

NOTICE
OF
MEETING

**PEOPLE OVERVIEW AND SCRUTINY
PANEL**

will meet on

THURSDAY, 8TH DECEMBER, 2022

At 7.00 pm

by

VIRTUAL MEETING - ONLINE ACCESS, AND ON [RBWM YOUTUBE](#)

TO: MEMBERS OF THE PEOPLE OVERVIEW AND SCRUTINY PANEL

COUNCILLORS SAYONARA LUXTON (CHAIRMAN), MAUREEN HUNT (VICE-CHAIRMAN), CLIVE BASKERVILLE, CATHERINE DEL CAMPO, GERRY CLARK, CAROLE DA COSTA, NEIL KNOWLES, GARY MUIR, JULIAN SHARPE, JOHN STORY AND AMY TISI.

CO-OPTES: MARK JERVIS (ACADEMY GOVERNORS REPRESENTATIVE), CATHERINE HOBBS (PORTSMOUTH DIOCESE) AND TONY WILSON (OXFORD DIOCESE)

SUBSTITUTE MEMBERS

COUNCILLORS GREG JONES, SIMON BOND, JOHN BOWDEN, JOSHUA REYNOLDS, SHAMSUL SHELM, CHRIS TARGOWSKI, HELEN TAYLOR, LEO WALTERS, SIMON WERNER AND WISDOM DA COSTA

Karen Shepherd – Head of Governance - Issued: 30 November 2022

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 or contact the Panel Administrator **Becky Oates** Becky.Oates@RBWM.gov.uk

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain. If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

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4.	<u>ADULT SOCIAL CARE REFORMS</u> To receive information from Kevin McDaniel, Executive Director of People Services.	Verbal Report
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6.	<u>ANNUAL COMPLAINTS AND COMPLIMENTS REPORT</u> To consider the report.	17 - 48
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MEMBERS' GUIDE TO DECLARING INTERESTS AT 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 Disclosable Pecuniary Interest (DPI) or Other Registerable 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.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

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 (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her 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 council.*
- *Any licence to occupy land in the area of the council for a month or longer.*
- *Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.*
- *Any beneficial interest in securities of a body where:*
 - a) that body has a place of business or land in the area of the council, 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.

Disclosure of Other Registerable Interests

Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

Other Registerable Interests (relating to the Member or their partner):

You have an interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority*
- b) any body*
 - (i) exercising functions of a public nature*
 - (ii) directed to charitable purposes or*

one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

Disclosure of Non- Registerable Interests

Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a body included in those you need to disclose under DPIs as set out in Table 1 of the Members' code of Conduct

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter **affects** your financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

Agenda Item 3

PEOPLE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 16 JUNE 2022

PRESENT: Councillors Sayonara Luxton (Chairman), Maureen Hunt (Vice-Chairman), Clive Baskerville, Catherine Del Campo, Gerry Clark, Carole Da Costa, Neil Knowles, Gary Muir, Julian Sharpe, John Story, Amy Tisi and Co-Optee Mark Jervis

Also in attendance: Councillor John Baldwin, Councillor Mandy Brar and Councillor Gurch Singh

Officers: Becky Oates, Lin Ferguson, Kevin McDaniel, Lynne Lidster, Suzanne Parrott, Rachael Park-Davies and Anna Richards

ELECTION OF A NEW CHAIRMAN AND VICE CHAIRMAN

Councillor Hunt proposed that Councillor Luxton be Chairman of the Panel for the municipal year 2022/23. This motion was seconded by Councillor Sharpe.

A second proposal was received from Councillor Carole Da Costa, who proposed herself as Chairman of the Panel for the municipal year 2022/23. This motion was seconded by Councillor Tisi.

A named vote was taken on Councillor Hunt's proposal as this was seconded first.

Election of Councillor Luxton as Chairman of the Panel for the municipal year 2022/23 (Motion)	
Councillor Sayonara Luxton	For
Councillor Maureen Hunt	For
Councillor Clive Baskerville	Against
Councillor Catherine del Campo	Against
Councillor Gerry Clark	For
Councillor Carole Da Costa	Against
Councillor Neil Knowles	Against
Councillor Gary Muir	For
Councillor Julian Sharpe	For
Councillor John Story	For
Councillor Amy Tisi	Against
Carried	

RESOLVED: That Councillor Luxton be Chairman of the People Overview and Scrutiny Panel for the municipal year 2022/23.

Councillor Tisi proposed that Councillor Carole Da Costa be Vice-Chairman of the Panel for the municipal year 2022/23. This motion was seconded by Councillor Knowles.

A named vote was taken.

Election of Councillor Da Costa as Vice-Chairman of the Panel for the municipal year 2022/23 (Motion)	
Councillor Sayonara Luxton	Against
Councillor Maureen Hunt	Against
Councillor Clive Baskerville	For
Councillor Catherine del Campo	For
Councillor Gerry Clark	Against
Councillor Carole Da Costa	For
Councillor Neil Knowles	For
Councillor Gary Muir	Against
Councillor Julian Sharpe	Against
Councillor John Story	Against
Councillor Amy Tisi	For
Rejected	

The result was 5 for and 6 against, so the motion fell.

Councillor Luxton proposed that Councillor Hunt be Vice-Chairman of the Panel for the municipal year 2022/23. This motion was seconded by Councillor Clarke.

A named vote was taken.

Election of Councillor Hunt as Vice-Chairman of the Panel for the municipal year 2022/23 (Motion)	
Councillor Sayonara Luxton	For
Councillor Maureen Hunt	For
Councillor Clive Baskerville	Against
Councillor Catherine del Campo	For
Councillor Gerry Clark	For
Councillor Carole Da Costa	For
Councillor Neil Knowles	Against
Councillor Gary Muir	For
Councillor Julian Sharpe	For
Councillor John Story	For
Councillor Amy Tisi	Against
Carried	

RESOLVED: That Councillor Hunt be Vice-Chairman of the People Overview and Scrutiny Panel for the municipal year 2022/23.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Tony Wilson.

DECLARATIONS OF INTEREST

Councillor Baskerville stated that he was a Governor at Alwyn Infants School.

MINUTES

Councillor Baskerville asked for clarification of the remit of the new People Overview & Scrutiny Panel.

ACTION: Clerk to send Terms of Reference to all Panel members.

The panel noted the minutes of the Adults, Children and Health Overview and Scrutiny Panel.

IMPLEMENTATION OF HEALTH AND CARE WHITE PAPER

Lynne Lidster, Head of Commissioning, gave a presentation to the panel on adult social care reform with the intention that Members could have more detailed briefings in the future.

The Government had published several White Papers in the previous nine months relating to adult social care which set out an ambitious agenda for change. The Health and Care Act had received Royal Assent, and had four main areas of focus:

- Integration
- Assurance/Inspection
- Charging reforms
- Market sustainability and fair cost of care

Lynne Lidster described how the Health and Care Act would impact the borough by creating Integrated Care Boards and Integrated Care Partnerships in each local area. The Health and Care Act proposed to reform charging for adult social care, including market sustainability and setting a fair cost for care. The current system was means and needs tested with many people paying for their care from their assets. If people were not eligible for publicly funded care, there was no limit on how much they might have to pay privately. The proposals would make the means test more generous and would set a 'cap' on the amount an individual would pay for care in their lifetime.

Councillor Baskerville thanked Lynne Lidster for the presentation and asked whether integration would include computer systems, as there was a frequent lack of communication between services which could lead to frustration. Councillor Baskerville also stated that he would appreciate simplified language as the jargon used in presentations and reports would be hard for an average layman to understand.

Kevin McDaniel, Executive Director of Children's Services, explained that the term integration was used to mean all partners working together. Computer systems working together was not a requirement, but national work was ongoing on creating a single health record, but work had been ongoing for a number of years and was not yet complete.

Lynne Lidster added that there was a system known as Connected Care in place which contained information on an individual which several services could access- for example, an A&E department would be able to access GP and adult social care records.

Councillor Story thanked Lynne Lidster for the presentation and asked which costs would not be covered under the lifetime cap on care costs of £86,000. Councillor Story also asked how much this would cost the council.

Lynne Lidster responded that costs such as food and drink were not covered under the cap. Additionally, anyone wishing to go to a more luxurious care home would have to cover the difference.

Kevin McDaniel stated that the figure of how much this would cost the council was unknown, as it was difficult to assess the future needs of the population. National work was ongoing to determine the value of this project, but this would be difficult to ascertain. The borough had sent feedback to the government, asking them to use a different formula which took into

account the number of care home spaces, as the relative needs formula would be less accurate.

Councillor Del Campo asked when the funding changes would take effect and when the financial implications would be known prior to this date. Councillor Del Campo also stated that it may be worth considering restoring or increasing funding to voluntary organisations that provide support and early intervention in order to decrease the burden on the council.

Lynne Lidster responded that people could start progressing towards this cap on 1 October 2023, with any care paid for before this date not counting towards the cap. Additional funding would be provided to the borough.

Kevin McDaniel stated that the group known as the Integrated Care Partnership, formed of public sector partners and communities needed to set up a strategy that would outline the role that everyone would play, with the intention of enabling health colleagues to divert funds towards this early intervention.

Councillor Carole Da Costa stated that she was happy that CQC inspections were being introduced as she believed that these should have been implemented a long time ago. Councillor Carole Da Costa expressed that it was difficult for a person to go onto continuing NHS care and asked whether closer collaboration would make this process easier to navigate.

Lynne Lidster responded that she was not aware of any changes to continuing healthcare that would come as a result of the Health and Care Act. However, it was within the gift of local authorities and health partners to pool budgets around continuing healthcare, so the partnership approach may bring this conversation to the surface.

Councillor Carole Da Costa replied that she would have hoped that it would be a little easier and less stressful as a result of closer collaboration. Councillor Carole Da Costa also asked if individuals would be moved if they were unable to afford the changes in costs.

Lynne Lidster replied stating that this process doesn't always involve social care as the individual may be self-funded. Lynne Lidster also stated that she was unable to say whether an individual would be moved or not.

Kevin McDaniel stated that the details of what the Health and Care Act would look like in practice still needed to be determined. There was a debate to be held on balancing the needs and the well-being of the individuals and the balancing of the budgets.

Councillor Tisi asked if the food and drink side of the costs was means tested. Councillor Tisi also asked if the cost cap date of 1 October 2023 would apply to everyone regardless of how much they had already paid.

Lynne Lidster confirmed that everything was means tested, and anyone with less than £100,000 would not pay for the cost of their care. Lynne Lidster also stated that the cost cap date was the same for everybody, with any money paid up until this date not contributing towards the total cost cap.

Councillor Tisi asked whether these people would be more likely to go below the £100,000 figure as they had already been paying for their care, and if so, how many people this was likely to include.

Lynne Lidster stated that the borough knew the number of people funding their own care, but they did not know how much money they had in the bank as this was a private matter. There may have been national modelling on average savings when entering a care home.

Councillor Clarke welcomed the closer integration of the services discussed and emphasised how complex the system was in its current form and how difficult it would be to implement the closer integration.

Councillor Carole Da Costa asked how out of borough residents in care would be funded if they exceeded the cost cap and whether this would be funded by the borough or the resident's home borough.

Lynne Lidster stated that they were currently awaiting guidance on this issue and had expressed their thoughts on what should happen. The current rules were that if an individual had placed themselves in a care home in the borough from an outside borough, the local authority where the care home is situated would provide funding. In the consultation, Lynne Lidster suggested that if a resident in one borough wanted to enter a care home in another borough, they should register with their local authority in order to open a care account, but the consultation document had suggested that the government would not change the current rules.

Councillor Knowles asked if the closer integration of services would lead to decreased pressure on ambulances and hospitals as patients would be able to move out of hospital and into care.

Lynne Lidster responded that this wasn't a particularly big issue within the borough as there were joint teams at hospitals on a daily basis made up of hospital staff and social care staff working to bring people out of hospital.

Councillor Knowles also asked what a key success would look like for this closer integration.

Lynne Lidster stated that prevention would be a great indicator of success and best for residents, encompassing the ability to work holistically across adult social care and different partners.

Kevin McDaniel added that getting patients out of hospital and back to their own homes and living independently would be the ultimate measure of success as it would lead to a better value of life for the individual and would allow the system to be self-supporting.

The panel noted the presentation.

VIRTUAL SCHOOL REPORT

Suzanne Parrott, AfC Virtual School Headteacher, presented the annual report for the AfC Virtual School. Particular successes were outlined, such as Attainment 8 scores which were higher than the looked after national average and attendance, which was lower than the national average for looked after children.

Councillor Sharpe thanked Suzanne Parrott for the report and asked for an explanation on how students were placed into schools and whether students were moved between schools. Councillor Sharpe asked for further clarity on the statistics included within the report, and stated that it seemed as though the children in virtual schools were attaining almost as well as any other child at their school.

Suzanne Parrott clarified that students at the virtual school were taught in mainstream schools, so had two headteachers. The role of the virtual school was to work with a range of professionals to keep the child in their mainstream school, but children would be moved if there was a risk to their safety. If a child needed to be moved, the nearest good or outstanding school closest to their home would be identified and the school would be contacted in order to ascertain whether the environment would be a good fit for the child.

Suzanne Parrott stated that the statistics on attendance and attainment were taken from many different schools. The gap had been closed between children in the virtual school and children who were not, but there would always be children who had been out of school for a couple of years due to personal circumstances which would affect their education.

Councillor Sharpe asked about the impact of the Covid pandemic on the activities of the virtual school, and the impact on the children in terms of lack of education.

Suzanne Parrott stated that there was an organisation that phoned schools every day to ensure that the young person was in school, but this was taken away due to the pandemic. Children with a vulnerability were still able to go into school, which meant that many students in virtual schools could still attend their mainstream school. The virtual school kept a record of whether their education or placement was at risk and monitored the child's progress often. The results in the Virtual School Report were after a year of the pandemic and showed good outcomes despite the challenges posed by the lack of schooling. However, there were concerns over attendance figures which were worse in 2022 than during the pandemic partly due to poor mental health.

Councillor Story thanked Suzanne Parrott for her presentation and asked whether the figure of 93 looked-after children within RBWM was correct. Councillor Story asked for clarity on what was meant by the term special school.

Suzanne Parrott confirmed that this figure, which encompassed all school-age children, would have been correct at the time of the publication of the report on 31 July 2021. Special schools were those who had specialist facilities and provisions in order to accommodate young people with special educational needs or disabilities.

Councillor Story asked for further explanation on what was meant by alternative provisions and asked about the students who were stated to be in schools within the borough which required improvement.

Suzanne Parrott stated that this was used to mean many different forms of education including forest schools or home-schooling. Alternative provisions were usually short-term arrangements, as the goal was always to have children in full-time education. With regards to the students in schools requiring improvement, they were likely to still be in the same schools with additional support being provided to the school. Risk assessments were required for these schools. Stability was a key factor for children in virtual schools, so a risk assessment

would usually be put in place to support them within the current environment. In the current year, no children had been placed in schools requiring improvement.

Kevin McDaniel stated that 95% of schools within the borough were either good or outstanding, with 5% requiring improvement or worse. If given the choice, children would be placed in a good or outstanding school. When it came to children in schools which required improvement, Kevin McDaniel stated that children gained more from staying in a stable environment within their friendships than being moved to a new environment.

Councillor Carole Da Costa asked how the attachment in schools programme could be extended to all schools within the borough.

Suzanne Parrott responded that the programme was offered to schools starting in 2021 with 42 schools on the programme in the first year, largely through partnering with educational psychologists within the schools. The programme is delivered to school governors and teachers, and then the teachers deliver it to the parent body. The programme is then delivered through PSHE lessons in schools. Well over 80 schools had signed up to receive this training, and Suzanne Parrott welcomed the further advertisement of the programme.

Councillor Tisi asked about the impact of coming into care earlier on the impact on later educational outcomes and asked about the reasoning behind the extension of the virtual school to cover children in need and children on protection plans. Councillor Tisi asked about the challenges that this may pose when the children are dealing with challenges at home.

