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## NOTICE OF MEETING

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### CHILDREN'S SERVICES OVERVIEW AND SCRUTINY PANEL

will meet on

**WEDNESDAY, 20TH SEPTEMBER, 2017**

at

**6.30 pm**

in the

### **COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD**

TO: MEMBERS OF THE CHILDREN'S SERVICES OVERVIEW AND SCRUTINY PANEL

COUNCILLORS JOHN BOWDEN (VICE-CHAIRMAN), SAYONARA LUXTON, MARION MILLS, NICOLA PRYER, EILEEN QUICK (CHAIRMAN), EDWARD WILSON AND LYNNE JONES

VACANCY (OXFORD DIOCESE), VACANCY (PORTSMOUTH DIOCESE), TANYA WHITE (SECONDARY HEADTEACHER REPRESENTATIVE), VACANCY (PRIMARY HEADTEACHER REPRESENTATIVE), MR LOUDEN (SECONDARY GOVERNORS REPRESENTATIVE), MR COOK (SECONDARY GOVERNORS REPRESENTATIVE), MARTIN POST (REGIONAL SCHOOLS COMMISSIONER).

Karen Shepherd - Democratic Services Manager  
Issued: Tuesday, 12 September 2017

Members of the Press and Public are welcome to attend Part I of 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 **David Cook**, [david.cook@rbwm.gov.uk](mailto:david.cook@rbwm.gov.uk)

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## AGENDA

### PART I

| <u>ITEM</u> | <u>SUBJECT</u>   | <u>PAGE<br/>NO</u> |
|-------------|--|--------------------|
| 1.          | <u>APOLOGIES FOR ABSENCE</u><br><br>To receive apologies for absence.  |                    |
| 2.          | <u>DECLARATIONS OF INTEREST</u><br><br>To receive any declarations of interest.  | 5 - 6              |
| 3.          | <u>MINUTES</u><br><br>To consider the Part I minutes of the last meeting.  | 7 - 10             |
| 4.          | <u>COMPLIMENTS AND COMPLAINTS ANNUAL REPORT</u><br><br>To consider the Annual Report.  | 11 - 52            |
| 5.          | <u>SEND INSPECTION UPDATE</u><br><br>Kevin McDaniel, Director of Children's Services, and CCG representative to present the update.  | 53 - 76            |
| 6.          | <u>UPDATE ON ACHIEVING FOR CHILDREN TRANSFER</u><br><br>To Consider the report.  | 77 - 82            |
| 7.          | <u>LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PRESS AND PUBLIC</u><br><br>To consider passing the following resolution:-<br>"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 the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 1- 7 of part I of Schedule 12A of the Act" |                    |

**PRIVATE MEETING - PART II**

| <u>ITEM</u> | <u>SUBJECT</u>   | <u>PAGE<br/>NO</u> |
|-------------|--|--------------------|
| 8.          | <u>MINUTES</u><br><br>To approve the minutes of the last meeting.<br><br><b><i>(Not for publication by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972)</i></b> | 83 - 84            |



## MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

### Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they 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 the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

### Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) 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 licence 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.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

*Or, if making representations on the item: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

### Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

*Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

### Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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# Agenda Item 3

## CHILDREN'S SERVICES OVERVIEW AND SCRUTINY PANEL

TUESDAY, 18 JULY 2017

PRESENT: Councillors Edward Wilson, John Bowden (Vice-Chairman), Lynne Jones and Eileen Quick (Chairman).

Also in attendance: Cllr N Airey, Nigel Cook and Paul Loudon.

Officers: Rob Stubbs, Alison Alexander and David Cook.

### ELECTION OF CHAIRMAN AND VICE CHAIRMAN

**Resolved unanimously: that Cllr Quick be appointed as Chairman and Cllr Bowden be appointed as Vice-Chairman.**

### APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr McWilliams, Cllr Mills, Cllr Pryer, Kevin McDaniel, Hilary Hall and Anne Pfeiffer. Cllr Story attended as a substitute.

### DECLARATIONS OF INTEREST

There were no declarations of interest received.

Panel members were advised that being a school governor was not a pecuniary interest in relation to the agenda items.

### MINUTES

The Part I minutes of the meeting held on 20 April 2017 were approved as a true and correct record.

Cllr E Wilson asked if the national ranking chart in relation to the attainment gap had been circulated to all Members as requested. It was noted that the chart had not yet been sent and would be circulated.

Cllr E Wilson mentioned that the confirmation of funding for the Holyport College safe routes had not been circulated to Panel members. It was confirmed that the funds had come from Community Interest Levey.

Cllr Jones asked if trend analysis for agency staff pressure could be circulated. It was agreed that this could be an agenda item on a future meeting.

### FINANCIAL UPDATE

The Managing Director apologised that the two reports under consideration were marked as To Follow. The Financial Update report had required additional work due to a range of mitigating actions being investigated to address overspends. The Schools Capital Programme report had a number of issues that had to be resolved before the report could be published.

The Chairman requested that when a report was To Follow if possible could substantive elements be circulated to the Panel with the full report being circulated when available.

Cllr Jones requested that when reports were To Follow could the reasons be noted.

Cllr Jones also mentioned that the level of To Follow reports was not decreasing and it was agreed that Cllr Jones and the Managing Director would discuss if this was the case.

The Panel received a presentation on the latest Financial Update Cabinet report. The Panel were informed that there was a £828,000 projected overspend on the General Fund due to net overspends being forecast in service budgets.

There was a £153,000 pressure in the Communities Directorate that would be mitigated by over-achievement of income from parking fees and registrars charges. The contract for AFC had also overspent by £1,316,000.

There is a range of pressures in Children's Services for non DSG:

- Home to school transport £226,000
- Placements for young people £602,000
- Legal costs £162,000
- Agency costs £326,000

The Chairman mentioned that there had been an increase to the home to school transport budget but there was still a projected overspend. Cllr N Airey informed that officers had reviewed contracts for suitability and looked at policies for more independent travel. The September intake will impact on future budget.

Cllr Story asked about the agency overspend and was informed that seven social workers would soon be completing their qualification training as a result of the decision to invest in the Frontline training programme. This team of newly qualified social workers will replace seven agency workers. A further eight students are enrolled for the next Frontline cohort, building the pipeline for the future. AFC also used Frontline so this should help with future recruitment.

The Chairman mentioned that this was an excellent way to recruit enthusiastic young people and asked if there was an obligation for them to stay once qualified. The Panel were informed that there was no obligation for them to stay but benefits such as the POD system and being able to be put on correct pay scales due to the experience already gained would help.

Cllr Jones mentioned that with regards to placement pressures then the Government should indicate the impact of new legislation. In response the Panel were informed that the Government would say that it was a local issue. The pressure arose as it was not known how many parents wished their children to go back into education when the SEND reforms were introduced.

Cllr Bowden mentioned that at the Crime and Disorder O&S Panel Members were informed that the increase in parking income would be spent on transport.

Cllr E Wilson questioned the increased costs for AFC and was informed that this was due to the recent pension valuation by the actuary that resulted in an increase in pension contribution requirements from AFC.

**Resolved unanimously: that the Children's Services O&S Panel considered the Cabinet report and fully endorsed the recommendations in relation to items under their remit.**

## CAPITAL PROGRAMME UPDATE - SCHOOLS

The Panel considered the Cabinet report relating to an update to the schools capital programme.

The Panel were informed that in July 2016, Cabinet approved a growth in the capital budget for secondary school places for expansions at six. This programme was designed to meet the



demand arising from the population growth currently passing through the primary school system.

This report set out the detail of the tender returns for two of the schemes, at Charters academy and Cox Green academy. The report also sought approval to accept the tender for a section 106 funded scheme which will provide a total of 30 new places at Newlands Girls academy.

The report also outlined the planned schools maintenance programme that had been prioritised by need. The funds for this came from a decreasing government grant that was ring fenced. The Council decision not to provide additional funding for the expansion of Lowbrook Academy had resulted in the release of committed capital and the report requested Cabinet to redirect some of that funding to cover a shortfall in the budget for school maintenance schemes.

Cllr Jones questioned if the schemes in table 7, proposed maintenance programme, had been fully costed and was informed that the schemes had been reviewed and costed. Cllr Jones requested that officers meet with her to go over the costings and where the funds were coming from.

Cllr Story questioned why there was such a variance between costs per place, as shown in table 9. The Panel were informed that costs varied depending on the type of expansion work being undertaken, for example it would be cheaper to construct a lean to extension to an existing building than undertaking certain internal re-configuration of a school. There would also be other variances depending on each school's needs and building equipment needed for specific sites, for example Newlands was a restricted site. It was confirmed that value for money was taken into account when deciding to undertake an expansion programme.

Cllr N Airey and Mr P Loudon explained that Cox Green's expansion required significant infrastructure work and was a very compact site hence its cost per place was higher than some of the other schemes.

Cllr E Wilson mentioned that Holyport College cost £10k per place yet schemes on the list were well over £20k per place and although in response to questions at this meeting it had been explained he felt that residents would question the increased costs. He questioned if there was a limit to cost per place that we would say no to, why were we spending so much when there were places at other schools and what was the national average cost per place. In response the Panel were informed that the national average would be added to the Cabinet report, that it had been explained why there were variances in costs and that we had to consider parental choice when looking at school expansion. The expansion programme assumed that schools would be full by the time the programme of works was completed. A further report in September would show the need for planned expansion in primary and secondary schools.

Cllr E Wilson mentioned that all the schools being expanded were academies yet none of them were accessing school condition improvement funding. The Panel were informed that when a school was required to expand because of growth and need then it was the LEA who was responsible for funding. The Government would not fund expansion due to population growth. Academies within the borough have submitted applications to the Education and Skills Funding Agency but none had been successful.

Cllr Jones mentioned that Members needed to drill down the proposals to see what the money was being spent on and if this was a requirement for expanding a school.

Cllr E Wilson mentioned that there were no proposals to use modular buildings to expand schools. The Panel was informed that modular buildings have been and would be used when appropriate. The expansion programme was for building schools for the future and thus value for money long term options had been chosen.

Cllr Bowden mentioned that modern modular buildings could last for 100 years and if they had solar panels added they would generate income. Cllr Bowden also mentioned that it would have been useful to have had the whole project cost, not just building costs.

Cllr E Wilson mentioned that with regards to Lowbrook the report mentioned that £1.8 million had been allocated for the expansion but after the Council decision there was only a £1.1 million underspend; what happened to the £700k. Cllr N Airey informed that £150k had been spent on the land transfer with the remaining £550k being spent during phase 1 of the expansion programme.

Cllr E Wilson asked for confirmation that the £550k had been spent for an additional 30 places for last years intake and if they admissions problem in the area still existed. The Panel were informed that the school had not said they would not continue to have an additional class, if they decided they could continue with a two form entry. The school had been told to change their admissions policy and future reports would show there is no pressure in the Cox Green area.

Cllr E Wilson asked why the Council was spending £150k to purchase land it owned from Cox Green academy. The Panel were informed that when a school became an academy land was transferred on a 125 year lease and thus the Council had to purchase a section of land from Cox Green as the school was the lease holder. The piece of land transferred was land locked.

Cllr Jones mentioned that there had been a twitter message that £11 million was to be spent on a leisure centre at Charters School yet there had been no mention of this at scrutiny. The Panel were informed that there had been no decision made and that if there was a report it would be brought to scrutiny.

**Resolved unanimously: that the Children’s Services O&S Panel considered the Cabinet report and fully endorsed the recommendations. The Panel requested that the national average per pupil costs of building work be added to the report and also felt that more should be done to inform our residents about the Councils investment into school expansion.**

LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PRESS AND PUBLIC

**RESOLVED UNANIMOUSLY: 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 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.**

The meeting, which began at 6.30 pm, finished at 8.10 pm

CHAIRMAN.....

DATE.....

## **Royal Borough Windsor & Maidenhead**

### **Compliments and Complaints Annual Report for:**

**Formal Corporate Complaints  
Statutory Adult Complaints  
Statutory Children's Complaints**

**1 April 2016 – 31 March 2017**

**“Building a borough for everyone – where residents and businesses grow, with opportunities for all”**

**Our vision is underpinned by six priorities:**

Healthy, skilled and independent residents

Growing economy, affordable housing

Safe and vibrant communities

Attractive and well-connected borough

An excellent customer experience

Well-managed resources delivering value for money

## **CONTENTS**

- 1 Introduction
- 2 Complaints process and procedures
- 3 National and legislative context
- 4 Summary of complaints activity, quality assurance and learning
- 5 Compliments
- 6 Corporate and Community Services
- 7 Operations and Customer Services
- 8 Adult Services
- 9 Children's Services
- 10 Appendices
  - Appendix A: Maps 1-3 of complaints by postcode
  - Appendix B: Analysis of Local Government Ombudsman complaints decisions 2016-17
  - Appendix C: Compliments received by service

### **Frequently used acronyms**

|             |   |
|-------------|---|
| LGO         | Local Government Ombudsman              |
| The Council | Royal Borough of Windsor and Maidenhead |
| ADR         | Alternative Dispute Resolution          |



## 1. INTRODUCTION

1.1 This annual report covers the period 1 April 2016 – 31 March 2017 and reports on all compliments and complaints made by or on behalf of customers that are investigated under the:

- Formal corporate complaints policy.
- Statutory Adults complaints policy.
- Statutory Children's complaints policy.

It is not a statutory requirement to produce an annual report for formal corporate complaints, it is for adults and children's statutory complaints and this combined report will be published on the council's website.

1.2 The Royal Borough undertakes a huge amount of activity each year and it is expected that the number of complaints made are small in comparison to the business volume transacted on a day to day basis. Whilst the exact volumes made from and to the council is not known, it is known that in 2016-17 the Royal Borough's activity included:

- Customer Services dealing with 250,000 phone calls, 25,000 emails and 15,000 face to face enquiries and 4,000 customers seeking Housing Options advice.
- Sending 117,500 bills along with 16,000 reminders for non-payment for Council Tax and Business rates to 64,000 domestic properties and 4800 businesses.
- Processing 57,000 items for 7,200 residents in receipt of Housing Benefit or Council Tax Support.
- Assessing 781 people requiring help with care costs.
- Emptying 3 million bins
- 3 million car park visits and issuing 27,000 car parking tickets
- Responding to 3,453 Environmental protection requests including 683 noise complaints.
- Receiving 3,000 contacts to MASH for Children Services
- Supporting children and 66 schools including administering the schools admission and appeals and school transport process.
- 115 children were in care at any one time and 120 children were on a child protection plan.
- Having 754,658 physical visits and 305,976 virtual visits to libraries where 728,063 books and 45,631 Audio-visual were loaned and 43,553 requests for specific items were sourced.
- Working with 62 schools and 9 children centres to promote literacy and reading for pleasure.
- Supporting arts through two art centres, and providing historic information through the museum to 70,000 contacts.
- 300 reports by the community wardens and undertaking 49 community speed watches.
- Around 1,700 adults were receiving long term care and support, 156 people went into long term care, 78 into residential care and 91 into nursing care working with 46 care homes, 15 nursing homes and two day centres.
- 484 Deprivation of Liberty Safeguards assessments received and 1,800 safeguarding concerns and enquiries were investigated.

- 7625 weddings were conducted with 1036 notices of marriage taken
- 423 people attended citizenship ceremonies.
- 850 deaths and 530 births were registered.
- 3,500 planning applications were considered and 650 planning enforcement breaches were investigated.

- 1.3 Complaints are a vital part of the councils overall approach to quality assurance giving valuable feedback on the way in which services are delivered and learning from complaints is important.
- 1.4 The report details the number of compliments and complaints received, the themes of complaints, the council's performance as a whole and by directorate in responding and handling these and how changes have been made to services as a result.
- 1.5 The report has been organised across a number of sections. Section two of the paper provides an overview of the complaints process and procedure as it currently operates. Section three provides an overview of the national policy and legislative context that governs how local authorities manage this area of work. The next section provide and overview of the council's performance of the number of compliments and complaints received in respect of handling, responding, resolving and learning from these. This final sections detail directorate performance and the appendices provides further information.



## **2 ROYAL BOROUGH COMPLAINTS PROCESS AND PROCEDURES**

- 2.1 Complaints made about the Council's services are dealt with under the formal corporate complaints policy. In practice, these are generally focused on services delivered within Corporate and Communities directorate and Operations and Customer directorate because complaints made about adult and children's services are, in the main, dealt with under statutory legislation.
- 2.2 The purpose of any complaints procedure is to ensure that every opportunity for resolution is sought through dialogue or local resolution but where it cannot be agreed; there is an escalation or review process that allows a further mechanism of resolution where appropriate. The exception to this is the statutory adult social care complaints process, which only has one stage. Regardless of which policy a complaint is investigated under, or the outcome, the complainant still has the right to refer their complaint on to the Local Government Ombudsman.
- 2.3 Complaints are made in a number of ways, by email, phone call, letter, face to face or now by logging the complaint online. All complaints received, along with comments and compliments, are recorded electronically, allowing a formal record to enable the monitoring of workflow. This information is used to produce data on the number, types and themes of compliments and complaints and lessons learned.
- 2.4 The Royal Borough's complaints policies are intended for use by service users, customers, residents, businesses and visitors or their chosen representatives, which may include Councillors. Complaints are recorded by directorate, service, theme and postal address.
- 2.5 An important facet of the complaints process is the independence of the complaints team, which for the reporting period 2016-17 sat within Customer Services. Independence from services ensures there are no conflict of interest and enables impartial challenges to be made. The complaints team will meet with complainants at any point in the complaints process.
- 2.6 In October 2016 the formal corporate complaints policy and procedure was reviewed and changed to clearly define what a complaint is and to exclude where there is an alternative route that should be used for dispute resolution or appeal (parking, planning, school admissions) and where we treat a concern as business as usual in the first instance (for example, refuse collection).
- 2.7 The grounds for escalation seeking a review and the number of stages within the process were reduced from three to two stages.

