

# INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE - 16 July 2019

Subject Heading:	Adult Social Care Complaints Annual Report 2018-19
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Policy context:  Financial summary:	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.  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.

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- 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.

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# **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 crosstabulate 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.