Suzanne Parrott explained that the extension of the Virtual School had been underway for a number of years and was an effort to intervene earlier on in a child's life in an effort to keep them out of care. Applying a multi-agency approach would build communication links in order to facilitate this goal. Providing training and support to social workers would be a greater benefit of this programme and would be largely similar to the ongoing work but including agencies which were not currently involved in the process.

Furthermore, the Virtual School had been working on gathering attendance and exclusion information at the request of the Department for Education. The Attachment Aware Schools award addressed both issues by lowering exclusion and improving attendance. A new assistant headteacher had been recruited along with a lead teacher with a specialism in trauma-informed practice.

Councillor Tisi asked whether the lack of permanent exclusions was a result of Virtual School policy or a testament to the work of the School.

Suzanne Parrott stated that none of the Virtual School students had been permanently excluded from any of the mainstream schools they were educated in, which represented a culture shift away from permanent exclusions.

Mark Jervis, Co-Optee, asked how the referral process for Children and Adolescent Mental Health Services (CAMHS) worked in the Virtual School environment, and whether the Virtual School had the resources to manage the process.

Suzanne Parrott explained that it was the social work team who would refer children to CAMHS, but the Virtual School introduced the strengths and difficulties questionnaire for schools. This worked out how many difficulties a young person was dealing with and looked at

reducing these difficulties over time. There was a system in place where the questionnaires were uploaded alongside the foster carer's view of the young person as well as the young person's own perception of themselves. This triangulation enabled a more-well rounded approach to the mental wellbeing of the young person. The school had also invested heavily in education psychologists to support the young people in the Virtual School.

Lin Ferguson, Director of Children Social Care and Early Help, stated that sometimes children needed earlier intervention than CAMHS, and the borough was developing a range of initiatives for young people. For example, mental health workers were in 14 schools within the borough, a 'getting help' service was in place to help children with emerging mental health issues and there were esteem groups in place to help children with low self-esteem. These were aimed at helping children who did not need the full support of CAMHS.

Councillor Del Campo thanked Suzanne Parrott for the report and presentation and stated that she felt inspired after reading. Councillor Del Campo referred to a case study within the report which explained difficulties with filling out forms and asked how this could be avoided in the future.

Suzanne Parrott stated that the Department for Education sent through resources for the previously looked after post as this was needed and was a benefit as this was aimed at providing help. There was a funding chasm with EHCPs and SEN, so decisions with regards to who could be funding were very tough to make.

Kevin McDaniel added that it was not within the borough but stated that policies were different in each area, and a process needed to be followed in order to gather the right information to make effective decisions.

Councillor Del Campo asked if there was a particular risk with regards to resourcing. Suzanne Parrott explained that the Virtual School had about 9 different funding streams that were agreed and didn't feel that resources would be a particular concern. Councillor Knowles stated that children had amazing emotional resilience and it was important to remind everyone that some remarkable outcomes could be achieved. To that end, Councillor Knowles asked for success stories of pupils who were at the Virtual School.

Suzanne Parrott echoed Councillor Knowles's sentiments and stated that the pupils were an asset to any school or organisation. Suzanne Parrott described one student who would be studying Medicine at Oxford, another who had completed a teaching degree, and another who was a dentist.

Councillor Clark welcomed the report and asked why the Attainment 8 numbers were slightly lower for Key Stage 5 students in the borough.

Suzanne Parrott replied that the Virtual College was in its infancy and the changes that would be seen in a year were limited but hoped to see ongoing improvement.

The panel noted the report.

RESIDENT SCRUTINY SUGGESTION ON BREASTFEEDING

Rachael Park-Davies, Associate Director for Early Help and Family Support, introduced the resident scrutiny topic which looked into making RBWM a breastfeeding friendly borough. Economic and public health implications were explored as part of the report. The borough already had strong support for parents who chose to breastfeed, with in-house health visiting services, breastfeeding cafes, and a good take-up of breastfeeding. Nationally, 81% of parents initiate breastfeeding which then falls to around 60% after 8 weeks. During the pandemic, many new parents gave up breastfeeding as they didn't have the support from their community they normally would. At the last quarter, women breastfeeding partially or completely by 8 weeks was up to 73% locally.

RBWM did not have breastfeeding friendly status like other areas, which the resident scrutiny topic aimed to help change. There were a number of health benefits associated with breastfeeding, including lowering the incidence of type 2 diabetes. The wider benefits of breastfeeding included reducing inequalities in families from lower socioeconomic groups, emotional benefits, improved oral health, reduced respiratory and gastrointestinal infections and a reduction in obesity.

Becoming a breastfeeding friendly town would focus on working collaboratively with local businesses providing food and drink and asking if they would display signs in windows, as well as not discouraging parents from breastfeeding. Other areas which had been designated as breastfeeding friendly had approached businesses and developed a breastfeeding strategy which included a website.

Councillor Tisi asked if there was data available for trends in breastfeeding within RBWM, and whether there was any data on breastfeeding beyond 6-8 weeks. Councillor Tisi also asked if the responsibility for the current provisions, run by health visitors, was a strain on the service. Furthermore, Councillor Tisi wished to add that there were a number of organisations within the borough providing support, including NCT and breastfeeding cafes in Windsor.

Rachael Park-Davies stated that she would be able to obtain this data for Councillor Tisi. The current figure of 73% was the highest it had ever been which was in part due to the work of health visitors. Data beyond 6-8-weeks was not measured as it was not a requirement. Rachael Park-Davies went on to clarify that the health visiting service was made up of a skill-mixed model, including nursery nurses. Health visitors were well-placed to provide this support as they visited families between birth and the 6–8-week mark.

Councillor Del Campo emphasised that parents should have the choice to breastfeed in private if they wished to.

Rachael Park-Davies echoed this sentiment and added that breastfeeding was a matter of choice.

Councillor Carole Da Costa stated that she believed this topic was about education and removing the sexualisation of breasts. By replacing this viewpoint with the view that this part of the body's main function is to feed an infant would mean that other parts of society would fall into place more easily. Councillor Carole Da Costa urged women to breastfeed their babies for six months as this would serve as an investment in the health of their child, but this would require a change in the environment and the public place to make mothers more comfortable doing so. Lower socioeconomic groups should be focussed on and invested in as breastfeeding would make the biggest difference. Increasing breastfeeding figures would be a great asset to the borough.

Councillor Sharpe asked about the wider implications for the resident scrutiny topic and what this would mean in practice.

Rachael Park-Davies explained that this would mean starting small and talking with local businesses and changing the culture towards a community collective responsibility.

Councillor Sharpe asked about the extent of the commitment for the borough and local businesses.

Rachael Park-Davies stated that public health would be working together with economic teams to approach businesses and ask if they were interested in becoming a breastfeeding friendly business.

Councillor Sharpe stated that he thought this needed to be looked at in further detail.

Anna Richards, Head of Public Health, thanked Rachael for the report and stated that this was an exciting opportunity to work with the economic growth team within RBWM to think about the role that businesses play within the borough with regards to the health and wellbeing of local residents.

The Panel agreed with the recommendation as set out in section 1.1 of the report.

WORK PROGRAMME

Councillor Tisi stated that it would be beneficial to be made aware of the remit of the new People Overview and Scrutiny Panel.

Councillor Del Campo asked if scoping documents were still required in order to bring an item to the Panel.

The Chairman confirmed that this was the case.

The panel agreed to discuss the work programme offline.

The meeting, which began at 7.00 pm, finished at 9.40 pm

CHAIRMAN.....

DATE.....

Sunningdale Health Hub

Updated October 2022

The planning application for the Sunningdale Health Hub was approved earlier this year in March by the planning committee of the Royal Borough of Windsor and Maidenhead.

The NHS Frimley Integrated Care Board* continues to work through the next steps to support this project. The current focus is on:

- Working in partnership with the landowner, architects and surveyors on the next stages of the Health Hub development;
- Liaising with services due to be accommodated in the new facility, which include Magnolia House Surgery and Kings Corner Surgery, Community and Maternity services;
- Information gathering to support the full business case.

The final full business case is due to be submitted to NHS England by mid 2023, in order to move this forward to the building phase of this exciting development for the population of Ascot, Sunningdale and Sunninghill.

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Royal Borough of Windsor and Maidenhead

Annual Complaints and Compliments Report 2021-22

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1. Introduction

- 1.1. This annual report covers the period 1 April 2021 to 31 March 2022, and details all compliments and complaints made by or on behalf of customers that are investigated under the:
 - Adults Statutory Complaints process
 - Children’s Statutory Complaints process
 - Children’s Corporate Complaints process
 - RBWM’s Formal Corporate Complaints policy
- 1.2. Local Authorities are required under statute to report complaints submitted on adults and children’s services, however whilst they are not required to produce an annual report on complaints relating to corporate activities, the compliments and complaints team produces an annual report detailing the volumes of all complaints and compliments, including insights into response rates and the reasons for complaints. This allows the council to assess how residents experience the council in its entirety and can inform service improvement.

2. Summary of Activity

- 2.1. In 2021/22 the council received 1,556 contacts from customers that were initially logged as complaints. This is a 31.2% decrease in contacts to the compliments and complaints team from 2020/21 (2,267 contacts in 2020/21). Contacts that were not progressed as complaints were signposted to an alternative means of resolution, for example a service request or via an alternative appeals process, such as parking appeals or statutory tribunals or were withdrawn.
- 2.2. The total volume of complaints progressed through Stage 1 of the specific complaints process that they followed was 399 in 2021/22, an increase on 2020/21 (398) Stage 2 and 3 complaints are escalations of Stage 1 complaints and so are not counted as new complaints.
- 2.3. Table 1 summarises the total volumes of complaints at Stage 1 and breakdown by outcome in 2021/22 in comparison to 2020/21 for each process (Adults, Children’s Statutory, Children’s Corporate and RBWM Formal Corporate). A green arrow indicates a positive outcome, and a red arrow indicates a less favourable outcome when compared to last year.
- 2.4. From Table 1 it can be seen that the percentage of complaints upheld or partially upheld in 2021/22 has been less for all processes namely, Adults Statutory (50% in 2021/22, 66% in 2020/21), Children’s Statutory (54% in 2021/22, 71% in 2020/21), Children’s Corporate (53% in 2021/22, 68% in 2020/21), RBWM Formal Corporate (50% in 2021/22, 63% in 2020/21). Overall, the percentage of complaints upheld or partially upheld in 2021/22 was 50% and less than 2020/21 (65%).
- 2.5. The timeliness to respond within timescales has reduce across all processes, except for Children’s Statutory, namely Adults Statutory (32% in 2021/22, 58% in 2020/21), Children’s Statutory (69% in 2021/22, 50% in 2020/21), Children’s Corporate (44% in

2021/22, 50% in 2020/21), RBWM Formal Corporate (46% in 2021/22, 64% in 2020/21), making the overall percentage of complaints responded to within timescales lower in 2021/22 (46%) when compared to 2020/21 (62%). (Table 1)

Table 1: 2021/22 Summary of Complaints at Stage 1 by each process

Process	No. of complaints	Upheld	Partially Upheld	Not Upheld	No Finding	In Progress at the time of reporting	Upheld or Partially Upheld	Responded to within timescales
Adults Statutory	22 ↑ 2020/21 (12)	27% ↓ 2020/21 (33%)	23% ↓ 2020/21 (33%)	45% ↑ 2020/21 (33%)	0% ↔ 2020/21 (0%)	5%	50% ↓ 2020/21 (66%)	32% ↓ 2020/21 (58%)
Children's Statutory	13 ↓ 2020/21 (14)	0% ↔ 2020/21 (0%)	54% ↓ 2020/21 (71%)	38% ↑ 2020/21 (21%)	0% 2020/21 (7%)	8%	54% ↓ 2020/21 (71%)	69% ↑ 2020/21 (50%)
Children's Corporate	62 ↑ 2020/21 (34)	6% ↓ 2020/21 (12%)	47% ↓ 2020/21 (65%)	35% ↑ 2020/21 (24%)	0% ↔ 2020/21 (0%)	12%	53% ↓ 2020/21 (68%)	44% ↓ 2020/21 (50%)
RBWM Formal Corporate	302 ↓ 2020/21 (339)	27% ↓ 2020/21 (43%)	23% ↑ 2020/21 (20%)	40% ↑ 2020/21 (35%)	0% 2020/21 (3%)	10%	50% ↓ 2020/21 (63%)	46% ↓ 2020/21 (64%)
Overall	399 ↑ 2020/21 (398)	23% ↓ 2020/21 (39%)	27% ↑ 2020/21 (26%)	39% ↑ 2020/21 (33%)	0% 2020/21 (1%)	11%	50% ↓ 2020/21 (65%)	46% ↓ 2020/21 (62%)

Reasons and outcomes

2.5 When logging their complaint via the council website, complainants self-select the reason for their complaint and the compliments and complaints team does not change this categorisation. When a complaint is logged by a member of the team or the Customer Contact Centre on behalf of a complainant, the staff member will select the reason they believe is most appropriate. Only one reason can be selected for each complaint.

Local Government Social Care Ombudsman (LGSCO)

2.6. The Local Government Social Care Ombudsman (LGSCO) received 52 complaints and enquiries about the council in 2021/22, an increase on 2020/21 (31).

2.7. Table 2 sets out complaints and enquiries received by LGSCO by different categories in comparison to last year. This table shows that those received by LGSCO in 2021/22 have increased in all services except Environmental Services & Public Protection & Regulation and Highways & Transport Housing when compared to 2019/20.

Table 2: 2021/22 Complaints and enquiries received by LGSCO: Comparison with previous years' (data received from LGSCO in July 2022. Covering letter in Appendix A).

Year	Adult Care Services	Benefits & Tax	Corporate & Other Services	Education & Children's Services	Environmental Services & Public Protection & Regulation	Highways & Transport	Housing	Null / Other	Planning & Development
2021/22	5	5	5	13	6	3	5	1	9
2020/21	2	3	1	5	8	4	3	0	5

2.8. The Ombudsman made 51 decisions in 2021/22 in comparison to 33 decisions in 2020/21.

2.9. Table 3 breaks down the decisions made by outcome. After detailed investigations, 71% of decisions were upheld, an increase from 2020/21 (69% upheld). The 10 complaints that were investigated and upheld were in relation to:

- Adult Social Care (1)
- Corporate & Other Services (1)
- Education and Children Services (1)
- Planning & Development (2)
- Housing (3)
- Environmental Services & Public Protection & Regulation (2)

Table 3: 2021/22 Decisions made by outcome: Comparison with 2020/21

Year	Advice Given	Closed after initial enquiries	Incomplete/ Invalid	Referred back for local resolution	Detailed investigation Upheld	Detailed investigation Not Upheld	Percentage Upheld
2021/22	1	23	2	11	10	4	71%
2020/21	1	7	1	11	9	4	69%

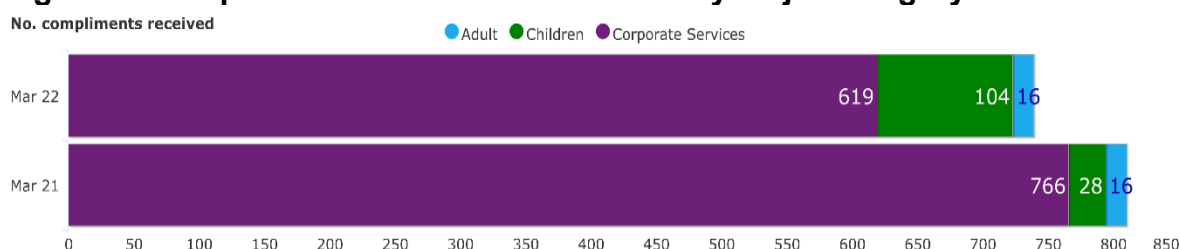
Improvements in working with LGSCO and other parties

2.10. The Compliments and Complaints team continue to be members of SRCMG (South Region Complaints Manager Group) which meets quarterly and is used to raise concerns or queries and support each other on a need basis.