### **Process April – October 2016**

- Stage 1: investigation by Team Manager within 10 working days.
- Stage 2: investigation by Head of Service within 10 working days.
- Stage 3: investigation by Managing Director within 10 working days

### **Process October 2016 – March 2017**

- Stage 1: the complaint: investigation by Head of Service within 10 working days
- Stage 2: the review: investigation by Executive Director within 20 working days

2.8 As a result of the change in stages midway through 2016–17, the information contained in this report covers complaints under both the old and the new formal corporate complaints procedure and policy. Stage 3 no longer exists for formal corporate complaints. There has been no change to the statutory Adult and Children’s policies.

### **The Local Government Ombudsman**

2.9 Regardless of the procedure being followed, once the council’s policies have been exhausted, the complainant can ask for their complaint to be investigated by the Local Government Ombudsman.

2.10 Although customers can refer complaints to the Local Government Ombudsman at any stage, the Ombudsman will not normally investigate until the council have exhausted their complaints procedure.

### **Quality assurance**

2.11 The complaints team carry out sample quality assurance checks of Stage 1 complaint responses to ensure the language and terminology used is easy to understand. This is essential if the complaint is from a child, young person or someone with specific needs. The findings, including key themes and recommendations, are shared with managers.

2.12 Lessons learned and recommendations are captured for continual improvement and often one to one training/advice/meetings are held with staff to offer support and guidance on how best to resolve a complaint raised.

### **Demographic information**

2.13 In order to identify whether all sections of the community are accessing the complaints process, work will be undertaken in 2017-18 to gather and use demographic data, such as race, gender and disability. Providing this data will, however, remain optional, with complainants not being obligated to provide this should they choose not to. Appendix A shows insight via three heat maps of where complaints have been made by postcode.

2.14 Effective complaints management is crucial to allow confidence on the part of complainants to submit complaints with the understanding that the council will take these seriously and respond. Staff will support the complaint processes therefore putting residents first. The council will continue to improve the transparency and efficiency of the complaints process. The online contact platform gives both complainants and officers the ability to track complaints in real time. Information is known on what is being complained about as well as the progress of complaints by a number of different criteria.

2.15 A quarterly report will be presented to senior and departmental management teams to compare performance across the year and monitor lessons learned and new learning points.

### **3. NATIONAL AND LEGISLATIVE CONTEXT**

#### **Formal corporate complaints**

- 3.1 The council's formal corporate complaints policy is discretionary and has been developed based on the Local Government Ombudsman's guidance 'Running a complaints system - Guidance on good practice'

#### **Adult services**

- 3.2 The council has a statutory duty, under the NHS and Community Care Act 1990, to have in place a complaints procedure for Adult Social Care services and is required to publish an annual report relating to the operations of its complaints procedures.
- 3.3 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, the key principles of which 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.

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

- 3.4 The statutory Children's Services complaints process changed in September 2006 following new regulations and guidance, 'Getting the Best from Complaints'. The guidance emphasises 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.
- 3.5 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.'
- 3.6 Under the regulations, the council is required to produce and publish an annual report.

### **4 SUMMARY OF COMPLAINTS ACTIVITY, QUALITY ASSURANCE AND LEARNING**

- 4.1 Many factors affect the level or number of complaints received, such as customer 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.

4.2 The council is a unitary authority delivering all services to residents; in addition there are around 7,000 visitors a year to the borough. There are many interactions across the council by phone, email, digital contact, letter and face to face for example the customer service centre alone received 251,377 calls during 2016-17 which averaged 1,000 calls, and 100-150 digital contacts a day. In addition services are delivered directly to residents by team services where direct contact is made, refer to 1.2.

### **Complaints activity**

4.3 In 2016-17, the complaints team received 1,089 contacts from residents and visitors. 804 were accepted as complaints but two did not progress to investigation, so the analysis for 2016-17 is based on 802 complaints, representing an increase of 35% on 2015-16.

4.4 One reason for the increase is likely to be as a result of improved recording of complaints with all complaints sent to the complaints team for recording, liaising and monitoring with a view for improving services. In addition there is a greater awareness of the complaints process and ease of access.

4.5 Of the 802 complaints received, 62 were withdrawn after the investigation started either because further information was requested but not received or because the customer no longer wished to complain. All but 100 of these complaints were dealt with under the formal corporate complaints process, compared with 460 in the previous year.

4.6 Of the 702, 527 were in Operations and Customer Services, primarily in relation to waste and recycling, parking enforcement, customer services and council tax and benefits and 175 in Corporate and Community Services, primarily in relation to planning, planning enforcement and trees. For both directorates, this reflects an increase in activity on the previous year, 320 and 140 respectively.

4.7 The remaining 100 complaints were dealt with under the statutory complaints procedures for adults, 42, and for children, 58. In both service areas, the number of complaints has reduced from the previous year, from 44 and 88 respectively.

4.8 The top five themes of all complaints, totalling 65% of complaints received remain the same as 2015-16, namely:

- Situation handled incorrectly.
- Services delivered at a lower standard than in our policy.
- Attitude or behaviour of staff.
- Unhappy with the decision made.
- Lack of action – did not do what we said we would.

4.9 Despite the overall increase in the number of complaints received, 2016-17 saw a more timely response to complaints in timescale, the new online system may have attributed to this. In 2015-16, just under half of the complaints were responded to in timescale; in 2016-17, this rose to 63%. The improvement was most notable in the Operations and Customer Services directorate where there was a 97% improvement in responsiveness.

- 4.10 55% of all complaints in 2016-17 were either fully or partially upheld compared to 38% in 2015-16. This may be due to the introduction of the ‘partially upheld’ category in 2016-17 to capture if any element of a complaint is upheld rather than a flat not upheld or upheld.

### Themes

- 4.11 Themes of complaints are captured to allow comparisons and improvements to be made. Table 1 compares themes of complaints received in 2015-16 and 2016-17 and the percentage that each theme equates to each year, and the overall percentage change. In 2016-17 the top five themes were the same five as 2015-16 with the greatest theme being ‘situation handled incorrectly’ increasing by 7% from 11% in 2015-16 to 18%. Examples of this theme are:
- Corporate and communities: non-determination of a planning application – upheld in terms of delay but not in terms of communication from the planning team.
  - Corporate and communities: residents were assured that planned roadworks by a utilities company would not affect access to their properties by residents or by refuse collectors. This did not happen and access was intermittent over a period of five weeks.
  - Operations and customer services: Car park coin change machine not working. Sainsbury’s, said they’re not responsible, but that the machine had been out of service for some time. Each time they had put a notice on the machine that it was out of order, the notice was taken off.
  - Adult: poor handover for a resident moving to a different local authority, resulting in a delay of services received.
  - Children’s: poor communication following a child protection enquiry and a delay in restarting contact.
- 4.12 The second highest theme was ‘services delivered at a lower standard than published’; this has been reduced by 8% to 15% from 23%. Table 2 provides the complaint themes received by directorates.

**Table 1: Themes of complaints and percentage change**

| Themes  | 2015-16 |    | 2016-17 |    | % change overall |
|---|---------|----|---------|----|------------------|
|   | Number  | %  | Number  | %  |                  |
| Situation handled incorrectly                             | 65      | 11 | 144     | 18 | +7               |
| Services delivered at a lower standard than in our policy | 136     | 23 | 117     | 15 | -8               |
| Attitude or behaviour of staff                            | 67      | 11 | 89      | 11 | 0                |
| Unhappy with the decision made                            | 86      | 14 | 88      | 11 | -3               |
| Lack of action – did not do what we said we would         | 40      | 7  | 84      | 10 | +3               |
| Failed to follow timescales                               | 33      | 6  | 58      | 7  | +1               |
| Multiple  | 22      | 4  | 58      | 7  | +3               |
| Failed to respond at all                                  | 52      | 9  | 44      | 5  | -4               |
| Did not follow policy                                     | 12      | 2  | 32      | 4  | +2               |
| Gave the wrong information                                | 13      | 2  | 24      | 3  | +1               |

| Themes   | 2015-16    |            | 2016-17    |            | % change overall |
|--|------------|------------|------------|------------|------------------|
|  | Number     | %          | Number     | %          |                  |
| Failed to take all information into account        | 7          | 1          | 13         | 2          | +1               |
| Inaccurate information recorded on file            | 8          | 1          | 13         | 2          | +1               |
| Did not answer all questions                       | 5          | 1          | 7          | 1          | -                |
| Malice/bias  | 3          | 1          | 7          | 1          | -                |
| Objecting/ disagreeing against an actual policy    | 22         | 4          | 7          | 1          | -3               |
| Data protection                                    | 7          | 1          | 6          | 1          | -                |
| Safeguarding                                       | 7          | 1          | 5          | 1          | -                |
| Unknown  | 0          | 0          | 5          | 1          | +1               |
| Not kept informed                                  | 11         | 2          | 1          | 0          | -2               |
| Failed to advise correctly on appeal or next steps | 1          | 0          | 0          | 0          | -                |
| <b>Total</b>                                       | <b>597</b> | <b>100</b> | <b>802</b> | <b>100</b> |                  |

**Table 2: Themes of complaints received by directorate**

| Themes   | Adults | Children | Corporate | Operations | Totals |
|--|--------|----------|-----------|------------|--------|
| Attitude or behaviour of staff                             | 7      | 14       | 3         | 64         | 89     |
| Data protection  | 0      | 0        | 3         | 3          | 6      |
| Did not answer all questions                               | 0      | 0        | 5         | 2          | 7      |
| Did not follow policy                                      | 2      | 4        | 6         | 20         | 32     |
| Failed to follow timescales                                | 1      | 3        | 22        | 32         | 58     |
| Failed to respond at all                                   | 0      | 2        | 20        | 22         | 44     |
| Failed to take all information into account                | 2      | 2        | 3         | 6          | 13     |
| Gave the wrong information                                 | 2      | 1        | 0         | 21         | 24     |
| Inaccurate information recorded on file                    | 0      | 3        | 1         | 9          | 13     |
| Lack of action – did not do what we said we would          | 3      | 3        | 20        | 58         | 84     |
| Malice/bias  | 2      | 2        | 1         | 2          | 7      |
| Multiple (complaints about more than one theme or service) | 4      | 8        | 15        | 31         | 58     |
| Not kept informed  | 1      | 0        | 0         | 0          | 1      |
| Objecting/ disagreeing against an actual policy            | 0      | 2        | 1         | 4          | 7      |
| Safeguarding   | 1      | 2        | 0         | 2          | 5      |

| Themes  | Adults    | Children  | Corporate  | Operations | Totals     |
|---|-----------|-----------|------------|------------|------------|
| Services delivered at a lower standard than in our policy | 6         | 3         | 18         | 90         | 117        |
| Situation handled incorrectly                             | 4         | 5         | 37         | 98         | 144        |
| Unhappy with the decision made                            | 5         | 4         | 19         | 60         | 88         |
| Unknown   | 1         | 0         | 1          | 3          | 5          |
|   | <b>42</b> | <b>58</b> | <b>175</b> | <b>527</b> | <b>802</b> |

### Timescales

- 4.13 Each stage of the three individual complaint processes have indicative response times varying from 10 to 20 working days. It can be extended or alternative timeframes agreed from the outset with the complainant. 16% more complaints were responded to within the timeframes agreed compared to 2015-16, see table 3 for overall response rate and table 4 for response rate by directorate. In November 2016 senior managers and service managers underwent training by the Local Government Ombudsman and in December 2016 the online complaints system was launched sending automatic reminders as deadline dates approach. All these factors are contributing to the increase in responsiveness.

**Table 3: Percentage of all complaints responded to within timescales.**

|         | Number of complaints | Number in timescales | % in timescales |
|---------|----------------------|----------------------|-----------------|
| 2015-16 | 592                  | 277                  | 47%             |
| 2016-17 | 802                  | 502                  | 63%             |

**Table 4: Response times by directorate**

|                                  | 2015-16<br>% | 2016-17<br>% | Improvement<br>%                         |
|----------------------------------|--------------|--------------|--|
| Corporate and Communities        | 31           | 50           | 61% improvement in responding to on time |
| Operations and Customer Services | 32           | 63           | 97% improvement                          |
| Adult                            | 62           | 71           | 15% improvement                          |
| Children's                       | 43           | 62           | 47% improvement                          |

### Decisions

- 4.14 As complaints responses are captured, the decision upheld, partially upheld, or not upheld is recorded, see table 5. 55% of all complaints received were either fully or partially upheld with the directorate position ranging from 47% in Children's to 61% in Operation and Customer Services. It is essential that services do not repeat mistakes and make changes as a result from learning captured and root cause analysis. See table 6 for learning in 2016-17.

**Table 5: Outcome of complaints**

|                                  | Fully upheld | Partially upheld | Not upheld | Withdrawn | Not yet concluded | Not a complaint under the complaints policy | % Partially or fully upheld |
|----------------------------------|--------------|------------------|------------|-----------|-------------------|---|-----------------------------|
| Corporate and Communities        | 31           | 42               | 66         | 9         | 15                | 13  | 55%                         |
| Operations and Customer Services | 208          | 111              | 111        | 31        | 35                | 30  | 61%                         |
| Adult                            | 10           | 10               | 14         | 5         | 3                 | 0   | 48%                         |
| Children's                       | 10           | 22               | 8          | 17        | 1                 | 0   | 47%                         |
| <b>Totals</b>                    | <b>259</b>   | <b>185</b>       | <b>199</b> | <b>62</b> | <b>54*</b>        | <b>43</b>                                   | <b>55%</b>                  |

\*It should be noted that the 'not yet concluded' is likely to mean that the complaints team are waiting for the response to update the records rather than the complaint being outstanding.

### Local Government Ombudsman

4.15 The Local Government Ombudsman received 54 complaints and enquiries about the Royal Borough in 2016-17, it must be remembered that some of these complaints would have been dealt with by the council in 2015-16 rather than 2016-17. 48 decisions have been made by the Ombudsman and these are:

- 20 were referred back to the Royal Borough as they had not been through the complaints process
- 3 were deemed 'incomplete or invalid' and were not investigated
- 12 were closed after initial enquires where they would have asked the council for details and evidence.
- 7 were investigated and not upheld, this was the same in 2015-16.
- 6 were investigated and upheld, this was 2 more than 2015-16. See appendix B, tables 32 and 33 for full details of decisions as per the 2016-17 Local Government Ombudsman annual letter on cases upheld and not upheld.

### Learning and improvements from complaints

4.16 Understanding why complaints are made, establishing root causes, changing process and delivering training as a result is essential. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement and increase satisfaction. The speed of response is key particularly if the complaint stems from a timeliness related issue. See table 6 for specific learning by directorate in 2016-17. 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 is reviewed by services at team meetings.

4.17 Effective recording, monitoring and evaluating of complaints enables the council to also celebrate good practice, and commend positive service delivery and implementation. Learning from best practice is sought by the local



authority and disseminated to other service areas through the complaints team.

**Table 6: Specific learning from complaints**

| <b>Directorate</b>               | <b>Actions and learning as a result of complaints made</b>   |
|----------------------------------|--|
| Corporate and Communities        | <ul style="list-style-type: none"> <li>• An increase in permanent planning staff.</li> <li>• Staff updated on complaint outcomes.</li> <li>• Processes changed in response to complaints.</li> </ul>   |
| Operations and Customer Services | <ul style="list-style-type: none"> <li>• Standard letter templates reviewed.</li> <li>• Formal call back system introduced so there is visibility of customer call backs and timescales.</li> <li>• Meetings with contractors to discuss customer complaints.</li> <li>• Implementation of online 'My Account' so residents can be kept up to date on progress on cases they raise online themselves.</li> <li>• Training and improved communications for and with Customer Services.</li> <li>• Training for parking enforcement staff on how to handle difficult situations and how to deal with people who may be cross.</li> </ul>   |
| Adult services                   | <ul style="list-style-type: none"> <li>• Improvements made in communications between teams and residents they are working with.</li> <li>• Assessments monitored to ensure carried out in a timely manner to prevent over or under payments from occurring.</li> <li>• Data protection training to ensure checks are made regarding capacity to deal with and check about adult children.</li> </ul>   |
| Children's Services              | <ul style="list-style-type: none"> <li>• Refresher training for data protection.</li> <li>• Awareness and impact training on communicating key facts effectively to parents working with Children's Services.</li> <li>• Policy change to contact families within three days when new allocation made.</li> <li>• Raised awareness on assumptions not made when first meeting young people about what they want to discuss, and to "check-in" directly with the young person to ensure that they are comfortable throughout.</li> <li>• Maintain continuity of social workers involved in a case as far as possible.</li> <li>• Improved communications between children, young people, parents and professionals including in a timely way.</li> <li>• Share reports, information and outcomes of assessments in a timely manner.</li> <li>• Reminder for full consultation with all significant family members including non-resident fathers when undertaking a child and family assessment.</li> </ul> |

| Directorate | Actions and learning as a result of complaints made   |
|-------------|---|
|             | <ul style="list-style-type: none"> <li>• Check that outcomes and proposed next steps are understood by families working with the service.</li> <li>• Training to see things from the user's perspective for a greater understanding.</li> <li>• Effective dialogue even when there is dispute including standing firm when necessary and communicating this effectively.</li> </ul> |

## 5 COMPLIMENTS

5.1 Whilst the council gets things wrong it does also provide excellent service and our staff often go the extra mile. It is essential that positive feedback is also captured and shared. Compliments that are forwarded to the complaints team are logged centrally and in 2016-17 there were 192 compliments recorded for teams or individuals across the council, see table 7 and appendix C for more detail. Compliments received are fed back to the relevant service areas to ensure that due recognition is given to staff and that learning is shared and disseminated across the directorate.

