

NOTICE  
OF  
MEETING



**ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY  
PANEL**

will meet on

**WEDNESDAY, 23RD NOVEMBER, 2016**

**7.00 pm**

**ASCOT AND BRAY - TOWN HALL,**

TO: MEMBERS OF THE ADULT SERVICES AND HEALTH OVERVIEW AND  
SCRUTINY PANEL

COUNCILLORS MOHAMMED ILYAS (CHAIRMAN), MICHAEL AIREY (VICE-  
CHAIRMAN), JUDITH DIMENT, CHARLES HOLLINGSWORTH, LYNNE JONES  
AND JOHN LENTON

SUBSTITUTE MEMBERS

COUNCILLORS MALCOLM BEER, DR LILLY EVANS, ASGHAR MAJEED,  
MARION MILLS, SIMON WERNER, EILEEN QUICK, LYNDA YONG AND  
GERRY CLARK

Karen Shepherd - Democratic Services Manager - Issued: Tuesday, 15 November 2016

Members of the Press and Public are welcome to attend this meeting.

The agenda is available on the Council's web site at [www.rbwm.gov.uk](http://www.rbwm.gov.uk) or contact the Panel  
Administrator **Andy Carswell**

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## AGENDA

### PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES</u>  To receive any apologies for absence.	
2.	<u>DECLARATIONS OF INTEREST</u>  To receive any declarations of interest.	5 - 6
3.	<u>MINUTES</u>  To approve the minutes of the meeting held on 18 <sup>th</sup> October 2016.	7 - 10
4.	<u>FINANCIAL UPDATE</u>  To note the report and make recommendations.	11 - 26
5.	<u>ANNUAL STATUTORY COMPLAINTS REPORT 2015-2016</u>  To review and note the contents of the report.	27 - 74
6.	<u>LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PUBLIC</u>  To consider passing the following resolution:-  "That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on item 7 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act"	

**PART II**

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
7.	<u>DAAT TENDER - AWARD REPORT</u>  To review and consider the report and to make recommendations.  <b><i>(Not for publication by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972)</i></b>	75 - 84



## MEMBERS' GUIDANCE NOTE

### DECLARING INTERESTS IN MEETINGS

#### **DISCLOSABLE PECUNIARY INTERESTS (DPIs)**

DPIs include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any license to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where
  - a) that body has a piece of business or land in the area of the relevant authority, and
  - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

#### **PREJUDICIAL INTERESTS**

This is an interest which a reasonable fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs your ability to judge the public interest. That is, your decision making is influenced by your interest that you are not able to impartially consider only relevant issues.

#### **DECLARING INTERESTS**

If you have not disclosed your interest in the register, you **must make** the declaration of interest at the beginning of the meeting, or as soon as you are aware that you have a DPI or Prejudicial Interest. If you have already disclosed the interest in your Register of Interests you are still required to disclose this in the meeting if it relates to the matter being discussed. A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' has been taken to mean a discussion by the members of the committee or other body determining the issue. You should notify Democratic Services before the meeting of your intention to speak. In order to avoid any accusations of taking part in the discussion or vote, you must move to the public area, having made your representations.

If you have any queries then you should obtain advice from the Legal or Democratic Services Officer before participating in the meeting.

If the interest declared has not been entered on to your Register of Interests, you must notify the Monitoring Officer in writing within the next 28 days following the meeting.

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# Agenda Item 3

## ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

TUESDAY, 18 OCTOBER 2016

PRESENT: Councillors Mohammed Ilyas (Chairman), Gerry Clark, Eileen Quick, Lynda Yong and Lynne Jones

Also in attendance: Sheila Holmes (WAM Healthwatch), Councillor David Coppinger

Officers: Andy Carswell, Alan Abrahamson, Alison Alexander, Hilary Hall and Angela Morris

### APOLOGIES

Apologies for absence were received by Cllrs Airey, Diment, Hollingsworth and Lenton. Cllrs Clark, Quick and Yong attended as substitutes.

The clerk informed the Panel that the Panel membership had been altered to allow Cllrs Clark, Quick and Yong to sit as substitutes, and that this change had been approved by the Leader.

### DECLARATIONS OF INTEREST

There were no declarations of interest received.

### MINUTES

The minutes of the previous meeting held on September 20<sup>th</sup> were agreed as an accurate record.

### FINANCIAL UPDATE

The panel received a presentation from the Finance Partner, updating Members on the Council's financial performance to date this financial year. The key points of the presentation were:

- There had been an increase in the Council's General Fund Reserves to just under £6.1million. The recommended minimum is £5.3million.
- The forecast underspend in the Council's services budget this year was £132,000.
- An estimated £312,000 overspend had been identified in the Adult, Children and Health Directorate budget, this represented 0.6% of the Directorate's total net budget.
- There would be a net £352,000 underspend in the Adult Services budgets overseen by this Panel.
- There had been a significant overspend in learning disability services; however this was countered by a significant underspend on services for older people.
- The Council anticipates a £300,000 benefit this financial year for Free Nursing Care following a change in Department of Health contribution rates.
- Further efficiencies worth £150,000 had also been identified through the use of an electronic call monitoring system.
- Savings of £124,000 were anticipated following the deregistration of two of the Council's care homes. However there had been a delay in implementing this.

Mrs Holmes asked if the costs relating to care for those with learning disabilities could get worse, as people with disabilities are living for longer. The Deputy Director of Adult Social Care and Health said there had been a shift towards community-based care and supported

living for people with complex needs, with the impact on the budget being carefully considered each year.

The Chairman asked what budgetary pressures had been anticipated for the rest of the financial year. The Finance Partner said an increase in demand over the forthcoming six months had been factored into the budget.

**RESOLVED: That the contents of the report be noted.**

## BUSINESS PLAN

The Panel received a presentation from the Head of Commissioning - Adult, Children and Health. She told members that the key priorities identified in the Business Plan for Health and Adult Social Care were to:

- Meet residents' needs as soon as possible. A scheme to improve the way the Council responds to residents' needs and meeting them appropriately was being piloted in Old Windsor. Two further pilots are expected.
- Deliver a quicker response to residents and to maximise community support through the Transforming Care Pathway
- Deliver action plans from the 2015 safeguarding peer review and serious case review.
- Deliver the Joint Health and Wellbeing Strategy.

She added that the main risks that had been identified were possible increases to delayed transfers of care, a failure of the home care contract to be delivered, and a failure to meet non elective hospital admissions targets. Members were told that the Council could be financially penalised through any of the risks.

Mrs Holmes asked if incentives for keeping staff had been considered, after raising the point that staff turnover at the Council was 37 per cent. The Deputy Director of Adult Health and Social Care said that the Council had difficulty attracting staff due to high living costs in the Royal Borough. Offering key worker accommodation was one of the incentives that has been put in place.

Mrs Holmes noted that recommendations had been made in relation to Adult Safeguarding and asked what they were. The Deputy Director of Adult Health and Social Care said this information could be circulated to Members.

In relation to transitions, the Chairman asked if the Council would meet its targets relating to moving from statements of special educational needs to education, health and care plans. The Head of Commissioning - Adult, Children and Health said the Council was slightly behind in its timescale to meet the targets, but additional resources were being provided to enable targets to be met.

**RESOLVED: That Members note the contents of the Business Plan.**

## DELIVERING IMPROVED ADULT SERVICES

The Panel received a presentation from the Head of Commissioning – Adults, Children and Health relating to the proposed transfer of the Royal Borough's Adult Services staff and resources to Optalis, to be effective from April 2017.

It was explained that Optalis is a company wholly owned by Wokingham Borough Council, which is currently its sole shareholder. Discussions regarding a merger of services had been taking place between the Royal Borough and Wokingham Borough Council since May. The Head of Commissioning - Adult, Children and Health said the discussions centred around service quality, control and governance, risk and costs, and reiterated that the Royal



Borough's commitment was to a shared partnership with Wokingham Borough Council, not an outsourced arrangement.

A report on the merger was to be considered by Cabinet, with a recommendation to proceed to the creation and implementation of a full business case. Members were told that an agreement had been reached for the Royal Borough to take a 45 per cent share in Optalis, growing to 50 per cent over the next two years, and a consideration to purchase shareholdings in Optalis of £771,302 had been identified.

The Head of Commissioning – Adult, Children and Health said the proposed arrangement would increase the resilience of the services that the Royal Borough provides. The delivery model would combine the Royal Borough's Adult Services budget of £29.9m gross with Wokingham's.

The Lead Member for Adult Services and Health reiterated that staff would continue to work from their current offices and would not be transferred elsewhere if the merger were to be approved.

Mrs Holmes commented that Optalis appeared to also be having difficulty in attracting staff, noting that there were ten job vacancies advertised on their website.

Cllr Jones asked what risks to services had been identified and considered during the consultation process. The Managing Director and Strategic Director Adult, Children and Health Services said the main identifiable risks related to recruitment and retention of staff. However she added that Optalis would become the Royal Borough's Provider of Last Resort and would be able to provide staff to work in any of the 47 care homes within the Royal Borough, should any of them encounter difficulties.

Cllr Jones said she wanted residents to be told that Adult Services were not being outsourced from the Council and that the Council would retain control of its workforce. The Lead Member for Adult Services and Health said that if Optalis made a profit, that money would be reinvested for the benefit of the Royal Borough's residents.

Cllr Jones asked if Optalis had experience of each of the services it had been asked to provide. The Managing Director and Strategic Director Adult, Children and Health Services said the Council would be transferring services and its management structure over to Optalis, with the Deputy Director joining the Optalis Executive Board alongside their Wokingham equivalents.

Mrs Holmes asked if there was a need to consult with the CCG on the arrangements. The Managing Director and Strategic Director Adult, Children and Health Services confirmed that meetings had been held with the CCG's Chairman, Chief Operating Officer and Finance Officer to talk about the merger plans.

Cllr Jones asked for reassurances that staff would not be relocated and that Optalis would be accountable to the Royal Borough. The Managing Director and Strategic Director Adult, Children and Health Services said staff would not be moved, save for while York House is refurbished, and the Royal Borough would retain its powers of scrutiny through its place on the Optalis board.

The Managing Director and Strategic Director Adult, Children and Health Services said that an additional £200,000 in Development Funding had been sought to ensure that there was a safe transfer of staff and services on go-live.

The Chairman asked if the Royal Borough would have equal power in the decision making process if it had a 45 per cent share of the partnership. The Managing Director and Strategic Director Adult, Children and Health Services reminded Members that the share distribution would increase to 50 per cent over time, and that it was felt any issues could be resolved.

**RESOLVED: That the recommendations to Cabinet be approved and that Cabinet:**

**i. Delegates authority to the Managing Director/Strategic Director Adult, Children and Health Services, in consultation with the Leader of the Council and the Lead Member Adult Services, Health and Sustainability, to proceed to a full business case and broker an Inter Authority Agreement with Wokingham Borough Council and Optalis, for approval by Cabinet in December 2016.**

**ii. Approves the consideration for purchase of shareholdings of £771,302, to secure a 45% stake in Optalis Limited, payable on 31 March 2017 and recommends to Council that this is funded from the 2016-2017 capital programme.**

**iii. Confirms that the current Strategic Director of Adult, Children and Health Services will continue to deliver the statutory function of Director of Adult Social Services, see points 5.7-5.8, and will continue to manage the Deputy Director Health and Adult Social Care in order to oversee the transfer of services up to 30 June 2017 with line management responsibility then transferring to Optalis.**

**iv. Delegates authority to the Lead Member for Finance and the Strategic Director Adult, Children and Health Services to agree the level of resource required for support functions that should transfer to Optalis.**

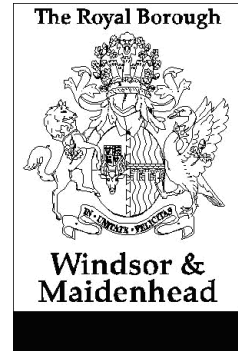
**v. Requests £200K from the Development Fund to support the safe transfer of staff and services to Optalis on 1 April 2017 through to 30 June 2017, see point 4.3.**

The meeting, which began at 7.30 pm, finished at 8.48 pm

CHAIRMAN.....

DATE.....

Report for: ACTION



<b>Contains Confidential or Exempt Information</b>	NO - Part I
<b>Title</b>	<b>Financial Update</b>
<b>Responsible Officer(s)</b>	Russell O'Keefe, Strategic Director of Corporate and Community Services, 01628 796521
<b>Contact officer, job title and phone number</b>	Rob Stubbs, Head of Finance, 01628 796341
<b>Member reporting</b>	Councillor Saunders, Lead Member for Finance
<b>For Consideration By</b>	Cabinet
<b>Date to be Considered</b>	24 November 2016
<b>Implementation Date if Not Called In</b>	Immediate
<b>Affected Wards</b>	All

## REPORT SUMMARY

1. This report sets out the Council's financial performance to date in 2016-17. In summary there is a projected £430,000 underspend on the General Fund (see Appendix A) which is an improvement of £298,000 from the October financial monitoring report. This is due to a net increase in the underspend forecast in a number of service budgets, see section 4 for details.
2. The Council remains in a strong financial position, with the Council's combined General Fund Reserves of £6,490,000 (7.24% of budget) in excess of the £5,270,000 (5.88% of budget) recommended minimum level set at Council in February 2016.