Compliments

2.11. Compliments 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 teams. In 2021/22 a total of 739 compliments were received, 8.8% decrease on 2020/21 (810). Figure 1 shows the breakdown of compliments by major category (Adults, Children, Corporate Services). For the purpose of this report, "Corporate Services" refers to compliments that were received by all services other than those within adult and children's services.

Figure 1: Compliments received: Breakdown by major category

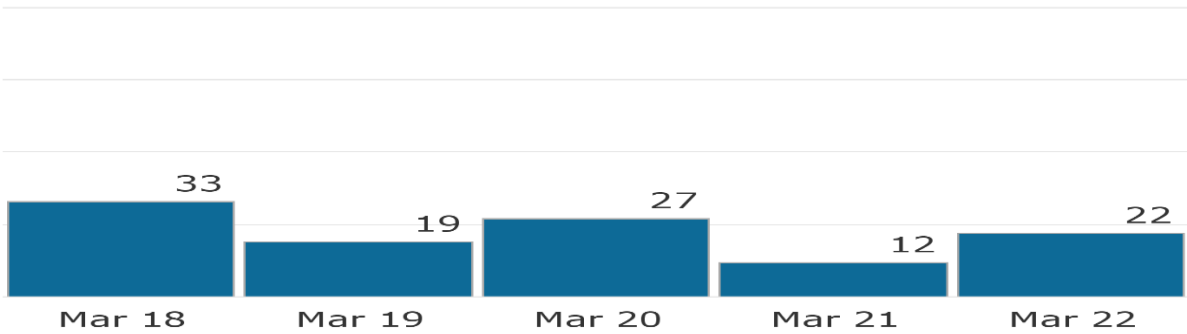


3. Statutory Adults Complaints Process

Complaints received

3.1. Figure 2 shows the volumes of adults' complaints in the last 5 years. There has not been a sustained decrease in the number received since 2017/18. 22 complaints were received in 2021/22, a 54% increase on 2020/21, which had the lowest volume of complaints received over the last 5 years.

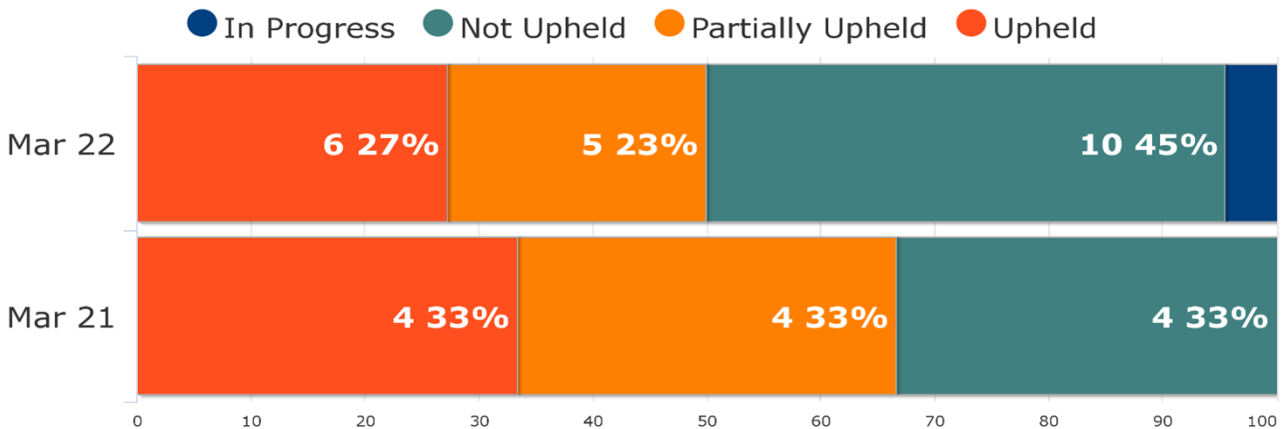
Figure 2: Adults' complaints volumes: Annual trends



3.2.

3.3. Figure 3 shows the breakdown of adults' complaints by outcome in 2021/22 compared to 2020/21. In 2021/22 both the percentage of complaints upheld (27%) and partially upheld (23%) are higher than 2020/21 (upheld 33% and partially upheld 33%).

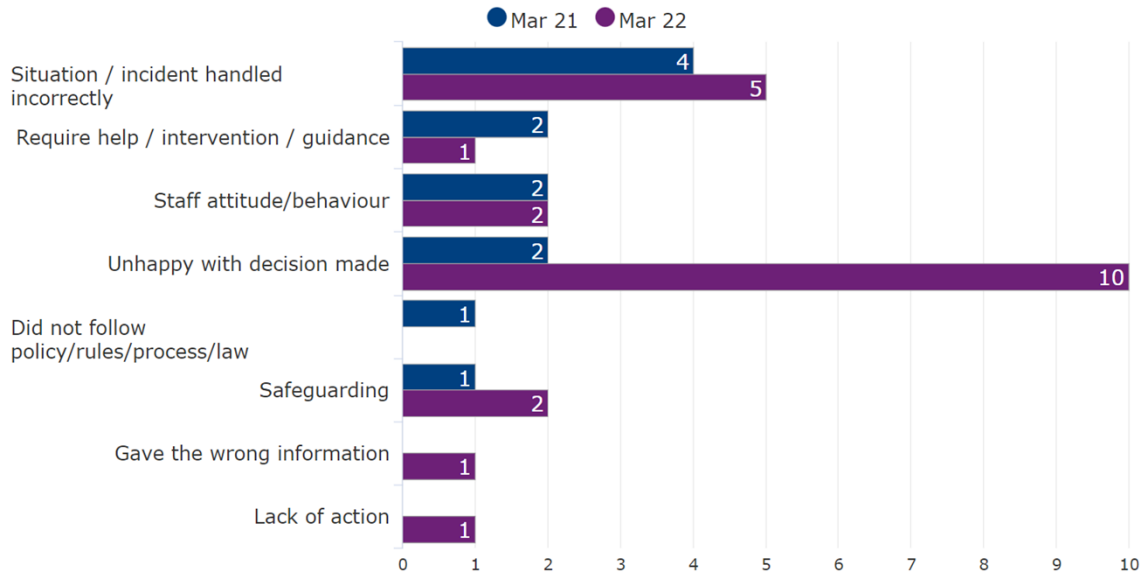
Figure 3: Adults complaints by outcome



3.3. Figure 4 sets out the volume of adult's complaints made by reason in 2021/22 compared to 2020/21. It is unfortunate to note that in 2021/22 complaints have been recorded by a greater number of reasons (7) in comparison to 2020/21 (6). The number of complaints made in 2021/22 (22) is more than in 2020/21 (12).

Figure 4 Adults complaints by reason

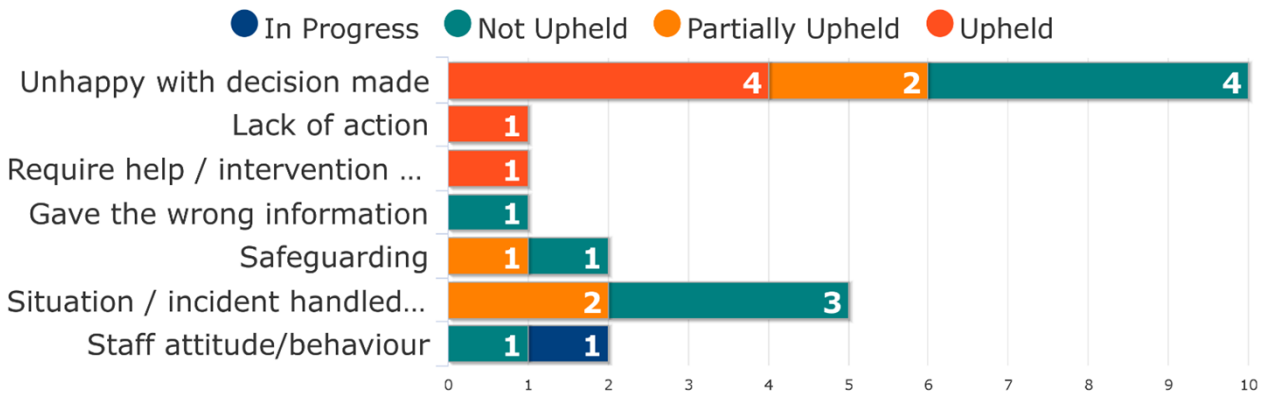
Adults Complaints by reason: Comparison of this year's to previous year's



3.5. At the time of data extraction, out of 22 complaints, 21 had an outcome recorded and 1 was in progress with an outcome not yet reached.

3.6. Figure 5: Adults complaints outcome by reason

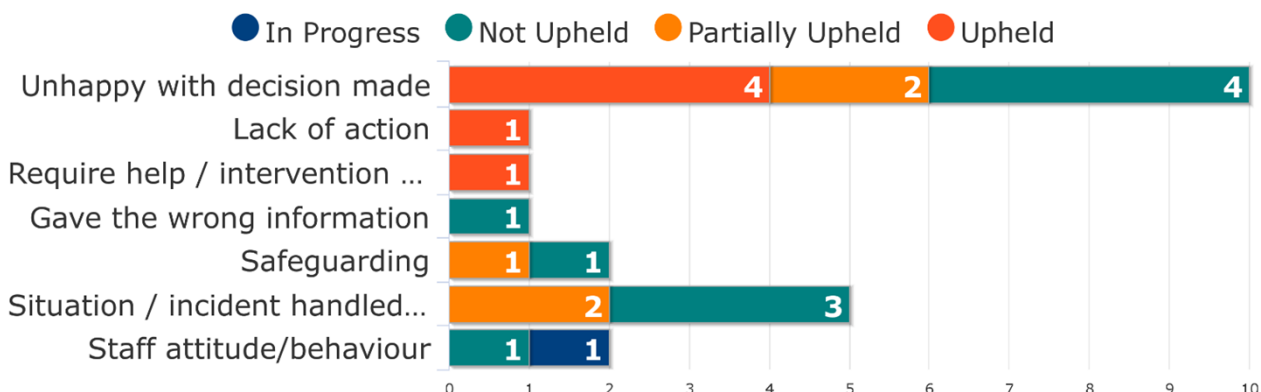
In the descending order of number upheld



3.7. shows the outcome of adult's complaints by reason. It can be seen that 60% (6/10) of the complaints against the 'Unhappy with decision made' (top reason) were upheld/partially upheld.

Figure 5: Adults complaints outcome by reason

In the descending order of number upheld



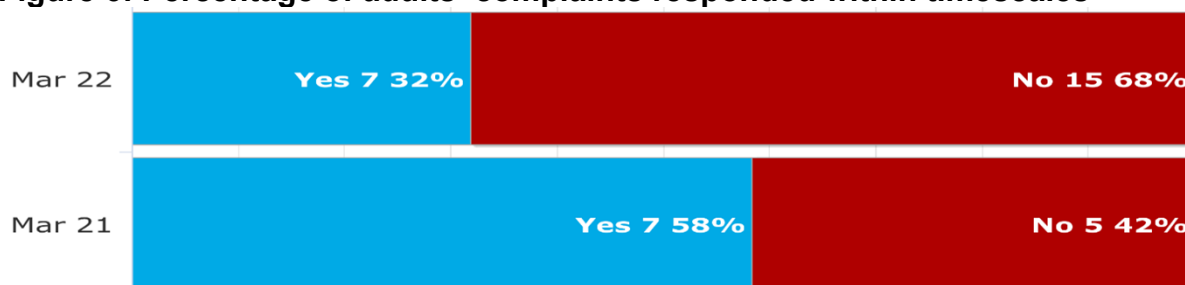
Timeliness

3.8. Although there is no specified time limit for statutory complaints about adult social care, the council's target for responding to adult services complaints is 10 working days which can be extended to 20 working days. If a response is not provided within 20 working days, the Complainant will be informed and provided with a response timeline. The final response will be provided within three months, and often within a shorter timescale.

3.9.

3.10. Figure 6 shows that in 2021/22 the percentage of complaints responded to within timescale is 32% (7/22), a reduction on 2020/21 (58% 7/12). Steps to negate any further reduction will be made by Optalis as detailed in their learnings in section 4.7.

Figure 6: Percentage of adults' complaints responded within timescales



Compliments

3.6. In 2021/22, Adults received 16 compliments, the same as 2020/21 (16). Whilst many are received, staff sometimes fail to record the compliments they receive; however they do obtain them and are regularly encouraged to log them.

Learnings from complaints – Adults

3.7. Listed below are some of the learnings from the adult's complaints:

Adult Social Care (Optalis)

Timeliness:

There has been an overall reduction in meeting timescales for response over the period. A new reminder system is in place to ensure that extensions are arranged for complex complaints or where needed. Informal training is in place for service managers and specific training to be given to individual staff where required.

Number of complaints:

This is a fluctuating picture although a downward trend is emerging over recent years including a big reduction at the beginning of COVID period. There is no clear rationale for the overall trend. **There were 2 complaints with Actions Monitoring in place:**

Complaint 1:

Complaint related to a case awaiting allocation of new Social Worker which took longer than expected.

Response: The response confirmed that this was due to a large influx of referrals at the time.

Actions:

- We have changed how we allocate cases; we now hold a weekly meeting to discuss cases waiting allocation of a worker. This helps in prioritising and managing risks with cases awaiting allocation.
- We are also reviewing our direct payment process towards providing additional training/support to staff.

Complaint 2:

This complaint related to the communication between a member of staff, the individual and the family receiving the service.

Actions:

- Manager spoke to member of staff and recorded the concerns raised by the individual and their father in supervision notes.
- Staff member will receive training with regards to their communication skills.

4. Children's Complaints Processes Summary (Statutory and Corporate)

Summary

- 4.1. 2021/22 saw a total of 75 children's complaints. Table 4 summarises the volume of complaints received and the Stage 1 outcome in comparison to 2020/21. 2021/22 saw 53% of complaints upheld or partially upheld, lower than 2020/21 (81%) and 44% of complaints responded to within timescales (29% 2020/21). Details on Children's Statutory and Children's Corporate complaints can be found in sections 5 and 6.

Table 4: Children's Complaints (Statutory and Corporate): Summary of Complaints at Stage 1

No. of complaints	Upheld	Partially Upheld	Not Upheld	No Finding	In Progress at the time of reporting	Upheld or Partially Upheld	Responded to within timescales
75 ↑ 2020/21 (48)	5% ⇔ 2020/21 (5%)	48% ↓ 2020/21 (67%)	39% ↑ 2020/21 (23%)	0% 2020/21 (2%)	11%	53% ↓ 2020/21 (81%)	44% ↑ 2020/21 (29%)

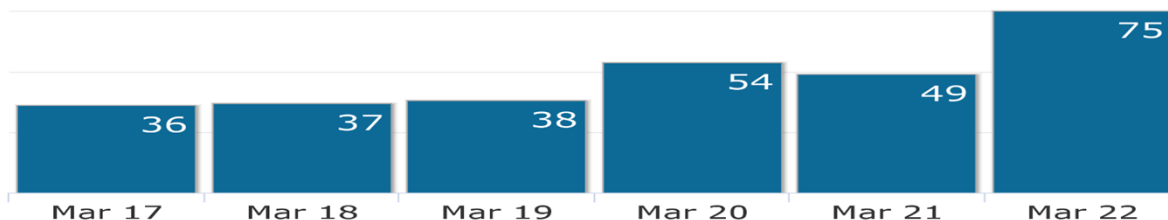
Complaints received

4.2.

Figure 7 shows the total volume of children's complaints in the last 6 years. There has been some fluctuation in volumes and in 2021/22 75 complaints were received, a 65% increase on 2020/21 volumes (49).

4.3. Of the 75 complaints, 17% (13/75) were statutory and 83% (62/75) were corporate.

Figure 7: Children's Complaints Volumes: Trends over the years



Compliments

4.3. In 2021/22 children's services received 104 compliments, 76 more than 2020/21 (28). The teams within the organisation continue to be encouraged to share compliments they receive with the compliments and complaints team so that they can be logged. Achieving for Children (AfC) have been proactive in logging their compliments over the past year.