**Table 7: Compliments received by directorate**

|                                  | 2015-16    | 2016-17    | % Change   |
|----------------------------------|------------|------------|------------|
| Corporate and Communities        | 1          | 1          | -          |
| Operations and Customer Services | 67         | 100        | +49        |
| Adult                            | 44         | 35         | -20        |
| Children's                       | 19         | 56         | +194       |
| <b>Totals</b>                    | <b>131</b> | <b>192</b> | <b>+47</b> |

5.2 It is unclear if the split of compliments recorded across directorates is a true reflection of compliments received within services. It is possible that the variance between teams constitutes an under-reporting of compliments in some areas. Improving reporting of compliments is a priority and more is being done to raise awareness and encourage self-reporting.

## 6 CORPORATE AND COMMUNITY SERVICES

### 6.1 Summary

- 161 stage 1 complaints were received for Corporate and Community services. This represents 20% of the total number of council complaints received.
- 70% of complaints received fall into the top five themes
  - Situation handled incorrectly
  - Failed to follow timescales
  - Failed to respond at all
  - Lack of action – did not do what we said we would
  - Services delivered at a lower standard than in our policy, this was the highest in 2015-16.
- 61% of complaints relate to Planning and 16% Trees,
- 50 % were responded to within timeframes compared to 31% in 2015-16.
- 55% of complaints were either fully or partially upheld.
- 11 complaints were made to the Local Government Ombudsman, 4 were investigated 2 were upheld and 2 not upheld. See appendix B, tables 32 and 33 for details.
- 1 compliment was received, the same as in 2015-16. This was for the living advent calendar managed by Town Centre Management.

6.2 Corporate and Community services saw an overall increase of 35 (25%) in complaints received with an increase of 30% at stage 1, and 30% decrease at stage 2. One extra stage 3 complaint was received, totalling 7. Table 8 details the complaints received by stage and the percentage change from 2015-16 and 2016-17.

**Table 8: Corporate and Community Services complaints overview by stage**

| Corporate and Community Services                         | 2015–16    | 2016–17    | Percentage change |
|--|------------|------------|-------------------|
| Stage 1  | 124        | 161        | +30%              |
| Stage 2  | 10         | 7          | -30%              |
| Stage 3 (ceased from 1 October 2017 when policy updated) | 6          | 7          | +17%              |
| <b>Totals</b>  | <b>140</b> | <b>175</b> | <b>+25%</b>       |

6.3 Table 9 details the number of stage 1 complaints received by themes and the percentage make up of each theme.

**Table 9: Corporate and Community Services stage 1 complaints received by themes during 2016-17**

| Type of Complaint             | Number | percentage of total complaints |
|-------------------------------|--------|--------------------------------|
| Situation handled incorrectly | 32     | 20%                            |
| Failed to follow timescales   | 22     | 14%                            |

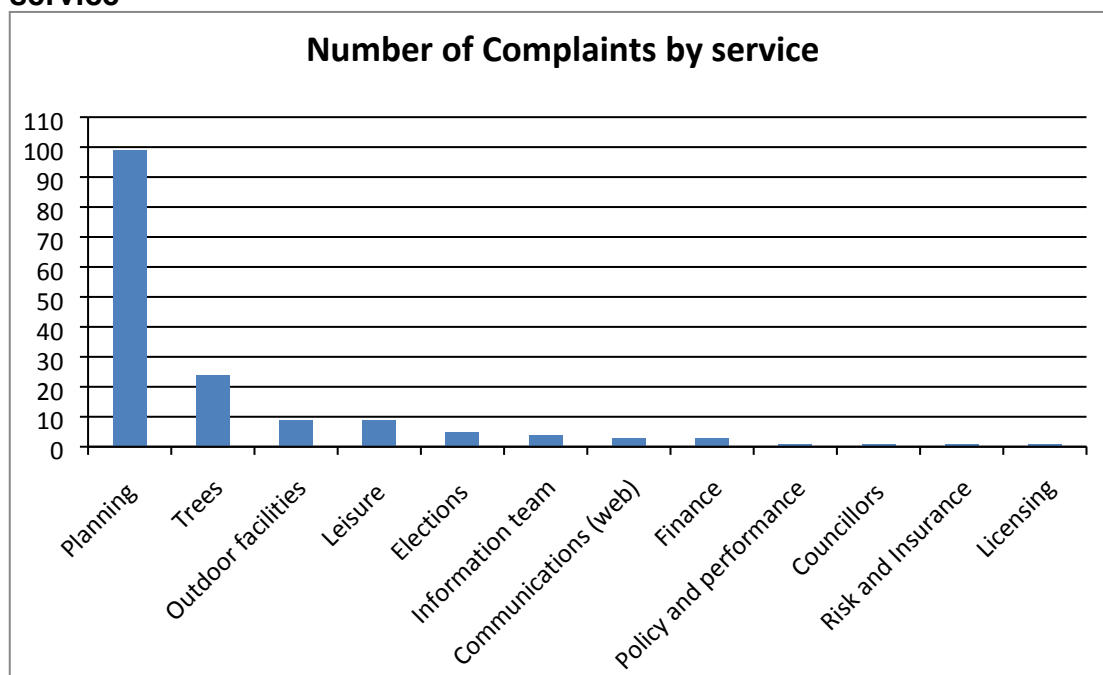
| Type of Complaint   | Number     | percentage of total complaints |
|---|------------|--------------------------------|
| Failed to respond at all                                  | 20         | 12%                            |
| Lack of action – did not do what we said we would         | 20         | 12%                            |
| Services delivered at a lower standard than in our policy | 18         | 10%                            |
| Unhappy with the decision made                            | 16         | 9%                             |
| Multiple  | 14         | 9%                             |
| Did not follow policy                                     | 6          | 4%                             |
| Attitude or behaviour of staff                            | 3          | 2%                             |
| Data protection   | 3          | 2%                             |
| Failed to take all information into account               | 2          | 1%                             |
| Inaccurate information recorded on file                   | 1          | 1%                             |
| Malice/bias   | 1          | 1%                             |
| Did not answer all questions                              | 1          | 1%                             |
| Objecting/ disagreeing against an actual policy           | 1          | 1%                             |
| Unknown   | 1          | 1%                             |
| Safeguarding  | 0          | 0%                             |
| Not kept informed   | 0          | 0%                             |
| Gave the wrong information                                | 0          | 0%                             |
| <b>Total</b>  | <b>161</b> | <b>100 %</b>                   |

- Complaints received by services**
- 6.4 Of the 161 complaints received 77% (124) were related to Planning (99) and Trees (25). Table 10 and chart 1 details the complaints received by all services within the directorate.

**Table 10: Corporate and Community Services – number of stage 1 complaints received by service**

| Teams                  | Number of Complaints | Percentage   |
|------------------------|----------------------|--------------|
| Planning               | 99                   | 61 %         |
| Trees                  | 25                   | 16 %         |
| Outdoor facilities     | 9                    | 5 %          |
| Leisure                | 9                    | 5 %          |
| Elections              | 5                    | 3 %          |
| Information team       | 4                    | 2 %          |
| Communications (web)   | 3                    | 2 %          |
| Finance                | 3                    | 2 %          |
| Policy and performance | 1                    | 1 %          |
| Councillors            | 1                    | 1 %          |
| Risk and Insurance     | 1                    | 1 %          |
| Licensing              | 1                    | 1 %          |
| <b>Total</b>           | <b>161</b>           | <b>100 %</b> |

**Chart 1: Community and Corporate Services stage 1 complaints by service**



### **Planning**

- 6.5 The highest number of complaints, 99 (61%) received in Corporate and Communities directorate was in relation to planning and planning enforcement which is not a surprise given the nature of the work (approx. 3,000 planning applications and 650 enforcement investigations). Trees were the second highest with 25 (16%)
- 6.6 Complaints for planning are often complex and involve detailed investigation; there has been an improvement in updating complainants on the progress of their complaint which can be attributed to the new system. 66 of the 99 planning complaints fall into three main areas:
- 28% Unhappy with decision made.
  - 27% relate to responding in timeframes or not at all.
  - 11% did not think the situation was handled correctly.
- 6.7 37% of complaints were upheld and 46% of those upheld were related to the timeliness of responses/decisions.
- 6.8 9 complaints were made to the Local Government Ombudsman, 4 were investigated; 2 were upheld and 2 not upheld.
- 6.9 No compliments were recorded for planning during 2016-17.
- 6.10 In October 2016 the formal corporate complaints policy was changed to specifically exclude planning objections or dissatisfaction with a decision taken which could be challenged through formal appeal processes. For the first six months of 2016-17 76 planning complaints were accepted compared to 36 in the last six months, 17 were not accepted as complaints. Table 11 details planning complaints by themes

**Table 11: Planning complaints by theme**

| Themes  | Totals    | Percentage  |
|---|-----------|-------------|
| Unhappy with the decision made                            | 28        | 28%         |
| Failed to respond at all                                  | 15        | 15%         |
| Failed to follow timescales                               | 12        | 12%         |
| Situation handled incorrectly                             | 11        | 11%         |
| Lack of action – did not do what we said we would         | 9         | 9%          |
| Multiple  | 8         | 8%          |
| Did not follow policy                                     | 6         | 6%          |
| Services delivered at a lower standard than in our policy | 5         | 5%          |
| Failed to take all information into account               | 2         | 2%          |
| Data protection   | 1         | 1%          |
| Did not answer all questions                              | 1         | 1%          |
| Objecting/ disagreeing against an actual policy           | 1         | 1%          |
| <b>Total</b>  | <b>99</b> | <b>100%</b> |

6.11 37% (37) of planning complaints were fully or partially upheld, this is lower than the overall council average which is 55% See table 12 for details on themes upheld. 46% upheld relate directly to timeframes.

6.12 **Table 12: Planning complaints upheld by theme.**

| Themes  | Totals    | Percentage  |
|---|-----------|-------------|
| Failed to respond at all                                  | 9         | 24%         |
| Failed to follow timescales                               | 8         | 22%         |
| Situation handled incorrectly                             | 4         | 11%         |
| Multiple  | 4         | 11%         |
| Unhappy with the decision made                            | 3         | 8%          |
| Did not follow policy                                     | 3         | 8%          |
| Services delivered at a lower standard than in our policy | 3         | 8%          |
| Lack of action – did not do what we said we would         | 2         | 5%          |
| Objecting/ disagreeing against an actual policy           | 1         | 3%          |
| <b>Total</b>  | <b>37</b> | <b>100%</b> |

### Trees

6.13 The second highest number of complaints received in Corporate and Communities was in relation to trees, these 25 complaints equated to 16% of the total. In the main they were regarding why something was or was not cut, and failure to respond about these questions.

6.14 25 complaints fall into two main areas:

- 29% Lack of action – did not do what we said we would
- 42% relate to responding in timeframes or not at all

6.15 52% (13) of complaints were upheld and 31% (4) related to 'not doing what we said we would do' and 54% of these were in related to the timeliness of responses/decisions.

6.16 No complaints were made to the Local Government Ombudsman.

- 6.17 No compliments were recorded.
- 6.18 Table 13 details the tree complaints received by themes

**Table 13: Trees complaints by themes**

| <b>Themes</b>   | <b>Totals</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Lack of action – did not do what we said we would         | 8             | 29%               |
| Failed to follow timescales                               | 6             | 25%               |
| Failed to respond at all                                  | 4             | 17%               |
| Unhappy with the decision made                            | 3             | 13%               |
| Multiple  | 2             | 8%                |
| Attitude or behaviour of staff                            | 1             | 4%                |
| Services delivered at a lower standard than in our policy | 1             | 4%                |
| <b>Total</b>  | <b>25</b>     | <b>100%</b>       |

- 6.19 84% (13) of complaints upheld fall into three categories; not doing what we said we would and timeliness related. Table 14 details the tree complaints received by decision made.

**Table 14: Tree complaints fully or partially upheld**

| <b>Themes</b>                                     | <b>Totals</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Lack of action – did not do what we said we would | 4             | 31%               |
| Failed to respond at all                          | 4             | 31%               |
| Failed to follow timescales                       | 3             | 23%               |
| Multiple  | 1             | 8%                |
| Attitude or behaviour of staff                    | 1             | 8%                |
| <b>Total</b>                                      | <b>13</b>     | <b>100%</b>       |

- 6.20 Overall across the Corporate and Communities directorate 50% (80) of complaints were responded to within timescales and 50% (81) not. Whilst there have been improvements all round on the response times half that were out of time were planning or planning enforcement, 54 (67%), and 13 (16%) were about trees totalling 67 out of 81. 40% (27) of those late were complaints around timescales not being followed, either in terms of breaching policy or to do with of a lack of response to an enquiry.
- 6.22 11 complaints were made to the Local Government Ombudsman, four were investigated, two were upheld and two not upheld. There were no recommendations were made. 11 were also made in 2015-16.

## 7 OPERATIONS AND CUSTOMER SERVICES

### 7.1 Summary

- 513 complaints were received for Operations and Customer Services. This represents 64% of the total number of council complaints received.
- 70% of complaints received fall into the top five themes
  - Situation handled incorrectly
  - Services delivered at a lower standard than in our policy, this was the highest in 2015-16
  - Attitude or behaviour of staff
  - Lack of action – did not do what we said we would
  - Unhappy with the decision made
- 23% of complaints relate to Waste and Recycling and 20% Parking Enforcement.
- 63 % were responded to within agreed timeframes compared to 32% in 2015-16.
- 61% of complaints were either fully or partially upheld.
- 20 complaints were referred to the Local Government Ombudsman, 4 were investigated. 2 were upheld with recommendations of an apology and financial redress, 2 were not upheld. See appendix B tables 32 and 33 for details.
- 100 compliments were received, an increase from 67 in 2015-16.

7.2 Operations and Customer services saw the biggest increase of 64% in complaints received. Stage 1 increased by 65% (202) and a 50% (4) increase at Stage 2. One extra (total 2) stage 3 complaint was received than in 2015-16. Table 15 details complaints received by stage, the percentage change from 2015-16 to 2016-17.