## If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which they can expect to notice a difference
Assurance that the Council is making effective use of its resources and that budgets are reviewed regularly.	24 November 2016

## 1. DETAILS OF RECOMMENDATIONS

### RECOMMENDED: That Cabinet:

- i) Notes the Council's projected outturn position.
- ii) Approves a £350,000 capital budget for survey work and a Development Manager in respect of the new leisure centre at Braywick Park (see paragraph 4.12).

## 2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 As this is a monitoring report decisions are normally not necessary but may occasionally be required.

## 3. KEY IMPLICATIONS

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date delivered
General Fund Reserves Achieved	Below £5,000,000	£5,000,000 to £5,490,000	£5,490,000 to £6,000,000	Above £6,000,000	31 May 2017

- 3.1 The General Fund Reserve is £5,286,000 and the Development Fund balance is £1,204,000, see appendix B for a breakdown of the Development Fund. The combined reserves are £6,490,000. The 2016-17 budget report recommended a minimal reserve level of £5,270,000 to cover known risks for 18 months.

## 4. FINANCIAL DETAILS

- 4.1. The Strategic Director of **Adults, Children & Health Services** reports a projected outturn figure for 2016-17 of £57,469,000 against a controllable net budget of £57,311,000, an overspend of £158,000. This is a decrease of £154,000 on the overspend reported to Cabinet in October. The most significant changes in the last month are:
- A reduction of £82,000 in the overspend projected in the placement budget for children in care as a result of a number of recent placement changes.
  - A reduction of £44,000 in the overspend forecast in the MASH. This is as a result of success in appointing permanent staff, reducing dependency on agency staff.
  - A reduction of £55,000 in the forecast cost of the deprivation of liberty and safeguarding assessment. This follows a review of the number of assessments to be undertaken in the remainder of the year and the allocation of work to a wider group of professionals.
  - A reduction of £50,000 in the underspend forecast in the net cost of delivering domiciliary care services to older people.
- 4.2. There remain significant pressures and savings, as reported to Cabinet in October, continuing to impact on the budget position:

- A projected overspend of £343,000 on the home to school transport budget. This is the full year effect of the increase in high needs SEN pupils in the last academic year and to the cost of new transport contracts for SEN pupils.
- The budget for supporting residents into temporary accommodation is projecting an overspend of £470,000. This relates to funding more residents with housing benefit following the change in legislation and the introduction of the subsidy loss and the benefit cap.
- Pressures in the provision of services to those with a learning disability and mental health problems - projected overspend of £384,000. Whilst this is £32,000 lower than the overspend forecast last month the pressure arises from the changing care requirements of a small number of residents with high needs, a delay in the de-registration of homes, and a Secretary of State adjudication of an Ordinary Residence dispute.
- An underspend of £619,000 in the care costs of children with disabilities, internal fostering and children leaving care mainly due to fewer than expected numbers requiring high cost support.

4.3. There are no projected variances to report within the HR budget.

4.4. In addition to the variances in points 4.1 and 4.2 there are a number of financial risks which will potentially impact on the budget position this year. These include: two high cost cases where the liability of the council to meet their costs is uncertain either due to their ordinary residence or due to their eligibility for Continuing Health Care funding. The maximum additional cost this year to the council should these cases both be decided against the council is estimated at £165,000, and the maximum saving if both cases were settled in favour of the council is estimated at £558,000 this year.

4.5. The Strategic Director of **Corporate and Community Services** reports a projected underspend for 2016-17 of £28,000 on the net budget of £4,195,000, in line with last month's projected underspend of £32,000. Key change is the recognition of increased planning application income, partially offset by higher legal and staff costs. The underspend reductions reported in Performance, Democratic Services and Finance reflect accounting transfers to a centrally held managed vacancy saving.

4.6. The Strategic Director of **Operations and Customer Services** reports a further improved projected underspend of £555,000 on the directorate 2016-17 approved budget of £21,686,000, £148,000 up on figure reported to Cabinet in October. This achievement is based on significant performance improvements in key areas of the directorate.

- Community Protection and Enforcement Services, Parking Services reports a £180,000 underspend based on strong activity in town centre car parks and from parking enforcement. Waste Services expect to be under budget by £250,000 from high recycling and garden waste tonnages, with associated income increases. Various 'unders' and 'overs' across the service combine with these to give a service total of £470,000 underspend.
- In Customer Services, Facilities management are reporting a net pressure of £40,000 from staffing issues.

- In Highways and Transport, increased costs are reported from the clearing up of asbestos and other fly-tipping, approx. £140,000 for full year. The Lead Member has approved an action plan to address this issue and recover some of these costs. An overall service overspend of £75,000 is currently projected for the service, which is in part mitigated by efficiencies, vacancy savings and extra street works-based income.
- In ICT, the underspend has improved to £250,000 through early delivery of 2017/18 restructure savings.
- Libraries have an estimated £50,000 pressure from emergency repairs to Maidenhead library.

Overall, the directorate is benefitting from significant positive income levels this year, which are difficult to budget for. However, some ongoing savings are now being identified and these will of course be built into base budgets for 2017/18.

- 4.7. Revenue budget movements this month are shown in table 1. An expanded full year Movement Statement has been included in the report in Appendix C.

**Table 1: Revenue budget movement.**

<b>Service expenditure budget reported to October Cabinet</b>	<b>£83,091,000</b>
Redundancy costs funded by provision	£101,000
Removal of Forest Bridge Contingency	(£100,000)
<b>Service expenditure budget this month</b>	<b>£83,092,000</b>

#### **Cash Balances Forecast**

- 4.8. Appendix D provides details of the Borough's cash balances. This month the council is forecasting cash flows over 12 months rather than three months as in recent Finance Updates. This allows Members to review the effect of the downward trend of our balances particularly at the year end when LEP expenditure and low levels of council tax and business rates may require us to take out a short term loan or overdraft.
- 4.9. Further borrowing may be required later in the year as balances continue to fall. The impact of the additional debt is likely to be up to £15,000,000 and this would take our total debt to £72,000,000. The increased debt will be used to fund the capital programme including further investment in regeneration projects. This is in anticipation of associated capital receipts. Future receipts will be considered when selecting the term of any new loans and wherever possible the aim will be to treat them as bridging finance.
- 4.10. The precise timing of any decision to borrow is managed through the daily treasury management carried out by the Finance team. Borrowing limits are approved by Council in the annual budget report and additional approval for this new debt is not strictly required. Cabinet will however be informed through the Finance Update of our cash forecast and the requirement to borrow.

#### **Capital Programme**

- 4.11. The approved 2016-17 capital estimate is £45,987,000, see table 2. The projected outturn for the financial year is £41,738,000. This is an increase on the capital outturn in 2015-16 of £27,421,000. See appendices E and F for further details. Table 3 shows the status of schemes in the capital programme.

**Table 2: capital estimates**

	<b>Expenditure</b>	<b>Income</b>	<b>Net</b>
<b>Approved estimate</b>	£45,987,000	(£19,354,000)	£26,633,000
Variiances identified	(£647,000)	£649,000	£2,000
Slippage to 2017-18	(£3,602,000)	£0	(£3,602,000)
<b>Projected Outturn 2016-17</b>	£41,738,000	(£18,705,000)	£23,033,000

**Table 3: Capital programme status**

	<b>Report Cabinet Nov 2016</b>
<b>Number of schemes in programme</b>	<b>532</b>
Yet to Start	17%
In Progress	56%
Completed	22%
Ongoing Programmes e.g. Disabled Facilities Grant	5%
Devolved Formula Capital Grant schemes budgets devolved to schools	0%

**Capital Budget - Braywick Park**

- 4.12. In order to support the development and construction of a new leisure centre at Braywick Park, a tree, topographical and borehole land survey is required along with the appointment of a Development Manager. Expenditure will start on the project in December 2016. An initial budget of £350,000 is recommended to Cabinet for approval.

**5. LEGAL IMPLICATIONS**

- 5.1 In producing and reviewing this report the Council is meeting its legal obligations to monitor its financial position.

**6. VALUE FOR MONEY**

- 6.1 Service monitoring ensures a constant review of budgets for economy, efficiency and effectiveness.

**7. SUSTAINABILITY IMPACT APPRAISAL**

- 7.1 N/A

**8. Risk Management**

Risks	Uncontrolled Risk	Controls	Controlled Risk
None			

**9. LINKS TO STRATEGIC OBJECTIVES**

- 9.1 Residents can be assured that the Council is providing value for money by delivering economic services.

**10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION**

- 10.1 This is a monitoring report with no actions related to staff or service provision. An Equality Impact Assessment (EQIA) has not, therefore, been completed for the

production of this report. An EQIA would be required should this report generate any changes to policy.

## 11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 None.

## 12. PROPERTY AND ASSETS

12.1 None.

## 13. ANY OTHER IMPLICATIONS

13.1 None.

## 14. CONSULTATION

14.1 Overview & Scrutiny meetings are scheduled prior to this Cabinet. Any comments from those meetings will be reported verbally to Cabinet.

## 15. TIMETABLE FOR IMPLEMENTATION

15.1 N/A.

## 16. APPENDICES

- 16.1 Appendix A Revenue budget summary
- Appendix B Development fund analysis
- Appendix C Revenue movement statement
- Appendix D Cash flow forecast
- Appendix E Capital budget summary
- Appendix F Capital variances

## 17. BACKGROUND INFORMATION

17.1 Budget Report to Council February 2016.

## 18. CONSULTATION (MANDATORY)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
<b>Internal</b>				
Cllr Saunders	Lead Member for Finance	25/10/2016		
Cllr Rankin	Deputy Lead Member for Finance	25/10/2016		
Alison Alexander	Managing Director	24/10/2016	24/10/16	Throughout
Corporate Management Team (CMT)	Strategic Directors	24/10/2016		
		<b>16</b>		



<b>External None</b>				
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**REPORT HISTORY**

<b>Decision type:</b>	<b>Urgency item?</b>
For information	No

Full name of report author	Job title	Full contact no:
Richard Bunn	Chief Accountant	01628 796510

SUMMARY	2016/17		
	Budget	Approved Estimate	Projected Variance
	£000	£000	£000
Adult, Children's & Health Commissioning	7,636	7,821	474
Schools and Educational Services	2,914	2,923	193
Health, Early Help & Safeguarding	10,411	10,438	(81)
Health and Adult Social Care	32,408	32,323	(389)
Human Resources	1,167	1,547	0
A,C&H Management	834	932	(39)
<b>Total Adult, Children &amp; Health</b>	<b>55,370</b>	<b>55,984</b>	<b>158</b>
Better Care Fund-Expenditure	9,915	10,956	0
Better Care Fund-Income	(8,485)	(9,730)	0
<b>Total Better Care Fund</b>	<b>1,430</b>	<b>1,226</b>	<b>0</b>
Maintained Schools	42,127	39,543	0
Early Years Education and Childcare Provision	7,154	6,296	0
Admissions and Pupil Growth	545	381	0
Support Services for Schools and Early Years	1,714	1,606	94
High Needs and Alternative Provision	13,430	13,634	326
Dedicated Schools Grant	(64,970)	(61,460)	(420)
<b>Total Schools Budget (DSG)</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Adult, Children and Health Services</b>	<b>56,800</b>	<b>57,210</b>	<b>158</b>
Director of Operations & Customer Services	(27)	377	0
Revenues & Benefits	816	769	0
Highways & Transport	6,125	6,378	75
Community, Protection & Enforcement Services	6,957	7,223	(470)
Customer Services	1,704	1,813	40
Technology & Change Delivery	2,915	2,687	(250)
Library, Arts & Heritage Services	2,316	2,440	50
<b>Total Operations &amp; Customer Services</b>	<b>20,806</b>	<b>21,687</b>	<b>(555)</b>
Director of Corporate & Community Services	85	14	0
Planning, Development and Regeneration Service	(813)	(726)	(61)
Corporate Management	433	560	0
Performance	429	475	1
Democratic Services	1,955	1,938	14
Elections	261	263	0
Legal	104	104	(47)
Finance	2,353	2,426	0
Building Services	40	26	0
Communities and Economic Development	(801)	(885)	65
<b>Total Corporate &amp; Community Services</b>	<b>4,046</b>	<b>4,195</b>	<b>(28)</b>
<b>TOTAL EXPENDITURE</b>	<b>81,652</b>	<b>83,092</b>	<b>(425)</b>

SUMMARY	2016/17		
	Budget	Approved Estimate	Projected Variance
	£000	£000	£000
<b>Total Service Expenditure</b>	<b>81,652</b>	<b>83,092</b>	<b>(425)</b>
Contribution to / (from) Development Fund	1,133	555	0
Pensions deficit recovery	2,115	2,115	0
Pay reward	500	5	(5)
Transfer to/(from) Provision for the clearance of Shurlock Road		(180)	0
Transfer to/(from) Provision for Redundancy		(405)	0
Environment Agency levy	150	150	0
Capital Financing inc Interest Receipts	<u>5,128</u>	<u>5,258</u>	<u>0</u>
<b>NET REQUIREMENTS</b>	<b>90,678</b>	<b>90,590</b>	<b>(430)</b>
Less - Special Expenses	(981)	(981)	0
Transfer to / (from) balances	<u>0</u>	<u>88</u>	<u>430</u>
<b>GROSS COUNCIL TAX REQUIREMENT</b>	<b>89,697</b>	<b>89,697</b>	<b>0</b>
<b>General Fund</b>			
Opening Balance	4,681	4,768	4,856
Transfers to / (from) balances	<u>0</u>	<u>88</u>	<u>430</u>
	<u><u>4,681</u></u>	<u><u>4,856</u></u>	<u><u>5,286</u></u>
NOTE Service variances that are negative represent an underspend, positive represents an overspend.			