5. Children's Statutory Complaints

5.1 Most complaints about children's social care must follow a series of steps set out in law, known as the children's statutory complaints procedure. The statutory guidance, 'Getting the best from complaints' sets out which of a council's children's social care functions can be considered under the procedure. Generally, assessments and services in the following areas should be considered under the statutory procedure:

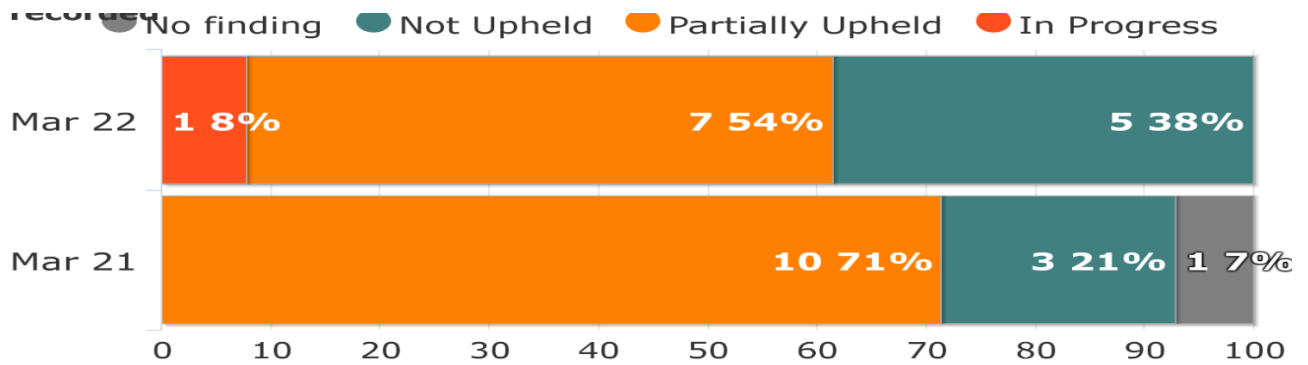
- Children in need
- Looked after children
- Special guardianship support
- Post-adoption support

5.2 In 2021/22 there were 13 statutory complaints which is 7.1% less than 2020/21 (14).

Stage 1 Outcome

5.3. At the time of data extraction, all 13 children's statutory complaints had an outcome recorded. Further breakdown of children's statutory complaints shows that none were upheld, 54% (7/13) partially upheld, 38% (5/13) not upheld and 8% (1/13) was in progress (Figure 8).

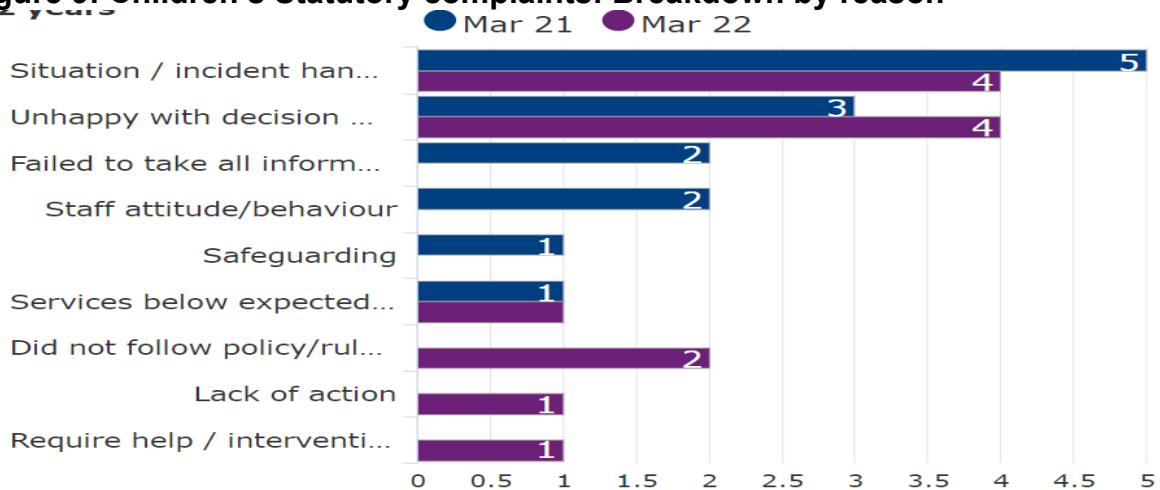
Figure 8: Children's Statutory Complaints by Stage 1 outcome



Reasons and outcome

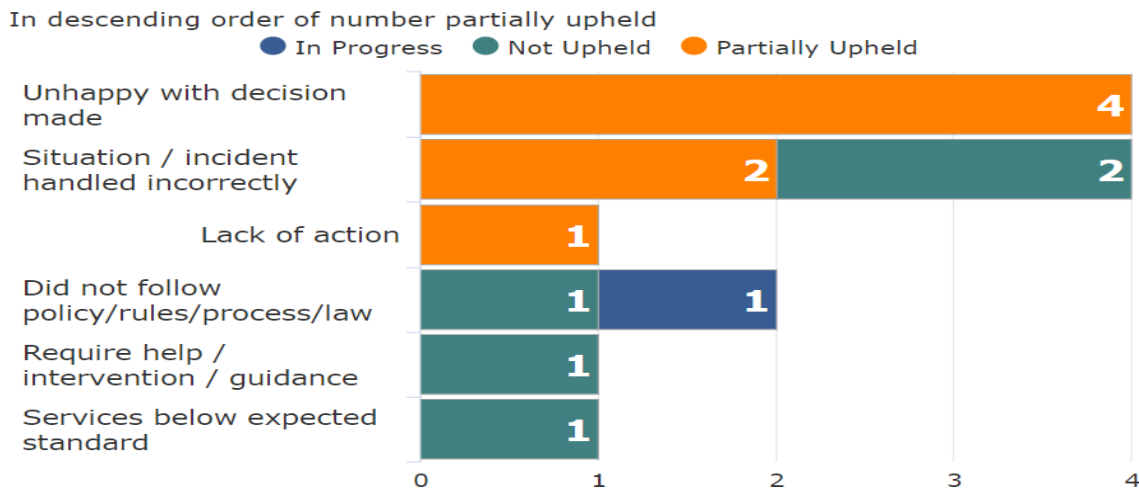
5.4. Figure 9 shows the breakdown of children’s statutory complaints by reasons. 2021/22 saw statutory children’s complaints being recorded by the same number, but sometimes different reasons (6) as 2020/21, both years with only 5 or less complaints recorded by each of the reasons. The 2021/22 reasons with most complaints was “Situation/incident handled incorrectly” and “Unhappy with decision made” which were both 31% (4/13).

Figure 9: Children’s Statutory complaints: Breakdown by reason



5.5. Figure 10 breaks down Stage 1 outcomes by reasons. It is noteworthy that none of the complaints were upheld. Out of the 4 partially upheld complaints, “Unhappy with decision made was the one reason where 100% of complaints made were partially upheld.

Figure 10: Children’s Stage 1 Statutory Complaints outcome by reason



Stage 1 Timeliness

5.6. The timescale for dealing with children's statutory Stage 1 complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. The timeliness of response for statutory complaints in 2021/22 was 69% (9/13) an increase from 2020/21 by 2 (50% 7/14) (Figure 11).

Figure 11: Percentage of Children's Statutory Complaints responded within timescales

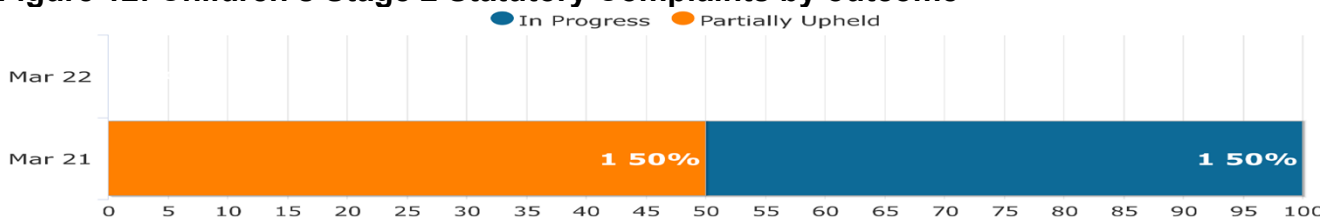


Stage 2 Outcome

5.7. At Stage 2, the complaints are investigated by an independent investigating officer (IO) who will work with an independent person (IP).

5.8. In 2021/22 there were no complaints progressed to Stage 2, however there was one complaint from 2020/21 that was still in investigation stages and had not completed the process.

Figure 12: Children's Stage 2 Statutory Complaints by outcome



Stage 2 timescales

5.9. The timescale for dealing with children's statutory Stage 2 complaints is 25 to 65 working days from the date the agreed statement of complaint has been agreed with the customer, IO and IP. During 2021/22, there were zero new Stage 2 complaints submitted.

Stage 3 complaints

5.10. At Stage 3, complaints are reviewed to ensure correct processes were followed at each stage by a panel comprising of three people, one of which will be appointed as the chair who is independent of the service that the complaint is about. The panel produces a written report of what was discussed and provides recommendations for the resolution of the issues. One complaint progressed to Stage 3. There was a Stage 1 complaint made in January 2021, which then escalated to a Statutory Stage 2 with an IO and IP, this was then progressed to a Stage 3 panel review meeting which took place in December 2021.

6. Children’s Corporate Complaints

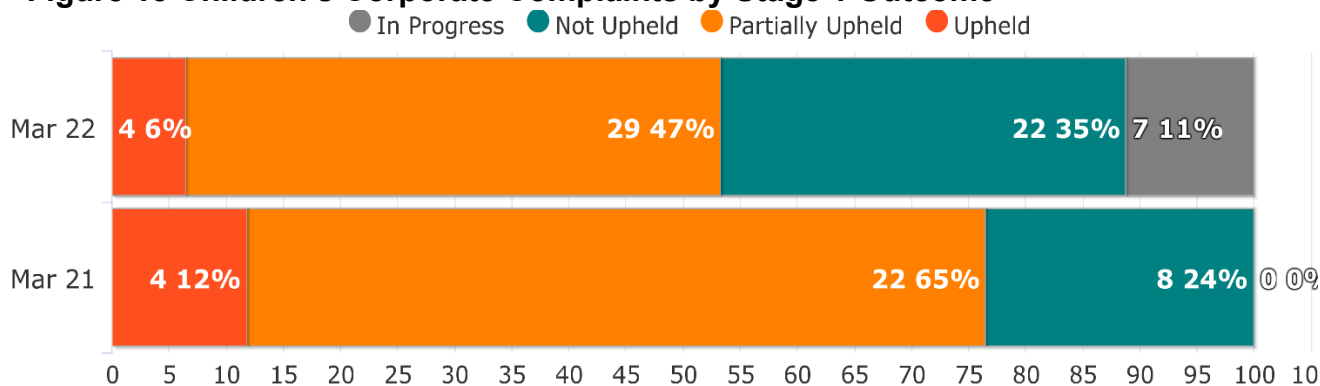
6.3. Children’s complaints that are not taken through the statutory process will follow the corporate complaint route. In 2021/22 there were 62 corporate complaints, 27 more than 2020/21 (35).

Stage 1 Outcome

6.4. In 2021/22, 55 complaints had a Stage 1 outcome recorded and 7 were in progress. Further breakdown shows 6% (4/62) were upheld, 47% (29/62) partially upheld, 35% (22/62) not upheld, and 11% (7/62) in progress.

Figure 13 shows breakdown of complaints at Stage 1 by outcome. There has been a lower proportion of children’s corporate complaints upheld (6%) when compared to 2020/21 (12%), and a lower proportion of complaints partially upheld 47% (2020/21 65%).

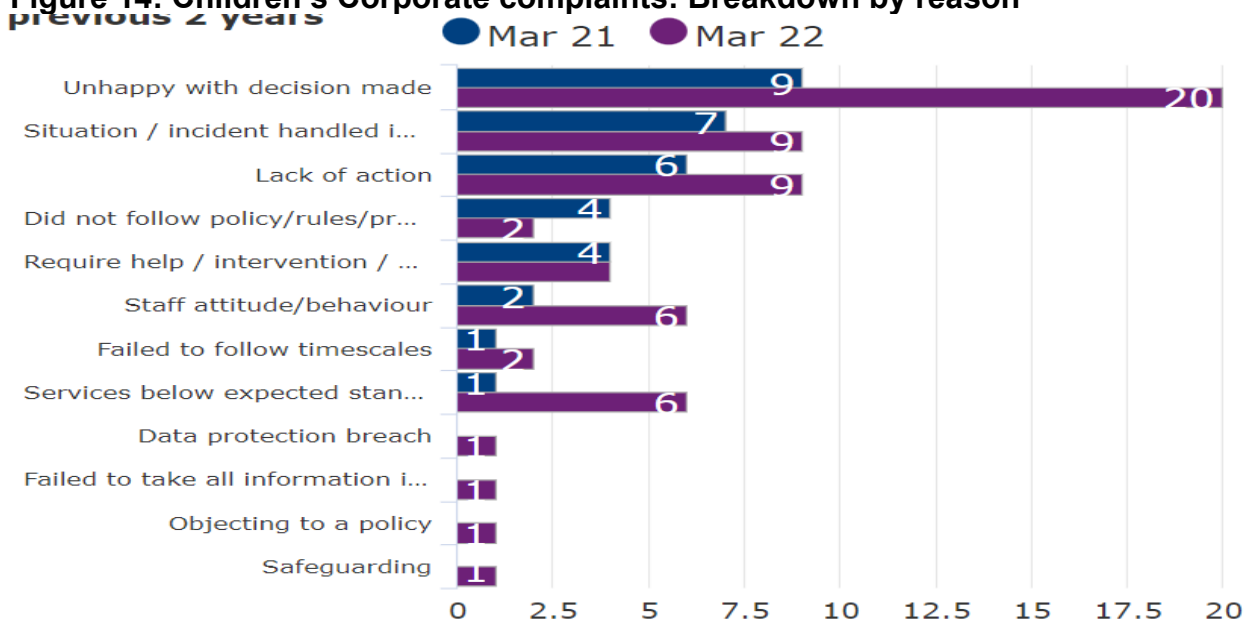
Figure 13 Children’s Corporate Complaints by Stage 1 Outcome



Reasons and Outcome

6.5. Figure 14 shows the breakdown of children’s corporate complaints made by reasons. 2021/22 saw children’s corporate complaints being recorded by more reasons (12) when compared to 2020/21 (8). The top 2 reasons in 2021/22 were “Unhappy with decision made” (32% 20/62), “Situation/incident handled incorrectly” (15%, 9/62) and “Lack of Action” (15% 9/62).

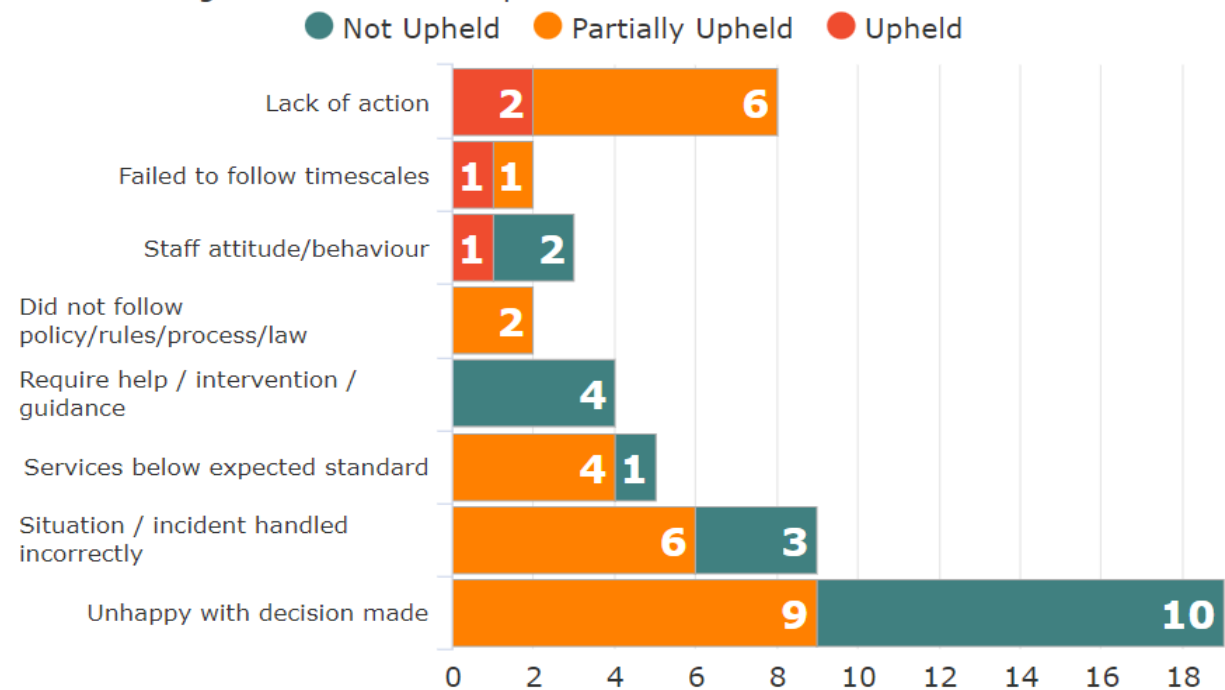
Figure 14: Children’s Corporate complaints: Breakdown by reason



6.6.