**Table 15: Operations and Customer Services overview**

| Operations and Customer Services     | 2015 – 2016 | 2016 – 2017 | Percentage change |
|--------------------------------------|-------------|-------------|-------------------|
| Stage 1                              | 311         | 513         | +65%              |
| Stage 2                              | 8           | 12          | +50%              |
| Stage 3 (ceased from 1 October 2017) | 1           | 2           | +100%             |
| <b>Totals</b>                        | <b>320</b>  | <b>527</b>  | <b>+64%</b>       |

7.3 Table 16 shows complaints for Operations and Customer Services by themes and the percentage make up of each theme.

**Table 16: Themes of stage 1 for Operations and Customer Services complaints received during 2016-17**

| Type of Complaint   | Number | Percentage |
|---|--------|------------|
| Situation handled incorrectly                             | 96     | 19%        |
| Services delivered at a lower standard than in our policy | 87     | 17%        |



| <b>Type of Complaint</b>                          | <b>Number</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Attitude or behaviour of staff                    | 63            | 12%               |
| Lack of action – did not do what we said we would | 58            | 11%               |
| Unhappy with the decision made                    | 58            | 11%               |
| Failed to follow timescales                       | 32            | 6%                |
| Multiple  | 29            | 6%                |
| Failed to respond at all                          | 21            | 4%                |
| Gave the wrong information                        | 21            | 4%                |
| Did not follow policy                             | 19            | 4%                |
| Inaccurate information recorded on file           | 9             | 2%                |
| Failed to take all information into account       | 6             | 1%                |
| Data protection                                   | 3             | 1%                |
| Objecting/ disagreeing against an actual policy   | 4             | 1%                |
| Unknown   | 3             | 1%                |
| Malice/bias                                       | 2             | 0%                |
| Safeguarding                                      | 2             | 0%                |
| Did not answer all questions                      | 0             | 0%                |
| Not kept informed                                 | 0             | 0%                |
| <b>Total</b>                                      | <b>513</b>    | <b>100%</b>       |

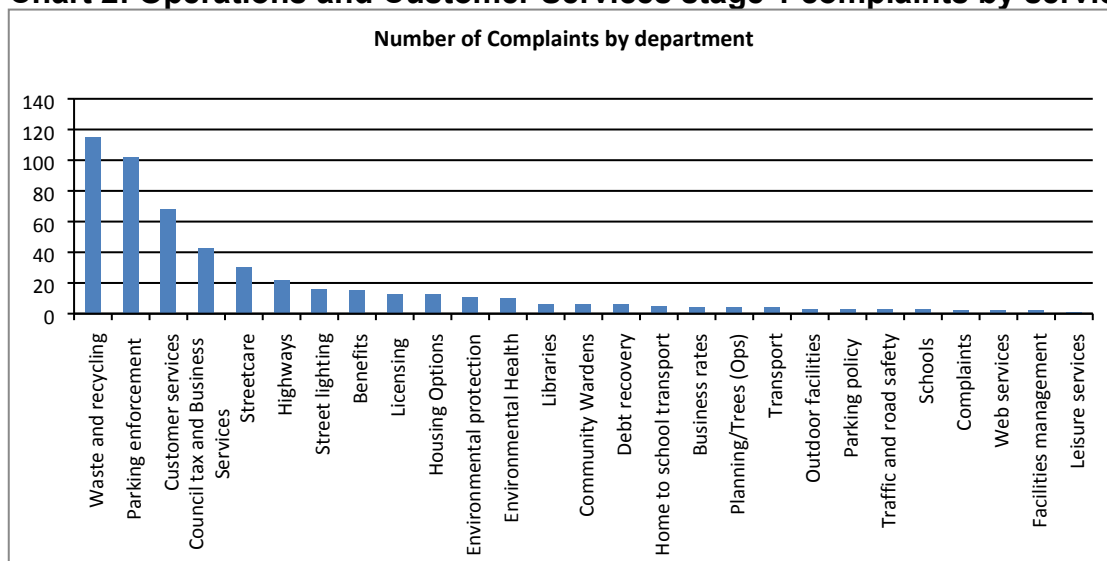
- 7.4 **Complaints received by service** Of the 513 complaints received 23% (115) were related to waste and recycling and 20% (102) parking enforcement. Waste and recycling collect 3 million bins and parking enforcement issued 27,000 penalty charge notices. Table 17 and chart 2 details the complaints received by all services within the directorate.

**Table 17: Operations and Customer Services stage 1 complaints received by team**

| <b>Teams</b>                      | <b>Number of Complaints</b> | <b>Percentage</b> |
|-----------------------------------|-----------------------------|-------------------|
| Waste and recycling               | 115                         | 23%               |
| Parking enforcement               | 102                         | 20%               |
| Customer services                 | 69                          | 13%               |
| Council tax and Business Services | 43                          | 8%                |
| Streetcare                        | 30                          | 6%                |
| Highways                          | 22                          | 4%                |
| Street lighting                   | 16                          | 3%                |
| Benefits                          | 15                          | 3%                |
| Licensing                         | 13                          | 3%                |
| Housing Options                   | 13                          | 3%                |
| Environmental protection          | 11                          | 2%                |
| Environmental Health              | 10                          | 2%                |
| Libraries                         | 6                           | 1%                |
| Community Wardens                 | 6                           | 1%                |
| Debt recovery                     | 6                           | 1%                |
| Home to school transport          | 5                           | 1%                |
| Business rates                    | 4                           | 1%                |
| Planning/Trees (Ops)              | 4                           | 1%                |
| Transport                         | 4                           | 1%                |

| Teams                   | Number of Complaints | Percentage  |
|-------------------------|----------------------|-------------|
| Outdoor facilities      | 3                    | 1%          |
| Parking policy          | 3                    | 1%          |
| Traffic and road safety | 3                    | 1%          |
| Schools                 | 3                    | 1%          |
| Complaints              | 2                    | 0%          |
| Web services            | 2                    | 0%          |
| Facilities management   | 2                    | 0%          |
| Leisure services        | 1                    | 0%          |
| <b>Totals</b>           | <b>513</b>           | <b>100%</b> |

**Chart 2: Operations and Customer Services stage 1 complaints by service**



### Waste and Recycling

7.5 The highest number of complaints received in Operations and Customer Services were about Waste and Recycling with 115 being received. With over 3m bin collections each year from around 60,000 properties it is not unexpected to be the largest volume.

7.6 50% (57) of the waste and recycling complaints fall into two main areas:

- 33% Services delivered at a lower standard than in our policy
- 17% relate to Lack of action – did not do what we said we would

7.7 72% (83) of the total complaints received were fully or partially upheld, 36% of these related to services being delivered at a lower standard

7.8 No complaints were made to the Local Government Ombudsman.

7.9 6 compliments were received.

7.10 Table 18 details the number and percentage of waste and recycling complaints by themes. The highest being service delivered at a lower standard and lack of action of what we said we would do.

**Table 18: Waste and recycling stage 1 complaints by themes**

| Themes  | Totals     | Percentage  |
|---|------------|-------------|
| Attitude or behaviour of staff                            | 16         | 14%         |
| Did not follow policy                                     | 8          | 7%          |
| Failed to follow timescales                               | 10         | 9%          |
| Failed to respond at all                                  | 1          | 1%          |
| Gave the wrong information                                | 3          | 2%          |
| Inaccurate information recorded on file                   | 1          | 1%          |
| Lack of action – did not do what we said we would         | 20         | 17%         |
| Multiple  | 1          | 1%          |
| Objecting/ disagreeing against an actual policy           | 1          | 1%          |
| Services delivered at a lower standard than in our policy | 37         | 33%         |
| Situation handled incorrectly                             | 13         | 11%         |
| Unhappy with the decision made                            | 4          | 3%          |
| <b>Total</b>  | <b>115</b> | <b>100%</b> |

7.11 Of the 115 complaints 72% (83) were upheld with 52% (43) of those upheld being services delivered at a lower standard and lack of action. Table 19 details the decisions for waste and recycling complaints by themes.

**Table 19: Waste and recycling: complaints fully or partially upheld**

| Themes  | Totals    | Percentage  |
|---|-----------|-------------|
| Services delivered at a lower standard than in our policy | 30        | 36%         |
| Lack of action – did not do what we said we would         | 13        | 16%         |
| Attitude or behaviour of staff                            | 12        | 14%         |
| Failed to follow timescales                               | 9         | 11%         |
| Did not follow policy, rules, process or the law          | 7         | 8%          |
| Situation handled incorrectly                             | 6         | 7%          |
| Gave the wrong information                                | 2         | 2%          |
| Unhappy with the decision made                            | 2         | 2%          |
| Failed to respond at all                                  | 1         | 1%          |
| Multiple  | 1         | 1%          |
| <b>Total</b>  | <b>83</b> | <b>100%</b> |

### Parking Enforcement

7.12 Parking enforcement was the second highest receiver of complaints with 102 being received. Again it is not a surprise given the contentious nature of the service and 27,000 penalty charge notices having been issued.

7.13 67% (67) Parking enforcement complaints fall into four main areas:

- 22% Situation handled incorrectly.
- 17% Services delivered at a lower standard than in our policy.
- 17% Unhappy with the decision made.
- 11% Attitude or behaviour of staff.

7.14 67% (67) complaints were fully or partially upheld, of these 22% situation handled incorrectly, 17% related to services being delivered at a lower

standard, 17% unhappy with the decision and 15% attitude and behaviour of staff.

7.15 No complaints were made to the Local Government Ombudsman.

7.16 No compliments were recorded for parking enforcement.

7.17 In October 2016 the formal corporate complaints policy was changed to exclude parking appeals as there is a formal appeals process. 58 complaints were accepted in the first six months and 44 in the second half of the year, six were not accepted. Table 20 details parking enforcement complaints by themes.

**Table 20: Parking enforcement complaints by theme**

| <b>Themes</b>   | <b>Totals</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Situation handled incorrectly                             | 22            | 22%               |
| Services delivered at a lower standard than in our policy | 17            | 17%               |
| Unhappy with the decision made                            | 17            | 17%               |
| Attitude or behaviour of staff                            | 11            | 11%               |
| Lack of action – did not do what we said we would         | 8             | 8%                |
| Multiple  | 6             | 6%                |
| Did not follow policy                                     | 4             | 4%                |
| Failed to follow timescales                               | 4             | 4%                |
| Gave the wrong information                                | 3             | 3%                |
| Inaccurate information recorded on file                   | 3             | 3%                |
| Failed to respond at all                                  | 2             | 1%                |
| Failed to take all information into account               | 2             | 1%                |
| Data protection   | 1             | 1%                |
| Incomplete response                                       | 1             | 1%                |
| Malice/bias   | 1             | 1%                |
| <b>Total</b>  | <b>102</b>    | <b>100%</b>       |

**Decisions on parking enforcement complaints**

7.18 67% (67) of parking enforcement complaints were upheld which is higher than the council average of 55%

**Table 21: Parking enforcement all complaints fully or partially upheld**

| <b>Themes</b>   | <b>Totals</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Services delivered at a lower standard than in our policy | 14            | 21%               |
| Situation handled incorrectly                             | 13            | 19%               |
| Attitude or behaviour of staff                            | 10            | 15%               |
| Lack of action – did not do what we said we would         | 6             | 9%                |
| Failed to follow timescales                               | 4             | 6%                |
| Multiple  | 4             | 6%                |
| Unhappy with the decision made                            | 4             | 6%                |
| Inaccurate information recorded on file                   | 3             | 4%                |
| Did not follow policy                                     | 2             | 3%                |
| Failed to respond at all                                  | 2             | 3%                |
| Gave the wrong information                                | 2             | 3%                |
| Data protection   | 1             | 1%                |
| Failed to take all information into account               | 1             | 1%                |

| <b>Themes</b> | <b>Totals</b> | <b>Percentage</b> |
|---------------|---------------|-------------------|
| Malice/bias   | 1             | 1%                |
| <b>Total</b>  | <b>67</b>     | <b>100%</b>       |

- 7.19 Overall during 2016-17 the Operations and Customer directorate responded to 63% (325) complaints on time, this is a big improvement of 97% on 2015-16. Of the 187 complaints not responded to within timescales, 39 (21%) were complaints about waste services and 28 (15%) were about customer services.
- 7.20 20 complaints were made to the Local Government Ombudsman, four were investigated; two were upheld with recommendations for an apology and one financial redress. This compares to 14 made in 2015-16. See appendix B for details.
- 7.21 In 2016-17 there were 100 compliments recorded for the Operations and Customer Services Directorate. 34% were for Customer Services, 10% for Highways and Transport and 10% for Housing Options see appendix C for full list.

## 8 ADULT SERVICES

### 8.1 Summary

- 42 complaints were received for Adult Services. This represents 5% of the total number of council complaints received.
- The two top themes are 'service being delivered at a lower standard than is set out' (18%) and 'attitude and behaviour of staff' (16%)
- 48 % of complaints were either fully or partially upheld.
- 47% of complaints relate to Physical Disabilities and Older People team and 10% Finance Team.
- 71 % were responded to within agreed timeframes compared to 62% in 2015-16
- 12 complaints were made, 2 were investigated by the Local Government Ombudsman, 1 upheld and 1 not upheld. See appendix B tables 32 and 33 for details.
- 35 compliments were received for adult services. See appendix C.

8.2 During 2016-17 around 1,700 adults were receiving long term care and support with 325 going into care (residential, nursing or long term). 781 assessments for help with care costs, 484 DOLS and 1,800 safeguarding assessments/concerns were dealt with. 70 contacts were logged by the complaints team for adult services and of these, 42 statutory complaints were referred to adult services for investigation. This is 5% less than in 2015-16 when 44 complaints were received. Table 22 details the number of complaints received by stage.

**Table 22: Adult Services overview**

| Adult Services                | 2015 – 2016 | 2016 – 2017 | Percentage change |
|-------------------------------|-------------|-------------|-------------------|
| Stage 1                       | 44          | 42          | -5%               |
| No stage 2 for Adult Services | 0           | 0           | -                 |
| No stage 3 for Adult Services | 0           | 0           | -                 |
| <b>Totals</b>                 | <b>44</b>   | <b>42</b>   | <b>-5%</b>        |

8.3 In addition, four complaints were withdrawn by the complainant after the investigation had commenced. 25 contacts were recorded that were not complaints, one of which was from an MP.

8.4 There is no discernible trend in relation to the number of complaints received for adult social care services, see table 23 for the volumes for the period 2009-17. In 2013-14, there was a significant peak of 78 complaints but the last two years have stabilised around the mid-40s and the council is recording complaints consistently.

**Table 23: Total number of adult complaints, 2009-2017**

|         |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|---------|
| 2009-10 | 2010-11 | 2012-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
| 34      | 19      | 16      | 49      | 78      | 21      | 44      | 42      |

- 8.5 In 2016-17, the majority of complaints received, 20 (47%), were in relation to the Physical Disability and Older People Team. This could be expected given that these teams hold the highest number of cases. See table 24 for the full breakdown by team.

**Table 24: Adult services complaints for 2016-17, by team**

| Teams  | Number    | Percentage  |
|--|-----------|-------------|
| Physical Disability and Older People Team            | 20        | 47%         |
| Finance Teams  | 4         | 10%         |
| Safeguarding Team                                    | 3         | 9%          |
| Community Mental Health Team                         | 3         | 7%          |
| Community Team for People with Learning Disabilities | 3         | 7%          |
| Remaining service areas                              | 9         | 20%         |
| <b>Total</b>   | <b>42</b> | <b>100%</b> |

- 8.6 During 2016-17, there were 12 complaint themes monitored, see table 25. This is an increase on the number of themes monitored in previous years, nine. The two highest areas making up 34% are 'services being delivered at a lower standard than is set, or attitude or behaviour of staff'.

**Table 25: Themes of stage 1 adult complaints received during 2016-17**

| Type of Complaint  | Number    | Percentage  |
|--|-----------|-------------|
| Services being delivered at lower standard than is set out in our policy | 8         | 18%         |
| Attitude or behaviour of staff   | 7         | 16%         |
| Multiple reasons   | 4         | 11%         |
| Unhappy with how a situation/incident was handled                        | 5         | 11%         |
| Unhappy with the decision made   | 4         | 11%         |
| Did not follow policy, rules, process or the law                         | 2         | 7%          |
| Failed to take all information into account                              | 3         | 7%          |
| Lack of action - did not do what we said we would do                     | 3         | 7%          |
| Malice, bias or unfair discrimination                                    | 2         | 4%          |
| Gave the wrong information   | 2         | 4%          |
| Failed to follow timescales  | 1         | 2%          |
| Safeguarding   | 1         | 2%          |
| <b>Total</b>   | <b>42</b> | <b>100%</b> |

- 8.7 The majority of complaints made in 2016-17 were by the service user themselves, 60%, see table 26 for full breakdown, followed by the parent or child of the service user, 16%.

**Table 26: People making adult complaints**

| Who made the complaint | Number | %   |
|------------------------|--------|-----|
| Service user           | 24     | 60% |
| Child of service user  | 7      | 16% |
| Parent of service user | 7      | 16% |
| Extended family        | 1      | 2%  |

| <b>Who made the complaint</b> | <b>Number</b> | <b>%</b>    |
|-------------------------------|---------------|-------------|
| Spouse or partner             | 2             | 4%          |
| Advocate                      | 1             | 2%          |
| <b>Total</b>                  | <b>42</b>     | <b>100%</b> |

- 8.8 The Royal Borough's target for dealing with adult services complaints is 10 to 20 working days although there is no specified limit for statutory complaints about adult social care. Of the 42 that were received during 2016-17, 71% were responded to within these timescales. This is 15% more than in 2015-16 where 62% were responded to within timescales.
- 8.9 Complaints that were responded to outside of timescales were as a result of being complex issues requiring further investigations. Where there is a delay in the process, the Complaints Team continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes.
- 8.10 The Local Government Ombudsman received 12 complaints and investigated two statutory complaints in 2016-17, which compares to 14 received in 2015-16. Of the two complaints investigated, one was upheld with a recommendation for an apology and one was not upheld. See appendix B tables 32 and 33 for details.
- 8.11 35 compliments were recorded in 2016-17 for adult services; this was less than the 44 recorded in 2015-16. This is likely to be due to underreporting. 26% (9) were for the Short Term service (STS&R), 23% (8) Older People and Disabilities service and 20% (7) were for the Community Mental Health Team. See appendix C for the breakdown by service.



## 9 CHILDREN'S SERVICES

### 9.1 Summary

- 58 complaints were received for Children's Services. This represents 7% of the total number of council complaints received.
- The two top themes are attitude and behaviour of staff (23%) and failed to take all the information into account (20%).
- 47% of complaints were either fully or partially upheld.
- 57% of complaints relate to the POD's (child protection, children in need and children in care) and 26% CYPDS.
- 62 % were responded to within agreed timeframes compared to 43% in 2015-16.
- 10 complaints were made to the Local Government Ombudsman, 3 complaints were investigated. 1 was upheld and 2 not upheld. See appendix B tables 32 and 33 for details.
- 35 compliments were received for adult services. See appendix C.

