health issues the main one being a bleed on her brain. Her recovery was remarkable and I truly believe this is because staff were so supportive and very positive with her and our family.....I will never be able to thank everyone enough for all their hard work and support so I was hoping this letter would go towards recognizing my gratitude.’ (Home Support Services)

A grateful niece writes to a residential home a year after her aunt's death ‘I don't know where the time has gone since then but, the passing of time has not diminished the level of gratitude I and the rest of my aunt's family would like to express for the care and compassion shown by the Manager and her team during the time my aunt was in their care..... We were all relieved that Was allowed to spend her final days at Ashgrove as, for her it had become her home.’ (Ashgrove Care Home)

7.2 Adult Social Care Outcomes Framework – Survey 2018/19

The annual statutory survey for Adult Social Care shows that there has been a slight increase in people using our services reporting overall satisfaction of 62% in 2018/19 compared to 60% in 2017/18.

Other key outcomes from the Adult Social Care survey for 2018/19 are shown in the table below:

	18/19	17/18
% Service User who are satisfied with their quality of life	78.3%	79.6%
% Service User who have control over daily lives	74.8%	77%
% Service User who feel they have as much social contact as they like	45.6%	45%
% Service User overall satisfaction	62%	60%
% Service Users who find it easy to find information about services	67.9%	74%
% Service Users who feel safe	69.5%	71%
% Service Users who think services make them feel safe	89.8%	88%

8. Members Enquiries

There were 114 member enquiries during 2018-19 which is a 40% increase from 2017-18 (68) with 75% being responded to within timescale.

9. Conclusion

Complaints continues to be a good tool to direct service improvements and Adult Social Care complaints have decreased over the last few years as the learning is taken on board by the Service.

There should not be complacency and continued monitoring and steps taken to ensure that Adult Social Care always strive towards a high quality standard of service,

Although response times have improved slightly, it is acknowledged that there was not the close monitoring and management of complaints during 2018-19 and with continued reviews of processes and closer working with managers within Adult Social Care that further improvements can be made.

10. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information about financial assessment process and potential client contribution reportedly not properly conveyed	<ul style="list-style-type: none"> Improved recording of information given on financial assessment and charges 	<ul style="list-style-type: none"> Financial assessment case note implemented in 2016/17. Forms introduced to be signed by service user/financial representative (JAD only) Compliance with completion monitored by: <ul style="list-style-type: none"> Monthly performance reporting 1-1 supervision 	<ul style="list-style-type: none"> All 	Ongoing	Case note to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user. Senior management to meet with individuals where case note recording identified as an ongoing concern. Implement in the new care management system
Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> Reviewing information to ensure it is available and accessible, and provided to people in timely fashion 	<ul style="list-style-type: none"> Locality model under review New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact. 	<ul style="list-style-type: none"> Head of Integrated Care Head of Joint Commissioning Unit 	March 2020 and ongoing Implemented February 2018 and for review by March 2020	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
Percentage of complaints responded to within timescales needs to improve	<ul style="list-style-type: none"> Response times require improvement 	<ul style="list-style-type: none"> Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days. Commissioning to support Complaints Team in getting information from external social care providers back within timescale Raise the profile of Complaints and the learning opportunities 	<ul style="list-style-type: none"> All Head of Integrated Care Head of Joint Commissioning Unit Complaints Manager	Ongoing	Quarterly presentation to senior management team on complaints performance. Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale. Improved engagement with providers and other agencies is ongoing.

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
		presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events).			
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		<ul style="list-style-type: none"> Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. Attendance at Provider Forums. 	<ul style="list-style-type: none"> Head of Joint Commissioning Unit. 	Ongoing	Engagement with care home providers: "Working with Care Homes to Understand Costs"
Home care charges need to be ratified when charging for services	<ul style="list-style-type: none"> Confidence that invoices reflect actual delivery 	<ul style="list-style-type: none"> Brokerage to ensure that invoices provide evidence of actual service delivery 	<ul style="list-style-type: none"> Brokerage Team 	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework
Changes in provision (or funding body ¹) need to identify where there are financial implications and that these are communicated	<ul style="list-style-type: none"> That financial implications are clear for service users and their financial representatives where there is a change of service 	<ul style="list-style-type: none"> Assessments needs to be completed with budget information Financial assessments need to be undertaken following change in provision, including where the funding body changes 	Adult Social Care	Ongoing	Adult Social Care need to ensure when multi-disciplinary team is completing an assessment that they give financial information and document accordingly.
The half hour charge in relation to frustrated visits.	<ul style="list-style-type: none"> Information to service users and their financial representatives needs to be clear that liability to charging for such visits will remain. 	<ul style="list-style-type: none"> Updated charging policy –need to implement changes and make sure all are clear. 	<ul style="list-style-type: none"> Care Management, Brokerage and Financial Assessment and Benefits. 	March 2020	Non-Residential Charging Policy is being reviewed and consulted on in 2019/20 for implementation by April 2020

¹ This includes where the funding body changes from the council to the NHS for example

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Assessments/ Reviews need to be completed appropriately with budget information, relevant signatures, clear recording showing start and end dates of provision.	<ul style="list-style-type: none"> Assessments need to be completed to ensure compliance with Care Act 	<ul style="list-style-type: none"> Monitoring and authorisation of assessments –this should be picked up via new social care system 	<ul style="list-style-type: none"> ASC 	Ongoing	March 2021. The new Care Management System (Liquid Logic) will go live for ASC in Autumn 2019. It is anticipated this will support improved recording
Respite arrangements via direct payments	<ul style="list-style-type: none"> Providers need to have clear information of how direct payments should be treated for respite to ensure correct charging levels. 	<ul style="list-style-type: none"> Joint Commissioning Unit to review arrangements 	Joint Commissioning Unit	Dec 2019	April 2020
Poor communication	<ul style="list-style-type: none"> Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner. Clarification when case is closed to an individual rather than the service. Messages taken need to be clear and concise and referred on in a timely manner. 	<ul style="list-style-type: none"> Service management to pick up with teams and raise in team meetings, 121s etc. 	<ul style="list-style-type: none"> All 	Ongoing	

ADULT SOCIAL CARE ANNUAL REPORT 2018-19

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Contracts not being signed for top-up arrangements	<ul style="list-style-type: none"> Contracts should be signed to ensure compliance with top-up fee arrangements. 	<ul style="list-style-type: none"> A project to review top up arrangements is underway to be completed by April 2020. 	<ul style="list-style-type: none"> Joint Commissioning Unit 	April 2020	Sept 2020
Resources	<ul style="list-style-type: none"> Resources need to be sufficient to ensure timely responses to complaints and that there is sufficient capacity to ensure process is robust. 	<ul style="list-style-type: none"> Senior Management have identified resource issues within the team that has led to a lack of resilience. This has been addressed through deployment of temporary resources with permanent recruitment underway. 	<ul style="list-style-type: none"> Business Management 	July 2019	January 2020

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