Memorandum Item	
<b>Current balance on the Development Fund</b>	
	£000
Opening Balance	649
Transfer (to) / from other reserves	
Transfer from General Fund - sweep	
Transfer (to) / from General Fund - other initiatives	<u>555</u>
	<u><u>1,204</u></u>

<b>Corporate Development Fund (AE35) £000</b>		
<b>Balance B/F from 2015/16</b>		<b>649</b>
<b>Transacted amounts in 2016/17</b>		
<b>To/From Capital Fund</b>		0
<b>To/From General Fund</b>		
Transition Grant (2016/17 budget - February Council)	1,278	
Restructure of the Development and Regeneration service (2016/17 budget - February Council)	-56	
Minerals and Waste Strategy (2016/17 budget - February Council)	-61	
Adjustment to contribution due to revised New Homes Bonus (2016/17 budget - February Council)	-28	
Delivering Children's Services (March Cabinet)	-200	
Additional Transport Model costs (April CMT)	-43	
Heathrow Expansion (March Cabinet)	-30	
Delivering Operations Services (March Cabinet)	-100	
Road & Streetworks Permit scheme (March Cabinet)	-120	
Review of Sunday Parking charges (April Council)	-81	
Forest Bridge Contingency (CMT June 2016)	-100	
Dynamic Purchasing System (March Cabinet)	-4	
Forest Bridge Contingency no longer required - revenue budget removed	100	
		555
		<b><u>1,204</u></b>

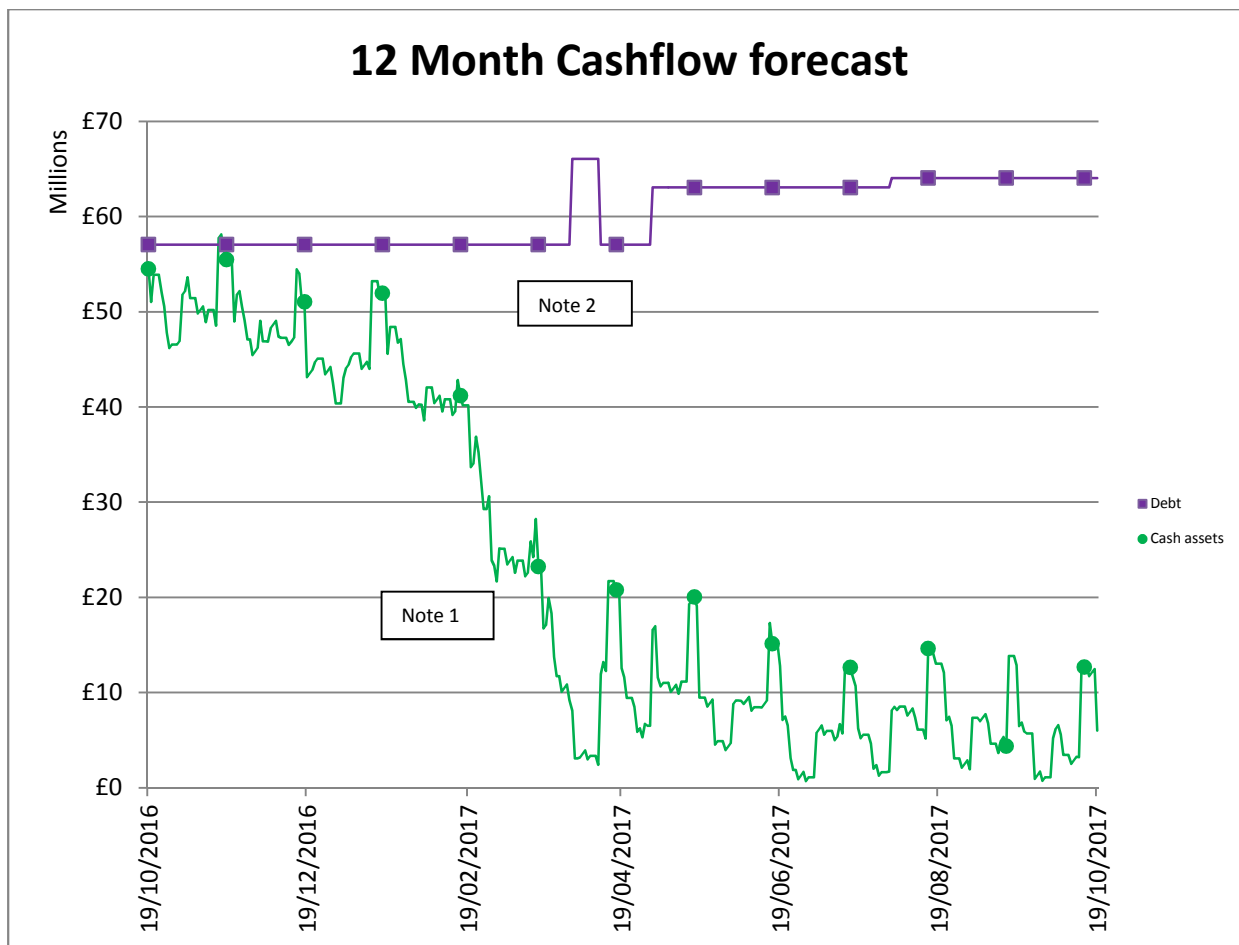


## Budget Movement Statement 2016-17

	Funded by Development Fund (1)	Funded by the General Fund (2)	Funded by Provision (3)	Included in the original budget (4)	Total	Approval
	£'000	£'000	£'000	£'000	£'000	
<b>Original Budget</b>					<b>81,652</b>	
1 Transforming Services	200				200	Cabinet March
2 Disabled Facilities Grant				(302)	(302)	Council Feb.
3 Transport model	43				43	CMT April
4 Heathrow Expansion	30				30	Cabinet March
5 Redundancy cost			73		73	Cabinet May
6 Redundancy cost			92		92	Cabinet May
7 Desborough improvements		50			50	Cabinet March
8 Transforming Services	100				100	Cabinet March
9 NRSWA parking scheme	120				120	Cabinet March
10 Sunday parking	81				81	Cabinet April
11 Cleaning & maintenance costs at Cox Green Youth Centre		20			20	Council Feb.
12 Redundancy cost			96		96	Cabinet May
13 Forest Bridge Contingency	100				100	CMT June
14 Pay reward				191	191	Council Feb.
15 Pay reward				173	173	Council Feb.
16 Pay reward				131	131	Council Feb.
17 Dynamic purchasing system	4				4	Cabinet March
18 Redundancy cost			25		25	Cabinet May
19 Bus contract		44			44	Cabinet May
20 Loss of rental income		50			50	Cabinet June
21 Transforming Services		100			100	Cabinet June
22 Redundancy cost			18		18	Cabinet May
23 Redundancy cost			101		101	Cabinet May
<b>Changes Approved</b>	<b>678</b>	<b>264</b>	<b>405</b>	<b>193</b>	<b>1,540</b>	
<b>Approved Estimate September Cabinet</b>					<b>83,192</b>	

## NOTES

- When additional budget is approved, a funding source is agreed with the Lead Member of Finance. Transactions in column 1 have been funded from a usable reserve (Development Fund).
- If additional budget is approved but no funding is specified, the transaction would, by default, be funded from the General Fund Reserve. Transactions in column 2 are funded by the General Fund.
- A provision for future redundancy costs is created every year and this is used to fund additional budget in services for the costs of redundancy they incur during the year. Transactions in column 3 are redundancy costs funded by the provision for redundancy.
- Transactions in column 4 are amounts approved in the annual budget which for various reasons need to be allocated to service budgets in-year. An example would be the pay reward budget. Pay reward payments are not approved until June. The budget therefore has to be re-allocated.



Note 1 – Reduced Council Tax and Business Rates collections in February and March coupled with the commitment to pay out £20m of LEP funding in March 2017 is forecast to cause the decrease in cash balances towards the end of the financial year 2016/17.

Note 2 – An increase in borrowing by £9m is forecast in March 2017 to fund the cash shortfall created by the commitment to pay out LEP funding during the month. This is a short term requirement with the intention to repay the loan when the 2017/18 instalment of LEP funding is received in early April 2017. Further borrowing will be required later in the year with the first instalment of borrowing forecast towards the end of April 2017, coinciding with the April payroll date.

Portfolio Summary	2016/17 Original Budget			New Schemes – 2016/17 Approved Estimate			Schemes Approved in Prior Years			Projections – Gross Expenditure				
	Gross £000's	Income £000's	Net £000's	Gross £000's	Income £000's	Net £000's	Gross £000's	Income £000's	Net £000's	2016/17 Projected (£'000)	2016/17 SLIPPAGE Projected (£'000)	TOTAL Projected (£'000)	VARIANCE Projected (£'000)	VARIANCE Projected (%)
<b>Community &amp; Corporate Services</b>														
SMILE Leisure	428	(120)	308	678	(120)	558	46	(14)	32	724	0	724	0	0%
Community Facilities	155	0	155	265	(100)	165	17	0	17	272	0	272	0	0%
Outdoor Facilities	370	(100)	270	593	(154)	439	760	(486)	274	1353	0	1,353	0	0%
Property & Development	0	0	0	30	0	30	512	0	512	435	107	542	0	0%
Governance, Policy, Performance_Partnerships	588	0	588	459	0	459	433	0	433	892	0	892	0	0%
Regeneration & Economic Development	6,377	(185)	6,192	7,586	(450)	7,136	4,812	(1,075)	3,737	9,576	2,822	12,398	0	0%
<b>Total Community &amp; Corporate Services</b>	<b>7,918</b>	<b>(405)</b>	<b>7,513</b>	<b>9,601</b>	<b>(824)</b>	<b>8,777</b>	<b>6,580</b>	<b>(1,575)</b>	<b>5,005</b>	<b>13,252</b>	<b>2,929</b>	<b>16,181</b>	<b>0</b>	<b>0</b>
<b>Operations &amp; Customer Services</b>														
Technology & Change Delivery	0	0	0	0	0	0	335	(6)	329	335	0	335	0	
Revenues & Benefits	0	0	0	48	0	48	48	0	48	96	0	96	0	
Customer Services	0	0	0	0	0	0	249	0	249	249	0	249	0	
Green Spaces & Parks	343	(308)	35	436	(322)	114	269	(136)	133	705	0	705	0	0%
Highways & Transport	9,609	(3,155)	6,454	10,519	(3,555)	6,964	2,117	(892)	1,225	11,963	673	12,636	0	0%
Community,Protection & Enforcement Services	890	(380)	510	960	(380)	580	992	(721)	271	1,952	0	1,952	0	0%
Libraries, Arts & Heritage	367	(295)	72	367	(295)	72	468	(147)	321	835	0	835	0	0%
<b>Total Operations &amp; Customer Services</b>	<b>11,209</b>	<b>(4,138)</b>	<b>7,071</b>	<b>12,330</b>	<b>(4,552)</b>	<b>7,778</b>	<b>4,478</b>	<b>(1,902)</b>	<b>2,576</b>	<b>16,135</b>	<b>673</b>	<b>16,808</b>	<b>0</b>	<b>0</b>
<b>Adult, Children &amp; Health</b>														
HR	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adult Social Care	41	0	41	48	0	48	217	(185)	32	267	0	267	2	5%
Housing	0	0	0	0	0	0	2,397	(2,017)	380	1,897	0	1,897	(500)	
Non Schools	0	0	0	89	(89)	0	305	(233)	72	394	0	394	0	
Schools – Non Devolved	4,550	(4,190)	360	5,732	(3,767)	1,965	2,192	(2,192)	0	7,775	0	7,775	(149)	-3%
Schools – Devolved Capital	250	(250)	0	933	(933)	0	1,085	(1,085)	0	2,018	0	2,018	0	0%
<b>Total Adult, Children &amp; Health</b>	<b>4,841</b>	<b>(4,440)</b>	<b>401</b>	<b>6,802</b>	<b>(4,789)</b>	<b>2,013</b>	<b>6,196</b>	<b>(5,712)</b>	<b>484</b>	<b>12,351</b>	<b>0</b>	<b>12,351</b>	<b>(647)</b>	<b>0</b>
<b>Total Committed Schemes</b>	<b>23,968</b>	<b>(8,983)</b>	<b>14,985</b>	<b>28,733</b>	<b>(10,165)</b>	<b>18,568</b>	<b>17,254</b>	<b>(9,189)</b>	<b>8,065</b>	<b>41,738</b>	<b>3,602</b>	<b>45,340</b>	<b>(647)</b>	<b>0</b>