9.2 During the 2016-17 3,000 contacts were received by the MASH for children, 115 children were in care at any one time and there were 120 child protection plans. 85 contacts were logged by the complaints team and of these, 58 stage 1 complaints were referred to children's social care for investigation, see table 27 for the numbers by stages.

9.3 Children services have seen the biggest reduction of complaints received. This is a reduction of 34% (30) complaints overall compared to 88 received in 2015-16, with less being received at all stages and no stage 3's being received at all. Stage 3 panel still exists for children's complaints.

**Table 27: Children Services overview**

| Children's Services | 2015-16   | 2016-17   | Percentage change |
|---------------------|-----------|-----------|-------------------|
| Stage 1             | 81        | 54        | -33%              |
| Stage 2             | 5         | 4         | -20%              |
| Stage 3             | 2         | 0         | -100%             |
| <b>Totals</b>       | <b>88</b> | <b>58</b> | <b>-34%</b>       |

9.4 In addition, 17 complaints were withdrawn by the complainant after the investigation had commenced. Nine contacts were recorded that were not complaints, seven of which were from MPs or Councillors.

9.5 The number of complaints relating to children's social care services has risen over the last seven years, peaking at 92 in 2013-14, see table 28 for a breakdown for the period 2009-17. A high number of complaints are not, in and of itself, a poor reflection on the service. It can be an indication of a greater awareness of the complaints service and its efficiency in resolving issues.

**Table 28: Total number of children's complaints, 2009-17**

|              | 2009-10   | 2010-11   | 2012-12   | 2012-13   | 2013-14   | 2014-15   | 2015-16   | 2016-17   |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Stage 1      | 31        | 22        | 18        | 43        | 90        | 61        | 81        | 54        |
| Stage 2      | 2         | 1         | 1         | 1         | 2         | 0         | 5         | 4         |
| Stage 3      | 1         | 1         | 0         | 0         | 0         | 0         | 2         | 0         |
| <b>Total</b> | <b>34</b> | <b>24</b> | <b>19</b> | <b>44</b> | <b>92</b> | <b>61</b> | <b>88</b> | <b>58</b> |

- 9.6 In 2016-17, the majority of complaints, 28 (57%), received were in relation to the Pods, see table 29 for full breakdown by team. This may be expected given that these teams hold the long term cases, dealing with complex child protection and children in care cases, often involving court proceedings.

**Table 29: Stage 1 complaints, 2016-17, by team**

| <b>Teams</b>   | <b>Number</b> | <b>Percentage</b> |
|--|---------------|-------------------|
| Pods (child protection, children in need and children in care) | 28            | 57%               |
| Children & Young People Disabilities Service                   | 15            | 26%               |
| Multi-Agency Safeguarding Hub                                  | 6             | 9%                |
| Adopt Berkshire  | 2             | 4%                |
| Early Help services  | 1             | 2%                |
| School Admission   | 1             | 2%                |
| Local Authority Designated Officer                             | 1             | 2%                |
| <b>Total</b>   | <b>54</b>     | <b>100%</b>       |

- 9.7 There were 15 themes for the complaints received, see table 30. This is an increase on the number of themes monitored in previous years, nine. This will change for future reporting as there are fewer themes captured but more qualitative work will be taking place in order to identify more fully what issues need to be addressed.
- 9.8 The highest number of complaints received was around the theme "Attitude or behaviour or staff" followed by "Multiple reasons". In 2015-16, the highest grouping of complaints was "unhappy with the decision made" followed by "attitude or behaviour of staff".

**Table 30: Themes of stage 1 children's complaints received during 2016-17**

| <b>Type of Complaint</b>                            | <b>Number</b> | <b>Percentage</b> |
|---|---------------|-------------------|
| Attitude or behaviour of staff                      | 13            | 24%               |
| Multiple reasons                                    | 7             | 13%               |
| Unhappy with the decision made                      | 5             | 9%                |
| Unhappy with how a situation/incident was handled   | 5             | 9%                |
| Did not follow policy, rules, process or the law    | 4             | 7%                |
| Lack of action, did not do what we said we would do | 3             | 6%                |
| Failed to follow timescales                         | 3             | 6%                |
| Failed to take all information into account         | 2             | 4%                |

| Type of Complaint  | Number    | Percentage  |
|--|-----------|-------------|
| Failed to respond at all   | 2         | 4%          |
| Malice, bias or unfair discrimination                                    | 2         | 4%          |
| Safeguarding   | 2         | 4%          |
| Inaccurate and wrong information was recorded or is on file, passed on   | 2         | 4%          |
| Not kept informed  | 1         | 2%          |
| Services being delivered at lower standard than is set out in our policy | 1         | 2%          |
| Gave the wrong information   | 1         | 2%          |
| Objecting/disagreeing against an actual agreed policy                    | 1         | 2%          |
| <b>Total</b>   | <b>54</b> | <b>100%</b> |

9.9 The vast majority of complaints made in 2016-17, 93%, were by parents, 93%, see table 31.

**Table 31: People making children's complaints**

| Who made the complaint | Number    | Percentage  |
|------------------------|-----------|-------------|
| Parent/Step parent     | 50        | 93%         |
| Professional Officer   | 2         | 3.5%        |
| Carer                  | 2         | 3.5%        |
| <b>Total</b>           | <b>54</b> | <b>100%</b> |

9.10 The timescale for dealing with a stage 1 complaint 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 54 stage 1 complaints that were received during 2016-17, 62% were responded to within timescales, which is higher than the 43% in 2015-16.

9.11 Complaints that were responded to outside of timescales were multiple complex issues requiring further investigations. Where there is a delay in the process, the complaints team will continue to liaise with the complainant, providing the reasons for the delay and negotiating new timeframes.

9.12 Four Stage 2 complaints were dealt with and fully resolved in 2016-17, see table 32. No complaints were investigated at Stage 3.

**Table 32: Stage 2 children's complaints, 2016-17**

| Origin   | Number of complaints | Outcome                             |
|--|----------------------|-------------------------------------|
| Escalated from Stage 1   | 4                    | Complainant satisfied with response |
| Initiated at Stage 2   | 3                    | Complainant satisfied with response |
| Escalated from Stage 1 in 2015-16, responded to and concluded in 2016-17 | 1                    | Complainant satisfied with response |

9.13 The Local Government Ombudsman received ten complaints for children's services, three were investigated. One was upheld, two not upheld and there

were no recommendations suggested. 14 complaints were made in 2015-16. See appendix B, table 32 and 33 for details on 2016-17 decisions.

- 9.14 56 compliments recorded for children's service in 2016-17, this is an increase of 194% from 19 recorded in 2015-16. 43% (24) of these were compliments were for the children and young people disability service and 23% (13) were for the pods. See appendix C for compliments received by services.

## 10 APPENDICES

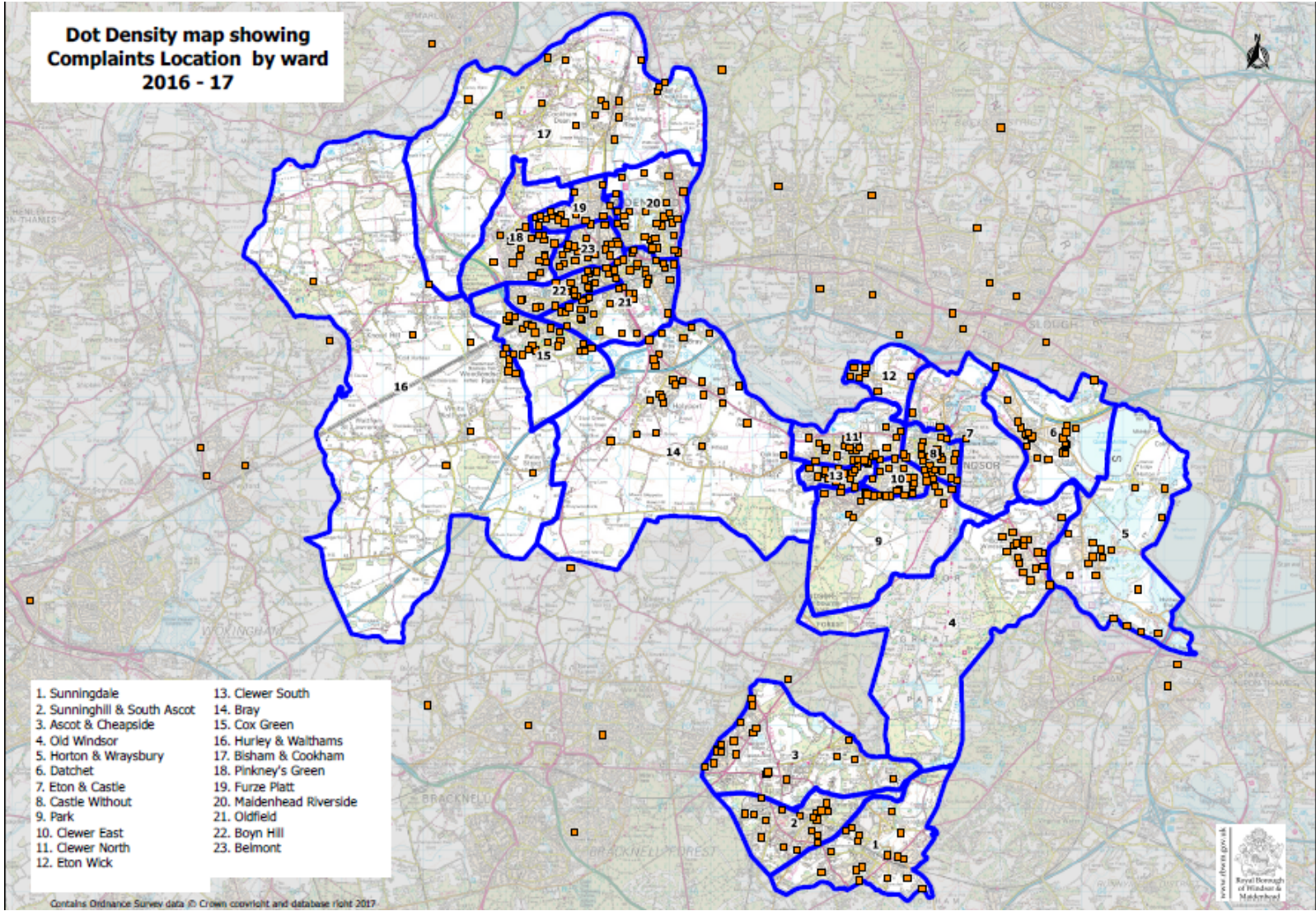
### Appendix A: Maps of where complaints are received from by post code

Map 1: By postcode across UK





Map 2: Dot density by ward

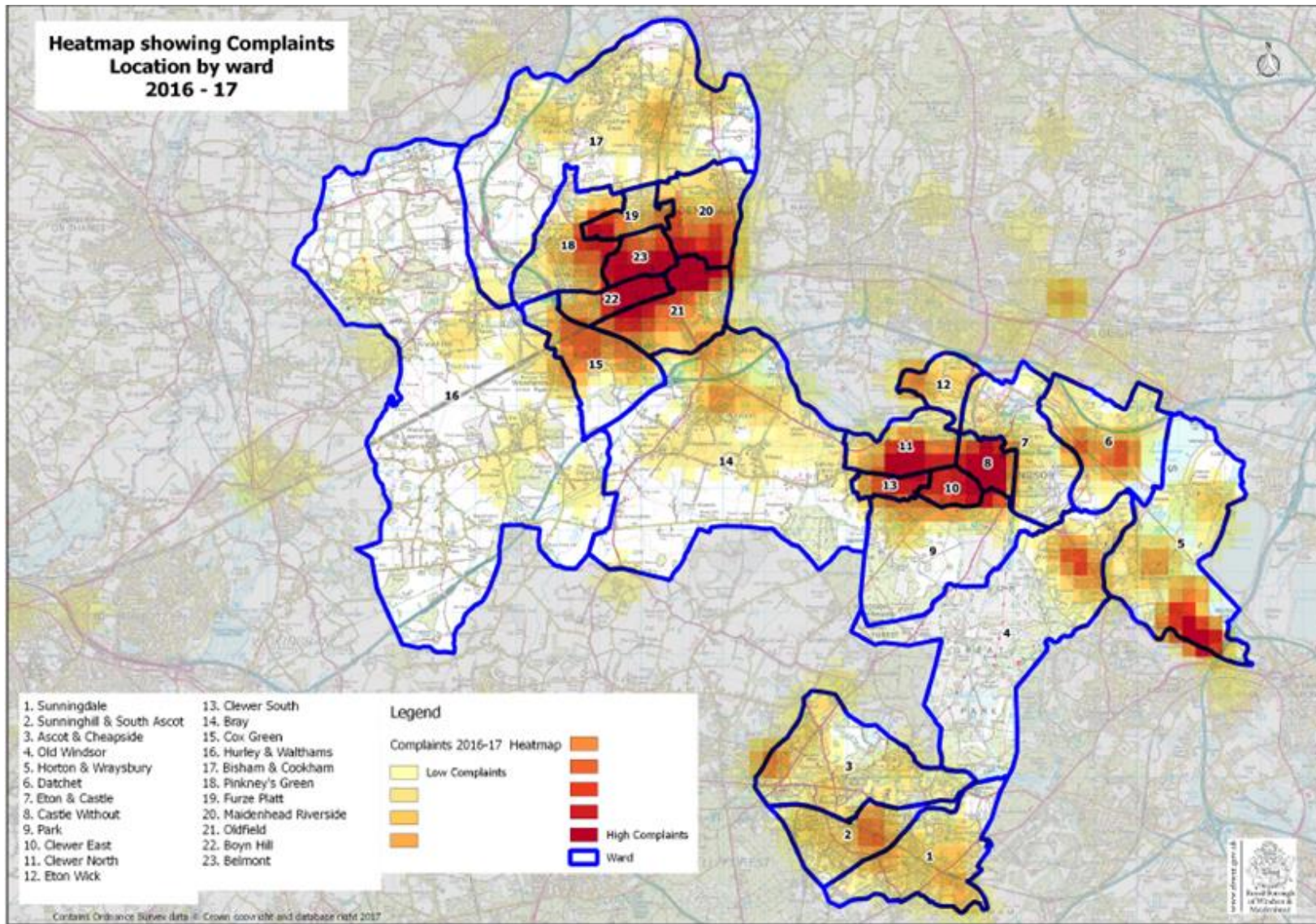


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Map 3: Heat map by ward

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## Appendix B: Decisions from Local Government Ombudsman annual letter 2016-17.