Figure 15 shows the breakdown of outcome at Stage 1 by different reasons. Looking at the number of complaints upheld/partially upheld for the top 3 reasons, 43% (9/19) were partially upheld against “Unhappy with decision made”, 67% (6/9) were upheld/partially upheld against “Situation/incident handled incorrectly” and 100% (8/8) were partially upheld against “Lack of Action”.

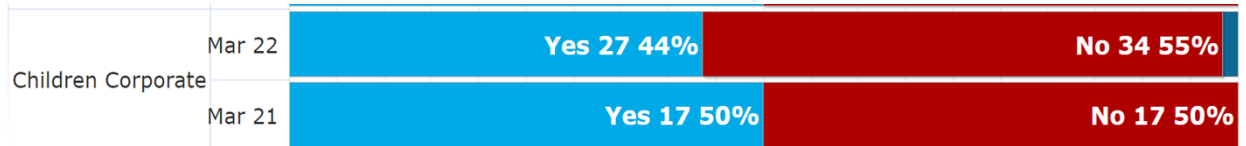
Figure 15: Children’s Stage 1 Corporate Complaints outcome by reason
In descending order of number upheld



Stage 1 Timeliness

6.6 The timescale for dealing with children’s corporate Stage 1 complaints is 20 working days. However, this can be extended by 10 working days for more complex complaints or if additional time is required. There has been a decrease in timeliness of response for corporate complaints in 2021/22 (44% 27/62) in comparison to 2020/21 (50% 17/34).

Figure 16: Percentage of Children's Corporate Complaints responded to within timescales



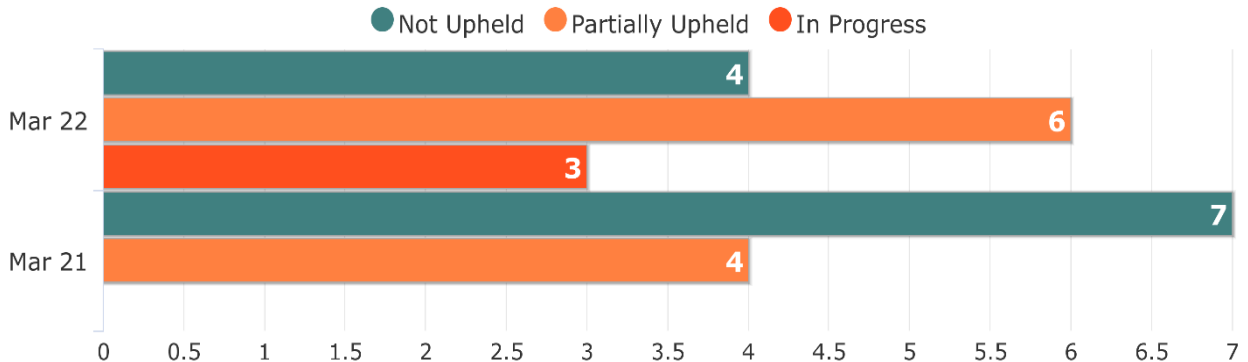
Stage 2 Outcome

6.7 Out of the 62 children’s corporate complaints 13 (21%) had progressed to Stage 2 which is 2 more than 2020/21 (32% 11/32).

6.8

Figure 17 breaks down the Stage 2 children’s corporate complaints by outcome showing that none were upheld, 46% (6/13) partially upheld and 31% (4/13) not upheld. This is very positive outcome when compared to 2020/21 where 36% of Stage 2 complaints were partially upheld.

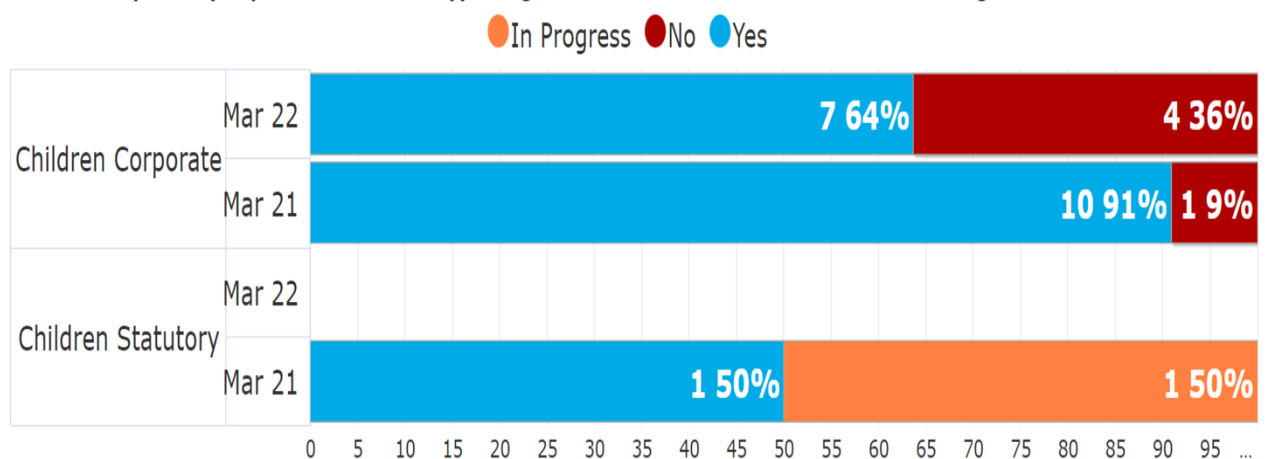
Figure 17: Children’s Stage 2 Corporate Complaints by outcome
Children's Corporate Complaints where Stage 2 Outcome has been recorded



Stage 2 Timeliness

6.10. The timescale for dealing with children’s corporate Stage 2 complaints is 20 working days. The percentage of Stage 2 children’s corporate complaints responded to within timescale was 64% (7/11) a considerable decrease from 2020/21 (91% 10/11).

Children Complaints (Corporate and Statutory) : Stage 2 within timescales: Number and Percentage



Learnings from complaints - Children's

6.11 Listed below are some of the learnings from the children's complaints:

Children's Services (Achieving for Children)

In the last year there has been some significant across service learning from some complaints in particular. This has included:

- Regular workshops/meetings between the Complaints/Compliments Team and service staff (see below)
- Dedicated work on how to do a good complaint response.
- Regular meeting between the Complaints/Compliments Team and the AfC Director of Children's Services
- Training programme with staff on the quality of assessments. This included differentiating fact from professional opinion, analysis, evidencing statements made in assessments.
- New enhanced process for quality assuring assessments in order to identify and resolve errors in assessments
- Training with staff on enhanced communication with service users, particularly when there has been a change in circumstances.

We have completed a piece of work, on the back of a complaint, on completing an aide memoire for staff on the points in a case where parents/carers should be informed and updated.

7. RBWM Formal Corporate Complaints Process

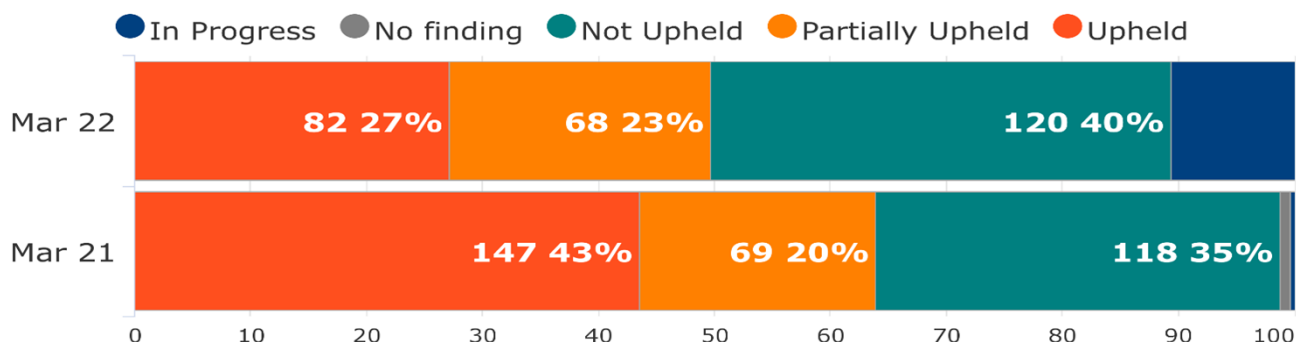
- 7.1. In 2021/22 76% (302/399) of all complaints were progressed under the formal corporate complaints process. This is a decrease on 2020/21 (85%, 339/400).

Stage 1 Outcome

- 7.2. At the time of data extraction for preparation of this report, 302 complaints had a Stage 1 outcome recorded, 32 (11%) were in progress and an outcome had not yet been reached.
- 7.3. Figure 18 shows the breakdown of Stage 1 complaints by outcome recorded. 27% (82/302) complaints were upheld (43% in 2020/21), 23% (68/302) partially upheld (20% in 2020/21), 40% (120/302) not upheld (35% in 2020/21), 0 where there was no finding, (1% in 2020/21) and 11% (32/302) in progress, (0.3% in 2020/21).
- 7.4. 2021/22 saw a lower proportion of complaints upheld/partially upheld (50%) when compared to 2020/21 (64% upheld/partially upheld).

Figure 18: RBWM Formal Corporate Stage 1 complaints by outcome recorded

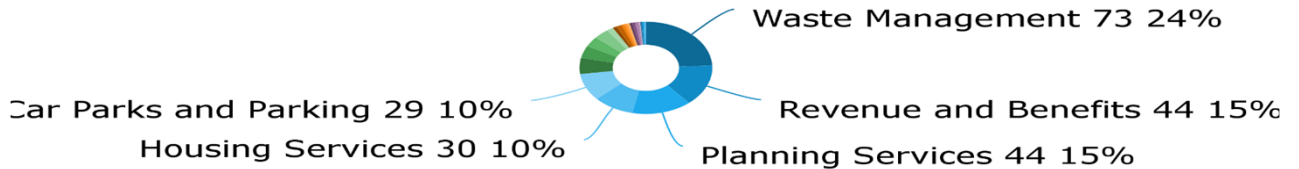
RBWM Complaints: Stage 1 Outcome Recorded



Top 5 service areas for complaints

7.5. Figure 19 shows the top 5 service areas for customer complaints in 2021/22 of which Waste Management is the highest (24%, 73/302) followed by Revenue and Benefits and Planning Services (15%, 44/302), Housing Services (10%, 30/302, and Car Parks (10%, 29/302).

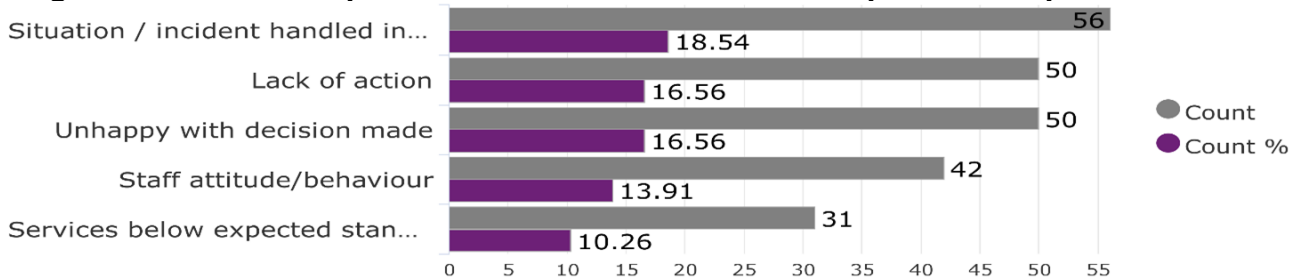
Figure 19: Top 5 service areas for RBWM Formal Corporate Complaints received



Reasons and outcomes

7.6. Figure 20 highlights the top 5 reasons for customer complaints in 2021/22 with the highest number of complaints being recorded against “Situation / incident handled incorrectly” (19% 56/302).

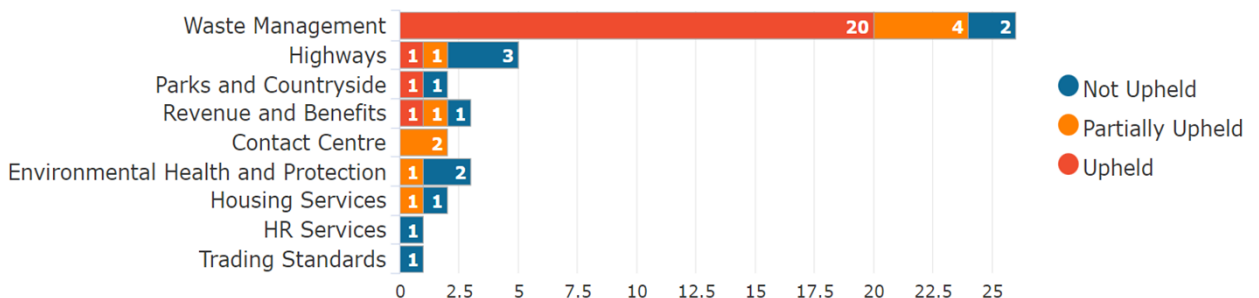
Figure 20: 2021/22 Top 5 reasons for RBWM Formal Corporate Complaints



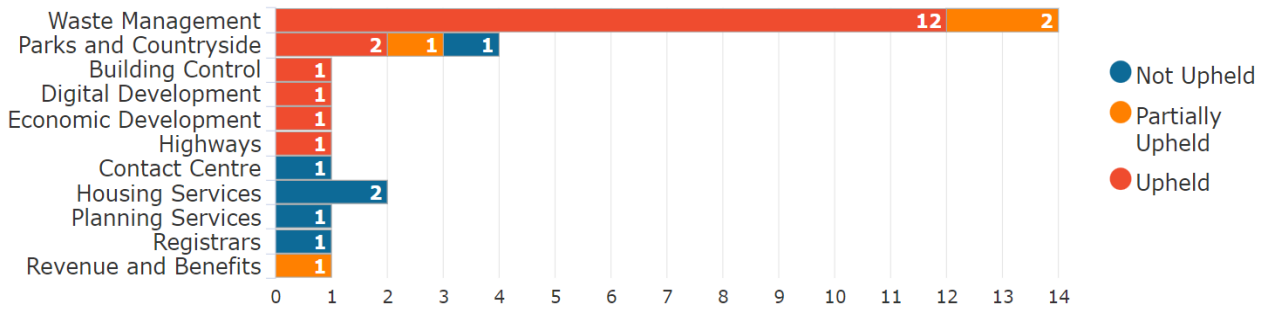
7.7. Figure 21 shows the breakdown of Stage 1 complaints outcome by the reason for the complaint. The Top 3 reasons where the most complaints were upheld/partially upheld are “Lack of action” (24), “Services below expected standard” (14) and Situation / incident handled incorrectly” (16).