	(£'000)	(£'000)	(£'000)
<b>Portfolio Total</b>	<b>23,968</b>	<b>45,987</b>	<b>41,738</b>
<b>External Funding</b>			
Government Grants	(7,890)	(12,512)	(12,363)
Developers' Contributions	(933)	(5,775)	(5,275)
Other Contributions	(160)	(1,067)	(1,067)
<b>Total External Funding Sources</b>	<b>(8,983)</b>	<b>(19,354)</b>	<b>(18,705)</b>
<b>Total Corporate Funding</b>	<b>14,985</b>	<b>26,633</b>	<b>23,033</b>



**Capital Monitoring Report - October 2016-17**

At 31 October 2016, the approved estimate stood at £45.987m

	Exp	Inc	Net
	£'000	£'000	£'000
Approved Estimate	45,987	(19,354)	26,633
Variances identified	(647)	649	2
Slippage to 2017/18	(3,602)	0	(3,602)
Projected Outturn 2016/17	41,738	(18,705)	23,033

**Overall Projected Expenditure and Slippage**

Projected outturn for the financial year is £41.738m

Variances are reported as follows.

## Schools - Non Devolved

CSDW	Prep work for future expansion schemes - 2013-14	(28)	28	0 Budget no longer required
CSEU	Riverside (Ellington) Primary expansion 2014-15	(37)	37	0 Final account now agreed
CSGM	Dedworth Green Drainage Improvements-2015-16	(14)	14	0 Budget no longer required
CSGU	Holy Trinity Sunningdale Bulge Classroom	(70)	70	0 Final account agreed.
CSFF	School Kitchens	(150)	150	0 Revised Business Case
CSGF	Woodlands Park School Roof-2015-16	(20)	20	0 Revised Business Case
CSHA	Woodlands Park School Internal Remodelling	170	(170)	0 Revised Business Case

## Adult Social Care

CT43	Courthouse Road Conversion of Garage	2	0	2 Final cost of Gas Main
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## Housing

CT51	Affordable Home Ownership Capital Investment	(500)	500	0 Budget no longer required. S106 funding will be used to fund the Brill House project in 2017/18
		<u>(647)</u>	<u>649</u>	<u>2</u>

Slippage is reported as follows

## Highways &amp; Transport

CD15	Bridge Strengthening Scheme	(65)	0	(65) Victoria Bridge waterproofing scheme - slipped to next financial year due to other works in area.
CD72	Preliminary Flood Risk-Assessments	(18)	0	(18) PFRA due 2017.Awaiting government guidance.
CD42	Maidenhead Station Interchange & Car Park	(500)	0	(500) Scheme still in feasibility stage.
CD79	A329 London Rd/B383 Roundabout-Scheme Development	(90)	0	(90) Slippage to supplement 'scheme delivery' budget in 2017-18 (if approved)

## Property &amp; Development

CX22	St Mary's Hse-External replace/decor roof 2014-15	(64)	0	(64) Scheme to progress in 2017/18.
CX28	Ray Mill Road Residential Development	(43)	0	(43) Project has commenced. The remaining budget will be required next year.

## Regeneration

CI29	Broadway Opportunity Area-Nicholsons CP 2015-16	(2,700)	0	(2,700) The construction of the extended car park is currently on hold and being reviewed. The project will not commence this financial year.
CI48	Development Manager, Maidenhead Regeneration	(100)	0	(100) Reform Road feasibility work has been paused while the JV procurement progresses.
CX20	Ross Road - repairs & redecoration	(22)	0	(22) Project to commence during 2017/18.
		<u>(3,602)</u>	<u>0</u>	<u>(3,602)</u>

**Overall Programme Status**

The project statistics show the following position:

Scheme progress	No.	%
Yet to Start	92	17%
In Progress	299	56%
Completed	112	22%
Ongoing Programmes e.g.. Disabled Facilities Grant	28	5%
Devolved Formula Capital Grant schemes budgets devolved to schools	1	0%
<b>Total Schemes</b>	<b>532</b>	<b>100%</b>

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Report for: Information



<b>Contains Confidential or Exempt Information</b>	NO - Part I
<b>Title</b>	Adults and Children's Services Annual Complaints 2014/15 and 2015/16
<b>Responsible Officer(s)</b>	Jacqui Hurd, Head of Customer Services
<b>Contact officer, job title and phone number</b>	Claire Burns, Complaints Co-ordinator Adult and Children's Social Care, 01628 683857
<b>For Consideration By</b>	Adult Services and Health Overview and Scrutiny Panel
<b>Date to be Considered</b>	23 November 2016
<b>Implementation Date if Not Called In</b>	Not Applicable
<b>Affected Wards</b>	None

## REPORT SUMMARY

1. This report provides an overview of the performance of the Council in respect of receiving, handling and responding to complaints received to Adult and Children Services.
2. The report covers the periods 1 April 2014 to 31 March 2015 and 1 April 2015 to 31 March 2016. It also reports on the compliments received by staff for each service.
3. It recommends that Members note and comment on performance especially the learning derived from this and the improvements made to the service as a result.
4. These recommendations are being made to ensure that the Council meets its statutory responsibilities to publish performance on complaints received to Adult and Children's Services Social Care.
5. There are no financial implications arising from this report.

## If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. Residents are aware of the performance of the Council in respect of handling and responding to complaints received and how services have been amended as a result.	Immediately upon publication of this report.

## 1. DETAILS OF RECOMMENDATIONS

That Members note performance of the Council in respect of receiving, handling and responding to complaints received during the periods 1 April 2014 to 31 March 2015 and 1 April 2015 to 31 March 2016.

## 2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Option	Comments
The Council does not produce an annual report on complaints performance for Adults and Children's Social Care  This is not recommended	There is a statutory responsibility for the Council to report on its performance on an annual basis
The Council produces an annual report summarising performance in the way it handles and responds to complaints received to the Children's and Adults Services Social Care function.  <b>This is the recommended option</b>	It ensures the Council meets its statutory obligations whilst also ensuring that local policies on transparency are adhered to.

### 2.1 Background

- 2.1.1 To meet statutory responsibilities and ensure customer care the Council runs a complaints service covering statutory adult and statutory children's social care complaints.
- 2.1.2 The council also has a formal corporate complaints service; however there is no statutory responsibility around the formal corporate complaints services.
- 2.1.3 There are strict statutory frameworks in place governing the complaints process for Adult and Children's social care.
- 2.1.4 The management and administration of the social care complaint function sits within the Operations and Customer Services Directorate. This ensures that there is independence between the officer coordinating the investigation and the service areas being investigated.
- 2.1.5 The level of resource devoted to managing the statutory social care complaints process for both Adult and Children Services is 1FTE.
- 2.1.6 It is important to note here that for a period between February 2014 and February 2015 this role was vacant due to the previous post holder leaving and challenges recruiting a suitable alternative. Therefore the recording of the

complaints during this period is not as it should be and the Council has made a conscious push since March 2016 to both raise awareness of the complaints process and improve the recording of complaints being received. Any increase in the number of complaints between 2014-2015 and 2015/16 should therefore not be interpreted as deterioration in the standard of service being delivered. Rather this is more an accurate reflection of record keeping and increased confidence amongst service users to register complaints fully understanding that the Council takes each complaint seriously and is committed to addressing service failings where these have been identified.

- 2.1.7 The full in depth report for Adult and Children’s social care complaints performance for 2014-2015 is detailed at Appendix 1 and for 2015-2016 is detailed at Appendix 2.

## 2.2 Complaints Activity

- 2.2.1 Tables 1 and 2 show complaints activity across Children’s and Adults Directorates for the years 2014/15 and 2015/16 and compares these with the previously reported activity for 2013-14.

Table 1: Children’s Services

	2013 – 2014	2014 – 2015	2015 - 2016
Stage 1	90	61	81
Stage 2	2	0	5
Stage 3	0	0	2

Table 2: Adult Services

	2013 – 2014	2014 – 2015	2015 - 2016
Stage 1	78	21	44
Stage 2	3	0	4
Stage 3	0	0	1

### Children’s Services

- 2.2.2 The timescale for dealing with Stage 1 statutory Children’s Services Social Care complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required.

#### 2014/15

- 2.2.3 Between April 2014 and March 2015, 61 statutory stage 1 complaints were referred to children’s social care services for investigation. This is less than in 2013-14 when 90 statutory stage 1 complaints were received.

- 2.2.4 Of the 61 complaints that were received during 2014/15, 46% were responded to within timescales.

#### 2015/16

- 2.2.5 During the period 2015-2016, 81 statutory stage 1 complaints were referred to children’s social care services for investigation. This is more than in 2014/15 when 61 statutory stage 1 complaints were received.

- 2.2.6 Of the 81 complaints that were received during 2015/16, 42% were responded to within timescales.
- 2.2.7 In summary stage 1 complaints made have fallen from 2013-2014 to 2015-2016, this is a reflection of excellent work undertaken by service professionals to resolve any issues raised at the earliest point putting our residents first. However there is an increase in stage 2 and stage 3 received in 2015/16, these are all from complaints started in 2014/15 and this is linked back to the period where there was not an active complaints co-ordinator in post. This has now been resolved.
- 2.2.8 It is identified that there needs to be an improvement in the numbers responded to within the timeframes agreed. Failing to respond within time is likely to be that more time is needed to investigate and this is not negotiated at an early opportunity, this now forms part of the training and complaints monitoring.

### **Adult Services**

- 2.2.9 There is no specific timescale for dealing with statutory adults services social care complaints. The timescales are negotiated between the complaints team, the manager of the service being investigated and the customer making the complaint.
- 2.2.10 The council is committed where possible to achieve early resolutions for statutory adults services social care complaints. The measurement used is the same as the timescales for statutory children's services complaints which is 10 working days but can be negotiated up to 20 working days.

### **2014/15**

- 2.2.11 During the period 2014-2015, 21 statutory complaints were referred to Adults Social Care for investigation. This is 73% less than in 2013-14 when 78 complaints were received.
- 2.2.12 Of the 21 statutory stage 1 complaints that were received, 57% were responded to within 10 – 20 working days.

### **2015/16**

- 2.2.13 During the period 2015-2016, 44 statutory complaints were referred to Adults Social Care for investigation. This is an increase of 109% on 2014-2015 when 21 complaints were received.
- 2.2.14 Of the 44 statutory complaints that were referred to Adults Social Care for investigation 42% were responded to within 10 – 20 working days.
- 2.2.15 In summary stage 1 complaints made have fallen considerably from 2013-2014 to 2015-2016, this is a reflection of excellent work undertaken by service professionals to resolve any issues raised at the earliest point putting our residents first.
- 2.2.16 It is identified that there needs to be an improvement in the numbers responded to within the timeframes agreed. Failing to respond within time is likely to be that

more time is needed to investigate and this is not negotiated at an early opportunity, this now forms part of the training and complaints monitoring.

## **2.3 Compliments Activity**

- 2.3.1 In addition to logging complaints, the Council also logs compliments received by clients. Compliments received are feedback to the relevant service area to ensure due recognition is given to staff. Positive practice is also flagged up at the monthly performance meeting to ensure that learning is shared and disseminated across the directorate.

### **Children's services 2014/15**

- 2.3.2 During the period 2014/15, 10 compliments were recorded by children's services. These related to the exemplary practice, support and interventions within the social care teams.

### **2015/16**

- 2.3.3 During the period 2015/16, 19 compliments were recorded by children's services. Of these, almost 50% related to events run by the Youth Service.