**Table 32: Complaints upheld by the Local Government Ombudsman in 2016-17**

| Reference | Directorate | Category  | Decision Date | Decision | Details   |
|-----------|-------------|---|---------------|----------|---|
| 16003237  | Corporate   | Corporate & Other Services                              | 15-Jul-16     | Upheld   | The Ombudsman will not investigate this complaint about council officers being rude to the complainant's son. This is because the Council has already provided a proportionate response. In addition, the complainant can take legal action if she thinks the Council is responsible for deterioration in her son's health.   |
| 16004171  | Corporate   | Planning & Development                                  | 15-Dec-16     | Upheld   | The Council was at fault in determining a planning application by Mr and Mrs J's neighbours. But, this fault did not change the decision. The Council was also at fault in the way in which it dealt with subsequent planning enforcement issues. This caused Mr and Mrs J injustice in the form of stress, time and trouble. But, the Council offered a remedy for this. |
| 16002068  | Operations  | Highways & Transport                                    | 03-Oct-16     | Upheld   | The Council failed to review a temporary traffic restriction order over a railway bridge that expired in 2009. It failed to respond to Mr X's emails about this. It is now reviewing the need for traffic restrictions on the bridge. It has apologised to Mr X for failing to reply to him.  |
| 15010707  | Operations  | Environmental Services & Public Protection & Regulation | 06-Jan-17     | Upheld   | The Council is at fault as it has delayed in completing its investigation into Mrs X's business and in making a decision on what action it should take. As a result Mrs X has been caused significant uncertainty which the Council has agreed to remedy as recommended.  |
| 16009349  | Adult       | Adult Care Services                                     | 19-Jan-17     | Upheld   | Mr G complains about how the Council treated him under its safeguarding procedures. The Council failed to tell Mr G about the action it was taking and failed to respond to some of his e-mails. It needs to apologise.   |
| 15012592  | Children    | Education & Children's Services                         | 28-Jul-16     | Upheld   | The Council did not give enough consideration to contact issues in its work with Ms F prior to the Adoption Panel. The subsequent decision to discontinue the adoption process without any discussion with Ms F caused her injustice. The Council has agreed to apologise to Ms F and explain its decision in a face to face meeting.                                     |

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**Table 33: Local Government investigations 'Not Upheld' in 2016-17**

| Reference | Directorate | Category               | Decision Date | Decision   | Details  |
|-----------|-------------|------------------------|---------------|------------|--|
| 15011157  | Corporate   | Planning & Development | 12-Apr-16     | Not Upheld | There was no fault in the Council's decision that the lease of a clinic car park did not require planning permission. This complaint is not upheld, as the Council took the decision aware of the relevant guidance. |



| Reference | Directorate | Category                        | Decision Date | Decision   | Details  |
|-----------|-------------|---------------------------------|---------------|------------|--|
| 16002636  | Corporate   | Planning & Development          | 02-Nov-16     | Not Upheld | The Council was not at fault in the way in which it determined a local golf club's application to re-contour its practice ground. It properly assessed key material considerations, including those relating to health and safety. It was also not at fault in doing this under officers' delegated authority.   |
| 15005817  | Operations  | Benefits & Tax                  | 10-Nov-16     | Not Upheld | There is no fault by the Council in its recovery of council tax from Mr B. However, the Council has removed charges due to delay responding to complaints. This is an acceptable remedy for its delay.   |
| 16010327  | Operations  | Housing                         | 16-Dec-16     | Not Upheld | Unable to find any details of case   |
| 15018572  | Adult       | Adult Care Services             | 29-Jun-16     | Not Upheld | The Ombudsman found no fault on Mr H's complaint that the Council refused to provide his wife with financial help towards her care costs because it wrongly considered her savings to be above the financial threshold for assistance. The Council properly considered the evidence and information Mr H presented. The Council agrees to re-consider its decision if he provides specific evidence it needs to see. |
| 16004520  | Children    | Education & Children's Services | 24-Oct-16     | Not Upheld | The complaint concerns a school admission appeal hearing against the refusal of the admission authority to offer a Reception place to a child (B) at a primary school (school Z). There is no evidence of fault by the Independent Appeal Panel causing the appellant (Mrs C) injustice.   |
| 16011986  | Children    | Education & Children's Services | 15-Mar-17     | Not Upheld | The Council decided not to process the application for a place for the complainants' daughter at his preferred school from the family's current address. There are no grounds for the Ombudsman to intervene in the merits of the Council's decision.  |

**Table 34: Comparison of Local Government Ombudsman decisions 2015-16 and 2016-17 by service.**

| Year              | Adult care services | Benefits and tax | Corporate and other | Education and children's services | Environment services | Highways and transport | Housing | Planning and development | Other | Total |
|-------------------|---------------------|------------------|---------------------|-----------------------------------|----------------------|------------------------|---------|--------------------------|-------|-------|
| <b>2015-16</b>    | 14                  | 3                | 2                   | 14                                | 4                    | 7                      | 0       | 9                        | 1     | 54    |
| <b>2016-17</b>    | 12                  | 6                | 2                   | 10                                | 6                    | 4                      | 4       | 9                        | 1     | 54    |
| <b>Difference</b> | +2                  | -3               | -                   | -4                                | +2                   | -3                     | +4      | -                        | -     | -     |

## Appendix C: Compliments received by Service

| <b>Service</b>                                       | <b>Number of compliments</b> |
|--|------------------------------|
| Customer services                                    | 34                           |
| CYPDS  | 24                           |
| Pods   | 13                           |
| Highways and transport                               | 10                           |
| Housing Options                                      | 10                           |
| Complaints   | 9                            |
| Short term services                                  | 9                            |
| Physical Disability and Older People's team          | 8                            |
| Facilities   | 7                            |
| Traffic  | 7                            |
| Community Mental Health Team                         | 7                            |
| MASH   | 6                            |
| Libraries and museums                                | 5                            |
| Community Team for People with learning difficulties | 5                            |
| Children's Centres                                   | 5                            |
| Community Wardens                                    | 4                            |
| Waste and recycling                                  | 4                            |
| Youth Services                                       | 4                            |
| Parks and open spaces                                | 3                            |
| Hospital Team  | 2                            |
| Town Centre Management                               | 1                            |
| Assessments and interventions                        | 1                            |
| Building control                                     | 1                            |
| Client finance                                       | 1                            |
| Engineering and Transport                            | 1                            |
| Fair trading   | 1                            |
| Home to school transport                             | 1                            |
| Parking  | 1                            |
| Joint health and social care                         | 1                            |
| Long term team                                       | 1                            |
| Senior management team                               | 1                            |
| Step together  | 1                            |
| Early Help   | 1                            |
| Family Placement Team                                | 1                            |
| Nursery  | 1                            |
| Schools - teachers                                   | 1                            |
| <b>Total</b>   | <b>192</b>                   |

|                               |  |                        |                |
|-------------------------------|--|------------------------|----------------|
| Document Name                 | Compliments and Complaints Annual Report 2016-2017 |                        |                |
| Document Author               | Jacqui Hurd Head of Library and Resident Services  |                        |                |
| Document owner                | Jacqui Hurd Head of Library and Resident Services  |                        |                |
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| Review date                   | April 2018   |                        |                |

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|  |   |
|--|---|
| Report Title:                                | SEND Area Inspection Update                               |
| Contains Confidential or Exempt Information? | <i>NO - Part I</i>  |
| Member reporting:                            | Councillor N Airey, Lead Member for Children's Services   |
| Meeting and Date:                            | Children's Overview & Scrutiny Panel<br>20 September 2017 |
| Responsible Officer(s):                      | Kevin McDaniel, Director of Children's Services           |
| Wards affected:                              | All   |

## REPORT SUMMARY

1. This report updates the panel on the outcome of the joint local area SEND inspection which took place in July 2017.
2. The inspection undertaken by Ofsted and the Care Quality Commission identifies a number of strengths in services for young people with additional needs and / or disabilities. It also identifies a number of areas for improvement.
3. The inspectors found that young people in the Borough do better than their peers nationally in terms of Educational attainment, attendance at school, and their ability to secure gainful employment. They note that services make a great deal of difference to the young people as do many schools and other settings. However they identified that parents find it a continuing challenge to secure the provision they believe their children are entitled to and the systems and processes in use across the area make this inconsistent.
4. This report sets out a draft action plan to be led by the local authority, health colleagues, school leaders and the Parent Forum (PACIP) to make changes so that every young person with additional needs or disability has equal access to the services they require to succeed.

## 1. DETAILS OF RECOMMENDATIONS

**RECOMMENDATION:** That panel notes the report and:

- i) Requests a further update on progress in March 2018.

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

- 2.1 This report updates the panel on the outcome of the joint local area Special Educational Needs and Disability (SEND) inspection which took place in July 2017. The inspection was undertaken by Ofsted and the Care Quality Commission between the 3rd and 7th July 2017. The inspection judged the effectiveness of services across the area in implementing the disability and special Educational Needs reforms as set out in the Children and Families Act 2014.
- 2.2 The intention of the reforms were to put the child at the centre of a joined up planning process to ensure they had ease of access to services regardless of how they were provided.
- 2.3 The reforms require extensive co-production (that is the joint collaboration of professionals, parents and carers and the young people themselves) to shape the individual service for a young person through their plan and the wider service delivery for the cohort of young people with additional needs.
- 2.4 The inspectors visited 8 schools and settings, including a nursery, mainstream and special schools, and a college. They spoke to 150 parents through various means and interviewed senior leaders and service managers within the local authority, the CCG, local health providers and schools.
- 2.5 The judgement from the inspection was contained in a letter published on the Ofsted website on Friday the 1st of September 2017. A copy of this letter is included in Appendix A.
- 2.6 The local authority is working with school leaders, health colleagues and parents to prepare an action plan which will build on the strengths identified to tackle the areas of weakness. This will lead to a steering group with representatives of the Authority, Health, parents, early years, primary, secondary and post 16 reps with geographic coverage in Maidenhead, Ascot and Windsor areas. This group will have the remit to represent the constituent areas and direct the development of the plan. The membership and Terms of Reference will be complete by the end of September.
- 2.7 The action plan focuses on:
- Strategic leadership to set up the co-production model across all services.
  - A new inclusion charter which sets the baseline expectations for each family and every child with additional needs.
  - A communication campaign to promote the refreshed local offer.
  - An overhaul of the EHCP process as currently used by the borough led by a steering group of schools health professionals and LA officers which ensures young people and their parents are heard throughout the process.
  - Early decisions to sit with the frontline professionals in schools, the borough and health providers to ensure needs are met at the earliest opportunity.
- 2.8 One area of development is the way in which we work across the area to shape services and processes. It is therefore important that the action plan is produced collaboratively with parents, schools and health professionals. This process started on Thursday the 8th of September and will continue throughout the month. An early draft of the action plan areas is included in

Appendix B, please note this excludes dates and owners until agreement is confirmed.

- 2.9 The headline change as part of the Act was the introduction of Education, Health and Care plans (EHCPs) and the need to convert to them from former Statements of Educational Need. The borough had approximately 850 such statements and at the 1st of September 2017 has just 72 to start conversion before the deadline. We are confident that this transfer will be complete on time however the inspectors expressed concern about the ability to maintain recent improvements in quality while meeting that deadline.

### 3. KEY IMPLICATIONS

- 3.1 The findings of the inspection note that young people achieve well in our borough and they are safe.
- 3.2 However the inspection team are concerned that there is a lack of pace that the borough will not complete the required transfer of Educational statements to education health and care plans by the deadline of April 2018 and that there are some significant differences in the service received by young people across the area.
- 3.3 The inspectors have therefore judged that they have serious concerns about the implementation of the reforms and have required the Borough work with the Clinical Commissioning Group to produce a written statement of action to be monitored by the department for Education. The first meeting to look at the proposed action plan will take place in the first week of October 2017.
- 3.4 Officers in the children services directorate will continue to collaborate with health schools and parents to develop the action plan ahead of the meeting with the Department for Education set for the 1st week in October 2017. Subject to the agreement of the Department for Education it is expected that the finalised action plan will be published to all schools and parents in October and be reviewed by the new steering group six times a year.
- 3.5 It is proposed therefore that this panel is advised of progress on a 6 monthly basis.

**Table 2: Key Implications**

| <b>Outcome</b>                          | <b>Unmet</b> | <b>Met</b>      | <b>Exceeded</b> | <b>Significantly Exceeded</b> | <b>Date of delivery</b> |
|---|--------------|-----------------|-----------------|-------------------------------|-------------------------|
| Action plan approved by DFE.            |              | 31 October 2017 |                 |                               |                         |
| Action plan considered complete by DFE. |              | 31 July 2018    |                 |                               |                         |

#### **4. FINANCIAL DETAILS / VALUE FOR MONEY**

- 4.1 The costs of delivering the services are met from the Dedicated Schools Grant, currently £109m which is split between specific need services and the budget provided to every school. It will be important to ensure an appropriate balance is maintained when designing the required actions to improve access to services for young people with additional needs.
- 4.2 The Schools Forum will need to monitor the financial implications carefully and help strike the appropriate balance.
- 4.3 It is likely that the local authority will require additional funds to deliver their contribution to the action plan. This will be developed during September for consideration by the Lead Member for Children's Services.

#### **5. LEGAL IMPLICATIONS**

- 5.1 The local authority has a responsibility to ensure young people with additional needs have access to an appropriate education as set out in the regulations for EHC plans. Health and schools have responsibilities to provide services to meet the needs of young people in the area. The inspection judgement is a shared responsibility with the Clinical Commissioning Group.

#### **6. RISK MANAGEMENT**

- 6.1 The Education health and care plan process is just one part of the support for children with additional needs. The inspection considered also those young people who require support in school before meeting the threshold for a long-term support plan. It will be important that any changes in our action plan to maintain that balance to ensure that all young people receive the support they require.

#### **7. POTENTIAL IMPACTS**

- 7.1 There are no impacts arising from this report, however any changes proposed as a result of the action plan must consider the needs of those impacted, especially those with a disability in this case.

#### **8. CONSULTATION**

- 8.1 All schools were invited to a briefing on the 8 September, with 39 different schools in attendance. There will be further meetings with schools and their SENCOs. A meeting with the Parent Forum will also take place in September.

#### **9. TIMETABLE FOR IMPLEMENTATION**

- 9.1 The timetable will be confirmed when the Action plan is finalised and agreed with the Department for Education.



## 10. APPENDICES

- 10.1 Appendix A: “Joint local area SEND inspection in Windsor and Maidenhead” letter.
- 10.2 Appendix B: Draft Action Plan

## 11. BACKGROUND DOCUMENTS

- 11.1 No background documents.

## 12. CONSULTATION (MANDATORY)

| <b>Name of consultee</b> | <b>Post held</b>                                 | <b>Date sent</b> | <b>Commented &amp; returned</b> |
|--------------------------|--|------------------|---------------------------------|
| Cllr N Airey             | Lead Member/ Principal Member/Deputy Lead Member | 11/9/17          | 11/9/17                         |
| Alison Alexander         | Managing Director                                | 11/9/17          |                                 |
|                          | Strategic Director                               |                  |                                 |
|                          | Strategic Director                               |                  |                                 |
|                          | Section 151 Officer                              |                  |                                 |
|                          | Head of HR                                       |                  |                                 |
|                          | Other e.g. external                              |                  |                                 |

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| <b>Theme 1:</b>  |   | <b>Strategic Leadership</b>     |  |   |
|--|---|---------------------------------|--|---|
| <b>Theme owner:</b>  |   | Director of Children's Services |  |   |
| <b>Action</b>  | <b>Milestones</b>   | <b>Lead</b>                     | <b>Deadline for delivery</b>                 | <b>Monitoring mechanisms</b>                                |
| Establish steering group (LA, Health, Schools, Parents) to review termly progress with annual public report. | Membership and Terms of Reference confirmed with representatives from LA, Health, Schools and Parents Forum. Chair appointed. | Director of Children's Services | End September 2017                           | Lead Member and CCG Board.                                  |
|  | Meeting schedule confirmed and published  | Steering Group Chair            | End of September 2017                        | Lead Member and CCG Board.                                  |
|  | Regular update of action plan agreed with Steering Group and published  | Service Leader, CYPDS           | 6 x each academic year in first week of term | Steering Group, CCG and LA Management teams, Schools Forum. |
|  | Annual report to stakeholder groups including LA, CCG, schools and Parent Forum.  |                                 |  |   |
| Establish the Parent Forum as a group to represent views of parents to shape services.                       | Promote membership to all parents of young people with an EHCP plan or registered as "SEN K" by their setting                 | PACIP                           | Autumn half-term                             | Steering Group  |
|  | Establish role of PACIP members in commissioning and monitoring groups  | Service Leader, CYPDS           | Autumn half-term                             | Steering Group  |
|  |   |                                 |  |   |
| Complete SEND strategy consultation  | Define and publish consultation timetable and process   | Service leader, CYPDS           | End of September 2017                        | Steering Group  |
|  | Complete consultation activity and finalise strategy  | Service leader, CYPDS           | End of December 2017                         | Steering Group<br>Lead Member<br>CCG Board                  |
|  |   |                                 |  |   |

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| <b>Theme 2:</b>   |  | <b>Bring increased clarity to the expectations for all in the Area</b> |                              |  |
|---|--|--|------------------------------|--|
| <b>Theme owner:</b>   |  | Service Leader for CYPDS   |                              |  |
| <b>Action</b>   | <b>Milestones</b>  | <b>Lead</b>  | <b>Deadline for delivery</b> | <b>Monitoring mechanisms</b>               |
| Develop an Area-wide Inclusion charter about expectations. Co-produced and published with parent group and schools. | Co-produce a draft Inclusion charter. LA, Health, Schools and Parents group.                                   | Service Leader, CYPDS  | Autumn half-term 2017        | Steering Group                             |
|   | Consult on Charter with parents, schools and professionals across the area to reach published version.         | Steering Group   | End of November 2017         | Steering Group<br>Lead member<br>CCG Board |
|   | Publish inclusion charter in: local offer, admissions guide and on settings websites.                          | Steering Group   | January 2018                 | Steering Group                             |
|   |  |  |                              |  |
| Clarity of roles and responsibilities of those involved with additional needs in the area.                          | Develop a public guide to explain the local process and roles involved with SEND in the Area.                  |  |                              |  |
|   | Develop the capacity of the DCO within Health to ensure that there is adequate assurance in the health system. |  |                              |  |
|   |  |  |                              |  |
| Create transparent system for use of Needs Matrix and how funding flows based on school population.                 | Establish SENCO-led group of professionals to review and benchmark use of Needs Matrix across the area.        |  |                              |  |
|   | Establish funding principles and population thresholds for non-special school EHCP funding.                    |  |                              |  |
|   | Review EHCP funding impact on High Needs block budget three times a year via the Schools Forum                 |  |                              |  |
|   |  |  |                              |  |
| Develop the use of networks and experience to share good practice to develop capacity                               | Establish an area wide professionals network of SENCOs and other professionals.                                |  |                              |  |
|   | Recruit a mainstream school "inclusion advisor" to support the   |  |                              |  |

|                  |   |  |  |  |
|------------------|---|--|--|--|
| across the area. | network and support individual schools to develop an “inclusion development plan” as required           |  |  |  |
|                  | Publish a combined “training offer” for all professionals which accessed LA, health and school capacity |  |  |  |
|                  |   |  |  |  |

| <b>Theme 3:</b>  |   | <b>Processes for EHCP</b> |                              |                              |
|--|---|---------------------------|------------------------------|------------------------------|
| <b>Theme owner:</b>  |   | Service Leader for CYPDS  |                              |                              |
| <b>Action</b>  | <b>Milestones</b>   | <b>Lead</b>               | <b>Deadline for delivery</b> | <b>Monitoring mechanisms</b> |
| Use of standard tools to support co-production.                            | Revise the handbook for plans to provide appropriate guidance for parents embarking on the process.   |                           |                              |                              |
|  | Ensure each EHCP case has a single sheet of dates and contact names which is widely shared.   |                           |                              |                              |
|  | Run co-production awareness sessions for parents, carers and young people in parallel with assessment activity  |                           |                              |                              |
|  |   |                           |                              |                              |
| Standard approach to assessment requests.                                  | Review with schools the current 1 <sup>st</sup> stage process to consider if an EHCP assessment process is appropriate for a pupil.                   |                           |                              |                              |
|  | Publish volume and output information from the assessment process.  |                           |                              |                              |
|  |   |                           |                              |                              |
| Panel moderation by peers with outcomes published to support transparency. | Establish a formal “term of office” for school representatives on decision making panels and consider a stipend to allow appropriate time commitment. |                           |                              |                              |
|  | Publish panel volume and output statistics each large term  |                           |                              |                              |
|  | Consider specific process for placement change which included peer review and challenge.  |                           |                              |                              |