Figure 21: RBWM Formal Corporate Complaints Stage 1 outcome by reason

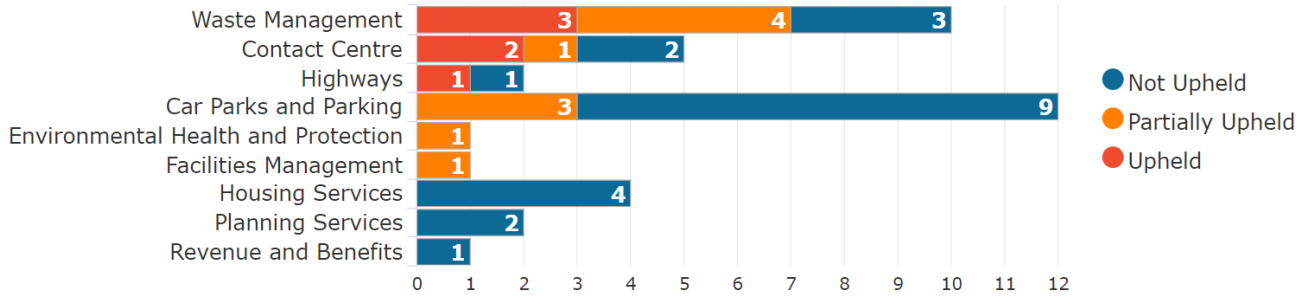
RBWM Formal Corporate Complaints due to "Lack of Action": Service areas where Stage 1 Outcome recorded as Not Upheld/Partially Upheld/Upheld



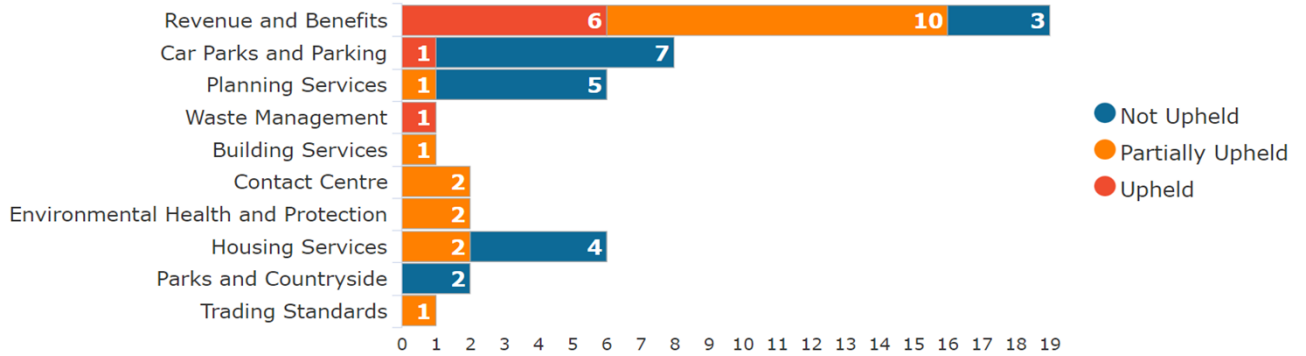
RBWM Formal Corporate Complaints due to "Services below expected standard": Service areas where Stage 1 Outcome recorded as Not Upheld/Partially Upheld/Upheld



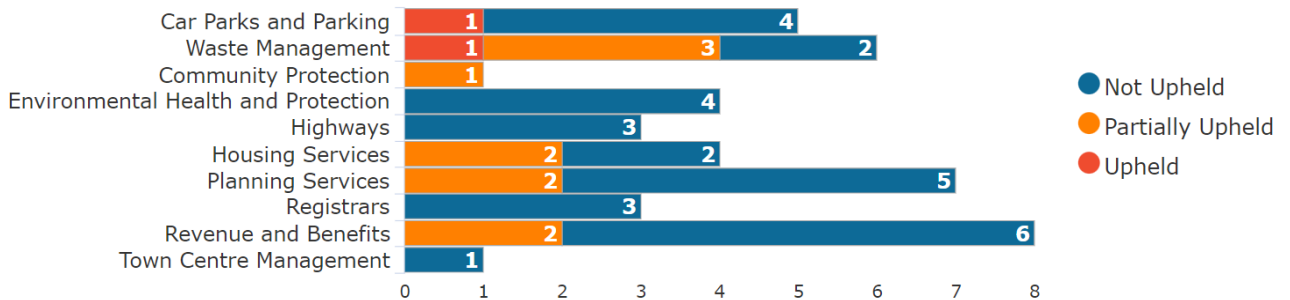
RBWM Complaints due to "Staff Attitude/behaviour": Service areas where Stage 1 Outcome recorded as Not Upheld/Partially Upheld/Upheld



RBWM Complaints due to "Situation/Incident handled incorrectly": Service areas where Stage 1 Outcome recorded as Not Upheld/Partially Upheld/Upheld



RBWM Complaints due to "Unhappy with decision made": Service areas where Stage 1 Outcome recorded as Not Upheld/Partially Upheld/Upheld



Timeliness at Stage 1

7.8. The timescale for responding to a Stage 1 RBWM formal corporate complaint is 20 working days.

Figure 22: Percentage of RBWM Formal Corporate Stage 1 Complaints responded to within timescale

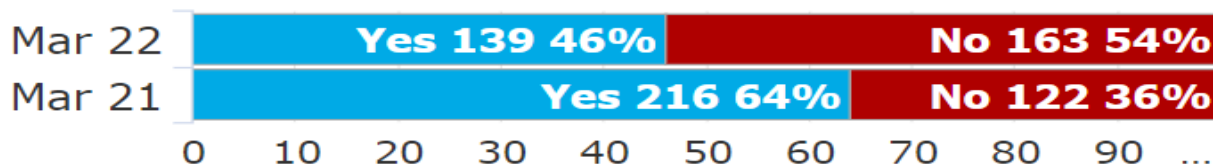
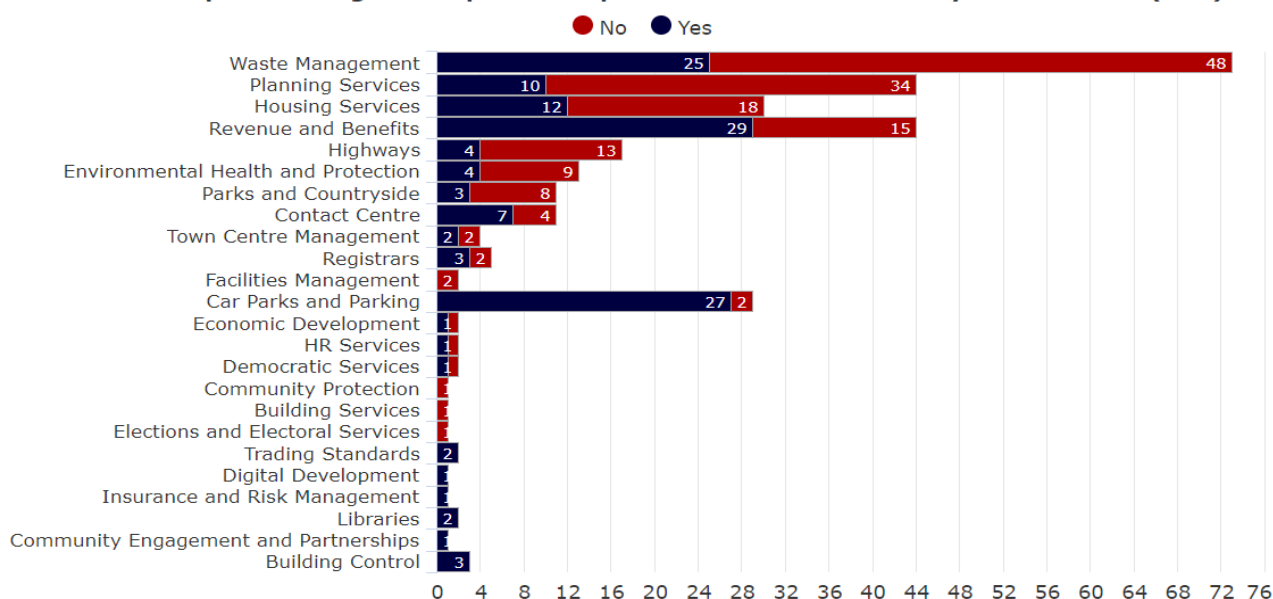


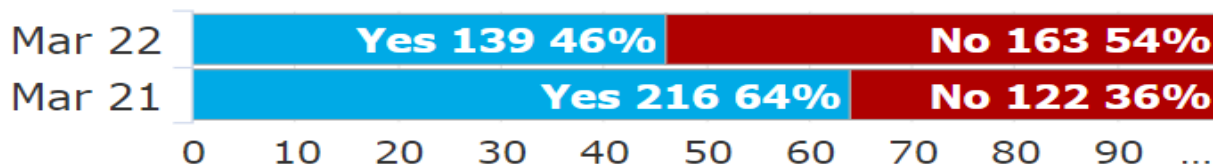
Figure 23 shows the service areas who have consistently not responded to Stage 1 complaints within timescales are Housing Services (60%), Waste Management (66%), Environmental Health and Protection (69%), Parks and Countryside (73%), Highways (76%) and Planning Services (77%).

Figure 23: Services and their responses within timescales
RBWM Complaints: Stage 1 complaints responded within timescales by service areas (YTD)



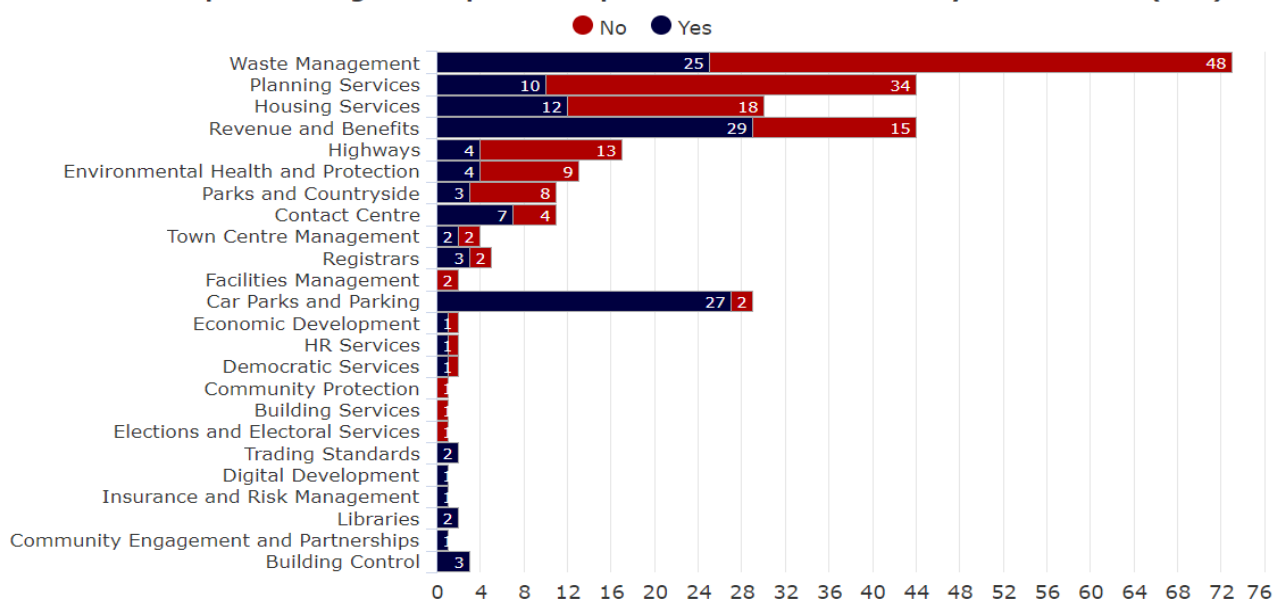
shows a reduction in the percentage of complaints responded to within timescale (46% 139/302 in 2021/22) in comparison to 2020/21 (64% 216/338).

Figure 22: Percentage of RBWM Formal Corporate Stage 1 Complaints responded to within timescale



7.9. Figure 23 shows the service areas who have consistently not responded to Stage 1 complaints within timescales are Housing Services (60%), Waste Management (66%), Environmental Health and Protection (69%), Parks and Countryside (73%), Highways (76%) and Planning Services (77%).

Figure 23: Services and their responses within timescales
RBWM Complaints: Stage 1 complaints responded within timescales by service areas (YTD)



Stage 2 RBWM Formal Corporate Complaints

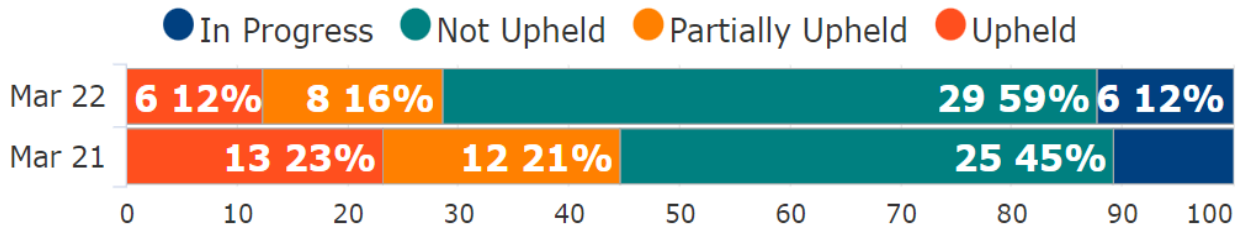
7.10. If a complainant feels certain areas have not been addressed after receiving a response at Stage 1 of the corporate complaints process, they may request a review by the director of the service. In 2021/22 16% (49/302) of Stage 1 complaints progressed to Stage 2, a slight decrease from 2020/21 (17%, 56/338).

7.11. Breaking down the 49 Stage 2 complaints, 6 (12%) were upheld, 8 (16%) were partially upheld, 29 (59%) were not upheld and 6 (12%) were “In Progress” (

Figure 24).

7.12. Even though 2021/22 saw an increase in the volumes of complaints progressing to Stage 2, only 29% of them were upheld/partially upheld when compared to 2020/21 (45%).

Figure 24: RBWM Formal Corporate Stage 2 complaints by outcome recorded

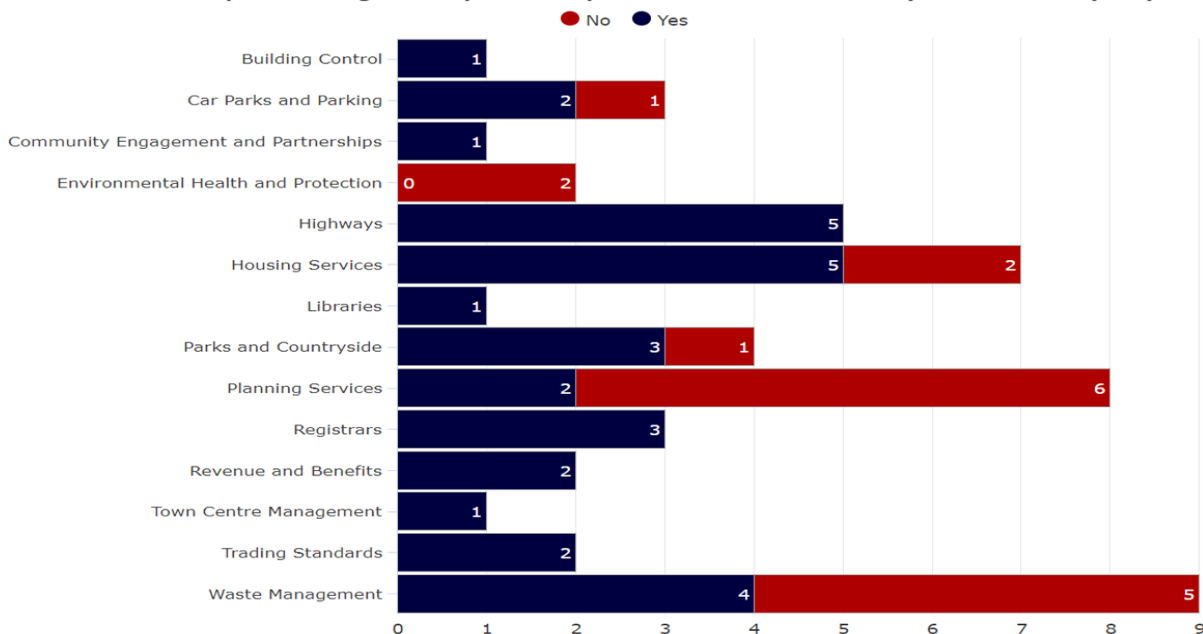


Timeliness at Stage 2

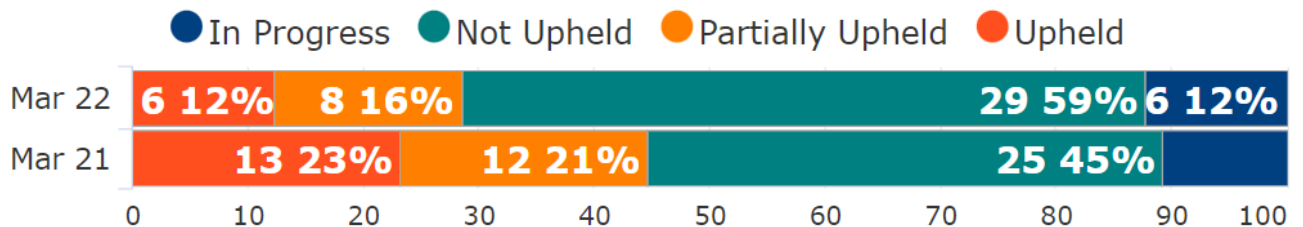
7.13. The percentage of complaints responded to within timescales at Stage 2 is 65% (32/49), less than 2020/21 (88% 49/56). Timeliness of response at Stage 2 is better than at Stage 1, this could be because there are fewer complaints progressing to Stage 2. Additionally, the timescale for response at Stage 2 is 20 working days whereas at Stage 1 is 20 working days, with a possible 10 day extension.