- 2.3.4 It is likely that the low number of compliments recorded over the both years constitutes an under-reporting of compliments. Improving this is a priority and more will be done to raise awareness and improve recording practice in this area.

### **Adult services 2014/15**

- 2.3.5 During the period 2014/15, 61 compliments were recorded by adult services. The majority of these related to the exemplary practice, support and interventions by carers and social workers.

### **2015/16**

- 2.3.6 During the period 2015/16, 44 compliments were recorded by adult services. The majority of these related to the exemplary practice, support and interventions by the short term team.

- 2.3.7 While the number of compliments recorded over both years is higher than those recorded by children's services, it is likely that there is still an underreporting of compliments. Improving this remains a priority and more will be done to raise awareness and improve recording practice in this area.

## **2.4 Local Government Ombudsman Investigations**

### **Children's Services 2014/15**

- 2.4.1 The Local Government Ombudsman referred three statutory complaints in 2014/15.

### **2015/16**

- 2.4.2 The Local Government Ombudsman referred eight statutory complaints in 2015/16.

**Adults services  
2014/15**

2.4.3 The Local Government Ombudsman referred one statutory complaint.

**2015/16**

2.4.4 The Local Government Ombudsman referred five statutory complaints.

**2.5 Quality Assurance**

2.5.1 The Complaints Co-ordinator produces quarterly reports to the Strategic Director for Adults and Children's social care services and the senior management team on Social Care complaints received, the subject of complaints and any emerging themes, including whether they were upheld or not, performance against timescale and any agreed actions or learning.

**2.6 Learning from Complaints**

2.6.1 Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, quality of care, assessment processes, communication or indeed service delivery). Even if a complaint is not upheld there can be learning from that complaint with service developments and improvements as a result.

2.6.2 The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints is reviewed by Social Care teams regularly at their team meetings and also forms part of one to one supervision. Below are some examples of learning from complaints in the past year.

**2.6.3 Children's services**

- Explanations to be clarified for when SAR files are sent.
- Delay and drift around convening conference and lack of paperwork shared with parents in advance of the ICPC.
- Better communication needed.
- RBWM children's social care to ensure that communications happen in a timely manner.

**2.6.4 Adults**

- Implementing training and systems to try and ensure issues with delays are not repeated.
- Team Manager discussed with Social Worker who reflected on how they may have been perceived.
- Internal communication to be improved around letters/complaints received.
- Ensure staff respond to queries as they arise.

2.6.5 In addition it has been highlighted through training needs identification that staff would like complaints training, this is being delivered throughout November and December and it is clear that we have an opportunity to improve on the response



times, this will be addressed through training and robust monitoring and support with the teams.

## **2.7 Improving Awareness and Accessibility**

2.7.1 The complaints process is a way of engaging service users and their families to provide feedback on services. Complaints information is provided verbally to services users via the social care teams and independent reviewing officers as well as through the complaints co-ordinator, and leaflets on the procedures are available on the RBWM website as hard copies. Information to hand indicates that email is the preferred method that service users choose to use when complaining.

## **3 KEY IMPLICATIONS**

<b>Defined Outcomes</b>	<b>Unmet</b>	<b>Met</b>	<b>Exceeded</b>	<b>Significantly Exceeded</b>	<b>Date they should be delivered by</b>
Publish complaints performance	After 1 December 2016	By 1 December 2016	Between 20 and 30 November 2016	Before 20 November 2016	By 1 December 2016

## **4. FINANCIAL DETAILS**

### **4.1 Financial impact on the budget**

There are no direct financial implications arising from this report.

## **5. LEGAL IMPLICATIONS**

5.1 Upon publication of this report the Council will ensure that it meets its statutory obligations to report on complaints performance for the financial years 2014/15 and 2015/16.

## **6. VALUE FOR MONEY**

6.1 N/A

## **7. SUSTAINABILITY IMPACT APPRAISAL**

7.1 None

## **8. RISK MANAGEMENT**

<b>Risks</b>	<b>Uncontrolled Risk</b>	<b>Controls</b>	<b>Controlled Risk</b>
The Council has insufficient resource dedicated to handling and responding to complaints leading to greater interventions from the Ombudsman	High	The Council has increased the resource into the management of complaints and resilience is built across resources	Low
Staff are unaware of legal responsibilities for handling social care complaints.	Medium	There is training as part of the work programme for the current and next year – a detailed programme of activity to support staff in service departments better understand responsibilities in terms of social care complaints	Low

## 9. LINKS TO STRATEGIC OBJECTIVES

9.1 Work on social care complaints links to the following strategic priorities

### **Residents First**

- Support Children and Young People
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

### **Delivering Together**

- Enhanced Customer Services
- Deliver Effective Services

### **Equipping Ourselves for the Future**

- Changing Our Culture

## 10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 Given the frameworks for handling social care complaints are set out by statute – these are equally applied across all communities. Further work needs to be done on gathering and analysing demographic information to ensure equal access to the complaints process and to identify inconsistencies (for instance whether there

is a greater preponderance of complaint from one particular community group). However this needs to be handled sensitively and further work is needed with the service area to ensure this is progressed in the most appropriate manner.

**11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS**

11.1 None.

**12. PROPERTY AND ASSETS**

12.1 None.

**13. ANY OTHER IMPLICATIONS**

13.1 None.

**14. CONSULTATION**

14.1 None.

**15. TIMETABLE FOR IMPLEMENTATION**

15.1 Not Applicable

Date	Details
N/A	N/A

**16. APPENDICES**

Appendix 1 - Adult and Children’s social care complaints performance for 2014-2015  
 Appendix 2 - Adult and Children’s social care complaints performance for 2015-2016

**17. BACKGROUND INFORMATION**

None

**18. CONSULTATION (MANDATORY)**

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
<b>Internal</b>				
Alison Alexander	Managing Director/ Strategic Director Adults, Children and Health			
Simon Fletcher	Strategic Director			

<b>Name of consultee</b>	<b>Post held and Department</b>	<b>Date sent</b>	<b>Date received</b>	<b>See comments in paragraph:</b>
	Operations and Customer Services			

## REPORT HISTORY

<b>Decision type:</b>	<b>Urgency item?</b>
For information	No

<b>Full name of report author</b>	<b>Job title</b>	<b>Full contact no:</b>
Jacqui Hurd	Head of Customer Services	01628 68 3969

## **Royal Borough Windsor & Maidenhead**

# **Adults and Children's Services Social Care Compliments and Complaints Annual Report**

**1 April 2014 – March 2015**

**“The Royal Borough of Windsor & Maidenhead is a great place to live, work, play and do business supported by a modern, dynamic and successful Council”**

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*Putting residents first*

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  - 6 Quality Assurance
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- Appendices  
Children's and Adult's social care services – complaints analysis  
2014 – 15

### **Frequently used acronyms**

LGO	Local Government Ombudsman
RBWM	Royal Borough of Windsor and Maidenhead

## **NATIONAL, LOCAL AND LEGISLATIVE CONTEXT**

### **Children's services**

The legislation requires all local authorities to produce and publish an annual report.

The statutory Children's Services complaints process changed in September 2006 following new regulations and guidance, 'Getting the Best from Complaints'; the changes were designed to place a strong emphasis on learning from complaints and representations. The guidance emphasis is that "vulnerable children and young people must get the help they need, when they need it, however large or small their complaint". The scope of what can be complained about was also expanded and prospective adopters and foster carers are included as 'qualifying individuals' who can complain under the social care process. Qualifying individuals are defined in national guidance as the child or young person, their parent, carer or foster carer or 'anyone who could be seen to be acting in the best interests of the child.'

The Council's complaints procedures reflect national guidance on best practice. The statutory social care complaints procedure for children and young people seeks to ensure that they have their concerns resolved swiftly, and to support a culture where feedback received drives service improvement. The complaints process is, therefore, an integral part of a quality assurance framework.

### **Adult services**

Local Authorities have a statutory duty to have in place a complaints and representations procedure for Adult Social Care services. Furthermore, each local authority that has a responsibility to provide social care services is required to publish an annual report relating to the operations of its complaints and representations procedures.

The NHS and Community Care Act 1990 and the Children Act 1989 placed a statutory requirement on local authority social care departments to have a complaints procedure in place. The legislation and associated guidance was prescriptive about how the procedure should operate in practice. The procedures for children and adults were broadly similar but subsequent Regulations led to changes.

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 introduced a single approach for dealing with complaints for both the NHS and Adult Social Care. Whilst there are some important differences in the operation of the complaints procedure to meet statutory requirements, the overarching approach and ethos is consistent across the Directorates.

The legislation requires Local Authorities to appoint a Complaints Manager, for Adult's and Children's Social Care who is responsible for the operation of the Complaints Procedure. This includes all aspects of activity:



- Managing, developing and administering the complaints procedure
- Providing assistance and advice to those who wish to complain
- Overseeing the investigating of complaints that cannot be managed at source
- Supporting and training existing and new members of staff
- Monitoring and report on complaints activity.

For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both health and social care.

The key principles of the existing procedure are:

- **Listening** establishing the facts and the required outcome
- **Responding** investigate and make a reasoned decision based on the facts/information
- **Improving** using complaints data to improve services and influence/inform the commissioning and business planning process.

## **1. INTRODUCTION**

- 1.1 This annual report covers the period of 1 April 2015 – 31 March 2016 and reports on the complaints and compliments made by or on behalf of adults, children, young people and other customers using the Council's social care services<sup>1</sup>. It is a statutory requirement to produce an annual report and publish this on the local authority's website.
- 1.2 The report details the number of complaints, representations and compliments received, the Council's performance in responding and handling these and how services have been changed/improved as a result.
- 1.3 The report has been organised across a number of sections. Section two of the paper provides an overview of the complaints process as it currently operates followed by an overview of the national policy and legislative context that governs how local authorities manage this area of work. The final sections provide details of the number of complaints, representations and compliments received and the Council's performance in respect of handling, responding and resolving these. This section also covers how the Council has used customer feedback as a mechanism to drive forward service improvement.

## **2 COMPLAINTS PROCEDURES**

- 2.1 Overall responsibility for services delivered through the Adult Services and Children's Services Directorates rests with the Strategic Director who works closely with the Lead Members.
- 2.2 An important facet of the statutory complaints process within RBWM is the independence of the post of complaints coordinator. Whilst working to the Adults and Children's Directorates, the complaints coordinator post sits within the Operations Directorate and has an arms length relationship with adults and children's services colleagues. This ensures there are no conflicts of interest and enables independent and impartial challenges to be made.

### **Children's services complaints**

- 2.3 RBWM's complaints process for children's social care comprises three stages:

#### **Stage one: local resolution**

- 2.4 This initial stage allows the opportunity to try and resolve issues of dissatisfaction by meeting with managers and staff who have responsibility for the case. Alternative Dispute Resolution meetings (ADR) are offered to

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<sup>1</sup> Please note that this report does not cover corporate complaints or complaints about the other services offered through the Adults and Children's Services Directorates.

complainants at stage one to promote agreed local resolution at the earliest possible stage. ADR meetings are also used at other points of the complaints process.

### **Stage two: independent investigation**

- 2.5 When a complaint has not been resolved to the satisfaction of the complainant at the conclusion of Stage 1, it moves to stage 2. This involves a full and formal investigation by an independent external investigator. The external investigator produces a report, which is submitted to the Director for his/her consideration.
- 2.6 An 'Independent Person' may also be appointed to oversee the investigation and report independently to Children's Services.
- 2.7 The final decision rests with the Director regarding the outcome of the complaint. The Director will write to the complainant including a copy of the findings of the investigation report and the recommendations made.

### **Stage three: review panel**

- 2.8 A review panel is convened when the complainant is either dissatisfied with a Stage 2 investigation or the response from the Director. The Panel comprises three independent people.

### **Adult services complaints**

- 2.9 The NHS and Community Care Act 1990 and the Children Act 1989 placed a statutory requirement on local authority social care departments to have a complaints procedure in place. The legislation and associated guidance was prescriptive about how the procedure should operate in practice. The procedures for children and adults were broadly similar but subsequent Regulations led to changes.
- 2.10 There are some important differences in the operation of the complaints procedure between children's services and adults' services to meet statutory requirements.
- 2.11 The legislation requires Local Authorities to appoint a Complaints Manager, for Adult's and Children's Social Care who is responsible for the operation of the Complaints Procedure. This includes all aspects of activity:
- Managing, developing and administering the complaints procedure
  - Providing assistance and advice to those who wish to complain
  - Overseeing the investigating of complaints that cannot be managed at source
  - Supporting and training existing and new members of staff
  - Monitoring and report on complaints activity.