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| Participant satisfaction and feedback at key stages.   | Develop a simple electronic survey process to temperature check each stage of the EHCP process with young people, their parents or carers and professionals. |  |  |  |
|  | Provide a termly summary of information to the steering group  |  |  |  |
|  | Undertake monthly audits of EHC plans to ensure quality is maintained with a report on trends to the steering group.   |  |  |  |
|  |  |  |  |  |
| Introduce specific 18-25 "Preparing for adulthood" pathway.  | Increase the capacity of the CYPDS team to deal with post 18 transitions and cases in order that more young people can transition successfully to adulthood. |  |  |  |
|  | Define and publish the post 18 pathway   |  |  |  |
|  |  |  |  |  |
| Update data systems to ensure that these young people are clearly identifiable to other services and professionals | Ensure that RBWM and health systems can clearly identify children with EHC plans on summary pages and provide them as a subset of management reporting       |  |  |  |
|  | Operate a termly audit of EHCP case files to ensure that timely and accurate case recording is maintained.   |  |  |  |
|  |  |  |  |  |
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|--|---|--|------------------------------|------------------------------|
| <b>Theme 4:</b>  |   | <b>Area-wide information and communication</b> |                              |                              |
| <b>Theme owner:</b>  |   |  |                              |                              |
| <b>Action</b>  | <b>Milestones</b>   | <b>Lead</b>                                    | <b>Deadline for delivery</b> | <b>Monitoring mechanisms</b> |
| Termly published statistics for the Borough, Health partners and schools in the area | Establish core data set to be included in public update by schools and the CYPDS processes. |  |                              |                              |
|  | Collate data three times a year and update with financial input to the Schools Forum.       |  |                              |                              |
|  | Include summary in annual school admissions guides.   |  |                              |                              |

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|  |   |  |  |  |
| Local offer refreshed and actively promoted. | Local offer updated by all providers in process monitored by Parent Forum.        |  |  |  |
|  | Active promotion of the local offer to settings and families throughout the year. |  |  |  |
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24 August 2017

Mr K McDaniel  
Director of Children's Services  
Windsor and Maidenhead  
St Ives Road  
Maidenhead  
SL6 1RF

Mr J Lisle, Clinical Commissioning Group, Chief Operating Officer  
Mrs H Hall, Local area nominated officer

Dear Mr McDaniel

### **Joint local area SEND inspection in Windsor and Maidenhead**

Between 3 July 2017 and 7 July 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Windsor and Maidenhead to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people who have disabilities and/or special educational needs, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

## Main findings

- Leaders across the local area are not implementing the reforms required by legislation in a timely manner. Key challenges, such as changes to the leadership structure at the Royal Borough of Windsor and Maidenhead (RBWM), and continued turnover of administrative staff, have limited the capacity to drive through the reforms. The clinical commissioning group's designated clinical officer (DCO) is under resourced. The time allocated for the role does not reflect the Children's Disability Council guidance and so the DCO's availability to lead the strategic agenda is limited. As a consequence of all these weaknesses, the implementation of the required reforms has faltered and slowed.
- There is too little evidence of leaders' actions resulting in improvements to the experiences and outcomes of children and young people who have special educational needs and/or disabilities and their families. Many initiatives and strategies are very recent or still in the process of consultation. Significantly, this includes the overarching RBWM special educational needs and/or disabilities (SEND) strategy. As a consequence, weaknesses in the processes for applying for and transferring to an education, health and care plan are not being tackled robustly. Parents overwhelmingly report dissatisfaction with their experience of the system and have very little confidence that things will improve.
- There is too much variability in the implementation of the reforms across the local area. Despite pockets of good practice, joint working is not consistent enough. Furthermore, a lack of robust accountability measures means that not enough is being done to tackle these inconsistencies and to hold leaders and services to account. Inequalities in the quality of identification, assessment and meeting the needs of children and young people who have special educational needs and/or disabilities therefore remain. For example, some school leaders make very good use of local area resources to follow up concerns about children and young people's development. However, other schools take a much less proactive approach. Where this is the case, too many children and young people are not properly assessed, their needs not appropriately identified and then not met well enough.
- Joint commissioning is under-developed. Although the child and adolescent mental health service (CAMHS) transformation project is a good example of joint commissioning, there is little other joint commissioning of note. This means that in a period of declining budgets, opportunities to pool resources to tackle areas of need in the local area are under-utilised.

- Systems and processes around the application for, and management of education, health and care (EHC) plans are not working well enough. Despite recent improvement in the proportion of new plans completed in the statutory 20-week timescale, the quality of EHC plans and the process for administering them is too variable. Leaders rightly identify that too many EHC plans include too little contribution from health and social care services. As a consequence, the intended outcomes within weaker plans are focused entirely on educational achievement, and so do not support children and young people to achieve better health and social care outcomes. Furthermore, leaders have not tackled effectively the damaging impact of high turnover in administrative staff, which is negatively affecting the application and transfer processes for children and young people and their families. As a result, there are inconsistencies between EHC plans for children who have similar needs. In other cases, families have had to retell their stories on several occasions because their case workers have changed so frequently.
- Co-production is weak. Although there are some effective examples, such as the CAMHS project and effective engagement with parents in some schools, families' experiences remain too varied across the area. Co-production at a strategic level is not as well established as it should be, considering that the reforms were introduced in 2014. The re-launch of the Parents and Carers in Partnership (PaCiP) is very recent and is yet to have an impact. Plans are in place to improve co-production, but currently parents in the local area have little faith that this will lead to an improved situation. Inspectors found some examples of parental feedback influencing the service, such as within the local area's CAMHS project. However, evidence of co-production in health is particularly weak. Outside CAMHS, inspectors heard little evidence of parents, children and young people being involved in influencing services effectively. The clinical commissioning group (CCG) is aware of the need to improve this area of work and a number of health and multi-agency initiatives are being considered to address the shortfall. However, no effective initiatives have been established.
- Some recent developments demonstrate an improving commitment to joint working between services. Though late in the day, leaders are consulting on a new SEND strategy which details how they intend to work together to implement the reforms. Leaders' evaluations of where there are strengths in the area are generally accurate. For example, leaders recognise that local area performance data reflects well on how well children and young people who have special educational needs and/or disabilities achieve compared with the national picture. However, leaders have not recognised that the data masks inequalities in the assessment, provision and outcomes for pupils who have special educational needs and/or disabilities across the local area. Nor have local area leaders fully understood the depth of concern felt among their parents. Leaders have not recognised the limited progress in improving the experience and outcomes for children and young people who have special educational needs and/or disabilities which results from their slow and piecemeal implementation of the reforms.
- Safeguarding arrangements are effective. Agencies rightly prioritise the safety of

children and young people. Children and young people who shared their views with the inspection team feel happy and well cared for. None reported not feeling safe.

## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- Strong joint working between a range of services that support children in the early years leads to effective early identification, particularly for children who present with the most complex needs. The strategic decision to maintain children's centres in the RBWM has supported this well. There are strong links between children's centres, pre-schools, nurseries and the child development centre. As a consequence, effective joint working has been established and staff working in the early years know children and families very well. Where needs are identified in the early years, there are appropriate systems to signpost families to relevant services.
- The Child Development Unit has a well-developed integrated team for assessing children aged under five. Over 95% of children are seen within 14 weeks of the initial assessment. The autistic assessment pathway is child- and family focused and is flexible in approach: for example, the system allows for a clinical judgement on the length of the assessment if there are clear indicators of diagnosis. This ensures that children are offered specialist intervention at the earliest opportunity. Children usually have a diagnosis within six months of referral to the service.
- Neonatal screening is a well-established process and undertaken effectively by the midwifery services. The health visiting teams have open access to the child information service to obtain new-born bloodspot results prior to the six- to eight-week contact. This ensures that, if the parents have not received the results directly and an abnormality has been detected requiring further diagnostic investigation, this is followed up in a timely manner to meet the needs of the child.
- Leaders have established effective training for practitioners to identify and understand mental health difficulties in children and young people. The training, which is suitably evidence based, has been designed to help staff in healthcare and education. The training has been delivered well by CAMHS staff, supported by a service user. Together, they have trained school nurses and a number of general practitioner practices, thereby helping to increase the knowledge and confidence of practitioners in assessing and offering early intervention.

## Areas for development

- Comprehensive accurate data to inform healthcare service provision is currently unavailable within the local area. Until the new dataset now being developed by the health visitor and school nursing services is made available, leaders are not able to monitor the effectiveness of the Healthy Child Programme and consider the impact of gaps in delivery of the mandated visits.
- Leaders across education, healthcare and care do not have effective oversight of the number of children and young people who have special educational needs and/or disabilities being supported across services. The RBWM and Berkshire Healthcare NHS Foundation Trust (BHFT) information technology (IT) systems do not identify children who have special educational needs and/or disabilities. Therefore, leaders lack a strategic overview, and the information they do hold is susceptible to errors because it is based upon local knowledge collated by practitioners. Leaders are confident that systems can be modified to support identification, but they have not yet taken effective action to ensure this. Consequently, leaders do not know and cannot manage practitioner caseloads effectively. There is no system in place to identify the complexity of cases, or ensure that there is the capacity to deliver an equitable service or accurately plan for the future. Furthermore, the lack of robust management information means that there are limitations on how effectively leaders and services can be held to account.
- The effectiveness of early identification in schools is too varied. Although there are examples of strong practice, led by special educational needs coordinators and some headteachers, this is not consistent. In some schools, leaders are a barrier to children's and young people's needs being identified. For example, where this is the case, children and young people who have attention deficit hyperactivity disorder and autistic spectrum disorder are not identified quickly enough, because their presentation is assumed to be a behavioural issue rather than a presentation of need. Not enough is being done to enable children and young people, particularly those who are disadvantaged, to have their needs identified in a timely manner. Consequently, there is inequity of opportunity across the local area.
- Leaders are not able to demonstrate that the arrangements for identifying and assessing young people between the ages of 19 and 25 who might have special educational needs and/or disabilities for medical assessment are robust and effective.

## **The effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities**

### **Strengths**

- Some schools in the local area are highly committed to the reforms and make excellent provision for children and young people who have special educational needs and/or disabilities. Where this is the case, parents report very positively about how school staff support their children and signpost them to where they can gain support as a family. There are pockets of effective joint working between schools. For example, in one part of the local area, special educational needs coordinators meet regularly to find collaborative approaches to implementing the reforms. Where this is happening, there is better engagement with local area services, which in turn leads to more effective and timely implementation of the reforms. However, this is not consistently the case.
- The independent advisory service is excellent and highly regarded by children and young people and their families. They advocate exceptionally well for children, young people and their parents. The service is very well led. For example, the manager has undertaken a thorough review of the service and can precisely identify where its support is most needed. Consequently, those who work for the service are very well placed to provide what is needed for families. The impact of their work is demonstrated in the feedback they receive from families. As one young person described them: 'They are amazing'.
- School leaders and parents are overwhelmingly positive about the educational psychology, behaviour and well-being services. For example, the behaviour and welfare service provides a range of bespoke support packages that help children and young people who have social, emotional and mental health needs effectively. Some parents report very positively about the impact of such packages, such as nurture groups, on the progress of their children.
- BHFT offer a well-developed Children and Young People's Integrated Service, speech and language therapy (SALT) service, physiotherapy service and occupational therapy (OT) service. Together, the services work collaboratively from the point of referral to identify the most appropriate package of care for each child or young person. Referrals are accepted from both parents and professionals and this supports ease of access to the specialist service and minimises delays between referral and assessment. Helpfully, contact is made with the parent to offer advice and strategies within one week of referral and parents are directed to a comprehensive online toolkit to support them in undertaking focused intervention at the earliest opportunity.



- The SALT service has established strong partnerships with local schools. For example, a named therapist meets with school special educational needs coordinators (SENCOs) at least twice yearly. Together they ensure that support is tailored to the individual child's needs. The SALT service places an appropriate emphasis on increasing skills and knowledge for teachers and other school staff who have the most regular contact with the child. A targeted approach can be offered on a number of topics when a school identifies a particular area of need. For example, recent work has been undertaken on selective mutism and bespoke packages of care are offered to children who have a high level of need, which has been very well received by schools.
- Children and young people in mental health crises are treated effectively by a newly formed crises intervention CAMHS team. Children and young people are seen within 24 hours, after which six weeks of therapeutic care is offered.
- School nurses work collaboratively with youth services to deliver an excellent and well-received life skills course for 15- to 25-year-old young people who have learning disabilities. Young people make a direct contribution to the content of sessions to ensure that these meet their needs. However, leaders' evaluations of the impact of the intervention on young people's outcomes is under-developed.
- Provision at the local area special school is highly flexible and meets the varying needs of the children and young people who attend. Leaders within the school work well with local area leaders to ensure that placements are appropriate and lead to positive outcomes for the children and young people.
- Provision for children and young people who have a hearing or visual impairment is strong. For example, children who have a hearing impairment have greater access to a teacher of the deaf than is typical nationally. The quality of provision is reflected in the views of children and young people who are visually or hearing impaired and their parents. The vast majority reported positively about their involvement in designing their provision, and how this helps to secure strong outcomes.
- There is an effective, coordinated approach to securing an appropriate care pathway for young people who have special educational needs and/or disabilities moving into adult services. BHFT's IT system has a transition template which supports practitioners to work collaboratively when identifying need. The introduction of a 'Ready, Steady, Go' toolkit has also improved how practitioners work with young people and their families in early planning of transition. However, consistency in the use of these new tools is not established, because they are too new in their delivery.

## Areas for development

- Provision is too variable for children and young people who have special educational needs and/or disabilities across the local area, despite some very strong practice in some schools and services. As a consequence, some children and young people do much less well than their peers across the local area. In particular, where leaders' commitment to the reforms is weaker, access to appropriate processes for identification and assessment are not secure. As a result, some children are not identified accurately and their needs are not met sufficiently.
- The BHFT CAMHS waiting times for routine autism spectrum disorder assessment are too lengthy and have not been sufficiently addressed by leaders. Referral to triage is 24 weeks, followed by an approximate 18-month wait until completion of the full assessment. Despite the CCG setting trajectories for reducing the waiting time, access to some specialist interventions continue to be delayed for the children or young people and their families during this time. Parents are signposted to useful organisations, including ones commissioned by the CCG. For example, Autism Berkshire offer specialist support during the waiting time. Families who have accessed this service are very positive about the support they have been given.
- Children and young people who have special educational needs and/or disabilities wait too long to be seen by the services. Due to the limited capacity of staff caused by a current vacancy, the occupational therapy waiting time for appointments is 24 weeks. Parents are offered strategies to manage the presenting concern and directed to the children and young people's integrated therapy service (CYPIT) toolkit while waiting. However, parents report frustration with their inability to meet the needs of their children while awaiting for approved changes to their living spaces or equipment.
- Too many parents are unaware of the Local Offer. The vast majority of parents who are aware of the Local Offer say that it is too difficult to navigate the portal to find what they want. Nevertheless, the Local Offer presents a range of comprehensive and useful information for parents and professionals.