7.14. The service areas who have consistently not responded to Stage 2 complaints within timescales are Waste Management (56%), Planning Services (75%) and Environmental Health and Protection (100%).

RBWM Complaints: Stage 2 complaints responded within timescales by service areas (YTD)

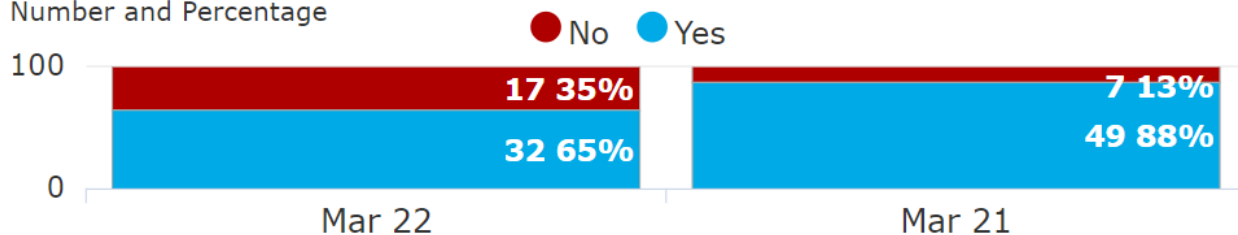


RBWM Complaints: Stage 2 Outcome Recorded



RBWM Stage 2 complaints responded to within timescale

Number and Percentage



Learnings from complaints - RBWM Formal Corporate Complaints

- 7.15. An important part of the complaints process is capturing the learning and embedding good practice across the council. Following are the learning that have been identified by various services areas:

Waste Management / Environmental Services

The waste service is one that impacts on every resident and household, as a result the number of complaints received by this service area would be expected to be high in comparison with other some service areas. A major service change was implemented in October 2021 whereby fortnightly refuse collections were introduced, any such service change can result in increased enquiries and complaints. However, the total number of complaints has decreased from 120 for 2020/21 to 73 for 2021/22 which is very positive under such circumstances.

The Environmental Services area has expanded but continues to have resourcing issues which have had an impact on some response times. Recruitment is currently underway to address some of the resourcing impact.

Following the review of any complaint, recommendations are made to improve service delivery and customer experience. The team work closely with the Complaints team to monitor progress and reduce the number of complaints not responded to within the set timeframes.

Planning

Over the course of the year there have been a number of vacancies within the department which has impacted the timeliness of responses. These are now filled so that response times can improve over the next year. Vacancies have also impacted the speed of determination of applications and communication from officers which was a repeating theme in the complaints received. Following these complaints recommendations have been implemented to improve communication between officers and applicant/agents as well as internally. Additional monitoring has also been put in place to ensure that applications are being determined in time as far as possible.

Parking / Car parks management

The team work closely with the Complaints team to monitor progress and reduce the number of complaints not responded to within the set timeframes. Following the review of any complaint, recommendations are made to improve service delivery and customer experience. The number of 'not upheld' responses remain high in comparison to the number received. The total number of Stage 1 and 2 complaints received by the service (33) is less than the compliments received (34).

Trading Standards

Following the review of any complaint, recommendations are made to improve service delivery and customer experience, a sample of those recommendations are listed below:

1. Online forms have been implemented across the service area to enable applicants to apply online
2. All day workshop was held with the transformation team to fully understand the customer persona and amend the customer journey to reflect the learning

Governance

Although the number of complaints within the service area is low (5) and none were escalated to Stage 2, better communication is needed amongst the management team to ensure the appropriate officer to provide a response is identified in a timely manner.

Revenues, Benefits, Libraries and Resident Services

The Revenues and Benefits service saw a large increase in the volume of work being received, particularly in relation to Council Tax, as the Covid restrictions eased. Residents who had not previously been able to move properties, for various reasons, started to do so resulting in some work being outstanding for longer periods. In addition, enforcement action began again with the Magistrates courts permitting hearings for liability orders again in order to secure the outstanding debts. Such recovery action inevitably results in increased volumes of complaints.

Waste

The waste service is one that impacts on every resident and household, as a result the number of complaints received by this service area would be expected to be high in comparison with other some service areas. A major service change was implemented in October 2021 whereby fortnightly refuse collections were introduced, any such service change can result in increased enquiries and complaints.

However, the total number of complaints has decreased from 120 for 2020/21 to 73 for 2021/22 which is very positive under such circumstances. There have also been a total of 174 compliments for the waste service which shows how successfully the changes were implemented.

The Environmental Services area has expanded but continues to have resourcing issues which have had an impact on some response times. Recruitment is currently underway to address some of the resourcing impact.

Following the review of any complaint, recommendations are made to improve service delivery and customer experience. The team work closely with the Complaints team to monitor progress and reduce the number of complaints not responded to within the set timeframes.

Housing

Following the review of any complaint, recommendations are made to improve service delivery and customer experience, a sample of those recommendations are listed below:

1. Due to the pressures on front line service delivery, an extension is being sought on timelines for responding to complaints to manage customer expectations
2. All day workshop was held with the transformation team to fully understand the customer persona and amend the customer journey to reflect the learning
3. As a result of the complaints received within the housing service, a post has been created to ensure a 360-degree approach to learning and development. This includes an ongoing sample of cases being reviewed on a regular basis, with any learning shared across the team through formal training sessions, and procedures and policies updated to reflect the lessons learnt. This approach will also be taken for any complaints reviewed, any MP enquiries received and formal requests for review on applications.

The intention is for this post to provide a similar service across Environmental Health and Trading Standards moving forward.

Environmental Health

Following the review of any complaint, recommendations are made to improve service delivery and customer experience, a sample of those recommendations are listed below:

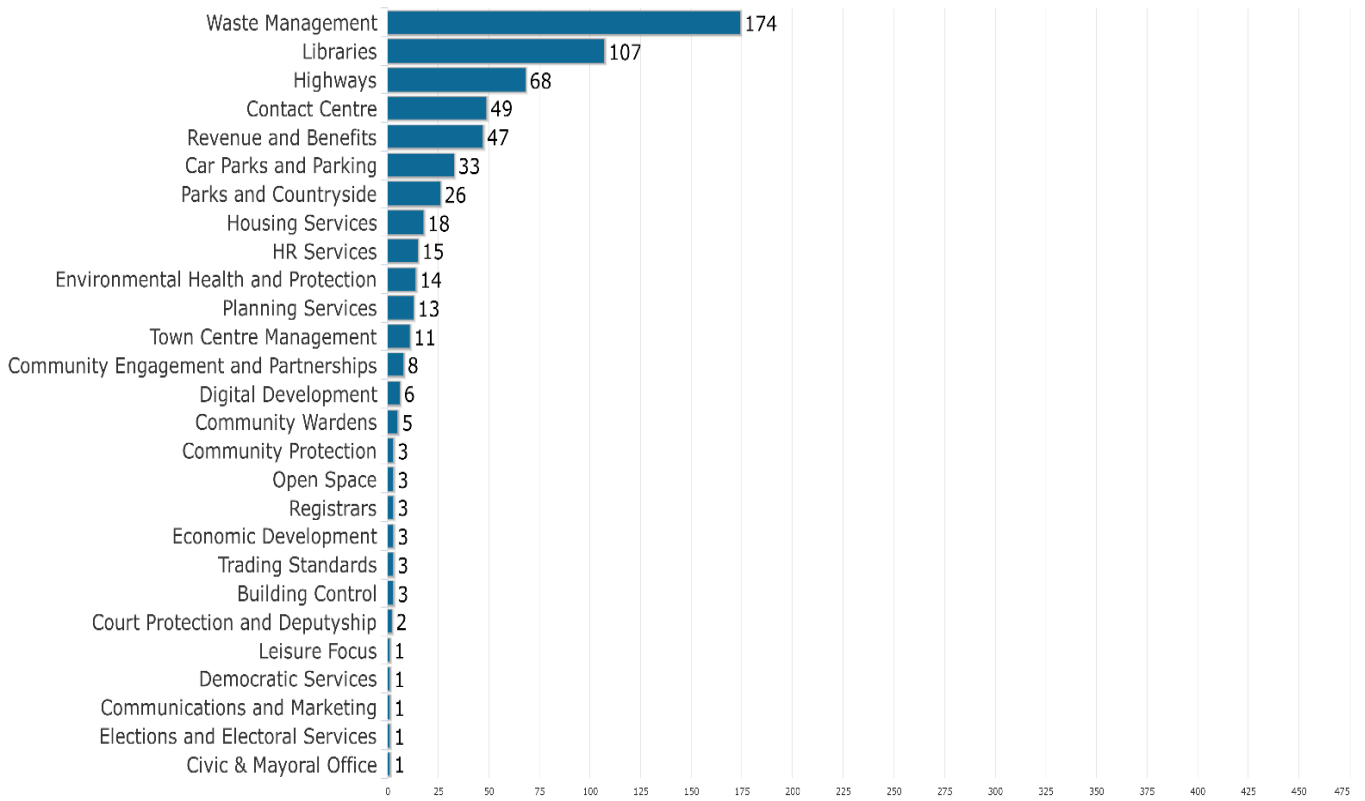
1. Amended our standard letter to residents complaining about noise to include a section on neighbourhood disputes including recommending residents call the police if their neighbour is displaying violent, threatening, harassing or abusive behaviour.
2. If a response cannot be provided within the agreed authority timelines, a holding response should be sent, explaining the circumstances surrounding any delay.
3. Complainants will be given written confirmation explaining why their noise complaint was closed.
4. All day workshop was held with the transformation team to fully understand the customer persona and amend the customer journey to reflect the learning

8. Compliments received

- 8.1. In 2021/22 RBWM Corporate services received 619 compliments which is a reduction when compared to 2020/21 (766).
- 8.2. Figure 24 sets out the volume of complaints received by teams. The team in receipt of the most compliments was Waste Management (28%, 174/619), followed by Libraries (17%, 107/619) and Highways (11%, 68/619).

Figure 25: Compliments received by teams 2021/22

Compliments received (Corporate Services)



9. Appendix A: LGSCO Annual Review 2022 letter

20 July 2022

By email

Mr Sharkey
Managing Director
Royal Borough of Windsor and Maidenhead Council

Dear Mr Sharkey

Annual Review letter 2022

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2022. The information offers valuable insight about your organisation's approach to complaints. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

Complaint statistics

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

Complaints upheld - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic.

Compliance with recommendations - We recommend ways for organisations to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the organisation upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 27 July 2022. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

Supporting complaint and service improvement

I know your organisation, like ours, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay. It is my continued view that complaint functions have been under-resourced in recent years, a trend

only exacerbated by the challenges of the pandemic. Through the lens of this recent upheaval and adjustment, I urge you to consider how your organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.

I want to support your organisation to harness the value of complaints and we continue to develop our programme of support. Significantly, we are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. We are aiming to consolidate our approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. We will keep you informed as this work develops, and expect that, once launched, we will assess your compliance with the code during our investigations and report your performance via this letter.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. We adapted our courses during the Covid-19 pandemic to an online format and successfully delivered 122 online workshops during the year, reaching more than 1,600 people. To find out more visit www.lgo.org.uk/training.

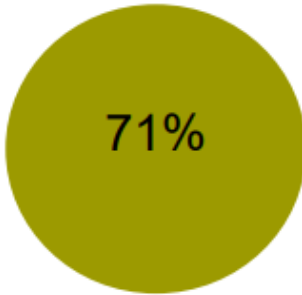
Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a long horizontal flourish extending to the right.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Royal Borough of Windsor and Maidenhead Council
For the period ending: 31/03/22

Complaints upheld



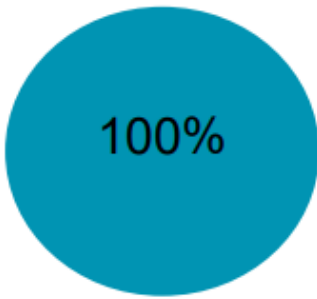
71% of complaints we investigated were upheld.

This compares to an average of 64% in similar organisations.

10 upheld decisions

Statistics are based on a total of 14 investigations for the period between 1 April 2021 to 31 March 2022

Compliance with Ombudsman recommendations



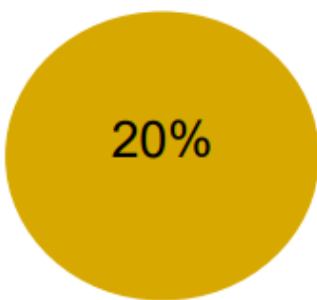
In 100% of cases we were satisfied the organisation had successfully implemented our recommendations.

This compares to an average of 99% in similar organisations.

Statistics are based on a total of 9 compliance outcomes for the period between 1 April 2021 to 31 March 2022

- Failure to comply with our recommendations is rare. An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedy provided by the organisation



In 20% of upheld cases we found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of 12% in similar organisations.

2 satisfactory remedy decisions

Statistics are based on a total of 10 upheld decisions for the period between 1 April 2021 to 31 March 2022

10. Appendix B: Council's complaints process and procedures

The principle behind the council's complaints procedure is to ensure that every opportunity for resolution is sought through dialogue or local resolution before a complaint is submitted. Where agreement is not achieved someone has the right to complain and the complaints process has different stages dependant on the area of service the complaint is about.

Complaints made about the council's services are dealt with under three processes. The formal corporate complaints process for general council activity such as: council tax; housing; highways; communications; democratic services and so on; and the statutory adult and statutory children's processes.

The different complaint processes have different stages, however 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 and Social Care Ombudsman. The different stages are:

- The formal corporate complaints process contains two stages
- The adult complaints process contains one stage
- The children's complaints process contains three stages

Although customers can refer complaints to the Local Government and Social Care Ombudsman (LGSCO) at any stage, the LGSCO will not normally investigate until the council have exhausted their complaints processes.

Complaints are made by email, phone call, letter, face to face or by logging the complaint online. All complaints received, along with comments and compliments, are recorded on the council's complaints database (Drupal). The Drupal system provides for compliments and complaints to be captured by number, types, themes, postal address and timeliness of complaint.

The council's complaints policies are intended for use by service users, customers, residents, businesses and visitors or their chosen representatives, which may include councillors.