- 2.12 For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both health and social care.
- 2.13 The key principles of the existing procedure are:
- **Listening** establishing the facts and the required outcome
  - **Responding** investigate and make a reasoned decision based on the facts/information and
  - **Improving** using complaints data to improve services and influence/inform the commissioning and business planning process.

### **The Local Government Ombudsman**

- 2.14 Although complainants can refer complaints onto the Local Government Ombudsman (LGO) at any stage, the LGO will not normally investigate until the local authority have exhausted the complaint procedure including, in the case of children's services, holding a Stage 3 Review Panel.

### **Improvements**

- 2.16 The council will continue to commit, adhere to and support the statutory complaints process, therefore putting service users first. The organisation will continue to improve the transparency and efficacy of the complaints process, increasing the current growing confidence on the part of service users to submit complaints with the understanding that the Council will take these seriously and respond. It will also continue to increase confidence amongst professionals through the use of 'good practice' from the statutory complaints process both internally and externally.
- 2.17 Robust relationship building, better understanding, recording, monitoring, evaluation, reporting and training will continue to contribute to raising awareness of the statutory complaints process, and identifying key themes and learning outcomes, which will assist the council to promote best practice throughout the directorates.
- 2.18 RBWM does not currently request demographic information from complainants; however, for equality monitoring purposes and in particular to identify whether all sections of the community are accessing the process, further work will be undertaken to improve the gathering and use of demographic data (race, gender and disability). This will, however, remain voluntary with service users not being obligated to provide this should they choose not to.
- 2.19 Adult Care Complaints responses are required to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgement of the complaint, which is within three working days from

receipt. Although the regulations do not stipulate a time frame for further response, the Royal Borough of Windsor & Maidenhead aims to respond within 10-20 working days. This fits with the Local Authority's Corporate Complaint response time frame and the previous social care complaints regulations, and promotes good practice.

- 2.20 The One Stage response approach means staff must gauge how serious and what potential risks are involved with the complaint, and based on this carry out an appropriate investigation in to the complaint. This may be at Team Manager, Service Manager, Head of Service or Director-level. Depending on the complaint/complainant it may also be necessary to work with an independent investigating officer.
- 2.21 All complaints received, along with comments and compliments, are recorded on a complaints database. The database provides a formal record enabling monitoring of workflow, and is used to produce data on the number and types of complaints received by the directorate.

### **3. SUMMARY OF COMPLAINTS ACTIVITY, QUALITY ASSURANCE & LEARNING**

- 3.1 It is important to stress that there could be many factors that affect the level or number of complaints, such as satisfaction, access to and awareness of the complaints process; the extent of promotional activity to raise awareness; outreach work and so on. Therefore a high level of complaints cannot be simply interpreted as negative, nor conversely does a low level of complaints necessarily reflect a strong service area and high satisfaction. The following should not be read as a commentary on the 'quality' of the Children's services social care function. Rather this report is intended to provide an overview on complaints activity captured during the period covering April 2014 – March 2015, how the Council responded to the complaints received and what learning has been adopted to improve practice and services.

#### **Overview: Children's services**

- 3.2 During the period 2014/15, 61 statutory complaints were referred to Children's Social Care Services for investigation. This is less than in 2013/14 when 90 complaints were received.
- 3.3 Of the 61 complaints received during 2014/15:
- 13% related to the Child in Need Service.
  - 21% related to the Safeguarding and Child in Care Service.
  - 35% related to the Children and Young People Disability Service .
  - 21% related to the Referral and Assessment Service.
  - 10% of complaints received were spread across the remaining service areas.

- One complaint was withdrawn by the complainant after the investigation had commenced.
  - All of the complaints were investigated and responded to at stage 1.
  - There were no stage 2 or stage 3 investigations.
  - There were 34 contacts recorded that were not complaints, of which 30 were from MPs or Councillors.
- 3.4 100% of all complaints recorded were resolved at Stage 1. The resolution of such a high percentage of complaints at Stage 1 is very positive and demonstrates that Social Care staff and the Complaints Co-ordinator are ensuring that the complainant's views and the outcomes they require are listened to and documented.
- 3.5 The timescale for dealing with Stage 1 statutory Children's Services Social Care complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. Of the 61 that were received during 2014/15, 46% were responded to within timescales.
- 3.6 Complaints that were responded to outside of timescales were complex issues requiring further investigations. Where there is a delay in the process, the Complaints Co-ordinator will continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes..
- 3.7 The Local Government Ombudsman (LGO) referred three statutory complaints in 2014 – 2015, which compares to one in 2013 – 2014, an increase of 200%.

**Overview: Adults services**

- 3.8 During the period 2014/15, 21 statutory complaints were referred to Adults Social Care Services for investigation. This is less than in 2013/14 when 78 complaints were received.
- 3.9 Of the 21 complaints received during 2014/15:
- 14% related to the Community Mental Health Team.
  - 10% related to the Community Team for People with Learning Disabilities.
  - 33% related to the Hospital Team.
  - 19% related to the Long Term team.
  - 24% of complaints received were spread across the remaining service areas.
  - Three complaints were withdrawn by the complainants after the investigations had commenced.
  - All of the complaints were investigated and responded to at stage 1.
  - There were no stage 2 investigations.

- There were 3 contacts recorded that were not complaints, of which 3 were from MPs or Councillors..
- 3.10 100% of all complaints recorded were resolved at Stage 1. The resolution of such a high percentage of complaints at Stage 1 is very positive and demonstrates that Social Care staff and the Complaints Co-ordinator are ensuring that the complainant's views and the outcomes they require are listened to and documented.
- 3.11 The Royal Borough of Windsor and Maidenhead's timescale for dealing with Stage 1 statutory Adults Services Social Care complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. Of the 23 that were received during 2014/15, 57% were responded to within timescales.
- 3.12 Complaints that were responded to outside of timescales were complex issues requiring further investigations. Where there is a delay in the process, the Complaints Co-ordinator will continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes.
- 3.13 The Local Government Ombudsman (LGO) referred one statutory complaint in 2014 – 2015, the same number as in 2013 – 2014, with two to be determined.

#### **4. COMPLIMENTS**

- 4.1 In addition to logging complaints, the Council also logs compliments received by clients.

##### **Children's compliments**

- 4.2 For 2014/15 there were 10 compliments recorded. The majority of these related to the exemplary practice, support and interventions within the social worker function. Compliments received are fed back to the relevant service areas to ensure due recognition is given to staff. Positive practice is also flagged up at the monthly performance meeting to ensure that learning is shared and disseminated across the directorate.
- 4.3 It is likely that the low level of 10 compliments constitutes an under-reporting of compliments. Improving this remains a priority and more will be done to raise awareness and improve practice in this area.

##### **Adult compliments**

- 4.4 For 2014/15 there were 61 compliments recorded, which is a decrease on 2013/14 figures of 98 compliments. The majority of these related to the exemplary practice, support and interventions by carers and social workers. Compliments received are fed back to the relevant service areas to ensure

due recognition is given to staff. Positive practice is also flagged up at the monthly performance meeting to ensure that learning is shared and disseminated across the directorate.

- 4.5 It is likely that the decrease in compliments constitutes an under-reporting. Improving this remains a priority and more will be done to raise awareness and improve practice in this area.

## **5. REPRESENTATIONS**

- 5.1 58 representations were made by children in care through their review process. This is a decrease in the number of representations made in 2013/14.
- 5.2 The representations from young people were reported separately from the 61 statutory complaints received through Children's services social care. Representations are logged according to eight generic categories; these were identified by the types of key themes being recorded during 2014-2015 (Complaints Analysis, page 11).
- 5.3 Where representations have been raised and upheld the young person's care plan has been amended accordingly. In addition the issues raised through representations form an integral part of case supervision and learning outcomes for the team and service area.

## **6. QUALITY ASSURANCE**

- 6.1 The Complaint Co-ordinator carries out ad-hoc quality assurance checks of Stage 1 complaint responses to ensure the language and terminology used is made easy for the complainant to understand, particularly if the complaint is from a child, young person or a service user with specific needs. The findings including key themes and recommendations are shared with senior managers at quarterly meetings and reports.

## **7 LEARNING FROM COMPLAINTS**

- 7.1 The number of complaints for Children's Services and Adult Services social care dropped in the last year. It is not clear why this is, as it does not follow the general trend over the last few years. This will be further explored in future annual reports.
- 7.2 Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service



delivery). Even if a complaint is not upheld there can be learning from that complaint with improvements arising as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints should be reviewed by Social Care teams regularly at their team meetings and form part of one to one supervision.

7.3 Effective recording, monitoring and evaluating of complaints enables the local authority to also celebrate good practice, and commend positive service delivery and implementation. Learning from best practice, is embraced by the local authority and disseminated to other service areas through Action Learning Sets. Detailed below are some examples of learning outcomes and service improvements made as a result of complaints received during the period 2014/15:

#### 7.4 **Children's services**

- Social Workers to act professionally at all times, and be clear about process.
- Ensure that sensitive information is checked before sharing with parents/service users.
- Transparency with decision making.
- Training on data protection.
- Whilst confidentiality was not breached, the complaint reinforced the need for staff to ensure identity of callers. The complaint also reinforced the need where possible to identify and contact a parent with PR prior to speaking to a child. This has been discussed at Team Meeting.
- To ensure that Service Users fully understand why certain processes and assessments need to be undertaken and why certain decisions are made by the Local Authority and partnership agencies.

#### 7.5 **Adults**

This information was not captured in 2014/15. This has been rectified for the year 2015/16

## Appendix 1

### CHILDREN'S AND ADULT'S SOCIAL CARE SERVICES – COMPLAINTS ANALYSIS 2014 – 15

#### METHODS USED TO MAKE A STATUTORY COMPLAINT

The most popular method of making a complaint (at Stage 1) was via email followed by letter, with phone calls coming last. All complainants are offered either a telephone discussion or a face-to-face meeting with the Complaints Co-ordinator or Investigating Officer at all Stages of the statutory complaints process.

#### DEMOGRAPHIC INFORMATION

RBWM does not currently request this information from complainants however for equality monitoring purposes and in particular to identify whether all sections of the community are accessing the process, further work will be undertaken to improve the gathering and use of demographic data (race, gender and disability). This will however remain voluntary with service users not being obligated to provide this should they choose not to.

The council will continue to commit, adhere to and support the statutory complaints process therefore putting service users first. The organisation will continue to improve the transparency and efficacy of the complaints process, increasing the current growing confidence on the part of the service users to submit complaints with the understanding that the Council will take these seriously and response. It will also continue to increase the confidence amongst professionals through the use of 'good practice' through the statutory complaints process both internally and externally.

Robust relationship building, better understanding, recording, monitoring, evaluation, reporting and training will continue to contribute to raising the awareness of the statutory complaints process, and identifying key themes and learning outcomes, which will assist the council to promote best practice throughout the directorate.

#### COMPLAINTS ABOUT CHILDREN'S SOCIAL CARE SERVICES

The following is an analysis of the complaints received relating to Children's Social Care Services during the year 2014-2015.

**Figure 1: Total number of complaints received from 2007 onwards (including those resolved by ADR and eventually withdrawn)**

Children's Services	2007	2008	2009	2010	2011	2012	2013	2014
	2008	2009	2010	2011	2012	2013	2014	2015
Stage 1	56	47	31	22	18	43	90	61
Stage 2	1	1	2	1	1	1	2	0
Stage 3	0	1	1	1	0	0	0	0

**Figure 2: Complaints received by Children’s Services Teams**

<b>Teams</b>	<b>Number of Complaints</b>	<b>Percentage</b>
Children in Need Service	8	13
Children & Young People Disability Service	22	36
Family Centre Service	1	2
Family Group Conference Service	1	2
Permanency & Placement Service	4	6
Referral & Assessment Team	13	21
Safeguarding and Children in Care Service	12	20
<b>Total</b>	<b>61</b>	<b>100</b>

There were 9 complaint types monitored. These are generic categories as they are corporate definitions for types of complaint

**Figure 3: Types of stage 1 complaints received during 2014/15**

<b>Type of Complaint</b>	<b>Number</b>	<b>Percentage</b>
Service provision	29	48
Conduct or Poor Practice of officers	15	26
Lack of or poor Communication	2	3
Lack of Support	1	1
Lack of information/ or incorrect Information	3	5
Safeguarding issues	1	1
Contact	5	9
Failure to Act	2	3
Financial Issues	2	3
Data protection	1	1
<b>Total</b>	<b>62</b>	<b>100</b>

For 2014/15 the highest grouping is for service provision. This is a return to the trend seen in years 2010 – 2013 (in 2013/14 the highest grouping of complaint issues related to conduct or practice of officers).