- The involvement by healthcare practitioners in the education, health and care planning process is too variable. There is not a consistent approach to alerting healthcare practitioners that their contribution is needed, or to completing or quality assuring health information within the EHC plans. Although the local area meets requirements by responding within six weeks to the request for a statutory assessment, a standard template to support the sharing of information has not been developed. Furthermore, practitioners are not contacted consistently as part of the information-gathering process, even when they are directly involved in a child's care. Some practitioners report that they are not consistently provided with a copy of each child's final EHC plan. This is rightly an area identified within the CCG's self-assessment audit for further development. However, weaknesses in the planning process for EHC plans result in too many poor plans that do not reflect the needs or aspirations of children and young people who have special educational needs and/or disabilities and their families. As a consequence, too many outcomes shown in plans are not measurable enough to be meaningful. Too many are focused on educational outcomes, with too little reference to children's and young people's health and care needs.
- The 'tell it once' approach is not embedded within all services outside the CYPIT. Parents report that while communication between the professionals working with their children is often strong and supports joint working, the communication with parents between formal contacts is inconsistent. Consequently, at critical points in assessment processes, there is an increase in parental stress and anxiety due to not feeling fully informed.
- There are weak quality assurance processes for EHC plans within health. For example, the DCO does not currently have sight of EHC plans for quality assurance purposes. Although the CCG has given clear guidance to individual providers about what should be included in EHC plans, there is too little strategic oversight across the local area as a whole. Healthcare leaders rightly recognise that there is a need to undertake more detailed quality assurance of the EHC plans.
- Due to the health visitor and school nursing services now being commissioned by the local authority, healthcare providers across the local area use different record-keeping systems. Consequently, health visitors and school nurses are not able to view BHFT practitioners' care plans, and BHFT cannot view health visitors' and school nurses' records. There are plans in place to develop a 'Connected Care' IT system which will allow 'read-only' access to certain elements of the health records, but this improvement is not yet in place. As a result, children and young people who have special educational needs and/or disabilities continue to have to re-tell their story to practitioners because information sharing remains limited across some services.

- Leaders' lack of strategic planning means that the training of healthcare staff to deliver the reforms is inconsistent. As a consequence, there is an over reliance on individual teams and individual professionals to implement the reforms based on their own knowledge. As a result, there are gaps in some professionals' knowledge of what should be offered and where to signpost families for more information. For example, not all professionals were aware of the Local Offer. The impact of this is that staff are not able to signpost parents effectively to where they can access support or how to access services appropriate for their children's needs.

## **The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities**

### **Strengths**

- Published information about the achievement, attendance and exclusions of pupils identified as having special educational needs and/or disabilities in the RBWM compares favourably with the national picture. There are also higher proportions of these young people who are in education, employment or training.
- Children who have special educational needs and/or disabilities build well on the outcomes they achieve in the early years. There is a strong focus on, and plan of care for children transitioning from early years to school settings. This includes meetings between parents and the SENCos from both settings, as well as planned visits to the new school to familiarise the child and increase staff knowledge of the child and their needs. Consequently, children are well prepared for the transition and do not lose ground as they move into school.

### **Areas for development**

- The positive outcomes achieved overall by children and young people in the local area, reflected in published information, mask significant inequalities in the outcomes achieved overall. For example, those children and young people who have special educational needs and/or disabilities whose needs are not met because of lack of appropriate assessment do not achieve as well as they could. Furthermore, there is too little evidence that outcomes are improving for children and young people who have special educational and/or disabilities as a result of the reforms. In too many cases, children and young people secure strong outcomes because their families pursue and secure what they need, in spite of what is on offer in the local area.

- The experiences for children and young people who have special educational needs and/or disabilities and their families are not improving as a result of the implementation of the reforms. From speaking to around 150 parents with children who have special educational needs and/or disabilities, the very large majority report significant strain and stress as families in having to continue to fight for what they are entitled to. As a consequence, too many children and young people who have special educational needs and/or disabilities find that they only access support when their family is in crisis.
- The high proportion of young people in education, employment or training masks too much variability in appropriate placements being secured for young people who have special educational needs and/or disabilities when they leave school. For example, inspectors met young people who have special educational needs and/or disabilities whose next steps had not been secured, despite being about to leave school within weeks of the inspection. In too many circumstances, securing an appropriate next step for young people who have special educational needs and/or disabilities has been left to parents.
- Children and young people who have special educational needs and/or disabilities are not effectively supported to participate in society. This is because the effectiveness of direct payments is too variable, leading to inequitable outcomes. Some families find that the support offered through direct payments helps them integrate successfully into society. Where this is the case, families typically access personal assistants who also work with their children at school and so understand their needs and the needs of the family. However, many families report difficulty in securing appropriate support. When this is the case, families struggle to secure consistent staff and so relationships are undermined and families are not effectively supported to secure improved integration into society.
- Local area leaders' lack of aspiration to increase the opportunities for independence for young people who have special educational needs and/or disabilities is limiting improvements to their social care outcomes. For example, there are no current plans to increase the number of assisted living spaces in the local area, which remains limited to four beds.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- tardiness and delay in establishing strategies to implement the reforms effectively
- the lack of leadership capacity across local area services, such as the time given to the role of the DCO
- poor use of management information to secure a robust overview of the local area's effectiveness

- weaknesses in how leaders are held to account across the local area
- the inequality of access to services and variability of experience for children and young people who have special educational needs and/or disabilities and their families
- the wide variances in the quality of education, health and care plans caused by weaknesses in the planning and transition processes
- the lack of effective co-production with parents when designing and delivering services and when planning for their individual children’s needs
- poor joint commissioning arrangements that limit leaders’ ability to ensure that there are adequate services to meet local area needs.

Yours sincerely

| <b>Ofsted</b>                            | <b>Care Quality Commission</b>  |
|--|---|
| Christopher Russell<br>Regional Director | Ursula Gallagher<br>Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Matthew Barnes<br>HMI Lead Inspector     | Elizabeth Fox<br>CQC Inspector  |
| Debbie Orton<br>Ofsted Inspector         |   |

Cc: Department for Education  
 Clinical commissioning group(s)  
 Director of Public Health for the local area  
 Department of Health  
 NHS England

|                                  |  |
|----------------------------------|--|
| <b>Subject:</b>                  | Update on Achieving for Children transfer  |
| <b>Reason for briefing note:</b> | To update Children's Services Overview and Scrutiny Panel on governance arrangements in place to manage the contract for the delivery of children's services through Achieving for Children. |
| <b>Responsible officer(s):</b>   | Hilary Hall, Deputy Director Strategy and Commissioning  |
| <b>Senior leader sponsor:</b>    | Alison Alexander, Managing Director  |
| <b>Date:</b>                     | 10 September 2017  |

## SUMMARY

On 1 August 2017, the Royal Borough formally entered into a partnership with the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames for the delivery of its children's services through Achieving for Children, the community interest company jointly owned by the three councils. 248.63FTE successfully transferred to Achieving for Children on that date. A robust governance structure, at Member, Managing Director and officer level, is in place to manage the ownership and performance of the company.

## 1 BACKGROUND

- 1.1 In September 2016, the Royal Borough agreed to enter into a partnership with the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames to deliver its children's services through Achieving for Children, the community interest company jointly owned by the three councils. This partnership formally came into effect on 1 August 2017 when 248.63FTE successfully transferred to Achieving for Children.
- 1.2 In line with statutory requirements, the Director of Children's Services remains employed by the Royal Borough but is seconded to Achieving for Children to lead the delivery of children's services in the borough.

## 2 KEY IMPLICATIONS

- 2.1 Operational delivery of children's services is now through Achieving for Children with staff continuing to be based in the Town Hall, Maidenhead. Effective management of the contract is vital and a robust governance structure, at Member, Managing Director and officer level, is in place. Overview and Scrutiny has a key role to play in this structure, in scrutinising performance of the contract and providing feedback.
- 2.2 Contract management will be particularly important for the remainder of 2017-2018 to manage and mitigate the reported overspend in children's services, primarily on placements and agency staff.
- 2.3 As a community interest company, Achieving for Children is governed by the Companies (Audit, Investigations and Community Enterprise) Act 2004 and the Community Interest Company Regulations 2005, together with guidance provided by the Community Interest Company Regulator.

2.4 It means that the assets of the company, including any profits or surplus generated, are locked into the company and there are restrictions on what they can be used for. They must either be retained within the company to be used for the community purposes for which it was formed or they can, in limited circumstances and only in agreement with the owners, be transferred out of the company.

**Teckal exemption**

2.5 Achieving for Children is a Teckal controlled company. The Teckal exemption allows the three councils to commission Achieving for Children without a competitive procurement process, subject to the councils exercising control over the company which is “similar to that which it exercises over its own departments”. This is met by:

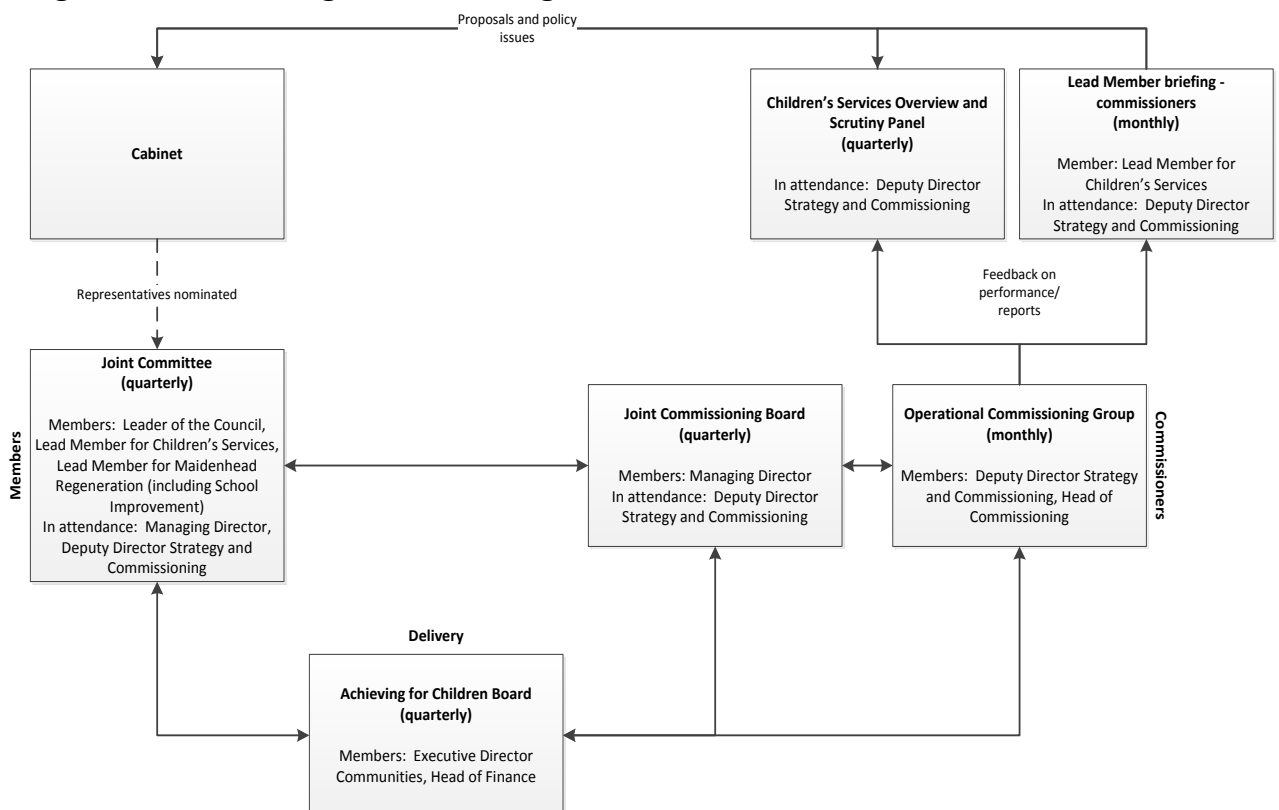
- The employment of the Director of Children’s Services, see point 1.2.
- Reserved matters, see point 3.3 and appendix 2.
- Council appointed Directors on the Achieving for Children Board, see point 3.7.

**3 DETAILS**

3.1 The governance structure associated with the management of the contract with Achieving for Children operates at Member, Managing Director and officer level, see diagram 1 and appendix 1.

3.2 It is important to note that these governance arrangements are concerned with the ownership of the company and the delivery of the contract. Proposals and policy issues in relation to children’s services in the borough will continue to come from the Lead Member, through Overview and Scrutiny Panel, to Cabinet for determination as they do now – with the delivery of the any resulting decision being effected by staff in Achieving for Children.

**Diagram 1: Achieving for Children governance structure**



### **Joint Committee**

- 3.3 The Joint Committee has been established under the Local Government Acts 1972 and 2000, and comprises three members from each of the three authorities. It makes decisions on behalf of the three councils insofar as they relate to the ownership of Achieving for Children and specifically on the 19 reserved matters, see appendix 2. Cabinet has nominated the Leader of the Council, the Lead Member for Children's Services and the Lead Member for Maidenhead Regeneration and Maidenhead (including School Improvement) as the Royal Borough's representatives. The first meeting of the Joint Committee takes place on 21 September.
- 3.4 Before the Royal Borough joined the partnership, the Joint Committee had no decision making powers and any decisions had to be taken back into the executive decision making arrangements of the two constituent councils. As part of the process of admitting the Royal Borough, a review of the Joint Committee took place which recognised that decision making powers would be beneficial in the new arrangements.

### **Commissioning arrangements**

- 3.5 The Joint Commissioning Board comprises the Chief Executives/Managing Directors of the three councils and meets quarterly, supported by the three lead commissioners. It is concerned with how the company overall is performing and identifying areas for development or investment for recommendation to the Joint Committee.
- 3.6 The Operational Commissioning Group meets monthly and is concerned solely with the delivery of the contract in Windsor and Maidenhead. It is the place where the Director of Children's Services is held to account for the performance of the service and the delivery of the key performance indicators in the contract. The Deputy Director Strategy and Commissioning will feed back on performance from these meetings to both the Lead Member for Children's Services and Children's Services Overview and Scrutiny Panel.

### **Achieving for Children Board**

- 3.7 The Achieving for Children board of directors is a body of elected or appointed individuals who jointly oversee the activities of the company. The Board comprises two executive directors (Chief Executive and Deputy Chief Executive), six non-executive independent directors and six council appointed directors – two per council. For the Royal Borough, the council appointed directors are the Executive Director Communities and the Head of Finance. The Articles of Association allow for any director, deputy director or head of service in the Royal Borough to act as a full substitute for either of the council appointees if they are unavailable.
- 3.8 The appointment or removal of any Company Director is a Reserved Matter, see appendix 2.





## **APPENDIX 2: RESERVED MATTERS**

Reserved matters are decisions of the company that are reserved to the three councils, as members of Achieving for Children, to agree. These reserved decisions are a key aspect of the company being Teckal controlled.

It must be clear that the councils as owners of the company are able to jointly exercise decisive influence over the strategic objectives and significant decisions of the company.

The reserved matters are split in to three classifications:

- 1 **Band One:** Reserved matters which will always require the consent of both Kingston and Richmond, in consultation with the Royal Borough. Decisions on this to be made by Full Council in both authorities.
- 2 **Band Two:** Reserved matters which need 75% of votes to be cast in favour to pass. These are matters that are required in law to be a special resolution. The decisions are to be made by Kingston full Council / Richmond Cabinet / the Royal Borough Cabinet with delegation to the Chief Executives/Managing Directors in consultation with the Leaders of the Councils.
- 3 **Band Three:** Reserved matters which can be decided by simple majority of the Joint Committee. These reserved matters are delegated to the Joint Committee, to which each Council elects three Councillors.

### **Reserved Matters**

#### **Band One**

1. Permit the registration of any New Member of the Company

#### **Band Two**

1. Vary, in any respect, the Articles
2. Pass any resolution for the winding up of the Company or present any petition for the administration of the Company, other than where the Company is insolvent.
3. Appoint or remove the Chief Executive of the Company in consultation with the AfC Board
4. Change the name of the Company
5. Form any subsidiary of the Company or acquire shares in any other company or participate in any partnership or joint venture with a view to providing services to third parties without being subject to the to the Trading Opportunity Evaluation Process as prescribed by the Members.
6. Sell or dispose in any way whatsoever, any part of the business of the Company.
7. Amalgamate or merge with any other company or business undertaking.

#### **Band Three**

1. Enter into any arrangement, contract or transaction resulting in expenditure either with a capital value greater than £10,000 or revenue value greater than £10 million. Any expenditure of such revenue by the Company being less than £10 million shall be subject to the Company's own financial regulations and shall be subject to prior approval within the Business Plan and operating revenue budget, which shall be approved by the Members in accordance with the Reserved Matters.
2. Enter into any arrangement, contract or transaction where the Company is providing services to third parties without following the Trading Opportunity Evaluation Process as produced by the Members. Such arrangements, contracts or transactions shall also be subject to prior approval within the Business Plan, which shall be approved by the Members in accordance with the Reserved Matters.

3. Enter into any borrowing, credit facility or investment arrangement (other than trade credit in the ordinary course of business) that has not been approved by the Members under the Financial Plan.
4. Appoint or remove any auditor of the Company.
5. Adopt or amend the Business Plan in respect of each financial year, which for the avoidance of doubt shall include the adoption and amendment of an operating revenue budget for the financial year to which it relates.
6. Adopt or amend the Financial Plan.
7. Enter into any arrangement, contract or transaction within, ancillary or incidental to the ordinary course of the Company's business or is otherwise than on arm's length terms.
8. Deal with any surpluses of the Company.
9. Appoint or remove any Company Directors [from the Achieving for Children Board].
10. Agree any terms for any Directors (but for the avoidance of doubt this does not include the terms and conditions of employment of Executive Directors as defined in the Articles of Association of the Company).
11. Agreeing changes in employment terms and conditions which would be inconsistent

# Agenda Item 8

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

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