The council's complaints process is managed through one team. This means the team is independent of the two statutory adult and children's services, ensures independence from services, removes the possibility of conflicts of interest and secures impartial challenges.

Quality assurance

Effective complaint management is crucial to allow confidence on the part of complainants to submit complaints in the understanding that the council will take these seriously and respond.

When a complaint is received the complaints and compliments team focus on ensuring:

- The process for investigating the complaint is followed and on time.
- Complaint responses answer the questions asked and are clear and easy to read.
- Lessons learned and recommendations are captured to secure continual improvement – this includes one to one training/advice/meetings with relevant employees providing them with support and guidance on how best to resolve a complaint.
- Any actions or recommendations are noted on Drupal and monitored.

Complaints processes – March 2022

Incoming concern: Received via online form, email, telephone call or face to face contact. However received, all complaints are logged on the complaints database (Drupal) for monitoring and tracking.

Once logged the complaint is acknowledged within 3 working days and customer informed whether this will be taken as a complaint and if so, under which complaints process

Stages	Adult services complaints	Children’s services complaints	Formal Corporate complaints	Not within the formal complaints process
Stage 1	Statutory No specific timescale but aim to respond within 10 working days. Response from Service Manager or higher.	Statutory Up to 10 working days. Can agree extension for a further 10 working days. Response from Head of Service.	Up to 20 working days. Can agree extension for a further 10 working days. Response from Head of Service.	N/A
Stage 2	N/A	Statutory 25-65 working days. Completed by independent complaints investigators and report produced. Adjudicating letter in response to report completed by Children’s Director of Social Care.	Up to 20 working days. Review of stage 1 complaint and response by Director.	N/A
Stage 3	N/A	Statutory Stage 3 independent panel. Up to 70 working days. Panel of three independent members who produce a report. Letter in response to the report completed by the Directors of Children’s Services.	N/A	N/A
LGSCO	Can complain to the Local Government and Social Care Ombudsman	Can complain to the Local Government and Social Care Ombudsman	Can complain to the Local Government and Social Care Ombudsman	N/A
Alternative appeal process	N/A	N/A	N/A	Customer given timescales for response

11. Appendix C: National and legislative context – March 2022

Formal corporate complaints

The council's formal corporate complaints policy is discretionary and has been developed based on the Local Government and Social Care Ombudsman's guidance 'Effective complaint handling for Local Authorities' – October 2020'.

Adult services

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.

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

The procedure for dealing with children's statutory complaints and representations is determined by the following legislation:

- The Children Act 1989, Representations Procedure (England) Regulations 2006.
- The Children & Adoption Act 2002 and Children (Leaving Care) Act 2000 and
- The accompanying guidance 'Getting the Best from Complaints' (DfE July 2006).

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.'

Under the regulations, the council is required to produce and publish an annual report.

WORK PROGRAMME - PEOPLE OVERVIEW AND SCRUTINY PANEL

EXECUTIVE DIRECTORS	<ul style="list-style-type: none"> • Tony Reeves – Interim Chief Executive • Kevin McDaniel – Executive Director of People Services
LINK OFFICERS & HEADS OF SERVICE	<ul style="list-style-type: none"> • Lin Ferguson – Director of Children’s Social Care • Clive Haines – Deputy Director for Education • Lynne Lidster – Head of Commissioning – Adults and Children • Nikki Craig – Head of HR, Corporate Projects and IT

MEETING: 19th January 2023

ITEM	RESPONSIBLE OFFICER
Air Quality Performance Monitoring & Pollution Resident Scrutiny Topic	
Work Programme	Becky Oates - Democratic Services Officer

Task and finish group: Domestic abuse

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

ITEM	RESPONSIBLE OFFICER
Review of day service provision of Hubs following closures of Day Centres	
Edge of Care	Lin Ferguson – Director of Children’s Social Care
Impact of Home Office decisions in relation to the dispersed support for Asylum seekers (all ages)	

[Terms of Reference of the People Overview & Scrutiny Panel](#)

Royal Borough of Windsor and Maidenhead

Overview and Scrutiny Panels

Scrutiny Review – Scoping and Planning Document

Title of the Review	Corporate Plan 2021-26 Performance Report – Air Pollution
Panel Name	People Overview & Scrutiny Panel
Panel Members	Councillors Luxton, Hunt, Clark, Muir, Sharpe, Story, Baskerville, Del Campo, Tisi, Knowles and C Da Costa
Support Officer(s)	<p>Feliciano Cirimele – Environmental Protection Officer</p> <p>Obi Oranu – Environmental Health Service Manager</p> <p>Tracy Hendren – Head of Housing, Trading Standards and Environmental Health</p> <p>Mark Beeley – Scrutiny and Democratic Services Officer</p> <p>Becky Oates – Democratic Services Officer</p>
Lead Member(s)/Officer(s) Identify a nominated: - Elected Member - Lead Officer	Councillor Julian Sharpe and Councillor Karen Davies will help to provide the scope on the topic from the Corporate Overview & Scrutiny Panel.
Relevant Cabinet Member	Councillor David Cannon
Purpose of the Review <ul style="list-style-type: none"> • Specify exactly which Outcome(s) the review is examining? • Also being clear what the review is not looking at • What is the Scrutiny Review seeking to achieve? • Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction. 	<p>The Corporate Overview and Scrutiny referred the council's performance on air pollution to be considered in greater detail by the People Overview & Scrutiny Panel.</p> <p>The in-depth review is proposed to consider:</p> <ul style="list-style-type: none"> • Progress towards achieving the Corporate Plan objective 'Achieve the National Air Quality Objective (AQO) across all Air Quality Management Areas (AQMAs) by

	<p>2025', specifically including trajectory of progress.</p> <ul style="list-style-type: none"> • Review of the Borough's air quality improvement action plan and fitness for purpose in the light of the revised WHO guidelines and of the emerging central government air quality strategy that prioritises PM2.5 standards.
<p>Criteria for Selection</p> <ul style="list-style-type: none"> • Why has this particular topic been considered to be a priority issue for scrutiny? • Which of the criteria promoted by the Centre for Governance and Scrutiny does it satisfy? 	<p>This topic is considered to be a valid area for scrutiny in light of the motion unanimously passed at Full Council on 23 November 2021 to review the air quality improvement action plan in light of the revised WHO guidelines and the emerging central government air quality strategy that prioritises PM2.5 standards.</p>
<p>Terms of Reference</p>	<p>Review of progress towards achieving Corporate Plan objective 'Achieve the National Air Quality Objective (AQO) across all areas of the borough by 2025'.</p> <p>Review of the Borough's air quality improvement action plan, level of ambition and fitness for purpose in light of the revised WHO guidelines and the emerging central government air quality strategy that prioritises PM2.5 standards.</p>
<p>What are the anticipated outcomes of the review?</p> <p>Key Lines of Enquiry</p> <p>Sources of Information/Evidence</p> <p>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</p>	<p>Key Lines of Enquiry –</p> <p>Ensure we have coverage of measuring stations, with the correct monitoring capability in place throughout all areas of the borough to ensure that measurement covers all areas.</p> <p>Officers should provide information on the factors which will impact the measurement results from the measuring stations so that appropriate action may be taken to ensure that the objectives are met. Data should be provided on a 6 monthly basis.</p>

	<p>Need to ensure and get confirmation that we engage with the correct monitoring authorities.</p> <p>The trend on some NO2 monitoring stations within the Borough's five AQMAs is upwards following a post-Covid dip. Should this continue, will the Borough meet its objective to 'Achieve the National Air Quality Objective (AQO) across all Air Quality Management Areas (AQMAs) by 2025'?</p> <p>Is this objective sufficiently ambitious given that three years remain to meet this objective? This is across the borough from Cookham to Sunningdale, so measurements must be relevant to all areas.</p> <p>Is this trajectory in line with the revised WHO guidelines on levels of air pollution and the emerging central government air quality strategy?</p> <p>Is the Air Quality Improvement Action Plan fit for purpose in light of the revised WHO guidelines?</p> <p>Sources of Information/Evidence –</p> <ul style="list-style-type: none"> • Air Quality Improvement Action Plan • Monitoring data and trajectories of data from monitoring stations across the borough • Revised WHO guidelines on air pollution limits, where adopted by central government. • Information on emerging central government air quality strategy
<p>Resource & budget requirements;</p> <ul style="list-style-type: none"> • specialist staff • any external support • site visits • consultation • research 	<p>N/A</p>

<p>Corporate Risks associated with this Review?</p> <p>Identify any weaknesses and barriers to success</p>	<p>Risk of health to residents of the borough in light of the Corporate Plan 2021-2026 underpinning principle ‘the council will promote health and wellbeing, and seek to reduce inequalities, within all of its decision-making’.</p> <p>Risk of not achieving the objective in the Corporate Plan 2021-2026 ‘Achieve the National Air Quality Objective (AQO) across the borough by 2025’.</p>
<p>Who will receive the review conclusions and any resultant recommendations?</p>	<p>Findings will be reported back to the Corporate Overview & Scrutiny Panel every 6 months. If appropriate, a Task and Finish Group can be arranged to monitor progress.</p>
<p>What is the Review Timescale? • Identify key meeting dates and any deadlines for reports, recommendations or decisions.</p>	<p>Air pollution identified as a topic which the Corporate Overview & Scrutiny Panel felt required further scrutiny – July 2022.</p> <p>Scoping document on air pollution to be considered by the People Overview & Scrutiny Panel – December 2023.</p> <p>Topic proposed to be considered by the People Overview & Scrutiny Panel – January 2023</p>
<p>How could a review be publicised?</p> <p>Do we need to publicise the review to encourage community involvement? • What sort of media coverage do we want? (e.g. Flyers, leaflets, radio broadcast, press release, etc.)</p>	<p>Scoping document added to the agenda for the December meeting, if agreed by the Panel it will be added to the work programme and would be due to be considered at the following meeting of the Panel, in January 2023.</p>
<p>Completed by/ Date:</p>	<p>30th November 2022</p>
<p>Approved by Scrutiny Panel / Date:</p>	<p>To be agreed by the People Overview and Scrutiny – 8th December 2022.</p>

Royal Borough of Windsor and Maidenhead

Overview and Scrutiny Panels

Scrutiny Review – Scoping and Planning Document

Title of the Review	Domestic Violence and the Domestic Abuse Strategy – Task and Finish Group
Panel Name	People Overview & Scrutiny Panel
Panel Members	Councillors Luxton (Chairman), Hunt (Vice Chairman), Baskerville, Del Campo, Clark, C Da Costa, Knowles, Muir, Sharpe, Story and Tisi
Support Officer(s)	<p>Emma Duncan – Director of Law & Governance and Monitoring Officer</p> <p>Rebecca Hatch – Head of Strategy</p> <p>Lin Ferguson – AfC Director of Children’s Services (Windsor & Maidenhead)</p> <p>Sophie Wing-King – Domestic Abuse Coordinator, RBWM</p> <p>Mark Beeley – Democratic Services & Scrutiny Officer</p> <p>Becky Oates – Democratic Services Officer</p>
Lead Member(s)/Officer(s)	Councillor Catherine Del Campo
Identify a nominated: - Elected Member - Lead Officer	Lin Ferguson – AfC Director of Children’s Services (Windsor & Maidenhead)
Relevant Cabinet Member	Councillor Stuart Carroll – Cabinet Member for Adult Social Care, Children’s Services, Health, Mental Health, and Transformation
Purpose of the Review	<p>The Domestic Abuse Strategy was considered by Cabinet in September 2022.</p> <p>The Corporate Plan contains goals and targets on how safe women feel, this would form part of the refresh of the Corporate Plan which is currently underway.</p>
<ul style="list-style-type: none"> • Specify exactly which Outcome(s) the review is examining? • Also being clear what the review is not looking at • What is the Scrutiny Review seeking to achieve? 	

<ul style="list-style-type: none"> • Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction. 	<p>There has been concern raised that the content of the strategy is good, but not all areas are connected.</p> <p>The EQIA should be linked back to the strategy and the issues raised should be addressed as part of the strategy.</p> <p>Link with undiagnosed issues, for example ADHD or Autism. What additional support can be provided on this?</p> <p>There is a lack of data on transgender people. Are they more likely to be victims of domestic abuse?</p> <p>The objectives outlined as part of Appendix C on the strategy are SMART – dates or timescales on these objectives would be useful to ensure that they are delivered.</p>
<p>Criteria for Selection</p> <ul style="list-style-type: none"> • Why has this particular topic been considered to be a priority issue for scrutiny? • Which of the criteria promoted by the Centre for Governance and Scrutiny does it satisfy? 	<p>This review meets the following core principles from the Centre for Governance and Scrutiny:</p> <ul style="list-style-type: none"> • Amplifies the voices and concerns of the public. • Drives improvement in public services. <p>Goals on women’s safety are included as part of the Corporate Plan and is likely to add value to the performance of the council in relation to dealing with and supporting victims of domestic abuse.</p> <p>This review would allow scrutiny to connect with the community which it serves and hear first-hand evidence and accounts.</p>
<p>Terms of Reference</p>	<p>Task and Finish Group to speak to victims of domestic abuse and understand the support they received from their perspective.</p> <p>Ideally the Group would be formed of 4/5 Members of interest or experience in this area, this does not have to be politically balanced. Members from other Panels could be co-opted into the Group as part of</p>

	<p>the review, along with other partner agencies, for example the Dash Charity and Thames Valley Police.</p> <p>It would be ideal, but not mandatory, for a Member from the Corporate Overview & Scrutiny Panel to be part of the Task and Finish Group.</p> <p>Example Task and Finish Group plan:</p> <p>Session to understand the background/context and set out the scope for the Group.</p> <p>Session to speak to victims of domestic abuse, ask questions, further understanding and gather evidence. Consider the areas which have been outlined under ‘Purpose of the Review’.</p> <p>Session to formulate outcomes of the review and make any recommendations for changes to the strategy.</p>
<p>What are the anticipated outcomes of the review?</p> <p>Key Lines of Enquiry</p> <p>Sources of Information/Evidence</p> <p>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</p>	<p>The main source of information will be the evidence given by representatives of domestic abuse groups and victims of domestic abuse. This will be used in conjunction with domestic abuse strategy.</p> <p>Outcomes will involve recommendations made to officers on the strategy and where improvements can be made.</p>
<p>Resource & budget requirements;</p> <ul style="list-style-type: none"> • specialist staff • any external support • site visits • consultation • research 	<p>Potential for a Task and Finish Group meeting to held at a Family Hub, if appropriate.</p> <p>Consideration of payment or compensation for victims time – for example a shopping voucher.</p>
<p>Corporate Risks associated with this Review?</p>	

Identify any weaknesses and barriers to success	
Who will receive the review conclusions and any resultant recommendations?	The outcomes and recommendations from the Task and Finish Group will be considered by the People Overview & Scrutiny Panel. This could link in with the Domestic Abuse Executive Group.
What is the Review Timescale? • Identify key meeting dates and any deadlines for reports, recommendations or decisions.	<p>Scoping document to be considered by People Overview & Scrutiny Panel in December 2022.</p> <p>Task and Finish Group meetings to be arranged after the scoping document has been agreed by the Panel – starting in 2023.</p> <p>Outcomes and recommendations would then be reported back to the Panel for consideration.</p>
<p>How could a review be publicised?</p> <p>Do we need to publicise the review to encourage community involvement? • What sort of media coverage do we want? (e.g. Flyers, leaflets, radio broadcast, press release, etc.)</p>	<p>Important to consider the victims of domestic abuse who would be speaking to the Group about their experiences, this could be individuals who are currently experiencing domestic abuse and those who are now free from abuse.</p> <p>Task and Finish Group means that the meeting will be private, could be virtual or in a location of comfort to those attending.</p> <p>Review would be listed on the Work Programme of the People Overview & Scrutiny Panel as a current Task and Finish Group – report on findings would then be added to the Work Programme and would be considered at an appropriate meeting of the Panel.</p>
Completed by/ Date:	30 th November 2022
Approved by Scrutiny Panel / Date:	People Overview & Scrutiny Panel – 8 th December 2022

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