**Figure 4: The table below provides a breakdown on who made the complaint:**

<b>Who Made the Complaint</b>	<b>Number</b>	<b>Percentage</b>
Birth Parent	43	70
Adoptive Parent	2	3
Carer	2	3
Extended Family	11	19
Young Person	0	0
Professional Officer	3	5
<b>Total</b>	<b>61</b>	<b>100</b>

As in previous years the majority of complaints have been received from Birth Parents followed by Extended Family members (at 70% and 19% respectively).

## REPRESENTATIONS MADE BY CHILDREN IN CARE THROUGH THEIR REVIEW PROCESS

**Figure 5: Types of CIC Representations received during 2014/15**

Type of Representation	Number	Percentage
Contact Issues	9	16
Financial Assistance	3	5
Independent Living	8	14
Locality of Placement	1	2
Placement Issues (Generic)	13	22
Return to Parental Care Issues	6	10
Education Issues	4	7
Social Worker Practice/Conduct	1	2
Conduct of foster carers	2	3
Other/Adequate Care	11	19
<b>Total</b>	<b>58</b>	<b>100</b>

## COMPLAINTS ABOUT ADULT'S SOCIAL CARE SERVICES

The following is an analysis of the complaints received relating to Children's Social Care Services during the year 2014/15.

**Figure 1: Total number of complaints received from 2007 onwards**

Adult Services	2007 – 2008	2008 – 2009	2009 – 2010	2010 – 2011	2011 – 2012	2012 – 2013	2013 – 2014	2014 – 2015
Stage 1	60	43	34	19	16	49	78	21
Stage 2	3	2	2	1	0	0	3	0
Stage 3	2	1	1	1	0	0	0	0

**Figure 2: Complaints received by Adult Services Teams:**

Teams	Number of Complaints	Percentage
CMHT	3	14
CTPLD	2	10
Hospital team	7	33
Long Term team	4	19
Older people	1	5
Out of hours team	1	5
Not specified	3	14
<b>Total</b>	<b>21</b>	<b>100</b>

There were 9 complaint types monitored. These are generic categories as they are corporate definitions for types of complaint

**Figure 3: Types of stage 1 complaints received during 2014/15:**

Adults and Children's Services Social Care Compliments and Complaints Annual Report 2014/15– May 2016 – Final v3

<b>Type of Complaint</b>	<b>Number</b>	<b>Percentage</b>
Care Costs	4	18
Quality of Services	7	30
Conduct of Officer/Staff Member	5	22
Lack of support	4	26
Request for services	1	4
<b>TOTAL</b>	<b>21</b>	<b>100</b>

For 2014/15 the highest grouping is for service provision. This is a return to the trend seen in years 2010 – 2013 (in 2013/14 the highest grouping of complaint issues related to conduct or practice of officers).

**Figure 4: The table below provides a breakdown on who made the complaint:**

<b>Who Made the Complaint</b>	<b>Number</b>	<b>Percentage</b>
Extended Family	7	33
Service user	4	19
Child of service user	3	14
Professional	3	14
Parent of service user	2	10
Spouse or partner	1	5
Not known	1	5
<b>Total</b>	<b>21</b>	<b>100</b>

The majority of complaints have been received from the extended family, followed by service users (at 33% and 19% respectively).

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## **Royal Borough Windsor & Maidenhead**

### **Adults and Children's Services Social Care Compliments and Complaints Annual Report**

**1 April 2015 – March 2016**

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*Delivering value for money*

*Delivering together with our partners*

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### Frequently used acronyms

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The NHS and Community Care Act 1990 and the Children Act 1989 placed a statutory requirement on local authority social care departments to have a complaints procedure in place. The legislation and associated guidance was prescriptive about how the procedure should operate in practice. The procedures for children and adults were broadly similar but subsequent Regulations led to changes.

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 introduced a single approach for dealing with complaints for both the NHS and Adult Social Care. Whilst there are some important differences in the operation of the complaints procedure to meet statutory requirements, the overarching approach and ethos is consistent across the Directorates.

The legislation requires Local Authorities to appoint a Complaints Manager, for Adult's and Children's Social Care who is responsible for the operation of the Complaints Procedure. This includes all aspects of activity:

- Managing, developing and administering the complaints procedure

- Providing assistance and advice to those who wish to complain
- Overseeing the investigating of complaints that cannot be managed at source
- Supporting and training existing and new members of staff
- Monitoring and report on complaints activity.

For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both health and social care.

The key principles of the existing procedure are:

- **Listening** establishing the facts and the required outcome
- **Responding** investigate and make a reasoned decision based on the facts/information
- **Improving** using complaints data to improve services and influence/inform the commissioning and business planning process.

## **1. INTRODUCTION**

- 1.1 This annual report covers the period of 1 April 2015 – 31 March 2016 and reports on the complaints and compliments made by or on behalf of adults, children, young people and other customers using the Council's social care services<sup>1</sup>. It is a statutory requirement to produce an annual report and publish this on the local authority's website.
- 1.2 The report details the number of complaints, representations and compliments received, the Council's performance in responding and handling these and how services have been changed/improved as a result.
- 1.3 The report has been organised across a number of sections. Section two of the paper provides an overview of the complaints process as it currently operates followed by an overview of the national policy and legislative context that governs how local authorities manage this area of work. The final sections provide details of the number of complaints, representations and compliments received and the Council's performance in respect of handling, responding and resolving these. This section also covers how the Council has used customer feedback as a mechanism to drive forward service improvement.

## **2 COMPLAINTS PROCEDURES**

- 2.1 Overall responsibility for services delivered through the Adult Services and Children's Services Directorates rests with the Strategic Director who works closely with the Lead Members.
- 2.2 An important facet of the statutory complaints process within RBWM is the independence of the post of complaints coordinator. Whilst working to the Adults and Children's Directorates, the complaints coordinator post sits within the Operations Directorate and has an arms length relationship with adults and children's services colleagues. This ensures there are no conflicts of interest and enables independent and impartial challenges to be made.

### **Children's services complaints**

- 2.3 RBWM's complaints process for children's social care comprises three stages:

#### **Stage one: local resolution**

- 2.4 This initial stage allows the opportunity to try and resolve issues of dissatisfaction by meeting with managers and staff who have responsibility for the case. Alternative Dispute Resolution meetings (ADR) are offered to complainants at stage one to promote agreed local resolution at the earliest

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<sup>1</sup> Please note that this report does not cover corporate complaints or complaints about the other services offered through the Adults and Children's Services Directorates.

possible stage. ADR meetings are also used at other points of the complaints process.

### **Stage two: independent investigation**

- 2.5 When a complaint has not been resolved to the satisfaction of the complainant at the conclusion of Stage 1, it moves to stage 2. This involves a full and formal investigation by an independent external investigator. The external investigator produces a report, which is submitted to the Director for his/her consideration.
- 2.6 An 'Independent Person' may also be appointed to oversee the investigation and report independently to Children's Services.
- 2.7 The final decision rests with the Director regarding the outcome of the complaint. The Director will write to the complainant including a copy of the findings of the investigation report and the recommendations made.

### **Stage three: review panel**

- 2.8 A review panel is convened when the complainant is either dissatisfied with a Stage 2 investigation or the response from the Director. The Panel comprises three independent people.

### **Adult services complaints**

- 2.9 The NHS and Community Care Act 1990 and the Children Act 1989 placed a statutory requirement on local authority social care departments to have a complaints procedure in place. The legislation and associated guidance was prescriptive about how the procedure should operate in practice. The procedures for children and adults were broadly similar but subsequent Regulations led to changes.
- 2.10 There are some important differences in the operation of the complaints procedure between children's services and adults' services to meet statutory requirements.
- 2.11 The legislation requires Local Authorities to appoint a Complaints Manager, for Adult's and Children's Social Care who is responsible for the operation of the Complaints Procedure. This includes all aspects of activity:
- Managing, developing and administering the complaints procedure
  - Providing assistance and advice to those who wish to complain
  - Overseeing the investigating of complaints that cannot be managed at source
  - Supporting and training existing and new members of staff
  - Monitoring and report on complaints activity.

- 2.12 For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of

delivering a consistent approach to complaints handling for both health and social care.

- 2.13 The key principles of the existing procedure are:
- **Listening** establishing the facts and the required outcome
  - **Responding** investigate and make a reasoned decision based on the facts/information and
  - **Improving** using complaints data to improve services and influence/inform the commissioning and business planning process.

### **The Local Government Ombudsman**

- 2.14 Although complainants can refer complaints onto the Local Government Ombudsman (LGO) at any stage, the LGO will not normally investigate until the local authority have exhausted the complaint procedure including, in the case of children's services, holding a Stage 3 Review Panel.

### **Improvements**

- 2.16 The council will continue to commit, adhere to and support the statutory complaints process, therefore putting service users first. The organisation will continue to improve the transparency and efficacy of the complaints process, increasing the current growing confidence on the part of service users to submit complaints with the understanding that the Council will take these seriously and respond. It will also continue to increase confidence amongst professionals through the use of 'good practice' from the statutory complaints process both internally and externally.
- 2.17 Robust relationship building, better understanding, recording, monitoring, evaluation, reporting and training will continue to contribute to raising awareness of the statutory complaints process, and identifying key themes and learning outcomes, which will assist the council to promote best practice throughout the directorates.
- 2.18 RBWM does not currently request demographic information from complainants; however, for equality monitoring purposes and in particular to identify whether all sections of the community are accessing the process, further work will be undertaken to improve the gathering and use of demographic data (race, gender and disability). This will, however, remain voluntary with service users not being obligated to provide this should they choose not to.
- 2.19 Adult Care Complaints responses are required to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgement of the complaint, which is within three working days from receipt. Although the regulations do not stipulate a time frame for further response, the Royal Borough of Windsor & Maidenhead aims to respond within 10-20 working days. This fits with the Local Authority's Corporate

Complaint response time frame and the previous social care complaints regulations, and promotes good practice.

- 2.20 The One Stage response approach means staff must gauge how serious and what potential risks are involved with the complaint, and based on this carry out an appropriate investigation in to the complaint. This may be at Team Manager, Service Manager, Head of Service or Director-level. Depending on the complaint/complainant it may also be necessary to work with an independent investigating officer.
- 2.21 All complaints received, along with comments and compliments, are recorded on a complaints database. The database provides a formal record enabling monitoring of workflow, and is used to produce data on the number and types of complaints received by the directorate.

### **3. SUMMARY OF COMPLAINTS ACTIVITY, QUALITY ASSURANCE & LEARNING**

- 3.1 It is important to stress that there could be many factors that affect the level or number of complaints, such as satisfaction, access to and awareness of the complaints process; the extent of promotional activity to raise awareness; outreach work and so on. Therefore a high level of complaints cannot be simply interpreted as negative, nor conversely does a low level of complaints necessarily reflect a strong service area and high satisfaction. The following should not be read as a commentary on the 'quality' of the Children's services social care function. Rather this report is intended to provide an overview on complaints activity captured during the period covering April 2015 – March 2016, how the Council responded to the complaints received and what learning has been adopted to improve practice and services.

#### **Overview: Children's services**

- 3.2 During the period 2015-16, 88 complaints were referred to Children's Social Care Services for investigation. This is more than in 2014-15 when 61 complaints were received.
- 3.3 Of the 88 complaints received during 2015-16:
- 12 (14%) related to the Child Protection service
  - 11 (13%) related to the Children in Need service
  - 5 (6%) related to the Children in Care service
  - 19 (22%) related to Children and Young People Disability services
  - 9 (10%) related to the Referral and Assessment service
  - 7 (8%) related to the Family Placements service
  - 3 (3%) related to Early Help services
  - 22 (24%) related to complaints about education

- Four complaints were withdrawn by the complainant after the investigation had commenced.
  - 81 (92%) of the complaints were investigated and responded to at stage 1.
  - 5 (6%) of the complaints were investigated and responded to at stage 2.
  - 2 (2%) of the complaints were investigated and responded to at stage 3.
  - There were 49 contacts recorded that were not complaints, of which 28 were from MPs or Councillors.
- 3.4 92% of all complaints recorded were resolved at Stage 1. The resolution of such a high percentage of complaints at Stage 1 is very positive and demonstrates that Social Care staff and the Complaints Co-ordinator are ensuring that the complainant's views and the outcomes they require are listened to and documented.
- 3.5 The timescale for dealing with Stage 1 statutory Children's Services Social Care complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. Of the 88 that were received during 2015-16, 42% were responded to within timescales.
- 3.6 Complaints that were responded to outside of timescales were complex issues requiring further investigations. Where there is a delay in the process, the Complaints Co-ordinator will continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes.
- 3.7 The Local Government Ombudsman (LGO) referred eight statutory complaints in 2015-16, which compares to three in 2014-15. Of the eight complaints referred, one was upheld.

#### **Overview: Adults services**

- 3.8 During the period 2015-16, 49 statutory complaints were referred to Adults Social Care Services for investigation. This is less than in 2014-15 when 78 complaints were received.
- 3.9 Of the 49 complaints received during 2015-16:
- 1 (2%) related to the Community Mental Health Team.
  - 3 (6%) related to the Community Team for People with Learning Disabilities.
  - 27 (55%) related to the Older People Team.
  - 6 (13%) related to the Safeguarding Team
  - 12 (24%) of complaints received were spread across the remaining service areas.
  - Two complaints were withdrawn by the complainants after the investigations had commenced.
  - 44 (90%) of the complaints were investigated and responded to at stage 1.



- 4 (8%) of the complaints were investigated and responded to at stage 2.
  - 1 (2%) of the complaints were investigated and responded to at stage 3.
  - There were 23 contacts recorded that were not complaints, of which 19 were from MPs or Councillors.
- 3.10 90% of all complaints recorded were resolved at Stage 1. The resolution of such a high percentage of complaints at Stage 1 is very positive and demonstrates that Social Care staff and the Complaints Co-ordinator are ensuring that the complainant's views and the outcomes they require are listened to and documented.
- 3.11 The Royal Borough of Windsor and Maidenhead's timescale for dealing with Stage 1 Adults Services Social Care complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. Of the 44 that were received during 2015-16, 55% were responded to within timescales.
- 3.12 Complaints that were responded to outside of timescales were complex issues requiring further investigations. Where there is a delay in the process, the Complaints Co-ordinator will continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes.
- 3.13 The Local Government Ombudsman (LGO) referred five statutory complaints in 2015-16, which compares with one in 2014-15. Of the five complaints referred, one was upheld.

#### **4. COMPLIMENTS**

- 4.1 In addition to logging complaints, the Council also logs compliments received by clients.

##### **Children's compliments**

- 4.2 For 2015-16 there were 19 compliments recorded. Almost 50% (9) of these related to events run by the Youth Service. Compliments received are fed back to the relevant service areas to ensure due recognition is given to staff. Positive practice is also flagged up at the monthly performance meeting to ensure that learning is shared and disseminated across the directorate.
- 4.3 Although higher than the 10 compliments noted in 2014-15, the number of compliments recorded for Children's Services remains low. It is likely that this constitutes an under-reporting of compliments. Improving this remains a priority and more is being done to raise awareness and improve practice in this area.

### **Adult compliments**

- 4.4 For 2015-16 there were 44 compliments recorded, which is a decrease on 2014-15 figures of 61 compliments. 41 of these related to the exemplary practice, support and interventions by the short term team. Compliments received are fed back to the relevant service areas to ensure due recognition is given to staff. Positive practice is also flagged up at the monthly performance meeting to ensure that learning is shared and disseminated across the directorate.
- 4.5 It is likely that the decrease in compliments constitutes an under-reporting from most areas of Adults Services. Improving this remains a priority and more will be done to raise awareness and improve practice in this area.

## **5. REPRESENTATIONS**

- 5.1 10 representations were made by children in care through their review process. This is a drop in the number of representations made in 2014-15 (58).
- 5.2 The representations from young people were reported separately from the 88 statutory complaints received through Children's services social care. Representations are logged according to eight generic categories; these were identified by the types of key themes being recorded during 2015/2016 (Complaints Analysis, page 11).
- 5.3 Where representations have been raised and upheld the young person's care plan has been amended accordingly. In addition the issues raised through representations form an integral part of case supervision and learning outcomes for the team and service area.

## **6. QUALITY ASSURANCE**

- 6.1 The Complaint Co-ordinator carries out ad-hoc quality assurance checks of Stage 1 complaint responses to ensure the language and terminology used is made easy for the complainant to understand, particularly if the complaint is from a child, young person or a service user with specific needs. The findings including key themes and recommendations are shared with senior managers at quarterly meetings and reports.

## **7 LEARNING FROM COMPLAINTS**

- 7.1 The number of complaints for Children's Services and Adult Services social care dropped in the last year. This will be further explored in future annual reports.

7.2 Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery). Even if a complaint is not upheld there can be learning from that complaint with improvements arising as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints should be reviewed by Social Care teams regularly at their team meetings and form part of one to one supervision.

7.3 Effective recording, monitoring and evaluating of complaints enables the local authority to also celebrate good practice, and commend positive service delivery and implementation. Learning from best practice, is embraced by the local authority and disseminated to other service areas through Action Learning Sets. Detailed below are some examples of learning outcomes and service improvements made as a result of complaints received during the period 2015-16:

#### 7.4 **Children's services**

- Explanations to be clarified for when SAR files are sent.
- Delay and drift around convening conference and lack of paperwork shared with parents in advance of the ICPC.
- Better communication needed.
- RBWM children's social care to ensure that communications happen in a timely manner.

#### 7.5 **Adults**

- Implementing training and systems to try and ensure issues with delays are not repeated.
- TM discussed with SW who reflected on how she may have been perceived.
- Internal communication to be improved around letters/complaints received.
- Ensure staff respond to queries as they arise.

## **Appendix 1**

### **CHILDREN'S AND ADULT'S SOCIAL CARE SERVICES – COMPLAINTS ANALYSIS 2014 – 15**

#### **1. METHODS USED TO MAKE A STATUTORY COMPLAINT**

1.1 The most popular method of making a complaint (at Stage 1) was via email, 55 (40%) followed by letter 31 (22%) then online forms 27 (20%), with phone calls, face to face and those complaints where this was not recorded making up the final 23 (18%). All complainants are offered either a telephone discussion or a face-to-face meeting with the Complaints Co-ordinator or Investigating Officer at all Stages of the statutory complaints process.

#### **2. DEMOGRAPHIC INFORMATION**

2.1 RBWM does not currently request this information from complainants however for equality monitoring purposes and in particular to identify whether all sections of the community are accessing the process, further work will be undertaken to improve the gathering and use of demographic data (race, gender and disability). This will however remain voluntary with service users not being obligated to provide this should they choose not to.

2.2 The council will continue to commit, adhere to and support the statutory complaints process therefore putting service users first. The organisation will continue to improve the transparency and efficacy of the complaints process, increasing the current growing confidence on the part of the service users to submit complaints with the understanding that the Council will take these seriously and response. It will also continue to increase the confidence amongst professionals through the use of 'good practice' through the statutory complaints process both internally and externally.

2.3 Robust relationship building, better understanding, recording, monitoring, evaluation, reporting and training will continue to contribute to raising the awareness of the statutory complaints process, and identifying key themes and learning outcomes, which will assist the council to promote best practice throughout the directorate.

#### **3. COMPLAINTS ABOUT CHILDREN'S SOCIAL CARE SERVICES**

3.1 The following is an analysis of the complaints received relating to Children's Social Care Services during the year 2014-2015.

**Figure 1: Total number of complaints received from 2008 onwards (including those resolved by ADR and eventually withdrawn)**

Children's Services	2008	2009	2010	2011	2012	2013	2014	2015
	–	–	–	–	–	–	–	–
	2009	2010	2011	2012	2013	2014	2015	2016
Stage 1	47	31	22	18	43	90	61	81
Stage 2	1	2	1	1	1	2	0	5
Stage 3	1	1	1	0	0	0	0	2

**Figure 2: Complaints received by Children's Services Teams**

Teams	Number of Complaints	Percentage
Children in Need Service	11	13%
Children & Young People Disability Service	19	22%
Child Protection	12	14%
Permanency & Placement Service	7	8%
Referral & Assessment Team	9	10%
Safeguarding and Children in Care Service	5	6%
Early Help	3	3%
Education	22	24%
<b>Total</b>	<b>88</b>	<b>100%</b>

- 3.2 There were 17 complaint themes monitored. This is an increase on the number of themes monitored in previous years (9).
- 3.3 For 2015-16 the highest complaints received was around the theme 'unhappy with the decision made', which is one of the new themes. This is followed by 'attitude or behaviour of staff'. In 2014-15 the highest grouping of complaints was around service provision followed by conduct or poor practice of officers. Emerging trends will be analysed going forward.

**Figure 3: Themes of stage 1 complaints received during 2015-16**

Type of Complaint	Number	Percentage
Unhappy with the decision made	18	21%
Attitude or behaviour of staff	17	19%
Unhappy with how a situation/incident was handled	10	12%
Services being delivered at lower standard than is set out in our policy	6	7%
Inaccurate and wrong information was recorded or is on file, passed on	4	5%
Failed to respond at all	4	5%
Lack of action - did not do what we said we would do	4	5%
Safeguarding/LADO	4	5%

Breach of data protection	3	3%
Did not follow Policy, Rules, process or the law	3	3%
Failed to follow timescales	3	3%
Gave the wrong information	3	3%
Multiple reasons	3	3%
Objecting/disagreeing against an actual agreed policy	3	3%
Did not answer all questions asked	1	1%
Failed to take all information into account	1	1%
Not known	1	1%
<b>Total</b>	<b>88</b>	<b>100%</b>

**Figure 4: The table below provides a breakdown on who made the complaint:**

<b>Who Made the Complaint</b>	<b>Number</b>	<b>Percentage</b>
Parent/Step parent	71	81%
Extended Family	5	6%
Advocate	3	3%
Young Person	2	2%
Professional Officer	2	2%
Adoptive Parent	1	1%
Carer	1	1%
Ex partner of parent	1	1%
Legal	1	1%
Resident	1	1%
<b>Total</b>	<b>88</b>	<b>100%</b>

3.4 As in previous years the majority of complaints have been received from Parents followed by Extended Family members (at 71% and 6% respectively).

### **3.5 REPRESENTATIONS MADE BY CHILDREN IN CARE THROUGH THEIR REVIEW PROCESS**

**Figure 5: Types of CIC Representations received during 2015-16**

<b>Type of Representation</b>	<b>Number</b>	<b>Percentage</b>
Contact Issues	0	0%
Financial Assistance	0	0%
Independent Living	0	0%
Locality of Placement	0	0%
Placement Issues (Generic)	1	10%
Return to Parental Care Issues	1	10%
Education Issues	1	10%
Social Worker Practice/Conduct	4	40%
Conduct of foster carers	2	20%
Other/Inadequate Care	1	10%
<b>Total</b>	<b>10</b>	<b>100%</b>

#### 4. COMPLAINTS ABOUT ADULT'S SOCIAL CARE SERVICES

4.1 The following is an analysis of the complaints received relating to Children's Social Care Services during the year 2014-15.

**Figure 1: Total number of complaints received from 2008 onwards**

Adult Services	2008 –	2009 –	2010 –	2011 –	2012 –	2013 –	2014 –	2015 –
	2009	2010	2011	2012	2013	2014	2015	2016
Stage 1	43	34	19	16	49	78	21	44
Stage 2	2	2	1	0	0	3	0	4
Stage 3	1	1	1	0	0	0	0	1

**Figure 2: Complaints received by Adult Services Teams**

Teams	Number of Complaints	Percentage
CMHT	1	2%
CTPLD	3	6%
Safeguarding	6	13%
Older people	27	55%
Adult disability	3	6%
Drugs and Alcohol team	1	2%
Housing options	8	16%
<b>Total</b>	<b>49</b>	<b>100</b>

4.2 There were 17 complaint themes monitored. This is an increase on the number of themes monitored in previous years (9).

**Figure 3: Themes of stage 1 complaints received during 2015-16:**

Type of Complaint	Number	Percentage
Attitude or behaviour of staff	8	16%
Unhappy with how a situation/incident was handled	7	15%
Unhappy with the decision made	6	12%
Lack of action - did not do what we said we would do	6	13%
Failed to follow timescales	4	8%
Failed to respond at all	4	8%
Services being delivered at lower standard than is set out in our policy	4	8%
Multiple reasons	3	6%
Safeguarding/LADO	3	6%
Objecting/disagreeing against an actual agreed policy	2	4%
Failed to advise correctly on appeal or next steps	1	2%
Inaccurate and wrong information was recorded or is on file, passed on	1	2%
Breach of data protection	0	0%

Did not answer all questions asked	0	0%
Did not follow Policy, Rules, process or the law	0	0%
Failed to take all information into account	0	0%
Gave the wrong information	0	0%
<b>Total</b>	<b>49</b>	<b>100</b>

**Figure 4: The table below provides a breakdown on who made the complaint:**

<b>Who Made the Complaint</b>	<b>Number</b>	<b>Percentage</b>
Service user	19	39%
Child of service user	12	24%
MP	7	14%
Parent of service user	3	6%
Extended Family	2	4%
Legal representative	2	4%
Spouse or partner	2	4%
Professional	1	2%
Advocate	1	2%
<b>Total</b>	<b>49</b>	<b>100%</b>

- 4.3 The majority of complaints have been received from service users, followed by children of service users (at 39% and 24% respectively).



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# Agenda Item 7

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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